ADOLESCENT STREET GIRL CHILDREN’S KNOWLEDGE OF STI, HIV/AIDS, AWARENESS OF CONTRACEPTIVES AND ATTITUDES ON SEXUAL HEALTH AND SEXUALITY

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ABSTRACT

The objectives of this study was to determine the information needs of homeless / street children, to study the knowledge, attitudes and practices on sexual health and sexuality, to assess the vulnerability to these children to STI / HIV / AIDS, and identify possible strategies to respond to the problems identified through this assessment. The assessment involved 50 girl children aged 10-18 years residing in temporary shelters. Information was collected through questionnaire, interview, observation and procedural recording. The findings showed that there is no significant difference in the knowledge about STI/HIV/AIDS between the two groups. They have no access to health care. Based on these findings it is recommended that an STI / HIV /AIDS prevention project should be taken up. Reliable counseling and sexual health services should be provided. Children and adolescents should not be denied access to HIV education, information, health care and means of prevention. NGO’s and government agencies should be encouraged to work together to improve and solve these children’s welfare issues.

Key words: Adolescent street children, Attitude, Sexual health and Sexuality.

INTRODUCTION:

Adolescent sexual and reproductive health refers to the physical, mental and emotional wellbeing and includes freedom from unwanted pregnancies, unsafe abortions, HIV/AIDS and sexually transmitted diseases. In India, adolescents account for one-fifth of the population. Adolescent girls are the vulnerable group in the society.

Accessible reproductive health care services are becoming vital for children living in difficult circumstances. Rapidly increasing poverty lead to rise in school dropouts, domestic violence and sexual abuse of women in the Indian society. Subsequently, the number of homeless street children has escalated based on a recent survey (Chinai, 2010). Of these 30 % are females, and have multiple health problems. These street children survive by begging, stealing and collecting
garbage. India has the largest number of street children in the world, over 20 million. The girls in the street are vulnerable and up to 15% of them are at risk of never touching their potential.

The sexual exploitation of street children continues to be one of the most pernicious forms of child abuse. Not only the fundamental human rights of children are denied but it also has a devastating psycho-social and physical consequence for them. This exploitation increasingly threatens children's right to life - as children who are sexually exploited face the risk of infection with the HIV virus, which causes AIDS between the ages of 15 and 24 years old (Howard, & McCabe, 1990). More than fifty percent of those newly infected by HIV are, between the ages of 15 and 24 years old. In some places, among 15-19 year olds, two girls are infected for every boy (NACCO, 2010). But statistics does not capture the misery that HIV/AIDS can bring to children. There are the children who face the trauma of their own sickness and death. There are also the children who themselves are abandoned or orphaned, and become street children.

In India parents and teachers play a minor role in giving sex education, and are usually reluctant to impart such knowledge because they feel they are unequipped. The educational system also does not adequately meet the needs for imparting sex education. The majority of information on sexual and reproductive issues is obtained from peers, which can sometimes be misleading and inaccurate. Studies have found knowledge of HIV/AIDS, safe sex and preventive behavior is low, across all ages and education levels in India. In some studies, 50 percent of female adolescents did not know about menstruation, and the limited knowledge was based on social factors than the actual physiological changes.

Adolescent street children are vulnerable to contracting HIV/AIDS and STDs due to the early onset of sexual activity, low contraceptive use and likelihood of partner change. While information on sexual activity and behavior is limited, there is a lack of use of contraceptives and knowledge of sexually transmitted diseases among adolescents in India. Studies across South Asia (Mehta 1998, Jeejebhoy, 1996) on sexual activities and knowledge indicate that the magnitude of adolescent sexual activity is significant, and is higher in boys than girls.

Unprotected sexual behavior among adolescent street children can have severe consequences, particularly for adolescent street girls through unwanted pregnancy, maternal mortality (due to early childbearing), abortions and HIV/AIDS. Knowledge on HIV/AIDS and STDs will be
ineffective, unless adolescents are equipped with the social skills to negotiate sexual behavior and understand the importance of preventive behavior. Various studies and surveys have highlighted the critical need for Life Skills education, especially for adolescent girls. Therefore this study was formulated to illicit information on adolescent street girl children’s knowledge of STI, HIV/AIDS, awareness of contraceptives and attitudes on sexual health and sexuality.

AIM:
To study adolescent street girl children’s knowledge of STI, HIV/AIDS, awareness of contraceptives and attitudes on sexual health and sexuality.

OBJECTIVES:
1. To compare the knowledge of STI, HIV/AIDS of early adolescent and late adolescent street girl children.
2. To study the level of awareness of contraceptives of early adolescent and late adolescent street girl children.
3. To identify the attitudes of early adolescent and late adolescent street girl children on sexual health and sexuality.
4. Identify strategies to respond to the problems identified through this assessment.

METHODOLOGY:
The assessment involved 50 girl children aged 12-18 years residing in temporary shelters in Ghatkopar and Thane (suburbs of Mumbai). The girls were divided in 2 groups. The 1st group comprised of 25 children who were early adolescents in the age group of 12-15 years and the 2nd group of 25 children were late adolescents in the age group of above 16–18 years. Activities like, drawing, community mapping, cause and flow charts made the children comfortable in giving information on sensitive and confidential topics. Information was collected through questionnaire, interview, observation and procedural recording. Open-ended questions were formulated in the questionnaire regarding knowledge, attitudes and practices on sexual health.
RESULT AND DISCUSSION:

The data collected was analyzed using t test, Pooled Variance Estimate and Separate Variance Estimate to estimate Probability.

i) Knowledge of STI / HIV / AIDS

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>t value</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls (Age 12-15 yrs) Early Adolescent</td>
<td>25</td>
<td>2.500</td>
<td>0.674</td>
<td>1.27</td>
<td>23</td>
<td>0.14</td>
</tr>
<tr>
<td>Girls (Above 16-18 yrs) Late Adolescent</td>
<td>25</td>
<td>2.846</td>
<td>0.689</td>
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</tbody>
</table>

There is no significant difference in the knowledge about STI/HIV/AIDS between early adolescents and late adolescents. This could be because their doubts are unanswered and have very little access to information related to reproductive and sexual behavior. In the Indian context talking about sex is taboo and therefore there is ignorance and what-ever knowledge they have it is gathered from peers and magazines. The results are in congruence with a study by Maswanya , Moji, Horiguchi, et.al (1999) in which it was found that females had low levels of knowledge of STI/HIV/AIDS compared with males (54% Vs 87%).

ii) Awareness of contraceptives

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>t value</th>
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</thead>
<tbody>
<tr>
<td>Girls (Age 12-15 yrs) Early Adolescent</td>
<td>25</td>
<td>11.64</td>
<td>4.212</td>
<td>3.74</td>
<td>30.42</td>
<td>.05</td>
</tr>
<tr>
<td>Girls (Above 16-18 yrs) Late Adolescent</td>
<td>25</td>
<td>15.00</td>
<td>1.555</td>
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There is significant difference in the awareness of contraceptive methods available. Late adolescents had better awareness of contraceptive methods than early adolescents. It could be because being in the late adolescent group the girls could be sexually active so they may have the
knowledge of contraceptives. A study by Simon and Renata (2011) reveals that there is a strong association between condom related knowledge and condom use among adolescents. In addition, adolescents’ attitudes towards condoms are also correlated with condom use. Study findings indicated that correct knowledge of condom use, as well as positive attitudes towards the use of condoms are associated with the likelihood that adolescents used condoms. These findings further emphasize the need to encourage condom use and help protect adolescents at risk of HIV infection and other sexually transmitted diseases.

iii) Attitudes

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Girls (Age 12-15yrs)</td>
<td>25</td>
<td>1.920</td>
<td>1.956</td>
<td>0.76</td>
<td>48</td>
<td>0.22</td>
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<tr>
<td>Early Adolescent</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls (Above 16-18 yrs)</td>
<td>25</td>
<td>1.520</td>
<td>1.782</td>
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<tr>
<td>Late Adolescent</td>
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There is no significant difference in the attitudes between the two groups of girls. Early adolescents and late adolescents have a very care-free attitude towards sex. They were not able to fathom the seriousness of HIV/AIDS and other sexually transmitted diseases. Research by Romer, Black et.al (1994) found that Students engaging in risky behavior were aware of the risk, even though they failed to change their behavior.

FINDINGS:

- There is no significant difference in the knowledge about STI/HIV/AIDS between early adolescents and late adolescents. Most have little knowledge about STI /HIV /AIDS except that HIV /AIDS is a deadly and dangerous.
- They begin sexual activity at an early age approximately around 14 years of age without any knowledge of pregnancy and psychological and physiological consequences.
- They have access to very limited and often incorrect information on sexuality and sexual health from magazines, blue films, T.V and peers.
● There is significant difference in the awareness of contraceptive methods available. Late adolescents were more aware than early adolescents. I Early adolescents have not heard of safe sex and condom use.

● There is no significant difference in the attitudes between Early adolescents and late adolescents.

● Approximately 35.7% have had sexually transmitted infections.

● 14% of girls have been involved in commercial sex work.

● They have no access to health care.

RECOMMENDATIONS:

1. Based on these findings an STI / HIV /AIDS prevention project can be taken up in India.
2. Appropriate knowledge and information should be given to street children.
3. Help them obtain the necessary skills to prevent sexual abuse and practice safe sex.
4. Provide them with or refer them to reliable counseling and sexual health services.
5. Emphasize community participation.
6. Encourage NGOs and government agencies to work together to improve and solve these children’s welfare issues.

CONCLUSION:
There is a need for effective social support network. Street children pose the biggest challenge to the social sciences to understand its culture, social and psychological aspects and to propose models of intervention. There are children of both sexes, who for any number of reasons find themselves lacking financial support and who therefore trade sexual “favors” in exchange for food, shelter and other necessities. Street children should be taught necessary skills to prevent sexual abuse and practice safe sex. They should also be provided with reliable counseling and sexual health services. Children and adolescents should not be denied access to HIV education, information, health care and means of prevention. In fact, such education encourages adolescents to postpone sex, and to practice safe sex, if they do engage in sex. Special efforts should be made to provide this education to children who are hard to reach, such as children of minorities,
indigenous peoples and street children and adolescents to non-discrimination, education and health, as well as a violation of their right to express their own views and to seek, receive and impart information and ideas of all kinds.

References


