Factors Predisposing Street Children to HIV/AIDS in Jimma Town, Kochi Kebele, Jimma Zone, Southwest Ethiopia

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Abstract

Introduction: Street children are school age children (5 to 18 years old). Street children and youth are affected by HIV/AIDS in ways that can diminish their childhood, as a result limit choices and opportunities for successful survival throughout their lives. The aim of this study is to assess factors predisposing street children to high-risk behavior with respect to HIV/AIDS in Jimma town, Kochi kebele.

Material and Method: The study was conducted from February 15 - 18, 2015 in Jimma town, Kochi kebele, located in South West Ethiopia, Jimma zone of Oromia regional state. Qualitative study was conducted in Jimma town, Kochi kebele to investigate factors predisposing street.

The study have key informant interview and non-participatory observation using open ended question guide and checklists respectively. Data analysis was done manually in the field and using computer software for handling qualitative data.

Results: HIV/AIDS was a relatively low concern to the street children due to their preoccupation with survival and adverse environment, levels of HIV/AIDS knowledge was relatively high, though most not put it in practice because of mood change due to substance use and alcohol intake. Majority consider themselves to be victims of the deadly disease HIV/AIDS, moreover stigmatized by the community and government organs. They believe condom use reduces sexual pleasure and perceive sex to be more natural.

Conclusion: Street children are at risk for HIV/AIDS, they are, practicing multiple sexual partnerships and condom use is not regular or even not used. Promoting media education, focusing on child rearing practice and peer education to get children out of substance abuse and unsafe sex by creating street based activities and mini project scheme. Appropriate and consistent IEC/BCC target oriented need to be disseminated, to this specific social group, more over banning all substance offering houses, chewing in the street and its circulation. Changing the outlook and mistreatment of children by community and government organs towards the street children.

Keywords: Factors; Predisposing; Behavior and Jimma Town

Abbreviation

AIDS: Acquired Immune Deficiency Syndrome; FGD: Focus Group Discussion; FG: Focus Group; HIV: Human Immune Virus; IRIN: Integrated Regional Information Network; NGOs: Nongovernmental Organizations; PLWHA: People Living with HIV/AIDS; UNICEF: United Nation International Children Emergency Fund

Introduction

Street children are school age children (5 to 18 years old).

The problem of street children is becoming a worldwide phenomenon the vast majority of them live in large cities, urban areas of developing countries. It is now almost 19 years since the epidemic started in the country. The epidemic has affected a large segment of the society and it has spread to every region or zone in the country. Although HIV prevalence was very low in Ethiopia during the early 1980s,
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it has been increasing rapidly in the year 1990s. Adult HIV prevalence increased from 0% in 1984 to 1% in 1989, 3.2% in 1993, 7.4% in 1997, 7.3% in 2000 and 6.6% in 2002 and 4.4% in 2003 [2].

The rising occurrence of street children and mothers living on the street of Addis Ababa has become one of the city’s most pressing social problem. Street children in Addis Ababa are estimated by the government to number 50,000 to 60,000 UNICEF estimate that the number is three times high, approximately 150,000 are working and living in the street with no care and support; some 45,000 children earn their living in the street and go home to their families, relatives or friends after 12 - 14 hours on the street daily. Even more, however, remain on the street alone at night risking rape and violence in the absence of secure shelter; report indicate that at least 25% are female [2].

The result showed an overall HIV-1, prevalence of 5.3% among the 319 out of school youth, there was a 60% excess prevalence rate among out of school females compared to the males. Out of school youth groups had a 13 times higher chance of being HIV affected than youth in the school. The study indicates significant prevalence of HIV infection, particularly among female and out of school youth [10]. A World Bank analysis of 72 countries shows that, at national level both low per capita income and unequal distributions of income are associated with high rate of HIV infection [12]. In Ecuador sexual risk taking by adolescents was more common among families with only one income earner than in those with two or more. Economic hard ship and civil unrest have pushed more and more young men and women away from home and to towns and cities to look for work. Many enter multiple sexual relationships that carry risk for HIV and thus transmit the virus from one place to another [4]. Poverty and lack of alternatives are major reasons that many children become sex workers [12].

Poverty and HIV transmission are linked in a Varity of ways, poverty often leads to prostitution or to trading sex for material goods. Young women may be especially vulnerable due to societal practices that may deny them education and work opportunity. Poverty also leads to poor nutrition and weakened immune system, making people more susceptible to tuberculosis and STIs [15].

Developing countries like Ethiopia spend their limited resources to the prevention of this pandemic disease rather than for their immediate necessities. Ethiopia is among the least developed countries in the world in terms of economic development and standard of living of its people. The socioeconomic backwardness that prevail for centuries, like that of other countries, Ethiopia is experiencing the problem of child prostitution being aggravated by the pull and push factors of urbanization and rural life poverty, war; migration/ displacement, lack of employment opportunity, inability to pursue education because of varied, inadequate family income, teenage pregnancy, irresponsible sexual behavior of adults early marriage and the like, contribute much for the increase of problems of child prostitution [18]. According to information obtained from study conducted about sexuality, HIV/AIDS and risk and perception, the reason for their street life involvement were diverse, 37% reported their own bad behavior as a cause 33% gave economic reasons, in most cases the economic situation of urban poor families creates much stress for both parents and children [20]. Our County’s culture could be one of the major factors that contribute to the wide prevalence of HIV /AIDS, it will influence how children deal with the epidemic. For example ignorance of reproductive health issue will put children at risk of infection and other sexually transmitted diseases, AIDS stigma evoke negative action denial, shame, fear, anger and discrimination.

Perceived negative consequences among the most frequently reported reasons for non use of condom in Ethiopia are fear of reduced sexual pleasure and perceived unreliability, condoms because of their presumed susceptibility to tearing and slipping off during intercourse have been cited [34].

In Ethiopian studies conducted in Dupite, Bahar Dar and Eastern Gojjam reported that 53.6%51.3%and 64.6% out of school youth do not use condom consistently [26,31,37]. In a national survey conducted by Kaiser family foundation on youths knowledge and attitude on sexual heath 75% of young people aged 15 - 24 years agreed that condom often do not get used when people are drinking or using substances, in another study alcohol was associated with willingness to have unsafe sex [27].
Among the most common explanation for the deteriorated relationship was the anger/resentment/hopelessness felt by the street children due to being abandoned by family and society in addition to harassment by the police was a cause for increased hostility by the children toward the public. There was also an increase in the needs and increased use of drugs among the children which brought about more aggressive begging or robbing, finally public insensitivity and public blaming of children for their situation was cited as part of the deterioration between street children and public [43].

Parents, adult members and other in the community influence adolescent health behavior. Studies show that young with a stable, positive and supportive family environment that includes parental monitoring engage in less risk taking. In many cultures parents traditionally did not discuss sex with their children. Instead of parents' grandparents, aunts and uncles played this role. Most researchers agree that parent-child communication about HIV/AIDS and sexuality should begin early so that it can evolve comfortably as the child matures. A single serious talk about sex as a child enters puberty is likely to be strained and awkward. Similar discussion before, however, provides the ground for the successful discussion. Parent-child communication is most likely to be successful in close loving relationship. But some adults still think that sex education encourage sexual experimentation. Despite such worries, review of programme evaluation find that HIV/AIDS education programmer do not hasten the early start of sexual activity, do not increase the frequency of sex and do not increase the number of sex partners among adolescents [44].

Methods

Study area and period

The study was conducted from February 15 - 18, 2015 in Jimma town, Kochi kebele located in South West Ethiopia, Jimma zone of Oromia regional state. The kebele, was found at 360 Km away from Addis Abeba in South West Ethiopia. The Kebele is located at 7°41 N latitude and 36°50, Longitudes with an average altitude of 1780m above sea level. It has woinadega climatic condition with annual maximum and minimum temperature of 30°C and 14°C respectively. It is the place where Jimma University main campus is found.

Study design

Exploratory qualitative method was used for this study.

Population

Source population

The source population for this study was all street children found in Kochi Kebele town.

Study population

All street children available in Jimma town, Kochi kebele during study period.

Inclusive criteria

Those who were available during data collection.

Exclusive criteria

Those who were not available during data collection.

Sampling strategy

Purposive sampling method was used to select informants that shed light on the study question. All street children available on the street of Kochi kebele were included.
Data collection tools

A structured self-administered pre-tested questionnaire was adapted after a thorough review of literature on the subject. Adapted questionnaire was contextualized to the local situation and to the research objectives. A semi-structured open-ended interview guide was developed and used for in-depth interview.

Pretest

A structured questionnaire developed was pre-tested ten days before launching the final data collection on 5% of the study population in Agaro town and required changes were made.

Reliability and validity of data

The reliability of the data collected was maintained to maximum possible. To ensure the reliability and validity of data the principal investigator put the maximum effort. In this regard experts on the subject matter was contacted and the questionnaire reviewed to obtain the desired variables.

Study variable

- Predisposing factors for HIV
- Age
- Sex
- Socioeconomic status
- Religion
- Place of living
- Ethnicity
- Marital status

Data analysis and presentation

After the completion of the data collection process the required data was categorized and recorded. The data was compiled and the variables calculated and analyzed using manual hand scientific calculators. After analysis the results were presented in tabular, figures or graphic forms.

Ethical consideration

As an important part of the study the following steps was taken to ensure the ethics of the study. The research and publication office of Jimma University was requested to approve this study. In addition, the respondents were explained about the study and were requested for their willingness to fill the questionnaires. The names of the respondents were not included in the questionnaire and in the results. All the filled tools were kept in strict confidentiality in a lockable cabinet.

Operational definition

- Streetism: Life style of children who for various reasons work or live in the street with all of its Sub-group cultural values, norms, customs and expectations.
- Children on the street: Those children who primarily engaged in economic activities of street they are children of either sex falling with the age group of 5 - 18 years working or begging on the street, but living with their parents.

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- **Children off the street**: Children of either sex who are within the age group of 5 - 18 and, who are both economically and socially engaged in street life. These children live and work on street without any kind of control or assistance from parents or relatives.
- **Street children**: They are school age children 5 - 18 years old, comprising both on and off street children, the majorities are boys, but that does not exclude the presence of girls. They are children in difficult circumstances, who struggle to survive in urban and suburban areas.
- **Adolescent**: Young people within the age range from 10 - 19 years of age.
- **Youth**: Young people within the age range of 15 - 24 years.
- **Risk sexual practice**: Youth who had sex earlier than 18 years of age, or have sex with non-regular sexual partner, or exchange sex for money (money for sex), or have more than one sexual partner or use condoms inconsistently.
- **Gang**: A leader of the street children, used to benefit in favor of protection and support from the children.

**Dissemination Plan**

The final report of this study would be submitted to Jimma university department of nursing defended in front of public auditorium. Result of the study would be disseminated to Jimma University public health and medical science, CBE office.

**Result**

**Socio demographic characteristics of the study population**

A total of 32 street girls and boys participated in the interview with age range from 5 - 18 years old among on and off street children in the kebele. Most of the respondents were single have sexual partner. These children had been in the street for two to four years, very few of them were attending school; none had completed secondary school and some had received any formal schoolings, majority were illiterate, some were born and grew up in Jimma, others come from other communities, most were very mobile, some children were engaged in peddling in the central and market area of Jimma. Begging, peddling survival sex, carrying, washing car and performing a number of odds are the means of survival for few participants.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number of children participated</th>
<th>% of children participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>On street children</td>
<td>12</td>
<td>37.5%</td>
</tr>
<tr>
<td>Off street children</td>
<td>20</td>
<td>62.5%</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>Age groups (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - 11</td>
<td>8</td>
<td>25%</td>
</tr>
<tr>
<td>12 - 18</td>
<td>24</td>
<td>75%</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>56.25%</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>43.75%</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodox</td>
<td>13</td>
<td>40.63%</td>
</tr>
<tr>
<td>Muslim</td>
<td>11</td>
<td>34.37%</td>
</tr>
</tbody>
</table>

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They considered that HIV/AIDS has been affecting the productive segment of population including street children. Almost all discussants and key informants remarked about HIV/AIDS transmission, that it is transmitted through unprotected sex, sharing of objects particularly used blades, needle and contaminated materials stained with blood of HIV infected person. Most street children tend to become sexually active earlier than most other group of adolescents and engage in sex with many sexual partners. The street girls are also more likely to be raped or forced into sexual relationship to ensure their survival and eventually likely to be vulnerable and at risk of acquiring HIV/AIDS. Majority of the children know the transmission and prevention of HIV/AIDS and most get the information from non-governmental organization and charities working on street children, but the use of substance and alcohol revert the situation, when they are in states of inability to control them indulged into unsafe sex. A 13 years old street boy expressed, remarked by saying; “Most of us do have the awareness, but when we use these substances, for us have sex, we do not give attention to it and said let what to come (emoted yemeta) and do everything carelessly, even tend to have sex with Festal (Plastic bag) preferring to condom…”

Perception of risks and vulnerability

The street children are known to engage in sexual activity with peers and adults from within and outside their social circle. A 14 years old responded in a noxious way to the question do you think condom prevents STDS including HIV/AIDS by saying.

Determinant of street children sexual behavior

The children routinely suffer from exhaustion, deprivation, hunger, social isolation and a lack of emotional support. They are particularly vulnerable to HIV infection through sexual abuse and drug abuse. Girls are particularly vulnerable, since sex is often followed

Table 1: Socio demographic characteristics of the street children in Jimma town, Kochi kebele who participated in the study.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protestant</strong></td>
<td>6</td>
<td>18.75%</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>2</td>
<td>6.25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Literacy status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary (1 - 6)</td>
<td>9</td>
<td>28.13%</td>
</tr>
<tr>
<td>Secondary (7 - 12)</td>
<td>6</td>
<td>18.75%</td>
</tr>
<tr>
<td>Illiterate</td>
<td>14</td>
<td>43.75%</td>
</tr>
<tr>
<td>Read write</td>
<td>3</td>
<td>9.37%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Means of survival</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begging</td>
<td>12</td>
<td>37.5%</td>
</tr>
<tr>
<td>Caring</td>
<td>7</td>
<td>21.88%</td>
</tr>
<tr>
<td>Pick pocketing</td>
<td>3</td>
<td>9.38%</td>
</tr>
<tr>
<td>Prostitution</td>
<td>5</td>
<td>15.63%</td>
</tr>
<tr>
<td>Peddling</td>
<td>7</td>
<td>21.88%</td>
</tr>
<tr>
<td>Criminal acts</td>
<td>5</td>
<td>15.63%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37</td>
<td>115.6%</td>
</tr>
</tbody>
</table>

More than the total participants since some children engage in more than one occupation like begging and survival sex.

Knowledge of HIV/AIDS Transmission and prevention

They considered that HIV/AIDS has been affecting the productive segment of population including street children. Almost all discussants and key informants remarked about HIV/AIDS transmission, that it is transmitted through unprotected sex, sharing of objects particularly used blades, needle and contaminated materials stained with blood of HIV infected person. Most street children tend to become sexually active earlier than most other group of adolescents and engage in sex with many sexual partners. The street girls are also more likely to be raped or forced into sexual relationship to ensure their survival and eventually likely to be vulnerable and at risk of acquiring HIV/AIDS. Majority of the children know the transmission and prevention of HIV/AIDS and most get the information from non-governmental organization and charities working on street children, but the use of substance and alcohol revert the situation, when they are in states of inability to control them indulged into unsafe sex. A 13 years old street boy expressed, remarked by saying; “Most of us do have the awareness, but when we use these substances, for us have sex, we do not give attention to it and said let what to come (emoted yemeta) and do everything carelessly, even tend to have sex with Festal (Plastic bag) preferring to condom…”

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A 14 years old responded in a noxious way to the question do you think condom prevents STDS including HIV/AIDS by saying.

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The children routinely suffer from exhaustion, deprivation, hunger, social isolation and a lack of emotional support. They are particularly vulnerable to HIV infection through sexual abuse and drug abuse. Girls are particularly vulnerable, since sex is often followed

by commercial sex work. Children sell sex as a means of survival, it is an income generating activity and earning is an urgent and immediate need and these children suffer a greater exposure to rape and sexual abuse of other street dwellers and many of them turn to drugs and substances to escape degradation, guilt and misery. Health risks related to inhaling benzene, smoking ganja and shisha are further complicated by malnourishment and risks associated HIV/AIDS, unsafe sexual practices under the influence of alcohol increased the risk of contracting STDs and HIV.

**Substance and alcohol use**

Children are addicted to chat, alcohol cigarette, ganja and shisha, even during the interview, some were chewing chat, the reasons they give were to be alert and respond to what ever comes, when asked if they used substances other then chat, cigarette, shisha and ganja they said they did not practice or observe. In response to the question what would be your reasons to use these substance and when did you use them.

All respondents expressed the major predisposing risk factor putting out of school particularly, street children was the ever increasing number of “Chat bet” Tej bet” and the availability of the left over “Geraba” in the rubbish pit, the trend of sharing what you have and availability of ganja and alcoholic drinks after chewing chat. Most street children tend to visit “Tella bet”, “Araki bet” and “Tej bet”. It was reported that there is so called “chebbsie” after chewing chat, a session to ban the problem of sleep disturbance and to decrease and alleviate anxiety due to the effect of chat produced and the children used to take alcohol and have sex after wards. A 14 years old boy expressed his view on using of substances and its consequences by saying; “I have to drink first and if I have some money in my pocket to pay for the prostitute (Shele), then go to her, bargain and when we agree, went to her small house and have sex without condom”.

Even though using substances may lead to serious problems, many street children use substances as a coping measure, to alleviate their stress and depression. There is a connection between problems of life on the street and the effects that the substance produces.

A 13 years old street girl remarked by saying; “The very first time I came to street life become addicted to cigarette, chat and ganja takes them on daily basis. After inhaling solvents ganja I feel an earthquake & that God is above me, the half body of mythical hero appeared as a manageable (a flying object). After a few hours, I lose my appetite; feel very weak, tired and sleepy...”

The observation revealed that, the use of substances by street children tends to add to their health and other difficulties while substances like chat, shisha, hashish, cigarette, benzene and ganja used by street children to keep them awake for work, or to alert to possible violence to replace the need for food. Majority of the children displayed high risk sexual practices whom they were chewing in the day times were found to be intoxicated looking for a lady to have sex with opposite and same sex, and the new comers were forced to have sex without using condom after being elated (Merkana) and had a few (chebbsi). A risk of exposure to HIV is rapidly becoming an area of concern because of the large number of street children engaging in unprotected sex after having this ganja. The majority of the children chew chat take shisha and alcohol together after being intoxicated and elated wander here and there to look for a girl sleeping in the street.

A 16 years old street boy remarked by saying; “We drink occasionally chew and go for drink (chebsi) there is a commonly held trend that is chewing in the morning (yejebena), to open our eyes and be alert. After chewing and drinking Areki, Tej and inhale wide-ganja”.

Another 18 years old street girl said; “On my part I do not smoke, nor had any of addictions, but my friends, smoke, chew and drink. After chewing they tend to drink (chebsi). Then after got drunk consequently contracted different kinds of diseases there are ladies whom I knew...”

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Condom use and problem related to condom

Most participants were sexually active and used condom occasionally, they liked using them, but whenever they take chat, drinks or hashish, their mood changes though the majority came to an identical conclusion that condom use reduces sexual pleasure for both males and females moreover, the participant perceived sex to be more “natural” without a condom. A 16 years old street boy expressed his feeling about condom by saying; “I know condom can prevent HIV. I used it when I get money, if not do not mind have sex with out it (Bemelataw)”.  

Another 13 years old female street girl Said; “Condom is very important thing for all of us, at one point in time, when we were having sex turn by turn (Yedama) every one was using it, but one boy could not get condom instead used a ten cents plastic bag (Festale)”.  

Most participants both male and female expressed, had it not been for this deadly disease HIV/AIDS sex is more enjoyable without condom; this has shafted their views to disgust over condom use, but considered the only safe way to have sex, few continued to use them as a better alternative than doing bare, the children have information about sexuality and protection, while the majority of the participants and informants expressed that the children are practicing unsafe sex, even if they have information about HIV/AIDS and condom use, the use substance and alcohol lead them to in consistent and improper condom use to the extent of having sex without condom. However, few participants perceived negatively for non-use of condom as fearing of Sexual Pleasure, unreliable condom because of their presumed susceptibility to tearing and Slipping off during intercourse, further mentioned condom use is degusting, filthy and socially unacceptable and their partners may not agree about the need. Another 15 years old street boy remarked by saying: “We do sex without condom, when having sexual intercourse condom do not give us pleasure/urge (Simmet Aysetem) we know that it prevents, but the ladies are not pleased with condom and usually say are you going to have sex with festal and we say not it is without it (Bemelataw)…” In general, awareness about condom use and HIV was relatively better but, it tends to be reverted when taking substance since, most street children after using chat, cigarette, shisha and ganja loss themselves, do not know what they are doing, as a result driven into unprotected sex. Various misconceptions came up during the interview; but the majority came to an identical conclusion that the children have knowledge on condom use but their awareness is distorted while using substance and alcohol, thinking that condom does not prevent HIV/AIDS rather it transmits the lubricant it contain is the virus other materials like festal could prevent the transmission.

Sexuality

Most street children spend the day time chewing, taking shisha and ganja there is a change in their alertness thinking perception, decision making and emotions, particularly whenever they take ganja (Hashish) giggle or laugh at strange things or their mood switch quickly between high/lows. Most respondents said that tend to be even aggressive when elated and intoxicated using chat, ganja and alcoholic drinks respectively and behave in ways they normally would not, eventually subjected to improper use of condom and further admitted that it is the elation followed by intoxication that is responsible for most substance use related problems children, they suffer from burns accidents, injuries, gambling violence, rape, unsafe sex. A 13 years old, addicted street girl gave her view on sexual experimentation; “Things that push to sex are smoking inhaling ganja and drinking this time my sexual feeling increase and the boys start to approach me and go with them and have sex, since I do not know my self because of intoxication and elation and have sex turn by turn (yedame)”.  

When asked what kind of people will get HIV/AIDS and what initiate them to be driven to unsafe sexual practice said that, in majority of cases the most exposed are commercial sex workers, drivers, street children and non-street students (yebet lijoch) in the order of decreasing magnitude, as to initiation of sex, most being intoxicated, lose their consciousness where and what has happened is beyond their will and control. Most respondents suggested the street children are involved trading sex (business) not because they want to and sometimes forced under the influence of alcohol, which this involve much struggle and friction between the two bodies, usually causing condoms to tear in the process. Most had sexual relationship with a variety of partners among the social groups and with the community.
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for a various reasons, sex with peers was most frequently described as being for pleasure, protection or behavioral control, where as sex with adults happened in exchange for money, material objects or leisure resources, the main motivation for sex with female partners is pleasure, boys described these sexual encounters as one of their greatest sources of enjoyment. While majority of the street girls motive is earning money by having sex with adults of the community. The practice of multiple sexual partners contact is the most prevailing condition in the street children, most had two or more partners and majority used no protective methods at all since most indulged to unprotected sex under the influence of substances and alcohol.

A 15 years old street boy, explained intimacy and sex by saying; “There are lots of ladies coming from country side and sit around the vendors home waiting for a job, after they losing the chance of getting a job, finally went for trading sex having seen the street children who are standing in the night in the corners looking for males, this time they start smoking, chewing, drinking and spent the day time in the video house and go for sex trading at night with whom they met…”

Among the respondents in the male category said rape never practiced by street boys as the girls are their partners and intimate with in the social group, but the other segment of the community like the non-street boys (yebetlijoch) and some drunk men, used to engaged in risky sexual practice by hugging or frightening the girls in some dark area of the street.

Stress and boredom

The children may see their family and community devastated, family members die or may experience physical harm, beyond this spectrum it is a usual event to see children experiencing “hassles, day today conflict and pressures, they are likely to be “nagged” by parents that is the on street children, parental arguing, house hold and schools “chores”. Many problems for these groups relate to daily “hassles” such as conflicts, finding shelter, clothing and food, the banning of violence and sexual abuse.

Most respondents said that the children are usually in states of constant stress and boredom, to alleviate this as coping measure tend to use substances and drugs in an attempt to escape this riddle which persisted overtime and are not easily resolved and are often related to a deprived socio economic environment, for most participant survival in such circumstances can be the all consuming task finding adequate food, shelter, clothing and health care. The hopelessness of children contributes to feeling of depression and low self-esteem. They are in no position to change their economic situation or poor living conditions.

A 13 years old street boy remarked on reasons to use substances, by saying; “We use these substances, as a result of stress and anger, these make us to be addicted, for example I do not have addition to chat, but whenever I faced any disappointment, stress, tend to use what I did not do before”.

Most respondents believed that, majority of the street children take substances and alcohol as a coping measure to ban their stress, depression and boredom, in doing so many enter into unprotected sex and criminal acts. While undergoing observation most street children were depressed and sleepy particularly during around 10 AM - 12 PM seeking for substance.

Peer, parent and community factors

Lack of family support

All respondents came to an identical conclusion that street children living on street is better than coping with problems in their homes conflict with parents particularly with step parents are common. Parents or others have physically or sexually abused some children at home; moreover life on the streets can expose children to serious health risks and physical danger. These risks may be greater if the children use substance.
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A 16 years old male street boy remarked about his family’s condition by saying; “My families are in a good living condition my father is a vendor and went out because of disagreement with my step mother, even can go home back I did not commit any other faults, the problem mainly lied on my step mother, I want to learn but they do not allow me, as a result driven to street”.

Another 13 years old street girl remarked about her family condition. “My family is living with a little income, it is my mother who is managing and controlling us, it was difficult for her to feed us, to get our daily meals, fail to teach us, because of this I and my sister went to street life”.

The respondents addressed that the family forms the corner stone of efforts to socialize prevent and avert drug and substance use, but the prevailing disrupted family circumstance lead to poor adult care and support at home. Parents usually greatly influence their children’s health and sexual behavior, where decisions are usually made by parents including other adult family members, which this eventually limit education opportunities and lead them to turn life on streets, on the contrary children with stable, positive and supportive family environment, that include parental monitoring and controlling engage in less risk taking.

**Peer pressure**

All respondents know their peer were sexually active and using substances, most of their peers used to chew chat, drink alcohol; smoke Shisha and ganja (Wig), peer groups or relation usually provide important mediating factors influencing the individual perception and emotions, peer pressure is usually manifested when there is a lot of search for identity, insecurity about their identity, therefore the risk of experimenting with substance and sex is higher. The participants considered peers influenced their addiction and sexual behavior.

A 10 years old street boy remarked on peer’s pressure as follows; “We are mostly using these substances, it is not because we are addicted, but see our friends doing it, as a result become addicted and at this moment this is called elation (Mude meyaze)”.

Another 13 years old female street girl remarked; “I started using substances after I saw other children using it, I felt being inferior and started to use it, at this time moment there is so called hashish (ganja) cigarette & chat. We do not buy chat rather use the left over chat (Gereba), which we used to get it from the rubbish pit. I used them regularly, having acquired from my friends…”

**Violent environment**

Children sustain in many place physical injuries, disappointment and violence in all areas, the usual sources of violence are the police, local gangs, sexual partners, the non-street boys (yebet lioch, wotetewoch). Moreover reported all policemen and other citizens consider them as undesirable, useless people; view them as targets of fear and spoil the city’s beauty, because of their substance use, predatory crimes and theft, un acceptability in urban dwellers, the children have frequently been targets of police and even the street boys, residents of different communities are supporters of violent solutions to local crime, fearing that their area can be insecure, particularly the street girls are targets of local gangs, in favor of obtaining protection and support. When asked about any violence and harassment the respondents said, in most cases, violence among street children is evident, while they are intoxicated and using inhalants, moreover commit promiscuous sexual activity while using these substances and alcohol.

When a 13 years old street girl asked about disappointment and violence remarked; “While we are in the street the police men chase, annoyed us whenever we start something to support our lives, like peddling(jebelo) they used to snatch us, what can we do to survive, they said why do not you go to your home land, but we do not have the means to go there”.

The existence of street children seen as a problem to be dealt with Police and the children are criminalized, placed in prison, torched, regularly chased, not trusted for any service that exists, it is a usual event to see a Policemen chasing, hitting and beating these children.

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Lack of supervision and information of parents

All participants discouraged strict supervision and punishment by adult family to protect children from risky sexual behavior, it was well addressed that this will not have any effect in shaping the children sexual behavior rather it may lead the children to try the matter that have been denied by revenge to their parents act. All respondents pointed out that parent’s involvement in shaping their children sexual behavior and in preventing HIV/AIDS was so poor. Most of the parents do not have awareness about HIV/AIDS and were not discussing sexuality issues openly with the children, some of the participants who expressed that their current risky behavior would have been changed if their families had informed them everything openly like what sex means, what to be done, with whom to do it and how to do it. Most expressed weak or negative bond to family would occur in children growing up in such environment likewise; bonds to society can also be weakened by bad experiences at schools in addition to the environment, where the street live poverty takes its toll inability to pursue education, buy educational material, the relation of step parents and children is often negative.

Socio-economic contexts

Livelihood concerns

Nearly all the respondents showed obvious signs of street life ragged clothes, poor hygiene and unkempt appearance. Many had scratched and unhealthy look, the majorities were engaged in peddling (Jebelo), washing cars, begging, pick pocketing, vending. Back breaking and messenger for thieves were the main means of survival for few participants. Most participants had lost one or both of their parents and those living with families were engaged in shoe shining and peddling (Jebelo) to support their families and/or themselves. The majority of the street children participating in the interview were homeless, spending their nights in dangerous, unsheltered areas, around building and cold environment. When asked about their life, the majority of the respondents said, the children live and work on city streets choosing street life as the alternative to poverty at home, where they face constant threats of hunger, exploitation, violence, abuse, sickness and imprisonments. Most street children’s time is spent working on daily problems, such as finding food to eat though majority of the children bring left over food (bullae) in exchange for discharging wastes of the hotels and a place to sleep, clothes to wear, but majority do not mind about their clothing. Substance use offers a quick and easy escape from day to day problem to avert their stress, depression boredom and constant threat from the government organs.

A 14 years old street boy remarked by saying: “After I came here, faced a lot of problems, sleep in the street at one moment in time, while sleeping in the street the non-street boys (Chelelewoch) stolen my clothes and shoes, the other problem is whenever we work together carrying goods, there is a trend called (mawareja, maresha) and take part of what we get”.

The observation finding revealed as to their living conditions, that majority of the children’s immediate concern were survival and shelter, these children are detached from their families, factors associated with survival on the street and coping with stress, survival sex, begging including acts of self-mutilation and self-humiliation.

As to improving the situation in street life majority of respondents remarked, improving the incomes of poor parents is a way of helping and keeping kids off street-families, families of the on street children often need to send their children out to work on the street in order to survive. Some organizations need to support and organize in order to improve their income and living standards, by encouraging street children to form co-operatives which this enables them to exercise street based activities.

Economic-factors

The children are leading destitute life, exploited and abused which this increase their vulnerability to HIV infection, their extreme poverty deprived access to health facilities, Schools and media also limit their access to information and education on HIV/AIDS. Poverty compounded with poor standard of living made them, often unaware of the risks and the vulnerability of the street children to HIV/AIDS, this accounted for unprotected sex and high frequency of causal partner by using substances of different sorts that would increase their
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As to their economic situation, I witnessed majority of the children are in conditions of severe deprivation and destitute life, begging in front of restaurants, peddling cigarette, soft, condom and chewing gum. It is rife to see children holding their peddling running away; some washing car begging and vending, for most of the children life is harsh and intolerable.

Discussion

Information about street children in general and predisposition to HIV/AIDS in particular is scarce in our country. This study has the qualitative data collection instruments exploring the characteristics of the study subjects; unstable life, addiction to substance use and alcohol.

Majority of the children were not in a good relationship with their parents and the community organs, felt that they are neglected and cursed by the police and view them as embarrassment or threat to society and imprisoned, abused or beaten them, as a result the children used substance as coping measure to avert their preoccupation. This may be the reason why most children prefer to chew khat or drink alcoholic drinks and consequently had unprotected sex. This finding was similar with study conducted by WHO on Substance use [43].

The children expressed sensitive issues to the very detail openly; particularly the street girls were not shy or reluctant in responding questions related to sexual issues, this showed that they are careless and despaired, which this prone them to unsafe sex and juvenile delinquencies. Poverty forces them to endure situation that place them at risk. This may be due to their hopeless situation or being taken as a means of gaining income to sustain their life, as a result contracted HIV/AIDS. This was found to be similar with the study conducted in Dessie by Tadela G. which showed that strong association were made between the use of the substances and unstrained sex, whenever chewing chat and drinking; sex usually follows them, the use of alcohol, chat, unsafe sexual practice, including inconsistent and improper condom use were evident in the study [20].

Majority of the respondents clearly remarked that the street children are not using condom during sexual intercourse being intoxicated, few respondents even do not believe its prevention. This finding indicates that majority of the street children are at risk of contracting HIV/AIDS, because they were not using condom consistently or they were not abstaining from sex as a result had unprotected sex. The reason for nonuse of condom is aversion to using condom, purchasing problem, decrement of sexual feeling and thinking that condom itself transmit the deadly disease HIV/AIDS. This might be a risk factor for transmission of HIV/AIDS and other sexually transmitted diseases. Various studies have reported the proportion of sexually active street children having ever used condoms to be in the range of 8.2% to 33% [23,37]. Peer pressure to be sexually active and families not supporting their children to have accurate information on sexuality were found to be associated with children behavior to have sexual intercourse with non-regular sexual partners or with a commercial sex partner, inability to manage peer pressure, poor involvement by parents in shaping the children sexual behavior and lack of open communication on sexuality issues were raised as initiator of sexual practices.

Chewing chat and alcohol intake and particularly smoking ganja were found to be Significantly predisposing risk factors which put the children at risk of having sex either with non-regular sexual partner or to have sex in exchange of money, which is a risk for contracting HIV/AIDS and STIs. As to their awareness and vulnerability to HIV/AIDS, Most respondents remarked that children knew the transmission and perceive that they are vulnerable to this deadly disease because of their risky sexual behavior, even those with adequate knowledge about HIV/AIDS are often unable to negotiate condom use with their partner or they may use them improperly due to substance abuse.

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Most street children were poorly managed and controlled; family relationship can easily become strained to the point that life within the family is unbearable; the death of one of the parents intensifies the situation. Where most exposed to harsh risky behavior, survival sex for street girls (sex for trade) as the only means of earning money and survival, this is due to their despairment or considering as a means of income which this is a risk factor for contracting the virus. The over all finding indicated that a majority of female street children some of them as young as 13 joined the sex trade due to economic reasons [1].

From this finding the key predisposing factors that was reported as a reason why children were at increasing risk of contracting HIV/AIDS, was the ever increasing use of substance and alcohol a sense of hopelessness lead children to chew chat and drink alcohol to pass their ample of time, as a result they are practicing multiple sexual partnerships and condom use was not regular or even not used, rather used other materials for prevention sake. There is a need to launch multifaceted, intersectoral intervention for street children and other poor children, apart from knowledge of HIV/AIDS transmission and protection which is dependent on a number of complex large scale socio economic forces, more over peer education to promote awareness of HIV/AIDS and involving street children in the programme may also be effective in reducing the risk of HIV infection among them.

Conclusion

This study revealed that street children are at risk for HIV/AIDS, they are practicing multiple sexual partnerships and condom use is not regular or even not used, rather used other materials for prevention sake.

Most street children were practicing sexual intercourse with commercial sex partner exchanging sex for money, food, cloth and with non-regular sex partners; however the children have knowledge about HIV/AIDS transmission and prevention.

Majority of the children reported to chew khat, smoke cigarette, shisha and ganja and alcoholic drinks and this were significantly associated with risky sexual practices, these may have happened because of hopelessness, stress and boredom and the community, governmental and non-governmental organizations poor support.

Families (parents) were found to be poorly involved in shaping the children sexual behavior. Peer pressure was also found to be another driving force that predisposes the children for risky sexual practice.

The children strive to survive engaging in different activities and the income they get lead most children to visit “Khat bet” “Tella bet” and Areki bet” depending the amount they get, this has lead the children to be hopeless and ignorant of HIV/AIDS epidemic.

Recommendations

The following recommendations are for warded based on the study finding.

1. HIV/AIDS prevention activities need to be focused and alleviating poverty so that their futurity will be helpful and they will have bright vision to protect themselves.
2. Risk taking behaviors like alcohol intake chat chewing and smoking ganja and shisha are highly prevalent among street children which put them to be increasingly predisposed to risky sexual practice. Efforts need to be made to make their life hopeful by establishing street based activities and some income generating schemes.
3. Conduct comprehensive efforts on strengthening the codified right of children and programme to alert policy makers to focus on preventive, corrective and rehabilitative measures to alleviate the problem of streetism.
5. Target oriented, specific social group, appropriate and consistent IEC/BCC campaign.
7. Taking legislative actions against drug, substance traffickers and local gangs mistreatment that expose the street children to unsafe sexual practices.

8. To design a strategy to narrow the gap between knowledge and practice further detailed research should be conducted.

Competing Interests

Author declared that I have no conflict of interests. Jimma University covered only the survey cost for this study and there is no any funding organization.

Availability of Data and Materials

The spreadsheet data supporting the findings of this work is available at the hands of the corresponding author.

Ethical Approval and Consent

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the declaration and its later amendments or comparable ethical standards. Before the commencement of the study, ethical approval was secured from the Jimma University Ethical Review Board. Written informed consent was obtained from all individual participants included in the study.

The purpose of the study was explained to the study participants at the time of data collection and verbal consent was secured from each participant before the start of data collection. Confidentiality was ensured by not including names or other identifiers in the data collection tool. The right of the participants to refuse participation or not to answer any of the questions was respected.

Author’ Contribution

Abiru Neme and Gadisa Bekele, conceived and designed the protocol. Abiru Neme, Gadisa Bekele contributed on data analysis and checked the draft. Abiru Neme prepared manuscript. Author read and approved the final paper.

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