

September, 1998

- Sponsoring Agency: Back to School (Inapoi la Scoala)
- Activities: Training of project staff, related NGO staff, social work students, and volunteers for the Romanian Association Against HIV/AIDS (ARAS-IASI)
- Methodology: Interviews with street children, children of the streets, and key informants from agencies servicing street children or at-risk children.
- Review of newsletters and related reports for Nongovernmental Organizations (NGOs) providing services to street and at-risk children.
- Team: Victor Groza, Ph.D., Dennis Ghindia, Ph.D., Lawrie Bibb, MSSA, LISW, Catherine Shrader, BA
- Affiliation to Team: Sana Loue, J.D., Ph.D., Ann Marie Krihwan, B.A., Tim Leto, MFA
- Dates: May 26 - June 12, 1998
- Scope of the Problem: While the exact scope of the problem is not known, estimates range from 1,500 to 10,000 street children in Romania (Alexandrescu, 1996; UNICEF, 1997). Programs to work with street children and research about Romanian street children (Alexandrescu, 1996) are recent developments. The staff who currently work with these children often have little training in basic HIV knowledge, are confused about the difference between survival sex, sexual abuse, and sexuality, and have difficulty developing outreach and HIV risk reduction/intervention programs for street children. Over half of Europe's children with AIDS are in Romania (Fejes, 1993; Zolotusca et al., 1992), and approximately 90% are under the age of 12 (Apetrei et al., 1994). The majority of these children have become infected through unsafe medical practices (Cernescu et al., 1993; Hersh et al., 1993; Patrascu & Dumitrescu, 1993). While medical practices have improved, some children are still being infected from other unsafe medical practices. However, the biggest new threat is due to unsafe sexual behavior as part of survival sex for children involved in street life. Little is known about the development of services in the nongovernmental sector to deal with street children and reducing the threat of HIV infection in street children.
- There are several groups of children who comprise the group of children commonly referred to as "street children." First, and most obvious, are those children under the age of 18, who live full time on the street with no permanent address and no consistent connection to a family. Most of these children were orphaned and/or ran away from institutions. Second are those children who spend all day or several days a week living on the street, for varying lengths of time. A significant proportion of these children ran away from abusive or poor families. Third, are those children who are on the streets because they cannot afford to go to school. These are children who live in impoverished families and neighborhoods, which often have unstable living conditions, and the quality of their lives prevents them from attending school. Even in a country with "free" education, the hidden costs of school clothes, school supplies, and racism due to minority status (i.e., Roma ethnicity), prevent some children from attending

school. When not in school, these children are on the streets. Thus, these are the three groups of children who make up the population of street children. For discussion, the first two groups will be identified as street children (SC). The third group will be referred to as children of the streets (COTS).

**Sample:**

A total of thirty-six (n=36) children were interviewed at three different locations. Thirteen (36%) children were interviewed at an alternative school for children, who had dropped out of the “free” education system. Eighteen (50%) children were interviewed at a shelter that provided medical care, food, showers, clean clothes and emotional support for street children. Five (14%) children were interviewed on the streets. To add to our interview data with children, six key informants were interviewed. Key informants were identified by the host agency as individuals from agencies that worked with street children or at-risk children.

There were both strengths and weaknesses in this data collection strategy. First, since this was not a random sample, results could not be generalized. Second, the number of children and key informants interviewed was quite small. Third, the mechanism for locating children was restricted to certain geographical areas. Fourth, key informants were identified by the sponsoring agency, so it is unclear if other key informants not identified would have provided a different perspective on the issue. Fifth, the data was collected at a specific point in time.

One, on a positive note, the multiple groups assessed allowed for a broad perspective on examining a complicated social problem. Two, it became apparent after one day of interviewing with the various groups that the same patterns were reported in subsequent days. Using a grounded theory approach, when patterns and themes were repeated, then the concepts became saturated, suggesting that further sampling is not needed. Three, the approach was cost effective given the parameters of the project in terms of time commitment and budget. Fourth, this is the only study to date in Romanian that has used this strategy to examine the problem. Thus, it represents an improvement over previous attempts that have relied only on government statistics or interviews with a convenience sample of street children.

**Caveats:**

The report presented here represents an approach to a social problem in Romania that is unique – it has not been attempted previously. There are both strengths and weaknesses from this approach. Any social problem has multiple contributing factors as well as factors that contribute to the maintenance or interfere with solving the problem. Trying to understand these multiple factors requires multiple approaches, but each approach has its own strength and difficulty. As such, this report presents one view of the issue and the implication for this view. The reader must examine the results and implications with these caveats in mind.

**Results:**

Results are presented in the major areas assessed as part of the data collection process.

**Demographic Description of Children:**

A little over half (55%, n=20) of the children were boys and the rest were girls (45%, n=16). More girls were interviewed at the school (69%, n=9), while more boys were interviewed at the shelter (72%, n=13). Children ranged in age from 8 to 22.<sup>[1]</sup> On average, the children were 14.1 years old; the mode and median were 14 years. Children interviewed on the streets were older, on average (18.8

years), than children interviewed at the school (12.3 years) or at the shelter (14.1 years).

Entry into Street Life  
(for SC only):

Consistent with reports shared with us from key informants, over half the children enter street life from their families, while about one-fifth ran away from institutions or orphanages. Only about one-third of the children originate from Bucharest. Most arrived in Bucharest by hopping trains, which are very tolerant of children without tickets. Of those children who left their families, poverty, alcoholism, domestic violence and physical abuse were the major factors for departure.

Basic Needs:

SC: These children were aware of the various agencies, the services they provided, and the regulation that governed receiving services to get basic needs met such as health care, food, clothing, showers, de-lousing and, for young children, shelter. Regarding regulations, the children knew they could not receive services if they were “high” from glue sniffing or alcohol usage. So they would plan the days they would use substances and the days they would receive services.

COT: These children were cared for by their families. However, the families were extremely poor and it was not unusual for children to go without food and adequate clothing. Often, very large families (10 or more members) lived in 2-bedroom apartments. There were no services identified to provide a safety net for these children and families, most of whom were Roma (i.e., Gypsy). It was not unusual for school to be the only place where they could receive nutritious meals.

Similar to reports from the children, key informants reported that there were services available to meet some of the basic needs but basic needs often went unmet.

Social Support:

SC: These children had difficulty understanding the questions related to social support (i.e., who do you go to for help, who do you go to when you are afraid, etc.). Often, they would identify the shelter or some NGO as places they would go for help. Not one of them mentioned other children. It was unclear whether the issue was a translation problem, or if this was the reality of their lives—that the only support they could identify were NGOs and staff from these programs.

COT: Similar to SC, these children had difficulty understanding the questions related to social support. However, they identified family members and school staff as people who were part of their social networks and to whom they could turn. Some identified their friends. Many COT had contact with extended family members.

HIV/AIDS/Sex:

None of the children had accurate knowledge about HIV/AIDS. They got few of the 15 questions correct and had many misperceptions. The two most knowledgeable children got only 60% of the questions correct. Sixty four percent of the children (n=23) provided incorrect answers on all questions, either because they answered incorrectly or could not answer the questions. Six percent (n=2) got one correct response, 8% (n=3) got 3 correct responses, 3% (n=1) got 4 correct responses, 11% (n=4) got 5 correct responses, 3% (n=1) got 7 correct responses, and 6% (n=2) got 9 correct responses. Table 1 presents each of the questions asked and

the percent of children who got the correct answer, by the location of the interview. SC were more knowledgeable about sex than COTS, although the majority of children denied sexual activity. The only children who easily acknowledged sexual relations were the children interviewed on the streets. Both of the females interviewed reported that they had been pregnant, received abortions, and traded sex for train travel. Several children interviewed at the shelter refused to talk about sexual experiences, although it was obvious to the interviewers that there was an issue about sex. However, it could not be adequately explored given the confines of the interview. Incidents of sexually transmitted diseases have been documented (ARMS, 1997), suggesting that this is a difficult issue to accurately assess in the protocol used and sexual activity is higher than reported. Key informants also suggested that the incidents of trading sex for basic needs or drug money, and the sexual exploitation of children, was much higher than the children reported. In one report (ARMS, 1997), about one-third of the children indicated some involvement with prostitution. While one NGO was distributing a newsletter asserted that homosexuality exploitation was rampant and it is close to pedophilia, the only victimization reported was heterosexual.

Table 1  
HIV Questions and Percent of Street Children Giving Correct Responses (Correct Response in Parenthesis)

	Location of Interview			
	Overall	At School (COTS) (n=13)	At Shelter (SC) (n=16)	In the Streets (SC) (n=5)
Birth control pills protect against the AIDS virus. (False)	11%	0	11%	40%
You can tell whether a person has AIDS by looking at them. (False)	11%	0	17%	20%
Condoms cause men physical pain. (False)	25%	8%	28%	60%
Cleaning injection needles with water will kill the AIDS virus. (False)	17%	8%	28%	0
People who have AIDS look like they are sick. (False)	3%	0	6%	0
You can get AIDS by touching someone who has AIDS. (False)	19%	8%	28%	20%
If a man pulls out right before orgasm, you don't need to use a condom to protect against the AIDS virus (False)	11%	0%	11%	40%
If a person is clean, he or she probably doesn't have the AIDS virus (False)	22%	0%	39%	20%
You can get AIDS from another person by using objects that he or she has touched, like a glass or a fork. (False)	0	0	0	0
Latex is the best material to use for a condom to protect against the AIDS virus. (True)	6%	0	6%	20%
Vaseline is the best lubricant to use with a condom to protect against the AIDS virus. (False)	8%	0	11%	20%
Mosquitoes can carry the AIDS virus from one person to another. (False)	0	0	0	0
People who share needles or syringes for injections of antibiotics won't spread the AIDS virus to each other because the antibiotics will kill the virus. (False)	17%	8%	22%	20%
If you are taking care of a baby who has the AIDS virus, you can get the virus by changing its diapers. (False)	11%	8%	6%	40%
If a mother gets the AIDS virus, all children who are born after she gets the virus will also have the virus. (False)	6%	0	0	40%

## Other Issues

Only SC acknowledged the use of alcohol and other drugs. Incidents of substance abuse was quite high in other reports of street children (ARMS, 1997). Sniffing solvents was the major drug abuse activity and only one child reported smoking marihuana. It seems that other drugs were not readily available. Conversation about alcohol or drug use was lacking in interviews with COTS. Most of the SC expressed a desire to go to school. Many SC identified begging as a major activity, while few COTS described begging in the list of daily activities or what they do to get food. Overall, the children seemed to care more about the moment than having any long-term perspective, which is not unusual for many children but somewhat unusual for older teens.

## Implications for Policy and Practice:

The best hope for children to escape a life of poverty and street life is through an education. Flexible educational programming, and policies that support such programming, could assist many of these children with educational achievement. However, any school program must also take into account that the reality of their lives—the inability to have basic needs met such as food and housing—will interfere with educational achievement unless these needs are also addressed.

While shelters offer a good, initial service for children, more comprehensive programming is needed for both prevention as well as intervention. Programs targeting high-risk families may prevent some children from ending up on the streets. Even the poorest families seem to help children when these families stay together. Children will need transitional housing to assist them in not only getting off the streets, but staying off the streets. In particular, older children and young adults need programs that can provide them with a residence and assist them in moving off the streets, going to school, and developing a structure to help them transition into an appropriate role in society.

Any program serving these children must include sex education, including HIV/AIDS education and prevention. Children need accurate and complete information. Programs would benefit from a strong theoretical foundation and using prominent models in the field, such as the Health Belief Model (Rosenstock, 1974) or the AIDS Risk Reduction Model (Catania, Kegeles, & Coastes, 1990). The HBM posits that behavior choices are a function of an individual's general concern about health, perceived susceptibility to acquiring the disease, perceived seriousness of the disease, perceived benefits of engaging in preventive behavior compared to the costs of such behaviors, and cues to action and information/advice. The ARRM builds upon the HBM by focusing specifically on behavior as it relates to HIV/AIDS. The ARRM suggest that individuals follow preventive health behaviors to reduce HIV risk when they recognize the activities that make them vulnerable to contracting HIV, overcome barriers to enacting behavior change, and commit to altering risky behaviors.

## Implications for Research:

Services research, which would identify the service systems in both the state and NGO sectors, how services are accessed, gaps in services and barriers to service delivery, would strengthen knowledge about current services for children and assist in better planning of other services. In addition, longitudinal research that tracks children over time would greatly increase our knowledge of the issues faced by children and providers. Trained researchers who speak Romanian fluently and who could spend extended periods of time conducting field research could assist us in better understanding this complicated problem. Finally, multidisciplinary and multiple research methodologies should be used to examine this problem.

Results in Worldwide  
Context:

Sexual activity is part of life for many street children. Studies in the United States suggest that most street youths are sexually active. For example, several studies conducted in large cities focusing on street youth found that 90% or more reported engaging in sexual intercourse (Sherman, 1992; Yates, et al., 1988; Robertson, et al., 1988). The children often distinguish between relational sex (between friends and significant others) and commercial sex (sex for money or to get basic needs met). However, in either situation they may not be in a position to demand safer sex practices, such as the type of sex in which they will engage or the use of a condom during sexual relations. Either they do not have the personal or situational power to make the decision, or they are hopeless and fatalistic about the risks. Less than 15% of youth use condoms consistently and over 50% report more than ten sexual partners (Sherman, 1992; Yates, et al., 1988; Robertson, et al., 1988).

Having accurate information about HIV does not always translate into safer behavioral practices. To reduce risk, HIV knowledge is a necessary condition for adopting preventive practices (see Fisher, Misovich, & Fisher, 1992; Atillasoy, 1996). Similar to street youth in the United States (Rotheram-Borus, Koopman & Bradley, 1989), knowledge of HIV is insufficient to reduce high risk activities in Romanian street children. Knowledge will not lead to change, but is a necessary prerequisite to reducing risk in children.

In addition to sexual behaviors, street children are at risk for victimization, HIV, other health problems, and arrest due to substance abuse. Children use alcohol and other drugs to reduce hunger pains, combat daily frustrations in meeting their needs, and decrease feelings of anger, depression, hopelessness and desperation (Clatts, 1991). They also use substances to give them courage to steal and face the dangers of the street (Campos, et al., 1994). The use of alcohol and other drugs lowers inhibitions against engaging in a multitude of risky behaviors, and helps them forget their pains.

As in most other countries, economic issues, such as those in a developing market economy that result in greater disparities between the rich and poor, are related to children entering life on the streets (Rizzini & Lusk, 1995; Romero, 1992). Similar groups of children, that is runaways from orphanages, children leaving poor or abusive families, and children still connected to families, have been identified in other former communist countries such as Russia (Creuziger, 1997), developing countries like Brazil (Forster, Tannhauser, & Barros, 1996) and on continents like Africa (Dallape, 1996). Programs must be developed to assist at-risk children to remain in schools and families, as well as assist families with economic well-being. To this end, street schools, or schools for children of the streets and street children, can be an important component of services to children, similar to a model developed in the Phillipines (Balanon, 1989). A significant proportion of children end up on the streets to supplement family income (Lusk, Peralta, & Vest, 1989; Romero, 1992), or to decrease family expenses, such as those associated with going to school. Finally, for at least some children, street life is better than the lives they have at home or in institutions. As Lublin (1998) suggests from his study of children in Mexico, and as Bar-On (1997) indicates from a study of children in Africa, life is better on the streets and street life is a solution, not a problem. Similar findings were suggested by Hanssen (1996) in a study of boys in Sri Lanka. This notion challenges many popular ideas and may have implications for child and family policy and practice. Both developed and

developing countries face the problem posed by street children, although the world often tries to forget or ignore them (Le Roux, 1996). No country anywhere in the world can escape the presence of street children. By focusing on common problems, we can work together to find common solutions.



## REFERENCES

- Alexandrescu, G. (1996). Programme Note: Street Children in Bucharest. *Childhood*, 3(2):267-270.
- Apetrei C, Mitrol I, Buzdugan I, Iancu L, Strat L, Macovel O, State E, Sumucluc I, Duca M. (1994). Epidemiological model of recent introduction of HIV in a virgin population: HIV infection of children in northeast Romania. *Abstracts of the Tenth International Conference on AIDS*, August 7-12, 274 [abstract no. PC0017].
- A. R. M. S. (1997). Raport de Activitate—Perioda Februarie 1996-Octombrie 1997. Bucharest: Author.
- Atilasoy, A. S. (1996). Daily Survival Versus the Threat of AIDS: Street Youth and the Street Economy in New York City. Dissertation. Cleveland, OH: Case Western Reserve University, Department of Anthropology.
- Balanon, L. G. (1989). Street children: strategies for action. *Child Welfare*, 68(2):159-66.
- Bar-On Arnon. (1997). Criminalising Survival: Images and Reality of Street Children. *Journal of Social Policy*, 26(1):63-78.
- Catania, J. A., Kegeles, S. M., & Coates, T. J. (1990). Towards an Understanding of Risk Behavior: The AIDS Risk Reduction Model (ARRM). *Health Education Quarterly*, 17:53-72.
- Cernescu C, Popescu A, Tirdei G, Alexandrescu R, Ruta SM. (1993). Preliminary results of HIV screening in sentinel facilities in Romania. *Rev Roum Virol*, 44, 171-173.
- Clatts, M. C. (1991). Homeless Youth and AIDS: Challenges for Anthropological Practice. *AIDS and Anthropology Bulletin*, 3(2):8-10.
- Creuziger, C. G.K. (1997). Russia's Unwanted Children: A Cultural Anthropological Study of Marginalized Children in Moscow and St Petersburg. *Childhood*, 4 (3):343-358.
- Dallape, F. (1996). Urban Children: A Challenge and an Opportunity. *Childhood*, 3(2):283-294.
- Fejes L. (1993). Frequence du molluscum contagiosum chez les enfants atteints de SIA a l'orphelinat de Cernavoda, departement de Constanta, Roumanie [Incidence of molluscum contagiosum in children with AIDS at the Cervanoda Orphanage, District of Constanta, Romania]. *Bull Soc Pathol Exot*, 86, 327-328.
- Fisher, J. D., Misovich, S. J., & Fihser, W. A. (1992). Impact of Perceived Social Norms on Adolescents AIDS-Risk Behavior and Preenvention. In R. J. DiClement, Ed., *Adolescents and AIDS*, p. 117-136. New York: Sage.
- Forster, L.M.K., Tannhauser, M., Barros, H. M. T. (1996). Drug Use among Street Children in Southern Brazil. *Drug and Alcohol Dependence*, 43(1-2):57-62.
- Hanssen, E. (1996). Finding Care on the Street: Processes in the Careers of Sri Lankan Street Boys. *Childhood*, 3(2):247-259.
- Hersh BS, Popovici F, Jezek Z, Satten GA, Apetrei RC, Beldescu N. (1993). Risk factors for HIV infection among abandoned Romanian children. *AIDS*, 7, 1617-1624.
- Le Roux, J. (1996). The Worldwide Phenomenon of Street Children: Conceptual Analysis. *Adolescence*, 31 (124):965-971.

- Lublin, P. (1998). Street children in Mexico. Presented at the Mandel School of Applied Social Sciences, March 15.
- Lusk, M. W., Peralta, F., & Vest, G. W. (1989). Street children of Juarez: a field study. International Social Work, 32(4): 289-302.
- Patrascu IV, & Dumitrescu O. (1993). The epidemic of human immunodeficiency virus infection in Romanian children. AIDS Res Hum Retroviruses, 9, 99-104.
- Rizzini, I., & Lusk, M.W. (1995). Children in the streets: Latin America's lost generation. Children and Youth Services Review, 17(3):391-400.
- Robertson, M. J., Koegel, P., Mundy, P., Greenblat, M., et. al. (1988). Mental Health Status of Homeless Adolescents in Hollywood. Paper presented at the annual meeting of the American Public Health Association. November.
- Romero, S. A. (1992). From Hope to Urgency; De la espera a la urgencia. Espacio-abierto, 1(1):71-81.
- Rosenstock, I. (1974). The Health Belief Model and Preventive Health Behavior. Health Education Monographs, 2(4):335-387.
- Rotherman-Borus, M. J., Koopmna, C., & Bradley, L. (1989). Barriers to Successful AIDS Prevention Programs with Runaway Youth. In J. O. Woodruff, D. Doherty, and J. G. Athey, Eds., Troubled Adolescents and HIV Infection: Issues in Prevention and Treatment, pp. 37-55. Washington, D. C.: Georgetown University Child Development Center.
- Sherman, D. J. (1992). The Neglected Health Care Needs of Street Youth. Public Health Reports, 107(4):443-440.
- UNICEF. (1997). Children at Risk in Central and Eastern Europe: Perils and Promises. Florence, Italy: United Nations Children's Fund, International Child Development Centre
- Yates, G., Mackenzie, R., Pennbrige, J. et. al. (1988). A Risk Profile of Runaway and Non-Runaway Youth. American Journal of Public Health, 78(37):820-828.
- Zolotusca L, Bldescu N, Popovici F. (1992). Changes in pediatric risk factors due to the implementation of a short term plan of actions in Romania. *Eighth International Conference on AIDS*, July 19-24 [abstract no. PoC4290].

---

[1] At project initiation, we decided not to interview children under the age of 8 or over the age of 22.