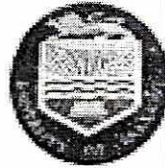


UNIVERSITY OF MALAWI



KAMUZU COLLEGE OF NURSING

**SEXUALITY AMONG STREET CHILDREN IN SELECTED
CITIES OF MALAWI (BLANTYRE AND LILONGWE) IN
LIGHT OF HIV AND AIDS**

BY

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**RESEARCH DISSERTATION, SUBMITTED TO THE FACULTY OF NURSING
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BACHELOR OF SCIENCE DEGREE IN NURSING**

SUPERVISED

BY

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ABSTRACT

This was an exploratory study whose aim was to explore knowledge on STIs and HIV and AIDS, and establish awareness, accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children in light of HIV and AIDS.

A qualitative research design was used to build a picture on participants' knowledge on STIs and HIV and AIDS, and service accessibility and utilization. 21 street children chosen by convenient sampling were recruited and the study was conducted in Lilongwe and Blantyre (Limbe) urban streets through Tikondane children's centre and Chisomo Children's Clubs respectively. Data was collected using an interview guide and in depth interviews were conducted on one to one basis with the street children. A tape recorder was used to record the interviews and the data collected was analyzed manually using content analysis.

The study established that street children pose a significantly low level of knowledge on STIs and HIV and AIDS in regards to the mode of transmission and prevention. The findings also revealed that there are a lot of high risk sexual behaviors on the street and street environments extremely place street children at a higher risk for STIs and HIV and AIDS. It was also apparent from the findings that majority of street children are not aware of the relevant preventive, curative and rehabilitative services provided in light of HIV and AIDS. Against the background of low level of knowledge and high risk sexual behaviors along with poor accessibility and utilization of STIs and HIV and AIDS, street children are more vulnerable and therefore suffer and die silently of sexually transmitted diseases right on the street.

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DECLARATION

I declare that this dissertation is completely as a result of my own hard work and effort, and it has never been presented or submitted by any candidate for any other degree.

CANDIDATE : Chancy Banda, Bachelor of Science in Nursing

SIGNATURE.....

DATE.....08/12/09.....

SUPERVISOR : Mr P. Mandalazi, Lecturer, Basic Department, University of Malawi.

SIGNATURE.....

DATE.....8/12/09.....

DEDICATION

I dedicate this work to;

My late parents: Mr Silver M. Banda and Mrs M. C. Nyamanda (Banda), who instilled in me the value of education.

My brothers, sisters, other relatives and special friends for their tireless and endless support that has brought me this far. Your prayers and encouragement have seen me through.

Above all, to the Lord almighty, my source of everything.

TABLE OF CONTENTS

<i>CONTENT</i>	<i>PAGE</i>
Abstract	i
Declaration.....	ii
Dedication.....	iii
Table of contents.....	iv
Acknowledgement.....	.vii
Acronyms.....	.viii
1.0 Introduction.....	1
1.1 Background.....	2
1.2 Problem statement.....	3
1.3 Significance of the study.....	3
1.4 Study objectives.....	4
1.4.1 Broad objective.....	4
1.4.2 Specific objectives.....	4
2.0 Literature review.....	5
2.1 Sexual behaviors and experiences of street children.....	5
2.2 Knowledge on STIs and HIV/AIDS among street children.....	6
2.3 Accessibility and utilization of STIs and HIV/AIDS services among street children.....	7
2.4 STIs and HIV/AIDS prevention and treatment seeking behaviors among street children.....	8
2.5 Summary of literature review.....	9
3.0 Conceptual framework.....	11
3.1 Diagrammatic presentation of the model.....	12
3.2 Application of the model to the study.....	13

4.0 Methodology	
4.1 Research design.....	14
4.2 Setting.....	14
4.3 Sample size and description of participants.....	14
4.4 Means of gaining access and recruitment of informants.....	15
4.5 Data collection and instruments.....	15
4.6 Pilot study.....	16
4.7 Data analysis.....	16
4.8 Ethical Considerations.....	16
5.0 Findings.....	18
5.1 Factors contributing to street children phenomenon.....	18
5.2 Sexual behaviors.....	20
5.3 Knowledge on STIs.....	21
5.4 Knowledge on HIV/AIDS.....	23
5.5 Awareness, accessibility and utilization of the relevant services.....	24
5.6 Treatment seeking behaviors.....	26
5.7 Experiences of street children on STIs.....	27
5.8 Barrier to service accessibility and utilization.....	27
6.0 Discussion.....	29
6.1 Factors contributing to street children phenomenon.....	29
6.2 Sexual behaviors.....	31
6.3 Knowledge on STIs.....	32
6.4 Knowledge on HIV/AIDS.....	32
6.5 Awareness, accessibility and utilization of the relevant services.....	33
6.6 Treatment seeking behaviors.....	34
6.7 Experiences of street children on STIs.....	35
6.8 Barrier to service accessibility and utilization.....	35
7.0 Conclusion.....	37

8.0	Areas of further study.....	38
9.0	Limitations of the study.....	38
10.0	Recommendations.....	40
11.0	References.....	42

APPENDICES

Appendix (I)	: Interview guide.....	46
Appendix (II)	: Informed consent form in English.....	50
Appendix (III)	: Informed consent form in Chichewa.....	51
Appendix (IV)	: Clearance letter to KCN Research and Publications Committee.....	52
Appendix (V)	: Approval letter from KCN Research and Publications Committee....	53
Appendix (VI)	: Consent letter to Chisomo Children’s club.....	54
Appendix (VII)	: Approval letter from Chisomo Children’s Club.....	55
Appendix (VIII)	: Consent letter to Tikondane Children’s center.....	56
Appendix (IX)	: Approval letter from Tikondane Children’s club.....	57
Appendix (X)	: Time table.....	58

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ACRONYMS

AIDS	: Acquired Immunodeficiency Syndrome
HIV	: Human Immunodeficiency Virus
HBM	: Health Belief Model
HRW	: Human Rights Watch
KCN	: Kamuzu College of Nursing
RPC	: Research Publications Committee
STIs	: Sexually Transmitted Infections
UNICEF	: United Nations Children's Education Fund
UNESCO	: United Nations Educational, scientific and cultural organization

1.0 INTRODUCTION

Street children are boys and girls for whom the street has become their home and a source of livelihood and who are inadequately protected or supervised by a responsible adult (UNESCO, 2006). These children might not necessarily be homeless or without families, but are living in situations where there is no protection from responsible adults (HRW, 2004). Being a street child means going hungry, sleeping in insalubrious places, facing up to violence and sometimes becoming an expiatory victim. It means growing up without companionship, love and protection, having no access to education or medical services, loosing all dignity and becoming an adult before even having been a child.

There are several factors attached to this street child's phenomena. Grinding poverty, family breakdown and HIV and AIDS pandemic are among the main reasons why children come onto the street in Malawi. However, it is noted that in times of food crisis, an increased number of children migrate to the street of urban areas in fetch for food (Tearfund, 2003). The tendency by rich people to give out money to youngsters is also another factor encouraging the children to be on the street. In addition to this, low parental income, failure at school, death of parents, family conflicts, parental negligence, unfair and biased treatment of orphans by guardians in homes are among the main reasons that force children to live partially or permanently on the street.

Street children are one of the marginalized groups in our societies and throughout the developing world they are considered to be a by product of economic deprivation (Towe et al, 2009). On daily basis they are faced with constant violence which goes hand in hand with risks linked to drug taking and infection by sexually transmitted infections (STIs). Rape, prostitution, sexual bartering and exchange, casual sex and romantic sexual relationships are among the factors that increase their risk of acquiring the Human Immunodeficiency Virus (HIV).

The provision of adequate information to street children on STIs and HIV and AIDS along with accessibility and utilization of the available services may be of benefit to reduce their exposure to the deadly virus. This study therefore, aims at exploring knowledge on STIs and HIV and AIDS and establishing the accessibility and utilization of the available preventive, curative and rehabilitative services among street children in light of HIV and AIDS pandemic.

1.1 BACKGROUND

In 1989, UNICEF estimated that 100 million children were growing on the street of urban areas around the world. Fourteen years later (in 2002), UNICEF also reported that the latest estimate put the number of these children as high as 100 million. Recently, the number of street children run into tens of millions world wide.

The rise in street children's number in Malawi is as a result of worsening economic conditions aggravated by the breakdown of extended family structures and the impact of HIV and AIDS pandemic. An estimated 25% of urban population is infected with HIV virus. There is an estimated 1.2 million orphaned by AIDS of which 0.4% is estimated to be street children with another 0.1% as potential street children. Thus, about 80 percent of the street children in Malawi are orphaned by HIV and AIDS (Tearfund, 2003). As an indication of the escalation of the problem, 90% of the street children are currently in Blantyre urban streets (Chisomo children's club , 2003), and estimates in Malawi suggest that about 8,000 children or more live in the streets of Malawi's major cities (UNICEF, 2005).

The majority of street children are living in conditions of severe deprivation, which place them at all kinds of health risks. Among the most serious threats to health of street children is the high degree of exposure to sexual abuse (Chisomo children's club, 2003). This reason, in addition to early exposure to both heterosexual and homosexual behaviors places them at risk of STIs and HIV and AIDS.

The increasing number of street children is one of the most serious urban social problems facing Malawi today. In response to this, few institution and associations have been established in Malawi in order to provide support to these vulnerable children. Currently these institutions and associations have been established in Lilongwe, Blantyre and Mzuzu. However nothing in relation to the provision of preventive, curative and rehabilitative services in light of HIV and AIDS to those children particularly found on the street has been pointed out despite the establishment of these associations and institutions.

As the number of street children is on rise in Malawi and HIV and AIDS prevalence still scales up, there is a need to know the accessibility and utilization of STIs and HIV and AIDS preventive, curative and rehabilitative services among these children. This study therefore, seeks to explore knowledge on STIs and HIV and AIDS, and establishes the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children.

1.2 PROBLEM STATEMENT

Street children face a lot of problems in their everyday life. They are bullied, ignored, segregated, dumped and taken as beggars. On daily basis, they are faced with constant violence which goes hand in hand with risks linked to infection by sexually transmitted infections (STIs). Rape, prostitution, sexual bartering and exchange, casual sex and romantic sexual relationships are among the factors that increase their risk for acquiring the Human Immunodeficiency Virus (HIV). Considering the fact that these children are thought to be outcasts, inhuman, unworthy, troublesome, looked at as a threat to public safety and at the same time recognized as a high risk group for STIs and HIV and AIDS, it is of importance to explore more on their accessibility and utilization of the available STIs and HIV and AIDS preventive, curative and rehabilitative services so as to reduce their risk of contracting or dying of the virus. This study therefore, aims at exploring knowledge on STIs and HIV and AIDS, and establishing the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children in Malawi.

1.3 SIGNIFICANCE OF THE STUDY

The findings from the study will assist the relevant authorities like the Ministry of Health and other stakeholders to establish sites where HIV and AIDS preventive, curative and rehabilitative services for street children will be provided so as to prevent further spread of HIV virus in the country. They will also enable the policy makers to extend HIV and AIDS programs to meet the needs of these children.

The results will also enable institutions and associations that work with street children to integrated and implement HIV and AIDS preventive, curative and rehabilitative services in the day care centers.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVE

To explore how street children understand and express sexuality and cope with STIs and HIV and AIDS risk in their daily lives.

1.4.2 SPECIFIC OBJECTIVES

1. To determine the sexual behaviors and experiences of street children
2. To assess knowledge on STIs and HIV and AIDS among street children.
3. To determine the level of awareness of the available preventive, curative and rehabilitative services on STIs and HIV and AIDS among street children
4. To determine the accessibility and utilization of the available STIs and HIV and AIDS preventive, curative and rehabilitative services among street children
5. To explore the treatment seeking behaviors of street children
6. To find out the life experiences of street children on STIs and HIV and AIDS

2.0 LITERATURE REVIEW

It is estimated that up to 150 million children worldwide live on the streets of urban areas and preliminary studies indicate that the prevalence of HIV and sexually transmitted infections (STIs) among these children greatly exceed that of general children's population. Several studies have been conducted on street children including their sexual behaviors on the street, life experiences, knowledge on STIs and HIV and AIDS as well as their awareness and utilization of STI/HIV services.

2.1 Sexual behaviors and experiences of street children

Globally, street children's behaviors include activities known to be high risk for contracting the HIV virus and other STIs. Several studies that exist on the sexual behaviors of street children show that these children engage in behaviors that put them at risk of HIV and AIDS infection (Kayembe et al, 2009; Liverpool et al, 2002; Tyler et al 2007 and Ruiz, 1994). Literature from these studies strongly suggests that street children are at a greater risk of HIV and other STIs compared to other children. There is existing evidence that these children engage in sexual activity either in exchange of money or seeking protection and sometimes either by being forced (Wutoh, 2002). One of the similar studies by Sharma, (1998) depicts that street children both at pre-puberty and puberty indulge in unsafe sexual activity not only with the opposite sex but also with the same sex and mostly elder boys forcibly indulge in anal sex with the younger boys. Roy (1998) and Towe et al (2009), also support that street children, (boys mainly) prefer homosexual relations and practice anal sex with fellow boys as boys are easily available. It was however suggested by the researchers that the issue that street children are a high risk group to STIs should not be ignored, and that introducing risk reduction programs to this vulnerable group of children would be of great importance.

Another literature source (Rew, Fouland and Yockey, 2002) indicated that there is a high incidence of sexual abuse and homosexual and bisexual orientation on the street.

The researchers suggested that these practices might be amenable to brief culturally interventions and this was supported by Kayembe et al (2009) who further suggested that the provision of

night shelters to the homeless children can be a potential benefit to reduce the risk of sexual abuse and other risk sexual behaviors. Similarly, Marshall et al (2009) supported this idea and suggested that environmental structural interventions may help to reduce the burden of STIs among street children in urban setting.

Studies done in several countries (Canada, U.S.A and other African countries), acknowledge that majority of street children are sexually active and there are quite a number of high risk behaviors making them prone to STIs. Literature from these studies depicts that street children involve themselves in survival sex such as exchanging sex with basic needs and as a means of seeking comfort and protection (MacDonald et al, 1994; Johnstone et al, 1996; Burkey, 1993; Raffael et al 1993 and Marshall et al, 2009). These researchers suggested that changing the need of survival sex may help to promote healthier lifestyles and reduce exposure to this vulnerable population. One of the sources (Demateo et al, 1999) in Canada found that unprotected sex, intravenous drug use, prostitution and incarceration were among the factors that put street children at risk of HIV virus. Similarly, a study by Roy (1998), showed that street children are not in full control of their sex lives and constant sexual exposure leave them open to STIs and HIV infection. As a matter of fact, literature from the above written studies acknowledges that street children are at an increased risk of STIs and HIV and AIDS because of their risky behaviors however, none of them closely focused on risk reduction strategies as well as the accessibility and utilization of STIs and HIV and AIDS preventive services such as health education so as to minimize the risks.

2.2 Knowledge on STIs and HIV and AIDS among street children

Knowledge on STIs is universal and several studies have shown that street children have at least a certain level of knowledge on STIs including HIV and AIDS. In surveying the general picture on knowledge on STIs among street children, three of the literature sources depict that street children have a significant lower level of accurate knowledge on HIV and AIDS and other STIs especially on issues pertaining to transmission and measures of prevention (Baybuga and Celik, 2004; Mathews et al, 1990; Bernier and Ascensio, 1995 and Sugerman et al, 1991).

This idea is supported by Roy (1998), who also found that street children do not have an accurate idea of how HIV is spread & its impact on their lives. However, Burkey (1993) and Liverpool et

al (2002), in their similar studies on street children's knowledge on HIV acknowledged that some of children are highly aware of AIDS and other STIs but the information they possess is often incorrect especially in regards to transmission and prevention mode. Similarly, the results from the surveys conducted by Wutoh et al, (2002) in Ghana and Chambers et al (2002) in U.S.A found that the vast majority of street children are generally knowledgeable about symptoms of STIs. It was however suggested by one of the sources from these studies that designing STIs and HIV and AIDS educational activities for this population would be of great benefit so as to increase the level of knowledge and at least impart accurate information on them. Above written studies indicate that street children do not possess accurate information on STIs and HIV and AIDS and suggestions have been made by the researchers on how best this can be dealt with. However, in Malawi there are no such educational activities at present right on the street to impart more and accurate knowledge on this population in regard to HIV and AIDS and other STIs and no any other study to assess knowledge on Malawian street children has been conducted hence the need to conduct a study.

2.3 Accessibility and utilization of STIs and HIV and AIDS services among street children

In several other countries, literature shows that few studies have also partially tackled on the accessibility and utilization of STIs and HIV and AIDS services among street children. Street children are at an alarming high risk for myriad of physical and psychological problems as result of a direct consequence of life on the street. Literature suggests that despite the obvious need for medical services, street children often do not receive appropriate medical care due to numerous individual and system barriers impeding health care access by this population (Feldmann and Middleman, 2003; Ensign and Panke, 2002 and Ali & de Muynck, 2005). These studies depicted that there are quite a number of impediments which reduce the accessibility and utilization of STIs and HIV and AIDS services. Among these include, lack of knowledge of clinical sites, fear of not being taken seriously because of their underage status, judgementalism, concerns of confidentiality, and fears of police and social services involvement.

The researchers suggested that health care providers need to recognize and appreciate the lifestyle, beliefs, and adaptive attitudes of homeless children, rather than labeling them as

'deviant'. It was also proposed that there is a need to improve access to health services for this population so as to better support them and that health care providers need to be the voices advocating for accessibility and utilization of services for this disadvantaged and silent population.

Other three sources of literature on this same issue of access to services among street children (Dematteyo et al, 1991; Roy, 1998 and Kayembe et al, 2002) depicted that high levels of mobility among street children challenges governments, communities and public health officials to develop appropriate prevention strategies and to carefully monitor the spread of HIV infection in this vulnerable population as such it becomes difficult for these children to tress where they can access STIs preventive, curative and rehabilitative services as they are always mobile from one place to another. Despite suggesting that street children are a high risk group for STIs, researchers acknowledge that street outreach interventions do not usually reach this population more especially in developing countries. Literature from the above studies indicate that street children poorly access and utilize the available STIs and HIV and AIDS services as a result of impediments mentioned earlier, however the researchers do not necessarily point out on what should exactly be done so as to let this vulnerable population easily access and utilize these services. In addition to this, nothing is known on whether street children do access and utilize these STIs and HIV and AIDS services in Malawi hence the need to conduct a study so as to come up with a real picture on how the situation is like in Malawi.

2.4 STIs and HIV and AIDS prevention and treatment seeking behaviors among street children

Whilst it is acknowledged by several studies (that have been looked at), that a vast majority of street children posse at least a certain level of knowledge on STIs and HIV risk factors, majority of them continue to indulge in high risk behaviors though they know the potential negative consequences.

Few studies (Roy, 1998; Wutoh et al, 2002 and Liverpool et al 2002) that have been conducted in some parts of Africa indicate that for street children, health preventive behaviors are not of priority. Literature from these studies found that the majority of street children indulge in sexual

activity without even using condoms as a means of protection and that protection from risks is almost nil. Most of the children whom the researchers interviewed reported that they were doing nothing to prevent HIV virus and other STIs as such it was suggested that innovative methods are required to increase abstinence, improve condom use and promote HIV prevention in this population .

In regards to treatment seeking behaviors, Ensign and Panke (2002), in their study whose purpose was to assess health seeking behaviors and sources of advice among homeless adolescents found that no matter how the illness may present, these adolescents would first try self care interventions and only go to the clinics when self care actions no longer worked. It was noted that most adolescents were seeking health advices from their friends and other people around them. It was however suggested that these children should be encouraged to go and seek medical help as early as possible along with the help sourced from people around them. The literature from these studies looked at the role of street children in the prevention of HIV virus and their treatment seeking behaviors and some suggestions were made to help them participate in HIV prevention, however no such interventions are available in Malawi to help street children participate in HIV and other STIs prevention.

2.5 SUMMARY OF LITERATURE REVIEW

Several studies that have been conducted on street children depict that these children are at an increased risk of STIs and HIV and AIDS but few street based interventions have been developed, tested and made available worldwide to reduce risk and promote sexual health with this population. Literature from most of the studies has concentrated on street children's knowledge, perception and sexual practices towards STIs and HIV and AIDS and none of them has specifically focused on street children's utilization and access to STIs and HIV and AIDS preventive, curative and rehabilitative services.

As a matter of fact much has been done on knowledge of street children towards STIs but in light of HIV and AIDS pandemic, more information about sexuality and the accessibility and utilization of STIs and HIV and AIDS services among children living in the street is required as it is apparent that these children engage in high risk behaviors.

While the number of street children is on rise and the number of HIV cases still scales up in Malawi, no clear data is available pertaining to these children's accessibility and utilization of STIs and HIV and AIDS preventive, curative and rehabilitative services and literature search indicates that no study specifically on this topic has been done in Malawi. In view of this, the researcher would like therefore, to embark on a study with an aim of establishing whether the street children do access and fully utilize preventive, curative and rehabilitative services in light of HIV and AIDS pandemic. More information on sexuality and knowledge on STIs among the street children will also be explored in this study.

3.0 CONCEPTUAL FRAMEWORK

A conceptual framework implies the discussion of the relationship of concepts that underlie the study problem and support the rationale (reason) for conducting a study (Dempsey 2000). This study will be governed by the health belief model (HBM, Fig 1).

This model is useful in assessing health promotion and disease preventive behaviors and organizing information about clients in the view of their state of health and factors influencing their behavior (Stanhope, 2004).

The theory focuses on five main components including, perceived susceptibility, perceived severity, perceived benefit and costs, motivation and enabling or modifying factors (Polit and Beck, 2008). It proposes that people are most likely to take preventive actions or comply with advice if they are concerned about a health condition or when they feel susceptible and vulnerable and if they know the consequences of the disease would be serious when the action is not taken. Perceived benefits are the individual beliefs that a given treatment will cure the illness or help prevent it and perceived costs are the complexity, duration, and accessibility of the treatment.

3.1 DIAGRAMMATIC PRESENTATION OF THE HEALTH BELIEF MODEL

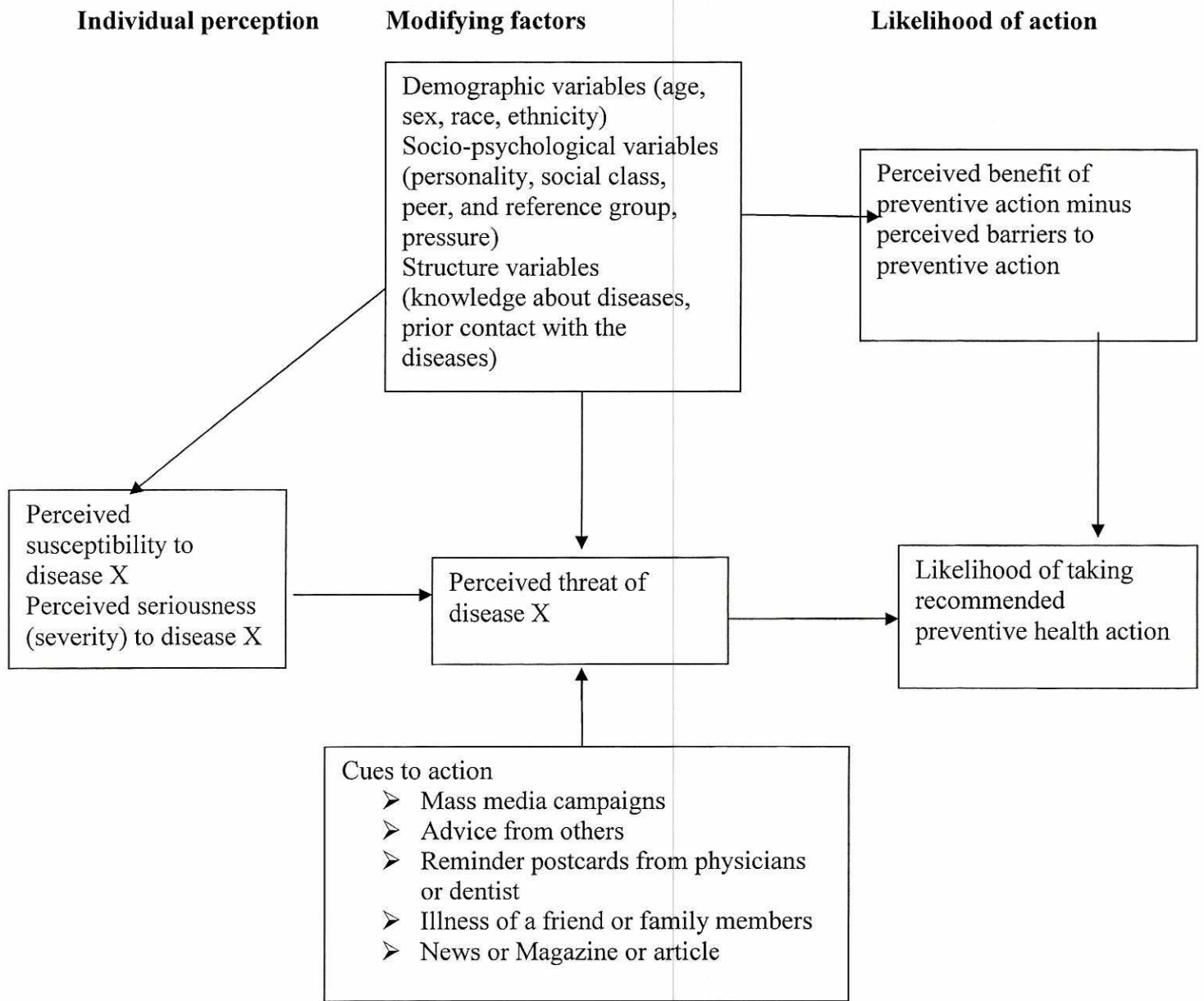


Fig 1: Health belief model. Source: Berman A et al (2008) Kozier and Erbs Fundamentals of nursing concepts, process, and practices (8th Ed) New Jersey, Pearson

3.2 APPLICATION OF THE HEALTH BELIEF MODEL TO THE STUDY

The model predicts that people would not attempt to involve themselves in preventive behaviors unless they possess a minimal level of relevant knowledge and motivation, believed they are potentially vulnerable to health disruption, viewed the potential disruption condition as threatening, concerned of the efficacy or the usefulness and see few difficulties in undertaking a recommended health action.

Based on the health belief model, street children have their perception towards sexually transmitted infections (STIs) and HIV and AIDS. Adequate knowledge on STIs and HIV and AIDS including how deadly these infections are, along with knowing that they are particularly at risk, accompanied with modifying factors (see the diagram above) will help them make sound decisions and engage in appropriate health behaviors. Health belief model is a useful tool in developing programs for helping street children change to healthier lifestyles and develop a more positive attitude towards preventive health measures as the model is based on motivational theory. Provision of adequate information, accessibility and utilization of STIs and HIV and AIDS preventive, curative, and rehabilitative services to street children will motivate them to engage in preventive health behaviors as they will perceive their susceptibility to HIV and AIDS and benefits of the available services hence reducing further spread of HIV virus in the country.

4.0 METHODOLOGY

4.1 RESEARCH DESIGN

A qualitative research design was used to explore knowledge on STIs and HIV and AIDS and establish the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children. This design was chosen because it tends to explore more information and attempts to capture those aspects in their entirety, within the context of those who experience them (Polit and Hungler 1991) and it is also a form of social inquiry that is used to explore the behaviors, perspectives, feelings and experiences of people and what lies at the core of their lives (Holloway and Stephine, 2002).

4.2 SETTING

The study was conducted in Lilongwe and Blantyre (Limbe) urban streets through Tikondane children's centre (Lilongwe) and Chisomo Children's club (Blantyre) respectively. The reason behind this was to capture a variety of street children's experiences in these two main large cities. These two children's clubs linked the researcher to the subjects (street children) for interviews as these centers offer some other services including the provision of support and basic needs to children found on the street of these cities.

4.3 SAMPLE SIZE AND DESCRIPTION OF PARTICIPANTS

The study recruited 21 street children (15 from Blantyre and 6 from Lilongwe) chosen by convenient sampling and depending on their willingness to get involved in the study. The subjects were street children found in Lilongwe and Blantyre urban street areas. The majority of participants interviewed were those who are permanently on the street (more especially in Lilongwe) and few of them were those who had homes to go to at night (more especially in Blantyre).

The age range was between 10 and 18 and the majority of participants (76%) were within the age of 10 to 15 years with the remaining 24% falling within the category of 16 to 18 years. All study participants were male street children this was because it was hard for the researcher to access female street children during the time data was being collected despite making several arrangements with institutions that linked the researcher to the informants. Out of 21 participants interviewed, 20 of them had at least attended primary school education and only one went through secondary school up to form one. The majority of street children interviewed were those who had been on the street for a long period time (2 years and above).

4.4 MEANS OF GAINING ACCESS AND RECRUITMENT OF THE INFORMANTS

The researcher gained access to the informants through networking and collaborating with Chisomo Children's Club (Blantyre) and Tikondane Children's (Lilongwe) Centre who support street children with day care needs such as food. Time was spent with contact persons in these two children's clubs to ensure that there was a comprehensive understanding of methodological approach and the data collection tool of the study. Arrangements were made on how the data collection process would be done. In Blantyre it was done at Limbe under the help and support of a social worker, as the majority of the children did not turn up from the street to Chisomo where interviews were to take place. Whilst in Lilongwe children were called from the street and were interviewed right at Tikondane.

4.5 DATA COLLECTION AND INSTRUMENT

Data collection was through in depth interviews using an interview guide (Appendix I) containing both closed and open ended questions to allow participants express their views and enable the researcher to collect more information. These questions were formulated in English and developed basing on the literature search and experience. The participants were interviewed on a one to one basis and tape recorder was used to record the interviews.

Note taking was also done to capture important points during the interviews. The interviews took almost 30 to 60 minutes as proposed and data was collected in four (4) days.

4.6 PILOT STUDY

Pilot study was not done because the time the researcher planned to do the pilot study, the study subjects had run away, chased by the police from where they are usually found as such it was difficult to tress where they were actually hiding up until the time for data collection of the main study had come. However, to ensure validity and liability of the measuring tool, the researcher practiced it in presence of her friends who assisted her to check and correct any systematic errors in the interview guide hence refining the data collection tool.

4.7 DATA ANALYSIS

Data obtained from the study was analyzed manually using content analysis and has been presented in qualitative form. Tape recorded interviews were transcribed in Chichewa and translated in English. Transcripts were read repeatedly and coded to identify central emerging themes and to ensure the stability of data collected.

4.8 ETHICAL CONSIDERATIONS

Clearance letters were written and sent to the concerned authorities requesting for permission to conduct the study. In this case, a letter was written and sent to KCN Research and Publications Committee (RPC) seeking clearance and approval to conduct the study (appendix vi). Letters were also sent to authorities in those two children's centres requesting for permission to conduct the study (appendix vii and viii).

To ensure that the subjects had an ethical protection an informed consent form (Appendix IV and V) was formulated to seek consent from individual subjects prior to participation by explaining to them the purpose of the study and method of data collection.

All participants were assured that the data will be treated in confidence and their identity will not be disclosed in the final report or any other publications. It was indicated that no names would be used during data transcription instead, identity codes were assigned to each participant to ensure anonymity. Following this, participants were required to sign a consent form after willingly accepting to participate in the study.

5.0 FINDINGS

This study aimed at exploring knowledge on STIs and HIV and AIDS, and establishing the accessibility and utilization of the available preventive, curative and rehabilitative services among street children in light of HIV and AIDS pandemic. The findings are a reflection of the in-depth interviews conducted with 21 street children and have been categorized based on the identified themes. These themes were deduced from the data obtained in the study and study objectives as such these findings have been conformed to, factors contributing to street children phenomenon, sexual behaviors, knowledge on STIs and HIV and AIDS, awareness, accessibility and utilization of services to street children, treatment seeking behaviors, experience of street children on STIs and barriers to service accessibility and utilization.

5.1 FACTORS CONTRIBUTING TO STREET CHILDREN PHENOMENON

The study sought, among other things, to find out possible factors that brought the participants to live permanently or temporally on the street. Most of the children interviewed gave several reasons on why they came on the street. Poverty and being orphaned along with influence from friends turned out to be the main factors pushing Malawian children into the city streets. According to the children interviewed, the main problem was how to cater for themselves since their relatives/parents cannot fully support them as a result children go to the street to look for their daily needs. Some of the children reported to be on the street because their parents had died and there was nobody to take care of them.

Illustrated below, is a case of a 15 years old boy (Blantyre):

'Atamwalira makolo anga, ndinatengedwa ndi ankolo anga. Poti ankolo sankagwira ntchito, chithandizo chimachepa, nthawi zambiri timagona ndi njala, zovala zinkasowa komanso ndalama sizimapezeka. Kenako ndinakumana ndi mzanga amene anandiwuza kuti amabwera mutawuni muno kudzapempha ndalama zogula chakudya komanso

zovala. Ndinayamba kumabwera masana kupemphapempha ndikubwerera kukagona kunyumba. Koma tsiku lina ndinakumana ndi gulu la anzanga lina lomwe linali litakhazikika kale mtowuni muno ndiamene anandiwuza kuti ndidzikhala nawo limodzi, kuyambira pompo sindinabwererense kunyumba, ndimagona momuno ndi cholinga choti ndizipeza ndalama zambiri.'

(When my parents died, i was taken by my uncle. My uncle was not working as such i was receiving inadequate support from him. Most of the times we could sleep without eating, no clothes to put on and it was difficult to find money. After sometime, i met a friend who used to come on the street to beg and told me on how he finds money. I then joined this friend and started to come on the street to beg and i was going back home just to spend a night. One day, i met a group of friends who had been on the street for a long time, they requested me to join them. I joined them and since then i never went back home, i started spending my nights here in town with them).

'Ndimabwera mutawuni muno kudzapempha ndalama kuti ndi zikugula zovala komanso zakudya chifukwa makolo anga ndi amphawi.' (I came on the street to beg so that i should find money to buy clothes and food because my parents are poor).

13 years old boy (Blantyre)

'Ndinabwera kudzakhazikika mutawuni muno chifukwa amayi anga ondipeza ankandizunza kotero kuti ndinathawako kunyumbako'. (I came to live on the street because my step mother was mistreating me, as such i run away from home).

15 years old boy (Lilongwe)

5.2 SEXUAL BEHAVIORS

Specifically, the study's main interest was to find out if risk sexual behaviors exist among street children that may place them at risk for contracting HIV and other STIs. All participants indicated that there are a lot of risk sexual behaviors on the street which increases their vulnerability status. They don't have safer places to spend their nights especially to those who

are permanently on the street. Street children interviewed, clearly indicated that boy/ girl relationships exist among them and the core business in these relationships is sexual intercourse. Some of the participants also indicated that where there are no girls, boys indulge in sex with fellow boys. It was further indicated that boys who are new on the street are also used as sex objects by prostitutes, watchmen as well older street boys.

The following comments were made:

'Timagona mu ma show, m'mbali mwa mashopu, ku seli kwashopurite, pa pep, mudepoti nthawi zina timagona pamodzi ndi atsikana womwe. (We sleep in video show rooms, along side the shops, behind Shoprite, at pep, bus depots and sometimes we even sleep together with girls.)

Anzathu ali ndi zibwenzi pakati pathu ndipo chimachitika kwambiri muzibwenzimu ndi kugonana. Nthawi zinanso amatha kugonana amuna okhaokha ngati atsikana palibe'. (Our friends have girlfriends and the core business in these relationships is sexual intercourse. Sometimes when girls are not available, some of our friends even sleep with their fellow boys).

'Nthawi zina anyamata akulu akulu ndi amene amapangitsa kuti anyamata ang'ono ang'o akhale ndi zibwenzi, kumawafunsirira atsikana, akangoyerekazi kukana amawaopseza kuti awotchedwa ndi mtovu kapena amenyedwa, ndi matha basi amangolora chibwenzicho, ndikumapanga zogonana. Zimenezi ndinazona zikuchikira mzanga tikubwera kumene mu mtown muno.'

(Sometimes older boys initiate these boy girl relationships among the young boys. They propose girls for them and if they say know, they are told they will be beaten or burned as such they just agree to their request. I have an experience of this and it actually happened to my friend the time we were just new on the street).

12 years old boy (Blantyre)

'Nthawi zambiri timapita kwa anyamata akuluakulu kuti tikadye nawo komanso tikatipeze malo ogona. Akatipatsa chakudya ndi malo ogona, amatinyengerela kuti tigone nawo. Chifukwa choti tadya chakudya zimavuta kukana ndiye kumapezeka kuti umangochita zomwe afuna iwo. (Most of the times we go to where older boys live to eat and find a place to sleep where they sleep. When they have given us the food and a place to sleep, they demand sex from us. Because we have eaten their food and given a place to sleep, we can't deny them as such we just fulfill their wishes).

10 years old boy (Blantyre)

'Alonda amashopu, komanso azibabambo ena amatinyengerela kuti atipatsa chakudya komanso malo ogona. Tikagona amatiwuzwa kuti tivule zovala akumva kutentha komanso tisayang'anane chifukwa timawanunkhitsa mkamwa., akaterono amatipanga "yakuMalawi". (Watchmen/Guards offer us food and a place to sleep, when we sleep they advise us to take off our cloths so that we shouldn't feel hot. Then they advise us to face the other side so as to keep away our bad smell in so doing they indulge in "anal sex" with us).

14 years old boy (Lilongwe)

Nthawi zina mahule amagura zakudya muma restirand ndikutipatsa ndicholinga choti tikadya akagone nafe. (sometimes prostitutes by us foods from the restaurants and after having eaten the food they request sex from us)

15 years boy (Lilongwe)

5.3 KNOWLEDGE ON STIs

This study also looked into the knowledge that participants had on STIs. Respondents were asked on what they knew or ever heard of STIs. The minority indicated that they had some information about STI and the main sources of information mentioned by this group of participants appeared to be Chisomo children's club, primary schools previously attended and

some other people in town. They demonstrated knowledge on types of STIs which included Gonorrhoea and Syphilis and they also had knowledge on the mode of transmission and prevention of STIs though inadequate.

Chindoko ndi chizonono ndi matenda amodzi mwa opatsirana pogonana. Anthu amapatsirana matendawa podzera munjira yogonana kotero kuti kupewa kwake ndi kuchepetsa mukhalidwe wogonana kapena kukhala ndi akazi ochepa'. (Gonorrhoea and Syphilis are some of the STIs transmitted through sexual intercourse and therefore can be prevented by reducing the habit of indulging in sexual intercourse or else by having limited number of girls or women).

This group of respondents was also asked on who is at risk for STIs and their responses indicated that young people and men are the ones at risk for these infections. However, they personally considered themselves as not being at risk for STIs and it was observed that these respondents believed that STIs are only acquired when a boy or a man sleeps (having sexual intercourse) with a girl or a woman.

This group of respondents commented in this manner:

'Achinyamata ndi amene angatengere matenda opatsirana pogonanawa chifukwa samatha kuzigwira, paliponse amafuna kupanga zogonana basi''. (Young people are the ones who are at risk for the STIs because they like indulging themselves in sexual behaviors, wherever they are, they dream about having sex).

17 years old boy (Blantyre)

'Azibambo ndi amene angatengere matenda opatsirana pogonana chifukwa amakonda kufunsira atsikana ndi azimayi ambiri'. (Men are the ones at risk because they tend to propose more girls and women).

14 years old boy (Lilongwe)

'Sindingatengere matenda opatsirana pogonana chifukwa sindimakonda zogonana ndi akazi'. (He is not at risk for STIs because he does not indulge in sexual intercourse with girls or women).

13 years old boy (Blantyre)

5.4 KNOWLEDGE ON HIV AND AIDS

Also of interest to the study was to find out knowledge of the participants on HIV and AIDS. Participants were asked what they knew or ever heard of HIV and AIDS. The majority of the participants had some information on HIV and AIDS though some of the information was incorrect. They demonstrated knowledge on the mode of transmission and prevention though sexual intercourse was the commonly mentioned as the only way of HIV transmission by most of the participants and only one participant out of those interviewed was aware of other means on how HIV can be transmitted.

'Edzi amapatsirana kudzera munjira yogonana kotero kuti ingapewedwe anthu atachepetsa mukhalidwe wogonana'. (AIDS is transmitted through sexual intercourse and therefore it can be prevented by reducing the habit of having sex).

15 years old boy (Lilongwe)

'Edzi amapatsirana kudzera munjira yobwerekana malezala, singano ndi mswachi ogwiritsa ntchito kale ndi munthu wina komanso kugonana ndi akazi ambirimbriri'. (AIDS is transmitted through borrowing used razor blades, needles, teeth brush as well as having sexual intercourse with many girls or women).

16 years old boy (Blantyre)

'Ezi ungathe kuyitengera ngati udzudzu womwe waluma munthu yemwe ali ndi Edzi wakuluma' (You can get AIDS When a mosquito that has bitten a person with AIDS bites you).

15 years old boy (Lilongwe)

‘Munthu atha kutengera matenda a EDzi kudzera munjira monga kukhudzana (kugundana) ndi munthu amene ali ndi Edzi kapena kusambira limodzi mu swimming’i puu’. (A person may get AIDS through having a body contact with an HIV positive person or having a swim together in the same swimming pool).

14 years old boy (Blantyre)

Most respondents believed that young people are the one who are at a higher risk for HIV and AIDS because they engage in high risk sexual behaviors. Like on STIs, majority of participants reported not to be at risk for the virus.

‘Achinyamata ndi amene angatengere matenda a Edzi chifukwa samatha kuzigwira, paliponse amafuna kupanga zogonana basi’’. (Young people are the ones who are at risk for the AIDS because they like indulging in sexual behaviors, wherever they are, they dream about having sex).

17 years old male respondent (Lilongwe)

‘Sindingatengere matenda a Edzi chifukwa sindimakonda zogonana ndi akazi’. (I can not get AIDS because i don’t indulge in sexual intercourse with girls or women).

10 years old boy (Blantyre)

5.5 AWARENESS, ACCESSIBILITY AND UTILISATION OF SERVICES TO STREET CHILDREN

The study also set out to assess what street children know about preventive, curative and rehabilitative services provided in light of HIV and AIDS, and STIs.

The researcher was interested to know street children’s accessibility and utilization of these services. When participants were asked about what they knew or ever heard about these services, the minority indicated that they had some information pertaining to the available services though the information they had was inadequate. The frequently mentioned services were condoms and

ARV's though it was found that most of them (those who were aware) have never utilized these services despite making it clear that in government hospitals the services are readily available and accessible.

'Munthu akadwala amapita kuchipatala, komwe amakayezedwa ndipo akampezeke ndi Edzi amampatsa ma ARV, ma kondomu ndi mavitamini'. (When one is sick, he/she goes to the hospital and whilst at the hospital, the person gets tested and if found with AIDS he/she is given ARVs, condom and vitamins).

Commented one participant

In addition, it was indicated that street children fail to access and utilize the services available due to fear of health care providers, lack of health passport books among others.

'Muzipatala zaboma chithandizo ngati chimenechi ndichopzekeratu kwa ife, koma timakanika kukachigwiritsa ntchito chifukwa tilibe zi phaso zolembetsera, komonso timangowopa'. (In government hospitals services are accessible to us but we fail to access and utilize due to lack of health passport books, we also just fear to go).

Commented one participant

'.....nditadwalika (matenda opatsirana pogonana) mutawuni muno sindimadziwa kopita kukalandira chithandizo kotero ndinayenda kukafika kumudzi kwa agogo anga womwe ananditengera kuchipatala komwe anandithandiza ndikuchira ndipaneme ndinkawathawa agogo anga kubwerera mtawuni muno ku zafufuzanso ndalama'. (.....when i felt sick, (from an STI) i didn't know where to go to seek help. i went to my grandmother who took me to the hospital where i was treated. After i had recovered i escaped from my grandmother and came back to the street in search for money).

16 years old male respondent (Blantyre)

However, the majority of the respondents were a little more ignorant of the services.

5.6 TREATMENT SEEKING BEHAVIOURS OF STREET CHILDREN

The study also tried to find out the treatment seeking behaviors of street children. It tried to assess what the respondents would do if they discover they have an STI. The majority of participants indicated that they would prefer to go to the hospital to seek help. Few of the participants said they would prefer seeking help from their friends or relatives because they can't know how to go about with the problem on their own. Whilst some said they would rather buy drugs from the dealers.

Illustrated below were comments made by the participants

“Ndikhoza kupita kuchipatala kukafuna chithandizo chifukwa ndimawopa kufa, komabe chifukwa cha mantha zikhoza kundivuta”. (I can go to the hospital to seek help because i fear death however i may find problems to go the hospital because of fear).

“Ndikhoza kuwawuza anzanga kuti andithandize chifukwa pandekha sindingadziwe kolowera”. (I can tell my friends to assist me because own my own i can't know how to go about with the problem).

‘Nditadwala ndinasowa kolowera koteroko ndinafufuza agogo anga ndi amene ananditengera kuchipatala, pa ine dekha sindikanapanga kena kalikonse, kuwawuza anzanga samandithandiza, ndiye oloko pakali pano ndithanso kukafufuza agogo anga kuti akandithandize’. (When i felt sick i had no where to seek help from, hence i looked for my grandmother who took me to the hospital, i had no help from friends, hence even today i can still go to my grandmother for help).

‘Ndikhoza kungogula mankhwala mutimashopu tamadilazi mutawunimu.’(I can just buy drugs from dealer's shops right in town).

5.7 EXPERIENCES OF STREET CHILDREN ON STIs AND HIV/AIDS

The study further explored more on experiences of street children on STIs and HIV and AIDS. Some of the participants were able to tell that they have ever seen someone having an STI right on the street though they didn't actually know how those individuals went about with the problem. As stated earlier on treatment seeking behaviors, most of them preferred to have advised their friends to go to the hospital for treatment as this group of participants believed that the hospital was the best than any other place to seek help. One of the participants interviewed was open enough to say he has ever had an STI right on the street.

'Ndinayamba ndauzidwapo ndi mzanga kuti amatuluka ma finya kumaliseche, nditamufunsa iye anati anamugwirira nthawi ina yake anthu ena womwe samawadziwa. Kenako anachoka mtawuni muno koma mpaka relo sindimadziwa komwe analowera'. (I was once told by my friend that he who was discharging pus from his genitals, when i asked him what was the matter, he said he was raped sometime back by unknown people. Since then i don't know his whereabouts).

10 years old boy (Blantyre)

'Ndinayamba ndadwalapo, koma sindimadziwa kopita kukafuna chithandizo kotero kuti ndinapita kwa agogo anga ndiamene anandithandiza'. (I have ever suffered from an STI but i didn't know where to go as such i went to my grandmother who helped me).

16 years old boy - Blantyre

5.8 BARRIERS TO SERVICE ACCESSIBILITY AND UTILISATION

In the course of determining street children accessibility and utilization of the relevant STIs and HIV and AIDS preventive curative and rehabilitative services, it was found that there were other barriers to service accessibility and utilization. When participants were asked on what barriers do

they think may prevent them from accessing and utilizing the available services, the following were cited by most of them:

- Lack of information about the existing services
- Fear of being chased and not being taken seriously (taken for granted) by the health workers
- Lack of health passport books
- Lack of enough time to reach where the services are

Amatha kutibwenza nthawi zina tikapita kuchipatala kuti tikafune ziphaso zolembamo (Sometimes we are sent back from the hospital to collect our health passport books).

Commented one participant

6.0 DISCUSSION

The study has established a number of aspects in relation to knowledge on STIs and HIV and AIDS and accessibility and utilization of the available preventive, curative and rehabilitative services among street children in light of HIV and AIDS pandemic. Specifically, the discussion focuses on; factors contributing to street children phenomenon, sexual behaviors, knowledge on STIs and HIV and AIDS, awareness, accessibility and utilization of services to street children, treatment seeking behaviors, experience of street children on STIs and barriers to service accessibility and utilization. Recommendations are provided and areas for further study are also suggested.

6.1 FACTORS CONTRIBUTING TO STREET CHILDREN PHENOMENON

The interviews with street children revealed a variety of factors as reasons forcing the children onto the city streets. Among these factors, poverty turned out to be one of the main factors pushing Malawian children into the street. The majority of the participants came onto the street in fetching for money, food and other daily needs. Lack of money and family's inability to adequately cater for the children creates a loop hole for the street to become an avenue for the children to survive their economic hardships. Inaccessibility to basic resources such food for decent livelihood also causes children to live their homes with a hope of attaining some of the perceived resources in the urban centers. Tearfund (2003) isolated hunger as the predominant cause of children's decision to leave homes for street life because food is necessary for survival. In the course of fetching for money and food, children engage in risky sexual behaviors thereby exacerbating the negative health outcomes as the street environments subject these children to several sexual and reproductive ill healths.

Being orphaned was another principal factor associated with a child's decision to leave home. Quite a number of participants interviewed reported to have lost their parents sometime back and they were either having a relative in the extended family, a step parent or no one at all to take care of them.

This concept (being orphaned) is attributed to the ravaging effects of HIV and AIDS pandemic. As a result of parents dying of AIDS, majority of children are left orphaned leaving the street to be their only resort, providing a ready avenue for survival. Chisomo children's club (2003) supports the idea that the rise in number of street children in Malawi is as a result of worsening economic conditions aggravated by the breakdown of extended family structures and the impact of HIV and AIDS. Some orphans have relatives or step parents but because of either being ill-treated or having poor living conditions, these children pave their way to the street as they perceive the street as an abode of freedom negating the consequences associated with street life. Orphans who are ill treated, are more prone to emotional trauma and suffer from feelings of rejection and insecurity that may drive them out of the homes searching for a place where they may be better accepted and loved. Lack of parental guidance is also an underpinning factor playing a crucial role in orphans' decision to leave home for street life. Orphans lack parental guidance as they have no one to direct them at their tender age and the only option is to be self-guided on the city streets. Whilst searching for freedom, love and independency, the street environment subjects these children to sexual abuse which increases their vulnerability to STIs and HIV and AIDS transmission.

The study also discovered peer pressure to be amongst the predominant factors contributing to street children phenomenon. Some participants reported to have left their homes and parents due to influence from their friends. Quite a number of children come onto the streets at a very tender age due to their inability to make a reasonable decision towards their lives as such they are easily influenced by older children who have lived longer on the streets. Lack of exposure to life skills for assertive behavior in conjunction with weak minded status, children are easily influenced to pave their way to the street. Children may be also motivated to leave their homes for an independent life through networking with their friends. Ideas are shared about street life, and through glorification of independent city life and easy access to basic needs such as food and money, peers are easily taken up finding themselves on the street. Because of their underage status and immature reasoning, older people take advantage of them and expose them to all kinds abuse leaving their lives in jeopardy with an extreme exposure to HIV and other venereal STIs.

6.2 SEXUAL BEHAVIORS

The study confirmed that street children are a vulnerable group of young people whose lifestyles and exposure to street environments place them at risk of HIV infection and other STIs. Rape, anal sex, unprotected sex with the opposite sex and survival sex were among the factors increasing their vulnerability. Street environments offer no protection to street children from sexual abuse as there are no safe sleeping quarters. Lack of night shelters on the street, offers an added advantage for prostitutes and watchmen/guards to forcibly engage in unprotected sexual intercourse with these children. Children are less likely to be exploited when they are off the street and safely protected in the night shelters. Rape is an avenue for STIs transmission and spread to others as sexually exploited children rarely seek medical treatment.

Unprotected sex with the opposite sex and anal sex (homosexuality) were also the prominent sexual behaviors among the study participants. Whilst on the street, older street boys forcibly indulge in anal sex with younger boys. This is because boys are easily accessible than girls as such there are high cases of homosexuality. Majority of street children indulge in sexual activity without using condoms as a means of protection and that protection from STIs is almost nil. Unsafe sexual activity not only with the opposite sex but also with the same sex is acknowledged and proven to be the main route for HIV infection and other STIs transmission. Towe (2009) and Roy (1998) confirmed that street children prefer homosexual relations and practice anal sex with fellow boys as boys are readily available than girls.

Survival sex practiced by majority of street children is another point worthy discussion. In this context survival sex essentially implies to prostitution in order to earn money, find food and seek protection. Children who survive their time on the street often have significant long term sexual ill health from the survival sex they engage in. Surviving on the street entails giving higher priority to obtaining food, clothing, protection and other basic needs than concerns with health or safe sexual practices. This implies that without changing the problem that create a need for survival sex among street children, little can be done about promoting safe sex and health life styles.

6.3 KNOWLEDGE ON STIs

The study established that majority of participants have knowledge deficit on STIs in general. Interviews with street children indicated that very few participants knew something pertaining to STIs though the information they posse is insufficient. Gonorrhoea and syphilis were commonly mentioned by this group of participants. Most of the participants did not know that HIV and AIDS is one of the STIs as such they could not mention it when they were asked. It was revealed from the study findings that those who were aware of STIs possessed insufficient knowledge more especially on the mode of transmission and prevention. Disease transmission is directly related to lack of knowledge on the mode of transmission and prevention. Children with poor or little knowledge on a certain disease are more likely to contract the disease than those possessing adequate and correct information. Against the background of poor knowledge, many street children engage in risky sexual behaviors facilitating the spread of STIs.

Interviews with the participants established that street children consider themselves to be psychologically and physically invulnerable from STIs. This is a clear indication that street children do not engage in preventive behaviors to reduce their risk of acquiring STIs. In reference to the conceptual framework that has guided this study (Health belief model), knowing that one is particularly vulnerable to a certain health risk would help him/her to make sound decision and engage in appropriate preventive health behaviors but this is not the case with street children as they don't consider themselves as people at risk as such no motivation to indulge in preventive health behaviors. In view of this, provision of adequate information on crucial issues surrounding HIV and other STIs mode of transmission and spread is of importance.

6.4 KNOWLEDGE ON HIV AND AIDS

The study confirmed that majority of street children are aware of HIV and AIDS. Interviews with street children revealed that quite a number of street children have some information on HIV and AIDS though the information they have is insufficient and inaccurate more especially on the mode of transmission and prevention.

The majority of participants only knew that HIV is transmitted through sexual intercourse especially when a man/boy sleeps with several women/girls and to them girls/women were the reservoir (who harbor) for the virus as they believed the virus is only transmitted from women to men and not both ways (man to woman and woman to man). This obviously reflects that street children do not consider anal sex (homosexuality) as another means for virus transmission as such they would continue placing themselves at risk for the virus. Lack of exposure to preventive services like HIV and AIDS education plays a role on risk for disease transmission as children do not know other means through which one can contract STIs thereby continue to indulge in prominent ways of infection acquisition at a very tender age. People who are knowledgeable on how a certain disease may be transmitted and prevented, they are less likely to suffer from the disease itself. This draws on the importance of providing preventive information so as to generate an approach for dealing with the deficiency on knowledge to this vulnerable population thereby promoting risk reduction.

6.5 AWARENESS, ACCESSIBILITY AND UTILISATION OF STIs AND HIV/AIDS SERVICES AMONG STREET CHILDREN

The findings established that majority of street children are not aware of preventive, curative and rehabilitative services provided in light of HIV and AIDS, only few street children indicated to have some information concerning these services and this group of participants commonly mentioned condoms and ARVs. Interviews with this group of participant (those who were aware of the services) revealed that condoms and ARVs are available and accessible to everyone in government hospitals only that they have never utilized these services as they don't perceive the need for them to go for the services. However, the issue of other preventive services like awareness through the provision of education on STIs and HIV and AIDS was not cited by the participants. This gives an insight to why most of the street children possessed insufficient and incorrect information on STIs and HIV and AIDS transmission and prevention mode. As acknowledged from the findings, majority of street children in Malawi have a limited/very low exposure to information pertaining to services provided in light of HIV and AIDS.

This has a negative impact on street children as the lack of sensitization on preventive and curative services is directly related diseases transmission. Central to the concept of STIs prevention is the provision of adequate information (on preventive services) through sensitization and awareness campaigns. Adequate information about these services is of importance and a key to participants' motivation to indulge in preventive health behaviors. This implies the need for awareness of the services provided in light of HIV and AIDS to reduce the risk of STIs and HIV and AIDS transmission and promote preventive health behavior among street children. Dematteyo (1991), Roy (1998) and Kayembe (2002) who partially tackled on street children's accessibility to health care services supported the fact that street outreach interventions do not usually reach street children more especially in developing countries.

6.6 TREATMENT SEEKING BEHAVIORS

The findings showed that, majority of participants strongly believed that going to the hospital for treatment is of importance. It was also apparent from the interviews that still some few participants believed to buy drugs on their own, seek help from friends, relatives and other people around them as they entrusted that best help can be derived from those sources. Despite the majority entrusting the hospital for the best care, most of the participants do not actually know what type of treatment should they exactly anticipate along with how to get to the hospital doors on their own and this draws in the issue of buying drugs, consulting friends and other people delaying to seek important treatment. This is attributed to lack of sensitization and awareness among the street children on the services provided in the health care institutions. Whilst appreciating that seeking health advice from friends would render a direction on how to go about with a specific health problem, it is also of importance to note that early treatment seeking at the hospital reduces the occurrence of complications of longstanding and poorly treated STIs. Longstanding and poorly treated STIs create entry port for HIV virus and this will increasingly place street children at a risk of the virus and other deadly STIs. In view of this, much has to be done in order to help this vulnerable population to develop positive health seeking behaviors.

6.7 EXPERIENCES OF STREET CHILDREN ON STIs

Interviews with participants clearly indicated that STIs exist on the street as far as street children and their sexual behaviors along with the street environment are concerned. Some of the participants interviewed were open enough to tell their experience and from the experience shared, street children do not actually know how to go about seeking treatment for STIs. Despite majority believing the hospital to be the best provider of treatment as far as illness is concerned, it was indicated that participants don't actually know how to get themselves to the hospital to seek treatment as such they continue surviving on the street with untreated STIs further exposing themselves to re-infection. The reason behind this was noted to be fear and lack of knowledge on what specific services would they be provided with at the hospital. It is apparent that the street offers little or no protection for the street children in terms of information, sex education, choices and opportunities for prevention and treatment of sexual and reproductive ill health situations. This factor along with lack of knowledge on how to go about with an ailment increasingly creates a basis for further infection transmission and re-infection among this vulnerable population.

6.8 BARRIERS TO SERVICE ACCESSIBILITY AND UTILISATION

Despite possessing a minimal level of awareness of the available services provided in light of HIV and AIDS among a few participants interviewed, quite a few issues impeding their ability to utilize the available services were noted in the course of interviewing the street children. These impediments were more less like those found in a group of related studies (Feldmann and Middleman, 2003; Ensign and Panke, 2002 and Ali & de Muynck, 2005) who depicted that despite the obvious need for medical services, street children often do not receive the care due to individual and system barriers impeding health care access by this population. Among these were underage status, judgementalism, concerns of confidentiality and lack of knowledge about the clinical site. Likewise this study also found some barriers which included:

- Lack of knowledge on the relevant preventive, curative and rehabilitative services available. Majority of street children do not actually know what these services are all about. Awareness and sensitization of the service available would be of benefit to reduce the participants' risk of contracting or dying of the virus.
- Fear of being chased because of their underage status and not being taken seriously (taken for granted) by the health workers. Street children consider themselves as inferior, unworthy and troublesome in the eyes of other people probably may be because of the life they lead on the street and the way they look as such when they are sick they don't opt for hospital treatment.
- Lack of enough time to go to the hospitals because they are always busy running up and down in fetch for daily needs. Street based outreach interventions may help to save time.
- Lack of health passport books also poses a challenge because when they go to the hospital they are sent back so that they should buy a health passport book.

Impediments to service accessibility and utilization have got a negative impact on one's health. Children who fail to access and utilize STIs curative services are at a higher risk for developing complication as a result of longstanding infections. Along with complication, they may also transmit the infection to others or get re-infected creating a cycle of disease transmission. It is therefore, important to find mechanisms of combating barriers that impede street children towards treatment accessibility and utilization. In addition there is also a need to educate these children the importance of seeking treatment as it is through knowledge that one can indulge in health promotion behaviors.

7.0 CONCLUSION

The study established that street children are a vulnerable group of young people whose sexual behaviors and street environments place them at a higher risk for contracting and spreading STIs and HIV infection. The study findings strongly indicate that there is a significant lower level of knowledge on STIs and HIV and AIDS among street children in regards to transmission and prevention mode. It is also apparent that majority of street children are not aware of the relevant preventive, curative and rehabilitative services provided in light of HIV and AIDS pandemic. In view of these factors, provision of night shelters, street based interventions and on-going education regarding STIs and HIV and AIDS prevention is of great importance to save the lives of street children and control the spread of the virus and other STIs in the country. In addition, there is also a need of awareness and sensitization on the relevant preventive, curative and rehabilitative services provided in light of HIV and AIDS to reduce the vulnerability of these children.

8.0 AREAS FOR FURTHER STUDY

Basing on the findings the researcher proposes the following areas to be further explored:

- Considering the fact that female street children are at a much higher risk of STIs than males as the literature and other documents propose, more has to be explored to determine sexual behavior and street life in light of HIV and AIDS and other STIs among female street children.
- Street children perceptions toward health care providers in relation to their health and street life
- Street children attitudes and perceptions on good health and preventive health behaviors as a need for survival
- Culture of surviving on the street and its implication on street children's health and well being
- Strategies to increase awareness, accessibility and utilization of relevant preventive, curative and rehabilitative services in light of HIV and AIDS to all street children in Malawi
- Effects of street environment on street children's health

9.0 LIMITATIONS TO THE STUDY

The study participants were only male street children because it was difficult to access the girls at both sites during day time when data was being collected as such it doesn't give a clear picture on sexuality and knowledge on STIs and HIV and AIDS among female street children. (Most of the female street children make themselves available during the evening as such the researcher couldn't make it to accommodate them during the awkward hours for safety purposes).

It is also difficult to generalize the study findings to other street children found in other Malawian cities as the study was restricted to participants found in Lilongwe and Blantyre.

Despite reading and explaining the consent form to the participants to ensure that they have an ethical protection, some of them were very suspicious up to the extent that they refused to be tape recorded (in Lilongwe). It was also difficult to conduct a pilot study as the participants were chased out of the street by the police but after sometime they came back. This also delayed the researcher to collect data on time more especially in Lilongwe. In addition, the researcher did not have enough time because he had to fulfill other course requirements whilst doing the study.

10.0 RECOMMENDATIONS

As indicated in the findings, street children possess a very low level of knowledge on STIs and HIV and AIDS in general and mostly the information they have is inaccurate and incorrect more especially in regard to transmission and prevention. From the study findings, rape and anal sex were also apparent factors leading to their risk for STIs. It is also indicated that most of the street children are not aware of the preventive, curative and rehabilitative services available. In order to reduce street children risk for acquiring and spreading the virus and other STIs, and enhance disease prevention and health promotion behaviors among these vulnerable subjects, it is therefore recommended that the following should be taken into consideration:

- Provision of adequate information on STIs and HIV and AIDS in terms of mode of transmission, prevention and implications if proper treatment measures have not been initiated and followed through community health nursing programs.
- Considerable effort should be made in trying to increase awareness among this vulnerable population about preventive, curative and rehabilitative services provided in light of HIV and AIDS and other STIs through street based interventions like day care centers where health workers would be providing these services. This will in turn draw their attention to utilize the services hence preventing dying of the virus or further transmitting it in the country.
- The government and other stakeholders should also put in place effective measures such as provision of night shelters to protect street children from being raped and misused by prostitutes and guards/watchmen
- The government and other stakeholders should consider means of retaining street children to school like providing them with shelter and other basic needs as some of them are patiently waiting for somebody to help them get back to school

- Considering their vulnerability to STIs, street children like any other person should also be considered on vaccination programs and campaigns such as Hepatitis B vaccination so as to reduce their risk of acquiring Hepatitis B which is one of the deadly STIs.
- Ministry of Health and other stakeholders should consider the provision of on-going education on HIV and AIDS preventive, curative and rehabilitative services to street children so as to control spread of HIV virus in the country through action oriented posters.
- Institutions and associations working with street children should consider providing constant education on the prevention of STIs and HIV and AIDS. Having accurate information on the mode of transmission and prevention along with constant education is necessary to sustain the awareness and propel the individuals to a threshold where informed decision is made about preventive health behaviors.
- The ministry of health should consider the provision of counseling services to sexually abused street children through counselors from health facilities who have adequate counseling skills to provide psychological care to the affected children.
- Non-governmental organizations should consider providing funds for income generating activities to parents/guardians whose children are on the street to help these families cater for their needs and protect them from dangers of street environments.
- Impediments to service accessibility and utilization should be eliminated through effective measures such as treating street children with respect despite their underage status. Health workers should also have a positive attitude towards these vulnerable children as they provide health care services.

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Appendix (I)

SEXUALITY AMONG STREET CHILDREN IN SELECTED CITIES OF MALAWI (BLANTYRE AND LILONGWE) IN LIGHT OF HIV AND AIDS

INTERVIEW GUIDE

SECTION A: DEMOGRAPHIC INFORMATION

1. How old are you?
2. Have you been at school?

Probes

- Up to what grade/class?
 - Why did you drop out?
 - What did you do thereafter?
3. For how long have you been on the street?
 4. What brought you to the street?

SECTION B: SEXUAL BEHAVIORS AND EXPERIENCES

5. What is the prevalence of street children in this area?

Probes

- Proportions of boys vs girls
 - Sleeping quarters for boys and girls
6. Amongst your friends are there boy/girl relationships?

Probes

- Who initiates these relationships?
- What is involved in such relationships?

- Why do these friends indulge in such relationships?
- What benefits are involved in such relationships?
- Are you personally involved?

7. Are there myths or beliefs attached to sexual activity involvement? *Explain.*

8. Are there some people who ask you for sex in order to give you something?

Probes

- How do you respond?
- Do you use protection?

SECTION C: KNOWLEDGE ON STIs

9. Do you know anything about STIs?

Probes

- What do you know?
- Types
- Mode of transmission
- Mode of prevention
- Source of information

10. Would you know that one has an STI?

Probe

- How?

11. Who is at risk of getting an STI?

Probes

- Explain
- Are you at risk of contracting an STI?

12. How would one protect oneself from contracting STIs? *Explain*

SECTION D: KNOWLEDGE ON HIV AND AIDS

13. Do you know anything about HIV and AIDS?

Probes

- What do you know?
- Mode of transmission
- Mode of prevention
- Source of information

14. Would you know that one has HIV and AIDS?

Probe

- How?

15. Who is at risk of getting HIV and AIDS?

Probes

- Explain
- Are you at risk of contracting HIV and AIDS?

16. How would one protect oneself from contracting HIV and AIDS? *Explain.*

SECTION E: AWARENESS, ACCESSIBILITY AND UTILIZATION OF SERVICES TO STREET CHILDREN

17. What do you know about preventive, curative and rehabilitative services on:

- STIs?
- HIV and AIDS?

18. Are these services accessible to you?

19. Have you ever utilized these preventive, curative and rehabilitative services?

Probes

- What factors influenced you?

- What are the importances of utilizing these services to you personally?
21. If you have never utilized these services, what is preventing you to utilize the services?

SECTION F: TREATMENT SEEKING BEHAVIORS OF STREET CHILDREN

22. What would you do if you discover you have an STI? Explain.
23. What kind of help would you opt for?

Probes

- Where?
- Why?

SECTION G: EXPERIENCES OF STREET CHILDREN ON STIs AND HIV/AIDS

24. Would you know anyone among you who had an STI?

Probe

- How?

25. Where would you recommend that person to seek help? Explain.
26. Have you ever had an STI?
27. Suppose you have an STI, where would you go seek help?

Probe

- Why?
28. What barriers do you think exist that may prevent you from accessing and utilizing the services?

THE END.

THANK YOU!

Appendix (II)

INFORMED CONSENT

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear participants,

I am Chancy Banda, a fourth year student from Kamuzu College of Nursing. In partial fulfillment of the bachelor's degree, i am required to submit a research project.

The title of the study is sexuality among street children in light of HIV and AIDS. The results of the study will assist relevant authorities to establish special sites where STIs and HIV and AIDS preventive, curative and rehabilitative services for street children will be provided so as to prevent further spread of HIV virus in the country. Therefore, I would like to get your consent for you to be included in the study.

You will be asked questions and you are requested to answer freely and truthfully. Be assured that information collected will be confidential. No name will be indicated on the interview guide and only the researcher and the research supervisor will have access to the information. You are also free to withdraw your consent or discontinue your participation in the study anytime when you feel like doing so without penalty. There are no risks associated with the study and no specific benefit to you personally but it will benefit the whole nation. If you are interested to take part in the study, please sign the consent form provided and then respond to the questions in the interview guide.

PARTICIPANTS

I have read the information above and I have understood. I have agreed to respond to the questions and i understand that my participation to the study is voluntary and i am free to withdraw from the study anytime. I therefore give my consent to participate in the study.

Participant's signature.....

Date.....

Investigator's signature.....

Date.....

Appendix (III)

CHILOLEZO

Kwa wotenga mbali,

Ine ndine Chancy Banda wophunzira muchaka chomaliza cha maphunziro a zaunamwino, ku Kamuzu College of Nursing muchaka chomaliza ku Lilongwe. Mwazina zofunika pomaliza maphunziro anga a ukachenjende ndikupanga kafukufuku. Mutu wa kafukufukuyu ndi 'Chikhalidwe ndi zochitika za ana wovutika, woyendayenda m'misewu ya m'mzinda wa Lilongwe ndi Blantyre kukhuzana ndi matenda opatsirana pogonana ndinso HIV ndi Edzi'. Cholinga chake ndi 'kudziwa nzeru komanso kapezedwe kachithandizo chokhudzana ndi matenda opatsirana pogonana ndiso Edzi pakati pa ana wovutika, woyendayenda m'msewu'. Zotsatira zakafukufukuyu zidzathandiza akuluakulu a za umoyo ndi mabungwe ena kuti apeze njira zothandizira ana ovutika, wopezeka m'musewu, kuti azitha kulandira chithandizo cha matenda opatsirana pogonana ndiso HIV ndi Edzi.

Muli kudziwitsidwa kuti mukafufukuyu mulibe choopsa chirichonse komanso simudzalandira cholowa m'manja chilichonse mukalowa nawo mukafukufukuyu. Mukudziwisidwanso kuti muli woyenera kulowa mukafukufukuyu mwakufuna kwanu popanda kukakamizidwa kulikonse komanso mukhoza ku tuluka mukafukufukuyu thawi iriyonse mwafuna kutero. Choncho ndikukupemphani kuti mudzayankhe mafunso onse malingana ndi kudziwa komanso kumvetsa kwanu pamutuwu. Dziwaninso kuti mayankho anu ali wotetezedwa ndipo sadzawonedwa ndi munthu wina aliyense kupatula wopanga kafukufukuyu.

Ngati muli wosangalatsidwa kutenga nawo mbali mukafukufukuyu, chonde sayinirani m'musimu

Ine.....ndikufuna kutenga nawo mbali mukafukufukuyu nditamvetsa bwino lomwe cholinga chake. Ndamvetsa kuti kutenga mbali kwanga ndikosakakamizidwa.

Wotenga mbali.....

Tsiku.....

Wochita kafukufuku.....

Tsiku.....

Appendix (IV)

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Research Publications Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Att: The chairperson

Dear sir/Madam

**REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY ON SEXUALITY
AMONG STREET CHILDREN IN SELECTED CITIES OF MALAWI (BLANTYRE
AND LILONGWE) IN LIGHT OF HIV AND AIDS**

I am Chancy Banda, a fourth year student at the above named institution. I write to apply for the approval to conduct a research study under the above written topic as a requirement in partial fulfillment of the Bachelor of Science program.

The result of the study will help the relevant authorities to establish sites where STIs and HIV and AIDS preventive, curative and rehabilitative services will be provided to street children so as to prevent further spread of HIV virus in the country. There are no risks associated with the study for participating and all ethical considerations will be observed to ensure that there is no violation of the rights of the subjects throughout the study.

Your favourable consideration will be greatly appreciated.

Yours faithfully,

Chancy Banda.



University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

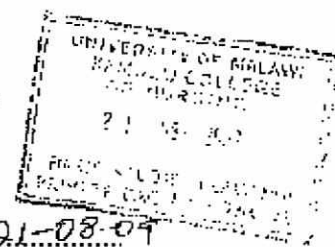
APPROVAL CERTIFICATE

TITLE: *sexuality among ~~school~~ street children
in selected cities of Malawi in light
of HIV & AIDS*
INVESTIGATOR(S): *CHANEY BANDA*

YEAR OF STUDY: *Year IV BSc*

REVIEW DATE: *22nd July, 2009*

DECISION OF THE COMMITTEE: *Approved*



SIGNATURE: *[Signature]* DATE: *21-08-09*
DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: *Mr Mandalazi*

DECLARATION OF INVESTIGATOR(S)
*I/We fully understand the conditions under which I am/we are authorized to carry out
the above mentioned research and I/We guarantee to ensure compliance with these
conditions. In case of any departure from the research procedure as approved, I/We
will resubmit the proposal to the committee.*

DATE: *21-08-09* SIGNATURE(S): *[Signature]*

Appendix (VI)

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Director,
Chisomo Children's Club
Angoni Road
P.O Box 31215
Blantyre 3

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT A STUDY ON SEXUALITY AMONG STREET CHILDREN IN SELECTED CITIES OF MALAWI (BLANTYRE AND LILONGWE) IN LIGHT OF HIV AND AIDS

I am Chancy Banda a fourth year student doing Bachelors of Science in Nursing at the above named institution. In partial fulfillment of the requirement of the degree program, a research project is required.

The purpose of this study is to explore knowledge on STIs and HIV and AIDS, and establish the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children. I therefore, would like to request for permission to conduct a research study through your guidance under the above written topic.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

Chancy Banda.

Appendix (VII)

Chisomo Children's Club
Living Waters Church
Angoni Road
P.O. Box 31215
Chicheni, Blantyre 3
Tel: +265 (0) 912 569
chisomo@salop.org.mw



Chisomo Children's Club
Living Waters Church
Next to J.C.M. Offices
P.O. Box 1265
Old Town, Lilongwe
Tel: (265 01) 726 600
chisomal@salop.org.mw

18th August 2009

Miss Chaney Banda
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear Chaney,

**RE: REQUEST TO CONDUCT A STUDY ON SEXUALITY AMONG STREET CHILDREN
IN SELECTED CITIES OF MALAWI (BLANTYRE & LILONGWE) IN LIGHT OF
HIV & AIDS**

The subject matter refers.

I have approved your request to conduct the study as indicated above with the street children here at Chisomo Children's Club in Blantyre.

I will appreciate it if you could send us a copy of your findings.

Wishing you all the best as you undertake this exercise.


Pr. Scott Martin
The Executive Director

Chisomo Children's Club
P.O. Box 31215
Chicheni
Blantyre 3

All correspondence be addressed to the Executive Director, Blantyre Office

Appendix (VII)

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The chairperson
Tikondane Children's Centre
P.O Box
Lilongwe.

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT A STUDY ON SEXUALITY AMONG STREET CHILDREN IN SELECTED CITIES OF MALAWI (BLANTYRE AND LILONGWE) IN LIGHT OF HIV AND AIDS

I am Chancy Banda a fourth year student doing Bachelors of Science in Nursing at the above named institution. In partial fulfillment of the requirement of the degree program, a research project is required.

The purpose of this study is to explore knowledge on STIs and HIV and AIDS and establish the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children. I therefore, would like to request for permission to conduct a research study through your guidance under the above written topic.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

Chancy Banda.

Appendix (IX)



TIKONDANE

P.O. Box 121
LILONGWE
Malawi

Tel: +265 1724 734 / +265 9919 336
Email: tikondane@africa-online.net

November 5th, 2009

Miss Blancy Banda

Re: Request to conduct study on Sexuality among
children in selected Cities of Malawi (Stambynje
and Lilongwe) in the light of HIV/AIDS.

Miss Banda conducted the study/interviews at Tikondane
on 17th November.

I would appreciate receiving a copy of your findings

Pete Hinde

Project Coordinator

(written by hand because of post-card)

Protecting children from the dangers of living on the streets

TIKONDANE A project of the Missionary Sisters of Our Lady of Africa (MSOLA)

Appendix (X)

TIME TABLE

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Selection of a topic & formulation of objectives		■	■									
Literature review				■	■							
Proposal development					■	■						
Submission of proposal						■						
Clearance and pretesting data collection instruments							■	■				
Data collection							■	■	■	■	■	
Data analysis and report writing								■	■	■	■	
Submission of report and dissertation										■	■	■

