

UNIVERSITY OF MALAWI



KAMUZU COLLEGE OF NURSING

**SEXUALITY AMONG STREET CHILDREN IN LIGHT OF
HIV AND AIDS IN BLANTYRE AND LILONGWE URBAN**

BY

MS CHANCY BANDA

**RESEARCH PROPOSAL, SUBMITTED TO THE FACULTY
OF NURSING IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF BACHELOR OF
SCIENCE DEGREE IN NURSING**

SUPERVISED

BY

MR P. MANDALAZI

JUNE, 2009

TABLE OF CONTENTS

<i>CONTENT</i>	<i>PAGE</i>
Table of contents.....	(i)
Acknowledgement.....	(iii)
Acronyms.....	(iv)
Summary	(v)
 Chapter one	
1.0 Introduction.....	1
1.1 Background.....	2
1.2 Problem statement.....	4
1.3 Significance of the study.....	4
1.4 Study objectives.....	5
 Chapter Two	
2.0 Literature review.....	6
2.1 Summary of literature review.....	10
 Chapter Three	
3.0 Conceptual framework.....	11
3.1 Diagrammatic presentation of the model.....	12
3.2 Application of the model to the study.....	13
 Chapter Four	
Methodology	
4.0 Research design.....	14
4.1 Setting.....	14
4.2 Sample size.....	14
4.3 Data collection and instruments.....	14
4.4 Pilot study.....	15
4.5 Data analysis.....	15

(i)



4.7 Ethical Considerations.....	15
4.8 Dissemination of study results.....	15
4.9 Limitations to the study.....	15
5.0 References.....	16
APPENDICES	
Appendix (i)	
Budget.....	18
Appendix (ii)	
Time table.....	20
Appendix (iii)	
Informed consent form in English.....	21
Appendix (vi)	
Informed consent form in Chichewa.....	22
Appendix (v)	
Interview guide.....	23
Appendix (vi)	
Clearance letter to KCN Research and Publications Committee.....	26
Appendix (vii)	
Consent letter to Chisomo Children's club.....	27
Appendix (viii)	
Consent letter to Tikondane Children's center.....	28

ACKNOWLEDGEMENT

I would like to thank the Almighty God for the gift of life in abundance and for the physical strength that has enabled me to develop this proposal.

I would like also to extend my sincere gratitude in a special manner to Mr Mandalasi, the research supervisor for his effort, support and guidance that has yielded this proposal.

Greatly, i should also extend my appreciations to my friends for the support they provided during this proposal write up.

May the Good Lord bless you abundantly.

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

SUMMARY

Street children/youth are at risk of HIV infection and other STIs in Malawi. To develop effective prevention strategies, adequate information on STIs and HIV/AIDS as well as the services provided in light of HIV and AIDS is urgently required to this vulnerable population. In this paper, data from structured interviews will be collected to build a picture on street children's knowledge on STIs and HIV/AIDS and determine their accessibility and utilization of available STIs and HIV/AIDS preventive, curative and rehabilitative services in light of HIV/AIDS in Malawi. A non-experimental qualitative design using a structured interview guide will be used to obtain information from the participants. Data will be obtained from 30 respondents from two settings, thus Lilongwe and Blantyre urban streets through Tikondane Children's Centre and Chisomo Children's Club respectively. The findings will be analyzed manually using content analysis and then presented in a qualitative form.

CHAPTER ONE

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, losing 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 AID 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 conflict, 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. 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/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. As an indication of the escalation of the problem, 90% of the street children are currently in Blantyre urban streets.

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. Considering the fact that these children are thought to be outcasts, inhuman, unworthy, troublesome and thieves very few individuals would sympathize with them and think about their health and wellbeing. They are looked at as sub-human, and branded as anti-social, or demonstrating anti-social behavior and most of the times they are viewed with suspicion and fear by the public (HRW, 2004). Additionally there is a tendency to view street children as criminals, victims or as free spirits.

Normally, it is ideal for children to receive attention, affection, and stimulation, in addition to good nutrition and proper health care for them to learn and develop socially, physically and intellectually. Nevertheless, this is not the case for street children in Malawi as they are exposed to physical punishment or displays of violence that harm their development. Children who are punished in anger are more likely to become violent themselves that's why people view street children as a threat to their safety.

For children to become full and productive members of the society, it is necessary to give them firm rules about what not to do and praise for good behavior. Children learn how to behave by

imitating the behavior of those closest to them. The examples set by adults and older children are most powerful influences in shaping the child's behavior and personality. But this is not the case with street children as they miss the real life that every person must go through in all developmental stages.

The majority of street children in Malawi are living in conditions of severe deprivation, which place them at all kinds of health risks. They represent a marginalized, vulnerable, victimized and the most segregated segment of the society. They are extremely prone to drugs, sexual and physical abuse and exploitation from many arenas and do not have adequate access to nutrition, health and legal support. Among the most serious threats to health of street children is the high degree of exposure to sexual abuse. This reason, in addition to early exposure to both heterosexual and homosexual behaviors places them at risk of STIs and HIV/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. In addition to the basic support and care provided to these children in different institution and by different associations, access to STIs and HIV & AIDS preventive, curative and rehabilitative services should also be considered as priority need to this population. This study therefore, seeks to explore knowledge on STIs and HIV/AIDS, and establishes the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children.

1.2 PROBLEM STATEMENT

The number of children growing up on the streets of Malawian urban areas is rising at an alarming rate as a result of worsening economic conditions aggravated by the breakdown of extended families and the impact of HIV and AIDS pandemic. These children face a lot of problems on the street. 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 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).

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 to STIs and HIV & AIDS, it is of importance to explore more on their accessibility and utilization of the available STI's 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/AIDS, and establishes the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children along with the negative perceptions that people have towards them 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 special 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 & AIDS preventive, curative and rehabilitative services in the day care centers.

1.4 OBJECTIVES OF THE STUDY

BROAD OBJECTIVE

To explore knowledge on STIs and HIV/AIDS and establish the accessibility and utilization of the relevant preventive, curative and rehabilitative services among street children.

SPECIFIC OBJECTIVES

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

CHAPTER TWO

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 survival on the street, life experiences, knowledge on STIs and HIV & AIDS as well as their sexual behaviors.

A study aimed at determining knowledge on HIV (transmission and prevention), sexual activity, and exposure to HIV prevention services and identifying correlates of sexual behavior among street children was conducted in Kinshasa, Democratic Republic of Congo. The researcher established that street children need to be regarded as a high risk group for acquiring HIV virus and other STIs. Findings suggested that potential benefit of providing homeless youth with night shelters should be explored more since this could be an opportunity to integrate risk reduction programs that take into account all problematic behaviors such as risky sexual behavior and drug use (Kayembe et al 2008). Another related study by Liverpool et al (2002), aiming at describing the knowledge on HIV and AIDS, attitudes about condom use and sexual behaviors of homeless African-American adolescents revealed that some homeless children have strong knowledge on HIV and AIDS although sexual behaviors and attitudes toward condom use are not consistent with the knowledge they have. It was established that knowledge, attitudes and sexual behavior of homeless children should be further examined to develop and implement appropriate programs to address specific health needs of this population. Another study done in Bogota, Columbia with an aim of investigating the lifestyles, attitudes and knowledge of street youth on HIV and STIs for the purpose of designing AIDS/STIs educational activities for this population, found that street youth often continue high risk behaviors though they know the potential negative consequences. It was established that there should be substitutes for the income, pleasure, power and communication stemming from sex and convince them of their personal risk through participatory activities, use a multifaceted approach to promote condom use and use integrated prevention activities with other services designed to meet their basic needs regarding health (Ruiz 1994). A study by Bernier and Ascensio (1995) aiming at exploring sexuality, adoption and preservation of safe sexual behaviors among street children in Haiti, found that

street children have insufficient knowledge on transmission mode and preservation of HIV infection and that condom use is not a priority to them. The literature from the studies above looked at street children's Knowledge, attitudes on STIs and HIV/AIDS and partly on HIV prevention behaviors such as use of condoms however, despite finding the level of knowledge of these children on STIs and HIV, none of these studies focused on the accessibility of STIs and HIV and AIDS preventive services to street children.

Baybuga and Celik (2004) conducted a study to discover the level of knowledge and views of street children and youth in Turkey about AIDS. It was established that street children and youth have insufficient knowledge about transmission and protection from AIDS. A study done in Queensland by Mathews et al (1990) aiming at assessing homeless youth knowledge, attitudes and behaviors relating to HIV and AIDS found a significant lower level of accurate knowledge of HIV and AIDS in homeless youth on questions related to transmission of the virus and measures on prevention. It was established that homeless youth exhibit high levels of at risk behaviors that may put them at risk of getting the virus. A related study done in Houston with an aim of describing the knowledge, attitudes and behaviors of runaway and homeless youth regarding infection with HIV virus found that homeless youth practice behaviors that place them at high risk for acquisition of HIV infection. The findings established that risk reduction is imperative and requires programs that address the educational, psychological, social and medical needs of these youth (Sugerman et al 1991). Literature from these studies provides useful information on the risk sexual behaviors in which street children engage however, none of them evaluates HIV virus risk reduction strategies put forward to save the lives of these children.

A study conducted by Rew, Fouland and Yockey (2002) in U.S.A with a purpose of describing the sexual health practices, examining relationship among variables in conceptual model of sexual health practices and determining behavioral factors on sexual health practices among homeless adolescents established that there is a high incidence of sexual abuse and homosexual and bisexual orientation on the street and that these practices might be amenable to brief culturally relevant interventions. A related study aimed at determining sexual practices and attitudes of street youth in Brazil by Raffaelli et al (1993) found that these children and adolescents engage in sexual behaviors that put them at risk of STIs and HIV and AIDS. It was

suggested that interventions provided to this population should take into account the fact that for street youth, sex is used as a means of survival, seeking comfort and dealing with psychological issues that arise during adolescence. MacDonald et al (1994) also conducted a study aiming at developing a national perspective on the sexual activity and determining the correlates of risky sexual behaviors among the street youth in Canada. The researchers established that the majority of street children and youth are sexually active and there is quite a number of sexual high risk behaviors which could place them at risk of contracting HIV infection and other STIs. Above written studies indicate that these children are at an increased risk of STIs because of their risky sexual behaviors but did not look at these children's accessibility and utilization of STIs and HIV/AIDS preventive services so as to minimize the risk.

A study done by Johnson et al (1996) in U.S.A. with an aim of assessing HIV risk behaviors and examining factors associated with those behaviors found that strategies that may decrease risk behaviors among street children included the elimination of their need to rely on elicited activities for income, provision of basic need, education regarding existing services, increased outreach efforts and early identification of protection from childhood sexual abuse. Surveys conducted by Burkey (1993) in Philippines, Thailand, Columbia and Kenya aiming at ascertaining street youth's knowledge, attitudes and practices in regard to sex and the prevention of HIV and AIDS found that, street youth were highly aware of AIDS and STIs but information was often incorrect especially in regard to transmission and treatment of STIs. It was also noted that street youth were potentially at risk of contracting the virus because of involving themselves in survival sex. The findings established that changing the need for survival sex among homeless youth, may help to promote safe sex and health lifestyles. A related study done in Canada by Marshall et al (2009) with an aim of determining structural factors associated with an increased risk of HIV and STIs among street involved youth implied that the criminalization and displacement of street-involved youth may increase the likelihood that youth will engage in sexual risk behaviors and exacerbate the negative impact of the resultant health outcomes. It was also established that environmental structural interventions may help to reduce the burden of these diseases among street youth in urban settings. The literature from these studies looked at street children HIV risk behaviors and several suggestion were made to help reduce the risk of

acquiring the virus among the street children however, Malawi has no such interventions to reduce the risk of HIV virus transmission among Malawian street children and youth.

A study done by DeMateo et al (1999) in Canada with an aim of identifying the HIV risk and prevention behaviors of the street involved youth and identifying demographic factors that may contribute to the risk of street youth becoming infected with HIV and AIDS revealed that street youth are at increased risk of HIV infection. It also revealed that, unprotected sex, intravenous drug use, prostitution and incarceration were among the factors that put them at risk of STIs. The findings further revealed that high levels of mobility of street youth challenges the governments, communities and public health officials to develop appropriate prevention strategies and to carefully monitor the spread of HIV infection in this vulnerable population. A related study by Roy (1998) aiming at studying the patterns and determinants of street adolescent's sexuality and sexual practices to strengthen a community based intervention program and promote sexual health so as to prevent HIV virus transmission among street children in Calcutta, found that street children are not in full control of their sexual lives. It was also found that constant sexual exposure leave them open to STIs and HIV/AIDS as accurate information do not reach them. A study done by Tyler et al (2007) with an aim of examining risk factors for having ever contracted sexually transmitted diseases among street children in U.S.A, found that the time youth spend on streets, their sexual practices and their subsistence strategies are important correlates of contracting STIs and females are particularly vulnerable among the high risk population. These studies concentrated on risk factors predisposing the street children to catch STIs and HIV virus but after having known the factors, the researchers did not look at how those risks can be eliminated to promote sexual health practices and wellbeing of this population.

Chambers et al (2002) conducted a study in U.S.A with an aim of exploring street children perceived need for more knowledge about sexual health and their ideas about developing a brief intervention to promote positive sexual health practices that would reflect their perspective. The findings indicated that street adolescents are generally knowledgeable about symptoms and prevention of STIs and thought that street outreach interventions should be brief, gender specific, focusing on the unique vulnerability of homeless youth and accessible to them. This study

concentrated on knowledge about street children's sexual health. However, it did not focus on utilization of available STIs and HIV/AIDS preventive services among these children.

Another study conducted by Towe et al (2009) with a purpose of examining HIV risk behaviors and factors associated with exchanging sex among male street children in Pakistan, found that there was a high rate of sex exchange among street children. It was established that there is a greater need of HIV education and safe alternative for generating income. This study also looked at HIV risk behaviors and came up with an idea of HIV education to the street but it only focused on the male point of view not considering the fact that female street children/youth are at a much higher risk of STIs than males as other studies propose.

2.1 SUMMARY OF LITERATURE REVIEW

Several studies that have been conducted on street children indicate that these children are at an increased risk of STIs and HIV/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 & AIDS and none of them has specifically focused on street children's utilization and access to STIs and HIV & 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.

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/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 & AIDS pandemic. More information on sexuality among the street children will also be investigated in this study.

CHAPTER THREE

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

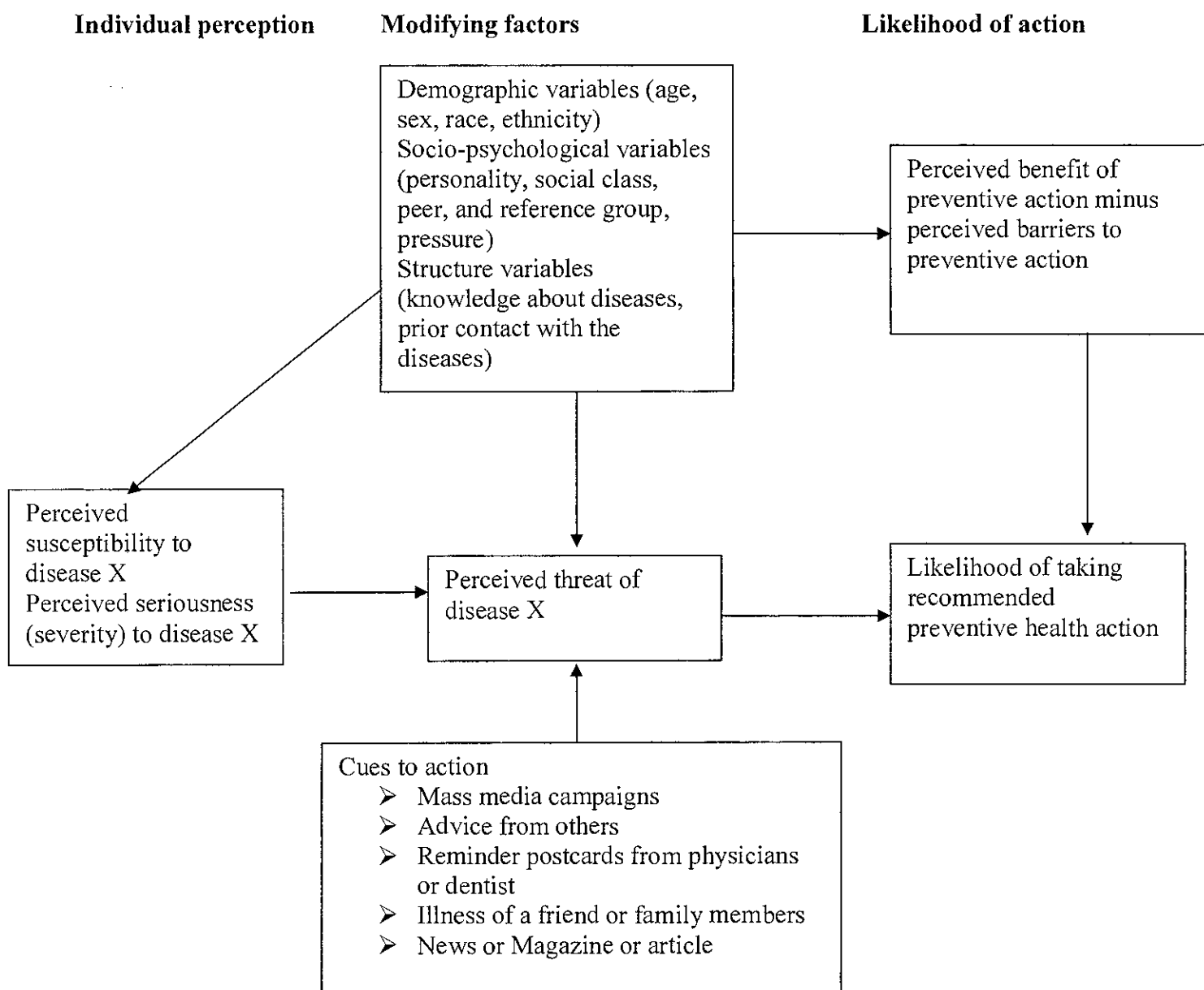


Fig 1: Health belief model. Source: Berman A et al (2008) Kozier and Erbs Fundamentals of nursing concepts, process, and practices (8th Ed) New Jersey, Pearson

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 & AIDS. Adequate knowledge on STIs and HIV & 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 toward preventive health measures as the model is based on motivational theory. Knowledge, availability, accessibility and utilization of STIs and HIV & 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

CHAPTER FOUR

RESEARCH METHODOLOGY

4.0 RESEARCH DESIGN

A non-experimental qualitative research design will be used to assess 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 has been chosen because it tends to explore more information and attempts to capture entire aspects experienced by the participants.

4.1 SETTING

The study will be conducted at Lilongwe and Blantyre urban streets through Tikondane Children's Centre and Chisomo Children's Club respectively. These two children's clubs will link 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 in the street of these two large cities.

4.2 SAMPLE SIZE

The study will require 30 participants chosen by convenient sampling and depending on their willingness to get involved in the study. The subjects will be street children (10 years and above) found in Lilongwe and Blantyre urban street areas with guidance from Tikondane and Chisomo children's clubs respectively because these clubs provide some day care programmes and support to street children. The two settings (Lilongwe and Blantyre) have been chosen because that's where majority of street children are found as they are largest cities of Malawi.

4.3 DATA COLLECTION AND INSTRUMENT

The data collection will be through in depth interviews using an interview guide (appendix v) containing both closed and open ended questions to allow participants express their views and enable the researcher to collect more information. These questions will be formulated in English and will be developed basing on the literature search and experience. The participants will be interviewed on a one to one basis and tape recorder will be used to record the interviews. Note taking will be done to capture important points during the interviews. The interviews will probably take 30 to 60 minutes and data will be collected in seven (7) days.

4.4 PILOT STUDY

Pilot study will be conducted to ensure validity and liability of the measuring tool. It will help to check and correct any systematic errors in the interview guide hence refining the data collection tool. It will be carried out at Lilongwe urban street through Tikondane children's centre and a total of five street children will be enrolled in this pilot study.

4.5 DATA ANALYSIS

Data obtained from the study will be analyzed manually using content analysis and then will be presented in qualitative form.

4.6 ETHICAL CONSIDERATIONS

Clearance letters will be written and send to the concerned authorities requesting for permission to conduct the study. In this case, a letter will be written and send to KCN Research and Publications Committee (RPC) seeking clearance and approval to conduct the study (appendix vi). Letters will also be 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 have an ethical protection an informed consent form (appendix iii and iv) will be 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 will also be assured that the data will be treated in confidence and their identity will not be disclosed in the final report or any other publications. Following this, participants will also be required to sign a consent form after willingly accepting to participate in the study.

4.7 DISSEMINATION OF THE FINDINGS

The research results will be disseminated through reports and these reports will be sent to Kamuzu College of Nursing library as well as Tikondane and Chisomo children's clubs.

4.8 LIMITATIONS OF THE STUDY

The study is restricted to participants found in two cities only as such it might not give a clear picture on the views of street children found in other cities (such as Mzuzu, Zomba) and the results may not be generalized to all children living on the street of urban areas in Malawi. In addition to this, preliminary data pertaining to this study was not available in the Malawian setting as such it was difficult to come up with the real picture on street children and sexuality on Malawian point of view.

REFERENCES

- Baybuga M.S. and Celik S.S. (2004) The level of knowledge and views of street children/youth about AIDS in Turkey, International Journal of Nursing Students 41 (6):591-7.
- Barker G. (1993) Research on AIDS: Knowledge, attitudes and practices among street youth Child Worldw 20 (2-3): 41-2.
- Berman A., Synder S.J., Kozier B. and Erb G. (2008) Kozier and Erb's fundamentals of nursing concepts, process and practice (8th Ed), New Jersey, Pearson.
- Bernier M. and Ascensio P. (1995) Street children and AIDS in Haiti, Sante 5 (2): 125-30.
- Chambers K.B., Kulkarni S. & Rew L. (2002) Planning Sexual health promotion intervention with homeless adolescents Nursing Research 51 (3): 168-74.
- Demmatteo D., Major C., Block B., Coates R., Fearon M., Goldberg E., et al (1999) Toronto street youth and HIV/AIDS: Prevalence, demographic characteristics and risks, Journal of Adolescent Health 25(5):358-66.
- Dempsey P.A. & Dempsey A.D. (2000) Using nursing research : Process, critical evaluation and utilization, (5th Ed), Philadelphia, Lippincott.
- Human Rights Watch (2004). Street Children, 350 Fifth Avenue, 34th Floor, New York, NY 10118-3299.
- Johnston T.P., Aschkenasy J.R., Herbers M.R. and Gillenwater S.A. (1996) Self reported risk factors for AIDS among homeless youth, AIDS Education Prev 8(4): 308-22.
- Kayembe P.K., Mapatano M.A., Fatuma A.B., Nyandwe J.K., Mayala G.M., Kokolomami J.I. et al (2008) Knowledge of HIV, sexual behavior and correlates of risky sex among street children in Democratic Republic of Congo, East Africa Journal of Public Health 5 (3):186-92.
- Liverpool J., McGhee M., Lollis C., Beckford M. and Levine D. (2002) Knowledge, attitudes and behaviors of homeless African-American adolescent: Implications for HIV/AIDS prevention, Journal of Natl Med Assoc 94 (4): 257-63.
- MacDonald N.E, Fisher W.A, Wells G.A, Doherty J.A and Bowie W.R. (1994) Canadian street youth: Correlates of sexual risk-taking activity, Peadiatric infect Dis Journal 13(8):690-7.
- Marshall B.D., Kerr T., Shovellar J.A., Montainer J.S. and Wood E. (2009) Structural factors associated with an increased risk of HIV and Sexually Transmitted Infection among street-involved youth, BMC Public Health 9:9:7.

- Mathews B.R., Richardson K.D., Prince J. and Williams G. (1990) Homeless Youth and AIDS: Knowledge, attitudes and behavior, Medical Journal of Australia 153 (1):20-3.
- Polit D.F. and Beck C.T. (2008) Nursing research: Creating and assessing evidence for nursing practice (8th Ed). Philadelphia, Lippincott Williams and Wilkins, Philadelphia.
- Raffael M., Compos R., Merrit A.P., Siqueira E., Antunes C.M., Parker R. et al (1993) Sexual practice and attitudes of street youth in Brazil, Social Science Med 37 (5): 661-70.
- Rew L., Foulad R.T., Land L. and Wong Y.J. (2007) Outcomes of a brief sexual health intervention for homeless youth Journal of health psychology, 1 (50):818-32.
- Rew L., Fouladi R.T. and Yockey R.D. (2002) Sexual health practices of homeless youth, Journal of Nursing Scholarsh 34 (2):139-49.
- Roy S. (1998) Action research on understanding sexuality and sexual behavior of street children in Calcutta, International Conference on AIDS 12:424.
- Ruiz J. (1994) Street Youth in Columbia: Lifestyle, attitudes and knowledge, AIDS health promotion Exchange (1):12-4.
- Snell C.L. (2002) Help seeking behaviors and risk-taking behavior among Black street youth: Implications for HIV/ AIDS prevention and social policy Journal of health social policy 16 (1-2):21-32.
- Stanhope M. and Lancaster J. (2004) Community and public health nursing, (6th Ed) St Louis, Mosby Inc.
- Surgerman S.T., Hergenroeder A.C., Chacko M.R. and Parcel G.S. (1991) Acquired Immunodeficiency Syndrome and adolescents' knowledge, attitudes and behaviors of Homeless youth, Am Journal Dis Child 145 (4): 431-6.
- Tearfund (2003), Rising number of street children reported as Malawi food crisis rises. (<http://www.reliefweb.int>)
- Towe V.L., Ulttasan S., Zafar S.T. and Sherman S.G. (2009) Street life and drug risk behaviors associated with exchanging sex among male street children Journal of Adolescent Health, 44 (3):201-2.
- Tyler K.A., Whitebeck L.B., Chen X. and Johnson K. (2007) Sexual health of Homeless Youth: Prevalence and correlates of sexually transmitted infections, Sexual Health 4 (1):57-61.
- UNESCO (2006) Street children and HIV/AIDS: A methodological guide for facilitators.

APPENDIX (i)

BUDGET FOR THE STUDY

<u>ITEM</u>	<u>COST</u>
Reams of papers at K900.00 each (3)	K2, 700.00
Pens at K35.00each (3)	K100.00
Printing and binding each proposal at K750.00 (3)	K1, 500.00
Large envelopes at K30.00 each (5)	K150.00
Transport to Blantyre and within Lilongwe at K2700.00 (3)	K8, 100.00
Flash disk (1)	K4, 000.00
Printing, photocopying and binding research dissertation at K1000 each	K3, 000.00
Food and accommodation for the researcher at K10, 000.00	K10,000.00
Telecom units at K140 (5 dollars)	K700.00
Tape recorder (1)	K10, 000.00
Sub total	K40, 250.00
Contingency	K4, 025.00

GLAND TOTAL	K44, 275.00
--------------------	--------------------

JUSTIFICATION OF A BUDGET

STATIONARY

The study demands so much writing more especially during proposal development and dissertation write up, hence more stationary is required. Stationary supplies will also be required during data collection and for the rough notes. Envelopes will be used for letters and dissertation reports.

TRANSPORT AND COMMUNICATION

Money is required to cover transport costs to the selected study areas during data collection period and meeting the research supervisor. Telecom units will also be required to communicate with the supervisor.

SECRETARIAL SERVICES

Writing materials will be required for rough notes and money will also be required for typing, printing and photocopying the proposal, questionnaires and dissertation reports.

CONTINGENCY

Extra money will be required to cover up emergency needs and probably price adjustments which might arise in the course of the research project.

APPENDIX (ii)

TIME TABLE

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
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											

APPENDIX (iii)

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 STDs and HIV & 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 (iv)

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 (v)

INTERVIEW GUIDE

Topic: Sexuality among street children in Blantyre and Lilongwe urban in light of HIV and AIDS.

SECTION A: DEMOGRAPHIC INFORMATION

1. Are you a male or a female?
2. What is your age?
3. What is your Denomination
4. What is your tribe?
5. What is your level of education?
6. What brought you to the street
7. For how long have you been on the street?

SECTION B: KNOWLEDGE ON STIs

1. Have you ever heard of sexually transmitted infections?
2. What types of STIs do you know?
3. How can STIs be transmitted?
4. Can STIs be prevented? Explain how.
5. Do you have access to information on STIs?
6. Where do you access the information on STIs?
7. Would you know that one has an STI? Explain.
8. Who is at risk of getting STIs? Explain.
9. What do you do to protect yourselves from contracting STIs?

SECTION C: KNOWLEDGE ON HIV AND AIDS

1. Have you ever heard of HIV and AIDS?
2. What is HIV?
3. How can HIV virus be transmitted?
4. What is AIDS?
5. Can HIV and AIDS be prevented? Explain.
6. Do you have an access to information on HIV and AIDS?
7. Where do you access the information on HIV/AIDS?
8. Would you know that one has HIV and AIDS? Explain.
9. Who is at risk of getting HIV and AIDS?
10. How do you protect yourselves from contracting HIV and AIDS?

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

1. Are you aware of the available preventive, curative and rehabilitative services on:
 - (a) STIs?
 - (b) HIV and AIDS?
2. Are these services accessible to you?
3. Have you ever utilized these preventive, curative and rehabilitative services?
4. What factors influenced you to go for these services?
5. If you have never utilized these services, what is preventing you to utilize the services?
6. Do you think it is important for you to attend STDs and HIV/AIDS preventive, curative and rehabilitative services? Explain.

SECTION E: TREATMENT SEEKING BEHAVIORS OF STREET CHILDREN

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

SECTION F: EXPERIENCES OF STREET CHILDREN ON STDs AND HIV/AIDS

1. Would you know anyone among you who had an STI?
2. How would you know?
3. Where would you recommend that person to seek help? Explain.
4. Have you ever had an STI?
5. Suppose you have an STI, where would you go seek help?
6. What barriers do you think exist that may prevent you from accessing and utilizing the services.

THE END.

THANKS FOR YOUR PARTICIPATION!!!!!!

APPENDIX (vi)

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 LIGHT OF HIV & AIDS IN BLANTYRE AND
LILONGWE URBAN**

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 special sites where STIs and HIV & 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 favorable consideration will be greatly appreciated.

Yours faithfully,

Chancy Banda.

APPENDIX (vii)

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 PERMISSSION TO CONDUCT A STUDY ON SEXUALLITY AMONG
STREET CHILDREN IN LIGHT OF HIV & AIDS IN BLANTYRE AND LILONGWE
URBAN**

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/AIDS and establish the accessibility and utilization of the relevant preventive, curative and rehabilitative services among the 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 (viii)

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 PERMISSSION TO CONDUCT A STUDY ON SEXUALLITY AMONG
STREET CHILDREN IN LIGHT OF HIV & AIDS IN BLANTYRE AND LILONGWE
URBAN**

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 the 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.