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Prevention of HIV/AIDS, beggary and mainstreaming of street children in Andhra Pradesh

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Abstract
The successful strategies adopted by a non-governmental organization in Andhra Pradesh to prevent beggary and STIs/HIV among street children and to mainstream them. India has the largest number of street children (8-17 years) in the world. These children are vulnerable as they are exposed to all kinds of risky social environment. They are prone to drinking alcohol, smoking, using narcotics, pick-pocketing, indulging in sex and many other similar vices. A vast majority of the street children indulge in sex at a very young age (soon after crossing 14 years of age). Thus, street children are a high-risk group population for STIs/HIV/AIDS in India. Andhra Pradesh, where the present programme is in operation, has the dubious distinction of having the highest number of street children in India, though it is only the fifth largest state in India in terms of population. The National AIDS Control Organisation (NACO), India initiated in 2000-2001 a few projects through Non-governmental Organisations (NGOs) in selected districts of India on an experimental basis to prevent STIs / HIV among street children and mainstream them through social work interventions and provide qualitative sexual and general health services to them. the importance of using condom to avoid the risk of HIV/AIDS infection and the correct procedure to use it were conveyed to them. In fact, the social workers skillfully and ably built up rapport and communication with the children and thus helped them to increase their knowledge of STIs / HIV / AIDS, the imperative need to change their present general and risky sexual behaviour, the use of condom for safer sex, the importance of Voluntary Counselling and Testing (VCT) of HIV. The impressive success achieved was largely due to the dedicated efforts of the social workers in conducting the intervention programmes.

Keywords: HIV/AIDS, street children, general sex, safe sex, condom

Introduction
The successful strategies adopted by a non-governmental organization in Andhra Pradesh to prevent beggary and STIs/HIV among street children and to mainstream them. India has the largest number of street children (8-17 years) in the world. UNICEF has classified street children into three categories, namely C_1 (street children who have regular contact with their parents), C_2 (street children who have irregular contact with their parents) and C_3 (abandoned children). It is the street children who are engaged in begging, rag picking and petty occupations such as helpers in hotels and teashops, stone-crushing, workshops in small-scale industries etc. These children are vulnerable as they are exposed to all kinds of risky social environment. They are prone to drinking alcohol, smoking, using narcotics, pick- pocketing, indulging in sex and many other similar vices. A vast majority of the street children indulge in sex at a very young age (soon after crossing 14 years of age). Thus, street children are a high-risk group population for STIs/HIV/AIDS in India. Andhra Pradesh, where the present programme is in operation, has the dubious distinction of having the highest number of street children in India, though it is only the fifth largest state in India in terms of population. Further, it is found to be one of the high-risk states for HIV/AIDS. The Government of India feared that there was a potent danger of spreading sexually transmitted infections (STIs) including HIV, among the street children and from them to the general public. Therefore, The National AIDS Control Organisation (NACO), India initiated in 2000-2001 a few projects through Non-governmental Organisations (NGOs) in selected districts of India on an experimental basis to prevent STIs / HIV among street children and mainstream them through social work interventions and provide qualitative sexual and general health services to them.

Profile of Andhra Pradesh

Andhra Pradesh is one of the 29 states of India, situated on the southeastern coast of the country. The state is the eighth largest state in India covering an area of 160,205 km^2 (61,855 sq mi). As per 2011 census of India, the state is tenth largest by population with 49,386,799 inhabitants. On 2 June 2014, the north-western portion of the state was bifurcated to form a new state of Telangana. In accordance with the Andhra Pradesh Reorganisation Act, 2014, Hyderabad will remain the *de jure* capital of both Andhra Pradesh and Telangana states for a period of time not exceeding 10 years. The new river-front proposed capital in Guntur district is Amaravati, which is under the jurisdiction of APCRDA. The Gross State Domestic Product (GSDP) of the state in the 2014–15 financial year at current prices stood at Rs. 5,200.3 billion (US$77 billion) and Rs.4,641.84 billion (US$69 billion) in the 2013–14 financial year.

The state has a coastline of 974 km (605 mi), the second longest among all the states of India after Gujarat. It is bordered by Telangana in the north-west, Chhattisgarh in the north, Odisha in the north-east, Karnataka in the west, Tamil Nadu in the south and the water body of Bay of Bengal in the east. A small enclave of 30 km^2 (12 sq mi) of Yanam, a district of Puducherry, lies south of Kakinada in the Godavari delta to the northeast of the state.

There are two regions in the state namely Coastal Andhra and Rayalaseema. These two regions comprise 13 districts, with 9 in Coastal Andhra and 4 in Rayalaseema. Visakhapatnam is the largest city and a commercial hub of the state with a GDP of $26 billion followed by Vijayawada with a GDP of $3 billion as of 2010.

A non-governmental organization, Peoples Action for Social Services (PASS) located in Tirupati, Chittor District of Andhra Pradesh (INDIA) initiated a project in the year 2014-2015 for street children. The programme is still in operation.

Objectives

The following are the objectives of the project:

- To ameliorate the street children and bring them in to mainstream.
- To increase awareness on STIs / HIV among the street children.
- To work towards the prevention of STIs / HIV / AIDS among street children.
- To bring about perceptible change in their behaviour pattern.

Methods and Materials

A pre-survey was conducted before the commencement of the project to know the socio-economic background of street children, their activities, their motivation to engage themselves in different occupations and activities. Based on the pre-survey results, a broad-based programme was designed to bring about changes in their daily activities, general behaviour, sexual behaviour and to prevent STIs/HIV among them. The services include general services and sexual and general health services. The programme is carried-out with the help of trained counsellors, social workers, and doctors.

The Role of Counsellors

This project ten counsellors were appointed. They had studied upto 10^{th} – 12^{th} standard. They were trained in counselling techniques, sex education, health education, STIs / HIV / AIDS by social workers and a doctor for a period of two months. This training has been helping them to carry on their job very effectively. They identify street children from public places such as railway stations, bus stations, etc. After locating them, the counsellors talk to them politely, win their confidence and explain about the project and its objectives and bring them home to the street children.

Social workers and their Role

The three social workers who were appointed under the project were trained for a period of two months well before the commencement of the programme. All of them were post-graduates in Social Work (Master of Social Work) and had by then a minimum of five years of experience in conducting programmes of this sort. They were taught thoroughly about stis / HIV / AIDS. They were trained in the use of educational techniques to bring about attitudinal changes among the children regarding pre-marital sexual behaviour if any, and the use of condom for safer sex. They were also trained in rapport building and counselling techniques etc., with the help of a team of doctors, psychologists, sociologists and professors of social work through lectures, posters and discussions. The social workers who were involved in this programme performed multiple roles. Initially, they built-up a very good rapport with the children using counselling techniques. They conducted the counselling programmes in “Telugu”, the local language which the children could understand. Subsequently, they judiciously used other educational strategies (posters, group discussions and counselling) to provide scientific knowledge to the respondents about STIs / HIV / AIDS, the risk involved in pre-marital sex, use of condom for safer sex and the prevention of HIV and thus sharpened the respondents awareness. Further, the importance of using condom to avoid the risk of HIV/AIDS infection and the correct procedure to use it were conveyed to them. In fact, the social workers skillfully and ably built up rapport and communication with the children and thus helped them to increase their knowledge of STIs / HIV / AIDS, the imperative need to change their present general and risky sexual behaviour, the use of condom for safer sex, the importance of Voluntary Counselling and Testing (VCT) of HIV. The impressive success achieved was largely due to the dedicated efforts of the social workers in conducting the intervention programmes. They richly deserve the thanks of all concerned.

Programme Interventions

The following are the interventions used in the programme:

General Services

Provision of free boarding and lodging facilities
Counselling in general
Behavioural change communication
Non-formal education
Admission into bridge schools
Admission into schools
Vocational training
Placements

Sending street children back home in some cases
Moral Life Education

Sexual and General Health Services
Health Education
Information, education and communication programmes on STIs/HIV.
Sex education
Voluntary, counselling & testing of HIV.
HIV- pre-test counselling
HIV – testing.
HIV – post – test counselling
Condom Promotion and distribution
Medical referral services
Free Treatment for common ailments and STIs/HIV

How the above interventions are tried is explained below:

Provision of free board and lodging facilities

All the children are provided free board and lodging facilities in the home meant for them. They are given nutritious food as per the schedule given by the nutritionist.

Counselling in general

The trained Social Workers of the project counsel the children during their stay in the home explaining to them the mal-effects of smoking, drinking alcohol, using narcotics and other harmful substances. They also counsel them to give-up begging, pick-pocketing, fighting with others, and such other anti-social activities. They also explain to them the consequences of such unlawful activities such as punishment, imprisonment etc. They explain the services provided by the NGO viz, educational and Vocational programmes made available to them and urge them to make use of the programmes for a decent living. Counselling is a regular activity in the project to bring about radical changes in the respondents behaviour and to mainstream them.

Behavioural change communication

The Social Workers use a variety of behavioural change communication techniques and with live examples to bring about behavioural change among the children at the home. For instance, they bring some children who had stayed at the home formerly and are back now in society leading a normal life, so that children who are being counselled now may interact with them and be inspired by their living example.

Non-formal Education

Street children who are aged 12 years or there about and illiterate, and those who have studied upto 2nd or 3rd standard and show little interest in studies during the counselling sessions are admitted into non-formal education centres. They are taught as per the syllabus prescribed by the National Council for Education, Research and Training (NCERT), New Delhi, and State Council of Education, Research and Training, (SCERT), Hyderabad.

Admission into Bridge Schools

Children who discontinued their studies 2 or 3 years ago and intend to continue their studies and children who are found to be good at studies in the non-formal education centre and show interest to study further are admitted into bridge schools.

Admission into Schools

Children who discontinued their studies just a few months ago and those who discontinued studies a year ago are admitted into regular schools to resume their studies.

Vocational Training

Children who do not show interest in studies are counselled to go for vocational training. Also, some children who have an aptitude for vocational training and voluntarily show interest in it are sent to vocational training centres. Usually, they are sent to learn tailoring, carpentry, printing and bookbinding, minor electrical repairs, welding, computer, car and two-wheeler mechanics.

Placements

The NGO has been helping to find suitable placements for Children who successfully complete vocational training. In addition, those who had worked in hotels, or workshops etc. before they took to vagrancy are also shown placements after keeping them in the home for sometime. During their stay in the home, they are exposed to behavioural change communication, regular counselling, moral life education, health and sex education.

Sending them back to Home

Some children who have been successfully counselled wish to go back to their parents. A few children prefer to go and join their parents after acquiring a certain level of education or vocational training. Such children are sent to their parents home. In addition, if a child gives his home address, the NGO personnel would approach his parents and bring them to the home to meet the child. After their meeting of both parties, parents and the child, agree to live together, the child would be handed over to his biological parents.

Moral Life Education

As part of moral life education, the respondent street children are taught how to solve their day-to-day problems, and lead a normal life. They are taught how to say “no” politely and yet firmly to their old friends who try to entice them back to their former undesirable practices. They are trained in Yoga and Meditation and are counselled to practice it regularly both as a mental and physical exercise and to have peace of mind.

Sexual and GENERAL HEALTH Services

Health education

As part of health education, the vagrant children are taught personal hygiene, good habits, given regular food and nutrition, and made to exercise regularly.

Information, Education and communication programmes on STIs/HIV

As part of information, education and communication programmes on STI/HIV, the Social Workers explain the children about STIs and HIV, their modes of transmission, signs and symptoms, dangers. They are urged to cultivate compulsory and correct use of condom during illicit sex. They are also made aware of the importance of treating STIs, and availability of health services for STIs/HIV treatment and condom with the help of films, charts and posters.

Sex Education

The Social Workers also provide sex education too to the respondents. As part of sex education, they are taught about male and female reproductive systems, sexually transmitted infections, HIV/AIDS, their dangers, their prevention etc., They are also made to understand and warned against the dangers of having sex at a very young age. All these aspects are taught with the help of pictorial illustrations.

Voluntary Counselling on Testing of HIV

Children cannot be expected to be aware of their HIV status. It is doubtful if many adults are aware of it. And hence the Social Workers have had to take special care and use tact to make their respondent children aware of it. First of all, they endeavored themselves to their respondents by friendly gestures such as showing pictures and movies and giving them sweets etc., Having won their confidence and built-up rapport with them, they started explaining to them the importance of voluntary counselling and the need to know their HIV status, employing the strategies of education and communication programmes. Encouragingly, almost all the children became inquisitive about their HIV status. Those who came forward to know their HIV status were put through HIV testing. Thus, the VCT of HIV has become a routine service and the majority of the respondent children have an HIV test voluntarily.

HIV-Pre-Test Counselling

The social workers conduct HIV pre-test counselling to the children who have come forward. Children who attend the HIV-pre-test counselling session are given information on the technical aspects of screening and on possible personal, medical, social and psychological implications of being found either HIV-positive or HIV-negative. The information is given in a manner easy to understand.

HIV-Testing

The children who come forward for the HIV-test are tested in the government hospital to determine their HIV-status. After the HIV-test on them, post-test counselling is given by the Social Workers to them according to the nature of the result, whether negative or positive.

HIV-Post-Test Counselling

If the result is negative, they are

a. explained about the "window period",
b. are clearly told about the dangers of pre-marital and extra-marital sex, and are counselled to give up such behaviour; and
c. the ways to prevent HIV infections through safer sex are discussed with them and they are advised to use condom during pre- marital sexual relations, if any.

If the result is positive, the following steps are taken

a. they are told in gentle but clear terms about HIV and the precautions to be taken to maintain good health;
b. the need for a supplementary test to confirm the result is explained;
c. they are given emotional support so that they would not lose heart;
d. they are prevailed upon to adopt safer sex practices (compulsory use of condom during sex);
e. they are also told about the ways by which they could take care of their health and about the treatment available. The ways by which the risk of transmitting of HIV to others, are explained to them;
f. Follow-up care and support is provided;
g. drugs and nutritional support are also provided;
h. They are also informed about antiretroviral therapy; and it is made available to them through the ART centres.

Condom Promotion and Distribution

The street children are advised to use condom compulsorily whenever they participate in illicit sex. Further, they are advised to collect the condoms either from the NGO office or from bus stations or railway stations where condom boxes are kept. Further, they are explained about the correct procedure of using condom with the help of charts and models.

Medical Referral Services

The NGO provides medical referral services too. The street children who have STI symptoms be they either major or minor, are referred to doctors. For this purpose, the NGO has appointed a part-time medical officer.

Free Treatment for common ailments and STI/HIV

The street children are given free treatment for common ailments such as fever, cough, cold, diarrhoea, dysentery etc and for STIs/HIV too. Those who are effected with HIV are given anti-retroviral thereby in the government hospital free of cost.

Results

As a result of the programme interventions out-lined above, the knowledge of STIs/HIV his increased among the street children in Chittoor, the study district (81%). 40% of the street children were admitted into the bridge school. Majority of them were able to complete the 10^{th} standard. Similarly, a substantial number of street children could finish training in various vocational courses and get placements too. They are able to earn Rs. 2,000 – 3,000 per month. Now they are leading and decent life. The condom usage during illicit sex has increased (75%). There has been a decreasing trend in the STI prevalence among them (12% only). Those children who underwent vocational training are employed and lead a normal life. Some of the street children were taken away by their parent and put in schools and in certain vocational training centres.

Implications

The programme of mainstreaming vagrant children is going on well. The programme interventions are able to bring the street children into the mainstream. The programme has been able to bring about behavioural changes too among the respondent street children. Similar projects can be started in like developing countries of the world where street children are abundantly found posing various problems to society. With patience, tenacity and commitment the programmes have to be worked.

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