

Reproductive Health Knowledge of Girl Street children: A Case of Harare, Zimbabwe

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Abstract- This study focused on the knowlegeability of girl street children living in Harare in respect of reproductive health. These children are vulnerable considering that they do not have protection from their parents or guardians and most of the time they alone with peers of same ages. In most times they have limited means to get food, clothes and other necessary amenities. This places them at risk of abuse from men who might exploit their vulnerability. It is then imperative that if these children are equipped with relevant reproductive knowledge so that they are in a position to make informed decisions when confronted with challenges that require knowledge of reproductive health so as to avoid unwanted pregnancies, sexually transmitted diseases and HIV. The study used a qualitative approach where the children living in the street described what they knew about reproductive health. The population included all girl street children who were sexually active. Their number could not be ascertained due to their hidden nature. The sample was adopted using snowballing. The sample consisted of thirty girl street children. The instrument used was the semi-structured interview schedule. The research found that girl street children lacked reliable sources of information on reproductive health, were exposed to abuse by men and generally used unorthodox ways of preventing pregnancy. The study recommends that responsible authorities like the state provide ways of educating girl street children on issues of reproductive health, girl street children be protected from abuse by men, reproductive health information be readily available for easy access by any society member and access to birth control methods be free to everyone who is sexually active.

Index Terms- girl street children, birth-control, reproductive health, sexually active, sexually transmitted diseases.

I. INTRODUCTION

The phenomenon of children living in the streets by its nature brings unexpected challenges to the community. Some issues like clothing, food and shelter which are visible are the ones where most attention is paid to in regards to looking at the welfare of children living in the street. When it comes to issues like reproductive health knowledge there seems to be a general silence as if the children were not sexually active or were not going to be sexually active one day. Yet this is one of the most important issues where these children need assistance especially these days where AIDS has devastated communities especially in Africa south of the Sahara. Children living in the street do not have adult figures to protect them or advise them in situations where they need to apply knowledge of reproductive health. They are exposed to men who sexually exploit them, women

who operate brothels and use them as sexual slaves. There are instances where they have to provide sexual favours in order to be protected, get food and shelter before they are psychologically mature to make informed decisions. Without adequate reproductive health knowledge the girl children are in danger not only to themselves but to the whole community as in most instances they engage in these sexual activities without protection risking contacting and spreading sexually transmitted diseases and HIV. It was the intention of this study to find out the knowlegeability of girl street children on reproductive health so that should they be involved in sexual activities they do so in a safe way and do not assist in the spread of sexually transmitted diseases and HIV.

II. BACKGROUND TO THE STUDY

Girl children who live in the street have numerous challenges peculiar to them regarding access to reproductive knowledge and reproductive health material. The access to reproductive material is difficult in terms of affordability and awareness of their existence. The fact that they do not have reliable genuine adult figures to advise them when application of reproductive knowledge is needed puts them at risk of making uniformed decisions. Some of these children come into the street before they start monthly periods and the experience comes as a shock and it is important that at that crucial time they get correct information from a knowlegeable and trusted person. This may not be possible as this may happen when they are with their peers and they are subjected to misinformation as the peers may not be equipped with correct information themselves and could end up misinforming the girl child. There is real need for these children to have trusted adult figures available to provide them with relevant information as they pass through these critical life milestones so that they make informed decisions at each stage.

When girl children start having monthly periods they need to be given advice on hygiene practices and use sanitary wear during this period. They need information on how to put on the sanitary wear and the safe and correct way of disposing away the used sanitary wear. Whatever information they get regarding the hygiene practices and use of sanitary wear usually is from fellow street children. The provision of ideal sanitary wear may also be hard to come by since they have challenges in getting basics such as food. The money to buy sanitary wear may be regarded as a luxury resulting in them using unhygienic material.

Children who live in the streets engage in sexual activities earlier and perform them more frequently than children who live with adult figures. This early exposure to sexual activities predisposes them to sexually transmitted diseases, early

pregnancies and HIV. In Zimbabwe the Daily News reported that some street children were engaged in group sex which a clear sign that they are not quite aware of the consequences of having sex. They could just be doing it for fun and are not knowledgeable of the implications and effects of having sex. They may not be aware of how they become pregnant or how they can acquire and transmit sexually transmitted diseases. This lack of knowledge predisposes them to exploitation by men who might be preferring them for cheap sex or brothel queens who might prefer them since they are more marketable and can be easily manipulated.

When street children engage in sexual activities there is need for them to be aware that they can become pregnant. These children usually have very limited education and may not be aware of what actually happens for one to become pregnant. They do not have correct information on how their reproductive organs are maturing and the implications of having sex when they are old enough to conceive. As a result they may end up having illegal abortions which is detrimental to their health,

When the girl street child becomes pregnant usually the burden falls solely on her. It may not be possible for the child to find a male counterpart who owns up to claim responsibility. They may require counselling on how to conduct themselves when pregnant and usually this is lacking as they cannot easily access health facilities regarding their condition. They may eventually be forced to engage in illegal abortion. These illegal abortions are usually conducted in unhygienic and unsafe conditions.

The girl street children may have heard about contraceptives from their peers. The problem that they have is how to access the contraceptives because in most states they are found in clinics and pharmacies where they are acquired at cost and a record has to be maintained as to whom they have been issued to. In most cases contraceptives are a preserve of adults. For the street girl child to acquire contraceptives it is difficult as they usually do not have the money and they are not taken seriously by the health officials. Most states do not allow contraceptives to be given to children below the age of majority. It is difficult for them to acquire contraceptives and whatever they use they will have got it through illegal means which also brings to question its quality and effectiveness and whether it has active ingredients of its intended use.

It is against this background that the study was conducted to find out how knowledgeable the girl street children with regards to reproductive health issues since they are already sexually active.

III. STATEMENT OF THE PROBLEM

Do girl street children have adequate reproductive knowledge to be able to indulge in active safe sex?

IV. RESEARCH QUESTIONS

- Where do girl street children obtain their reproductive health knowledge?
- How do girl street children access reproductive health facilities?

- Do girl street children access contraceptives?

V. SIGNIFICANCE OF THE STUDY

This study is significant to girl street children, city fathers, health professionals, legislators, parents, current and future researchers, scholars, nongovernmental organisations and the international community. The study will lead to an improved appreciation of the challenges faced by girl street children and an understanding of how the challenges could be addressed. The society will appreciate to provide adequate information at the disposal of girl street children so that they are properly mentally equipped to face the problems early sexual experience they are exposed to.

Girl street children will find this study significant as they will have their plight brought to light and the community may change the way they view them. In addition the community in general will have a better understanding of their situation thereby being in a position to better assist them.

This study is of significance to the city fathers as the phenomenon of street children is an eyesore to them especially as street children mature to be street families. This study will enlighten them on possible ways of dealing with the phenomenon.

Non-governmental organisations have been working with street children for a number of years but the problem seems to be increasing its complexity. The study will be of significance to them as it will look at the problem from a different angle.

Social workers have been overwhelmed with the issue of street children having pregnancy at early age and there seems to be no solution in site. The study might lead to possible ways of resolving the problem and improving the welfare of the girl street children.

The study of significance to the international community as the problem of street children is no longer a localised phenomenon. The international community will have an appreciation of its magnitude in Zimbabwe and learn possible ways of working on it.

VI. LIMITATIONS OF THE STUDY

The research had a number of limitations. Some of the limitations were expected and due preparation had been taken to prepare for them. Girl street children are not open to discuss sexual issues with strangers. The researchers had to make use of specially trained female research assistants who were familiar to the respondents. The research assistants were inducted on ways of extracting information from a special group like girl street children.

Identifying the research participants was also a challenge. Girl street children are by nature not visible. The research assistants had spend some time familiarising themselves with the lifestyle of the girl street children. They are also very suspicious to strangers who might want to speak to them. The research assistants had to spent some time familiarising themselves with the girl street children so that they would be open to them.

The time of visiting the girl street children was also problematic. This is considering that they are always looking for

ways of getting money. The research utilised the times when they usually do their laundry. This is the time they were rather relaxed and could spare some time for the interview.

The girl street children also expected to be given some money. The research assistants were however inducted on ways of gaining confidence from them without giving them money. The assurance they were given that the research was for academic purposes and that the results could actually be of assistance to improve the welfare of girl street children was at times enough to convince them participate in the research.

VII. REVIEW OF RELATED LITERATURE

Contextualising girl street children

Glasser, (1994) states that street children include any girl or boy for whom the street has become his or her habitual abode and or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults. Rede Rio Crianca (2007) preferred to refer street children as children for whom the street is a reference point and has a central role in their lives. In most instances these children have left their homes due to various reasons that include fleeing from abuse or having no one to take after both parents have died. They then spend most of their lives in the street. In the streets they do not have adult figures to look up for guidance and nurturance. In the case of girls the problem arises when they reach puberty where they need advice on changes taking place and how to prepare for reproductive life. Reproductive health is a state of complete physical, mental and social well-being, and only merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so.

Sources of information for girl street children

When girl street children reach puberty there is need for them to be taught how to conduct themselves especially during the monthly periods. In some societies there are rituals that are conducted to teach the girls on their changed circumstances. Moyo and Miller (2011) state that during these rituals or passage rites girls are taught how to keep themselves clean during the menstrual period, but above all, they are taught how to use the newly acquired powers of life. This is usually done by elders in the society. The community usually has specified elders tasked with that duty. In communities where there are no prescribed passage rituals done there are arrangements made so that the girl child is taught how to conduct herself. Girl street children have the problem of accessing these elders as they are alone with their peers who in most cases are not knowledgeable enough.

In Zimbabwe girl street children face the problem of not having knowledgeable adult figures who assist them with correct reproductive health knowledge. They lack models who are usually present in a family set up. They usually rely on street adults and others who are older. www.unicef.org however states that these street adults also lack the reproductive health knowledge and wrong information is disseminated to the girl street children. The dissemination of the wrong information is at

times done with good intentions expecting to assist the young girl street child.

Socialisation of children is the primary role of the family. As the case with the girl street children this role is taken over by older street children. Beazley, 2003 put it that the older street children spend a long time involved in a complex process where they socialise the newcomers and younger street children to become seasoned in street life abiding by norms and values of street life. The knowledge of the older street children is questionable since their source is not authoritative.

In most instances the primary sources of information on reproductive health are peers. Jana, Mafa, Lumwame and Shabalala(2012) state that most youths have resorted to relying on information from peers and sometimes the media which is often substandard. Since the peers will be in a similar situation they may also be unaware of what will be happening in their bodies and will be speculating. www.unodc.org state that girl street children face lack understanding of the changes that will be occurring in their bodies. This lack of knowledge and reproductive health skills hinder them in making healthy choices and their ability to access the appropriate services.

In general most youths find it hard to access reproductive health information. Marion (2011) reported that adolescents were not well informed on sexual and reproductive health matters, including the processes of puberty, in part because the major sources of information tended to be friends and other informal sources. Some of these sources of information do not provide correct information and need to be verified before being applied. In general the young children have problems in verifying that information.

The girl street children could access reproductive health information from health centres and clinics. However in most countries including Zimbabwe reproductive health information is confined to adults and married people. Individuals who man the clinics in an effort are not approachable and do not divulge reproductive health information to people below the majority age. The girl street children themselves think that reproductive centres are for the married and the services are not intended for them and therefore do not even go there to seek for assistance. www.2pathfinder.org states that most of the girl street children are not even aware of the location of reproductive health centres and how to seek for assistance.

Accessing reproductive health facilities

Girl street children face numerous challenges in accessing reproductive health facilities. Some of the challenges stem from the general practice at the health facilities where for instance when treating sexually transmitted diseases they require one to bring a partner. The health authorities usually do so in order to discourage young persons to engage in sexual activities to stop the spread of the sexually transmitted diseases. In the case of girl street children this will be a limitation as they may not be able to bring the correct partner since they will be many.

Most youths in general have a belief that some reproductive health facilities are for married adult people. Jana et al (2012) found that in Lesotho, younger youths indicated that, despite having sex related problems like STIs or pregnancy, they cannot go to clinics because they considered are considered minors and turned away. This is despite the fact that the youths will be

sexually active and in real need of the reproductive health services. Jana et al (2012) go on to say that in Namibia, the branding of many STIs and pregnancy prevention methods as 'family planning methods' seemed to be deterrent to many youths as they perceived the family planning methods as suitable for adults especially parents and those who are married. The name on its name seems to put a barrier so as to make the services inaccessible to the youths especially girl street children who do not have fixed abode.

Some reproductive health facilities provide most of their services to adults and are not open to young persons. In Zimbabwe the News Day of 15 July 2011 some street children were cited stating that they had problems in accessing reproductive health facilities as the personnel who manned the health facilities chased them for no apparent reason. The belief that the personnel have is that by providing access to reproductive health facilities to young people they would be encouraging immorality. The same article reports some of the street children are engaged in group sex which makes it imperative that they access reproductive health facilities.

Accessing contraceptives

Contraceptives are accessed mostly from health centres. They are mainly given to married mothers. Jana et al (2012) noted that most young people thought family planning methods were meant for adults who were married. This belief generally makes the young people to refrain from seeking for contraceptives. In addition the attitudes of health workers who are supposed to assist girl street child are usually negative. According to www.ipas.org many young women don't seek contraception at public health institutions for fear that the providers will ridicule and chastise them.

street children lack correct information on the importance of using contraceptives. They have misconceptions on the functioning of the contraceptives. Jana et al (2012) found out that young girls thought contraceptives destroyed the women eggs and their waist line. They also thought they destroyed their reproductive system. These misconceptions hamper even the efforts to seek for the contraceptives.

most societies it is a taboo to talk about sex especially to young children. Issues to do with sex are usually a preserve for adults. According to www.ipas.org unmarried adolescent girls are routinely denied or have limited access to sexual and reproductive health services even though they are vulnerable to violence and sexual abuse. The girl street children may be aware that they will not be allowed to access contraceptives if they visit health centres because of the belief of the health providers.

The contraceptives are got at a cost. Most of the girl street children do not have enough money to cover basics such as food and would regard contraceptives to be not very important. In addition in health matters according to www.ipas.org family planning services are often considered less important than life threatening diseases.

VIII. METHODOLOGY

The information that was required in this study is regarded as secret as very few women willingly divulge information regarding reproduction. The study adopted a qualitative design

where the respondents were allowed to express their feelings about the issue of reproductive health. Brink (1996) states that qualitative design takes place in natural settings. The researchers in this research conducted interviews at the places where the girl street children stayed. They were interviewed while they were conducting some of their chores like washing and sewing.

The population comprised of girl street children who are found in Harare Central Business District. These use various places of shelter that include unoccupied buildings, the Railway Station, shacks along Mukuvisi River and bridges. Their ages ranged between eleven years and seventeen years. The number of girl street children is hard to detect due to the fact that they are very fluid and are a hidden population.

The sampling technique that was used was snowballing. Heckathorn (1997) state that snowball sampling is a non-probability sampling technique where existing study subjects recruit future subjects among their acquaintances. It is mostly used in hidden populations like drug users, prostitutes and other people who perform activities that are not sanctioned by society. The researchers identified three girl street children who after being familiar to them were able to lead to other girl street children.

The data was collected through the use of a semi-structured interview. McNamara (1999) states that in an interview the interviewer can control the response situation scheduling with the participation of the respondents to be mutually agreeable in time, place and the controlling of the question pace and sequence to suit the circumstances of the situation. Interviews are adaptable and help in creating trust and good rapport with the respondents. Interviews also allow the researcher to probe further there is feeling that the respondent has not given an adequate answer or there is need to explore an issue more deeply. In order not to disturb the flow of questions the data was recorded electronically. Few notes were taken to keep track of the interview.

IX. DISCUSSION OF FINDINGS

The findings of the study are discussed below:

Sources of reproductive health knowledge

The study found out that most of the children relied on their peers for sources of reproductive health knowledge. They could not access information from knowledgeable adult figures because they did not trust them and they were not accessible. They ruled out having got any information from health providers because most of the personnel and health centres ridiculed them and this made them reluctant to visit the health providers for information and advice. They did not get any information from churches and religious groups because the girl street children did not attend their services as they were in most instances situated away from where the girl street children lived. When in few instances they visited some churches they felt they were not welcome the church.

In the group under study only two had left their homes when they had started menstruation. These are the ones who provided the others with some information on hygiene practices during monthly periods. Further probing indicated showed that did not know how they would become pregnant or the effects of sexually

transmitted diseases though all of them were aware of the consequences of AIDS and how it was transmitted.

There were some non-governmental organisations that usually provided them with clothes and food. These organisations did not provide them with reproductive health information. The girl street children were shy to talk to the workers on issues of reproductive health because they feared the workers would misinterpret them. The children had problems with issues of sexually transmitted diseases and use of sanitary wear. This showed there was need for there to be a relationship of trust before the girl street children could confide with the workers of non-governmental organisations.

The girl street children faced another limitation of access to information as they had very low literacy. This hindered them from accessing information from newspapers, magazines and books. Most of the girl street children had only gone up to fourth grade. They indicated that most of the information they had was passed through word of mouth.

They had a problem also of accessing information through the voice media. This was due to their lifestyle where they are rarely at positions where they can listen to the radio or television. They had no knowledge of whether the radio or television had programmes where reproductive information was disseminated.

Girl street children could access some reproductive health information at community gatherings. However most of the girl street children did not attend any community gathering where reproductive health information is shared. This could be due to the fact these community gatherings where reproductive health information is shared are specifically made for adults and the girl street children cannot attend. They are usually made for feeding mothers or those who attend maternity checkups. The meetings are usually arranged through societal structures. These structures do not recognise girl street children as an important group but rather look down upon them.

Access to reproductive health facilities

The study found out that girl street children had very limited access to reproductive health services. This was due to the nature of location of the reproductive health facilities and the personnel who manned the reproductive health facilities. The facilities are mostly in residential areas and the street children mostly operate from Central Business District. When being attended to the facilities usually require their patients to furnish with addresses where the clients reside. Girl street children faced a challenge since they did not have the addresses.

There are reproductive health facilities in the Central Business District. These are mostly privately owned and expensive. These are specifically meant for those affluent members of society. The girl street children find them to be inaccessible since their prices are very high and considering that they have difficulties in getting simple items like sanitary pads. If they have money they would rather use it to buy food than pay for private doctors.

The personnel that man the reproductive health facilities had negative attitudes towards girl street children. The girl street children indicated that the personnel at reproductive health facilities was reluctant to treat them as they regarded them to be sex workers and put conditions that were difficult to meet before they could be attended to. Some of the conditions included

bringing a partner if they had sexually transmitted diseases or proof that they were married. This was difficult for them as at times they had multiple partners. Some of their partners were respected members in society who however did not want to be known to be involved with girl street children. Some of their partners were not willing to go to the reproductive health facilities for fear of being known to be having sex with girl street children.

The age of the personnel at the reproductive health facilities was another factor that the respondents felt made the reproductive health facilities inaccessible. Usually the personnel who are charged with the responsibility of reproductive health are mature people. The girl street children found it hard to confide in people who were not of their ages. They preferred the reproductive unit to be manned by people who were young and sociable.

The times they are open do not allow for confidentiality. They are open from eight to four during the day. These times are not suitable for most street girl children as they fear that when seen at the reproductive health facility usually has connotations that one has sexually transmitted disease which leads to stigmatisation. They would prefer facilities that would serve them at least after normal working hours.

study found that most of the girl street children preferred to use traditional methods that include use of herbs. They found these to be acceptable since they provided some secrecy. The providers of traditional medicine did not provide stringent conditions before being attended to. They were also found in convenient places. The providers of traditional medicine were not very strict in their payment system as some of them required payment when one was already healed. In addition the payment system is flexible as it allows them to receive treatment and they pay later when they get the money.

X. ACCESSING OF CONTRACEPTIVES

Most of the girl street children had knowledge of the existence of contraceptives as a way preventing pregnancy. Their knowledge on the types of contraceptives was very limited. They were mostly aware of the condom, pills and the loop. Among the contraceptives they found the condom to be most accessible since they could get them free from public places. They had been told how they were used mostly by their peers. They however had challenges in using them. Some of the challenges stemmed from skills of properly using them. They also problems where some of their partners refused to use them thereby predisposing them to sexually transmitted diseases and unplanned pregnancies.

The pill was also accessible. The challenge was the method they used to acquire the pill. They got their pills from street vendors. They found chemists and pharmacies to be expensive. The street vendors had a problem that they could sell expired pills or pills with no active contraceptive properties. The result was that there had been cases where some of the girl street children had become pregnant even when taking the pill.

XI. RECOMMENDATIONS

The following recommendations are suggested as a result of findings from the study:

- Girl street children are provided with some reproductive health education when they come to contact with workers of non-governmental organisations.
- Older girl street children are equipped with correct reproductive knowledge so that they can pass it on to younger girl street children.
- Include reproductive health programmes when planning assistance that can be given street children.
- Reproductive health facilities choose personnel that can communicate with clients of all levels in society.
- Make reproductive health facilities open throughout the day to allow for clients who might require the services at odd hours.
- Sanitary be subsidised by the government so that it is within the reach of every female citizen.
- There is need for campaigns to be made to conscientise the community to include girl street children in reproductive health programmes that are conducted by organisations like the Ministry of Health and related organisations.
- There is need for contraceptives to be more affordable so that the cost does not determine the type of contraceptive one should use.

XII. CONCLUSION

The findings clearly showed that girl street children lacked adequate reproductive health knowledge to enable to make them make informed decision when there was need to use it. The community looked down upon them and did not consider them when making programmes on reproductive health. Reproductive health facilities should be accessible in terms of location, time and maintain confidentiality. The community has to be conscious

that the fight against AIDS is unlikely to succeed if part of the sexually active is left out in reproductive health education. The policy makers has to revisit the issue of making reproductive health education accessible to everyone who is sexually active and not be restricted only to those who are sexually active.

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