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Working With Street Children

MODULE 3
Understanding Substance Use Among Street Children

A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs

WORLD HEALTH ORGANIZATION
Mental Health Determinants and Populations
Department of Mental Health and Substance Dependence
Geneva, Switzerland

Contents

Introduction

Studies have found that between 25% and 90% of street children use psychoactive substances of some kind. The word 'substance' describes any psychoactive material which when consumed affects the way people feel, think, see, taste, smell, hear or behave. A psychoactive substance can be a medicine or an industrial product, such as glue. Some substances are legal such as approved medicines, alcohol and cigarettes, and others are illegal, such as heroin and cannabis. Each country has its own laws about substances. The percentage of substance users among street children varies greatly depending on the region, gender and age.

To understand substance use a framework called the **Modified Social Stress Model*** is used. The model explains the complex relationship between factors that affect the onset and continuation of substance use. The model suggests that positive and negative aspects of six vulnerability/protective factors affect the risk of substance use. These are stress, normalization of behaviour and situations (acceptance) of substance use in the community, effects of behaviour and situations, attachments, skills and resources.

This module provides basic information about substances and health consequences of substance use. It introduces the Modified Social Stress Model as a useful way of understanding substance use among street children.

Learning objectives

After reading this module and participating in the learning activities you should be able to:

- ✓ Name the types of substances street children use and the ways in which street children take them.
- ✓ List the common substances used by street children in your community.
- ✓ Describe the effects of substances.
- ✓ Describe the patterns and consequences of substance use.
- ✓ List factors that make substance use more likely or less likely according to the Modified Social Stress Model.

* This model of substance use is based on the Social Stress Model developed by Rhodes and Jason (1988). WHO programme on Substance Abuse (PSA) modified the framework to include the effects of substances, the personal response of the individual to the substances, and additional environmental, social, and cultural variables. It is only one model and may not be applicable to other areas. In both Phases I and II of the WHO/PSA Street Children Project, sites found the model to be useful in better understanding and responding to substance use and other health issues among street children.

Lesson 1 - Types of psychoactive substances

1.1 Psychoactive substances street children may use.

The types of psychoactive substances street children use can be many and varied and it may be difficult to determine what substances they are using. Substances which are sold on the market can be identified by their generic name. This is the standard name used through out the world. However some substances are marketed under various names known as trade names and others have 'street names'. For example, diazepan is the generic name while valium is a trade name. Diacetlymorphine is a generic name for heroin and 'brown sugar' or 'smack' are some of the names it is called by on the streets. It is important for the street educator to know the general categories of substances and the effects that substances can have on a street child. The following examples of substances in their general categories may not be the ones used in your country, they are merely illustrative.

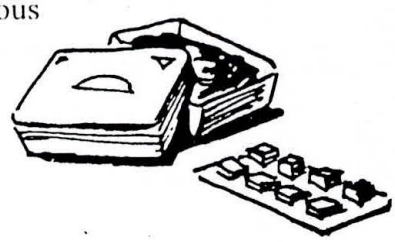
Alcohol

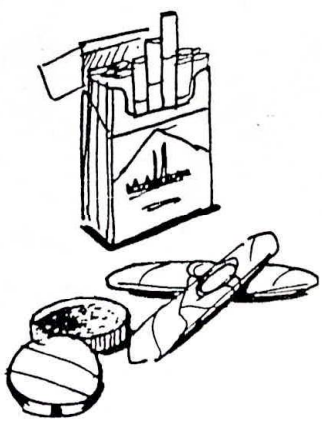
Alcohol is a depressant which inhibits or decreases some aspects of central nervous system activity (ie., activity of the brain, spinal cord, and some major nerves).

Substances containing alcohol include the following: wine, beer, spirits, home-brew, some medicinal tonics and syrups (e.g. cough syrups), some toiletries and industrial products.

Nicotine

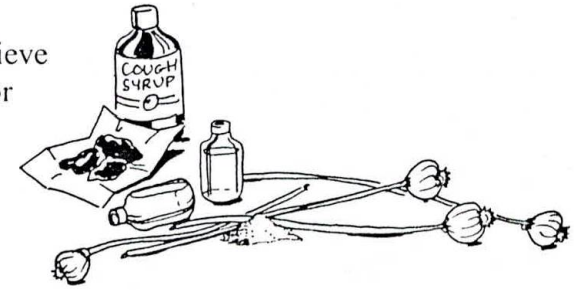
Nicotine is a stimulant; that is any substance which activates, enhances or increases central nervous system activity. Nicotine is found in the following substances:
cigarettes, cigars, pipe tobacco, chewed tobacco, snuff, nicotine gum, spray, skin patches.





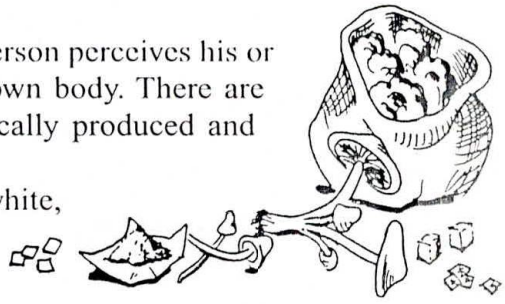
Most cigarettes have about 1-2 milligrams of nicotine.

Opioids



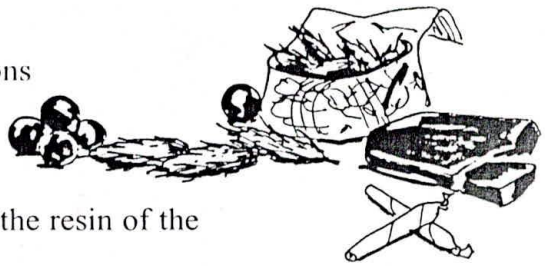
Substances in this group may act as analgesics (they relieve physical pain) and depressants. They may be synthetic or made from opium poppies (opiates). The following substances are examples of opioids:
opiates: codeine (such as in some cough mixtures), heroin, morphine, opium
synthetic opioids: buprenorphine hydrochloride (Temgesic), methadone (Physeptone), pethidine.

Hallucinogens



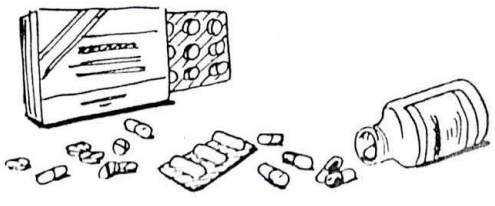
Hallucinogenic substances can alter a person's mood, the way the person perceives his or her surroundings and the way the person experiences his or her own body. There are many different types of hallucinogens, some of which are chemically produced and others which are naturally occurring.
LSD (Lysergic Acid Diethylamide): in its pure state LSD is a white, odourless powder. It is usually mixed with a lot of other ingredients. It is often put into capsules, liquids, tablets, and as small spots on absorbent paper.
mescaline: made from the pulp of the peyote cactus.
psilocybin mushrooms: Psilocybin is the hallucinogen found in some mushrooms. It is usually made available as dried mushrooms.
PCP (phencyclidine): this substance was used as an animal tranquilliser.

Cannabis



The cannabis plant grows in many parts of the world. Preparations containing different concentrations of cannabis are consumed.
marijuana: the leaves and flowers of the marijuana or hemp plant.
hashish (oil and resin): these forms of cannabis are made from the resin of the flowering heads of the plant
tablets containing THC (Tetrahydrocannabinol, the main active ingredient in cannabis)

Hypnosedatives



The drugs in this group are made synthetically and do not occur naturally. There are a large number of different drugs in this group. All are slightly different, but all subdue the body's nervous system.
benzodiazepines: e.g. alprazolam (Xanax), diazepam (Valium), flunitrazipam (Rohypnol), oxazepam (Serepax), temazepam (Normison)
barbiturates: pentobarbital.
Other sedatives, such as chloral hydrate and methaqualone (Mandrax)

1.2 Other substances that street children use.

It has been noted through the WHO project on substance use among street children that street children claim that inhaling through a wet carbon paper, inhaling vapour produced by a mixture of fibre matting and boiling toothpaste, inhaling fumes from burning insects, and inhalation of raw sewerage can produce desired effects. Efforts should be made to learn about the types of substances that are being used by the street children locally. This information could be obtained from specialists in your community, such as pharmacists and medical personnel. The specialists may provide samples of the products so that you are familiar with them.

1.3 Methods of using substances.

Substances can be used in many different ways. They may be:

- Chewed, swallowed or dissolved slowly in the mouth.
- Placed on a mucous membrane (such as inside the anus or vagina, or nose, or under the eyelid).
- Rubbed into the skin.
- Injected under the skin or into a vein or muscle with a needle.
- Smoked or inhaled through the mouth or nose, or inhaled by placing a bag over the head known as bagging.

The way the substance is taken also influences how fast the substance reaches the brain or other organs. Injecting a substance is especially dangerous because of the risks of infection that are carried through the blood (blood borne). In particular, sharing needles or other injecting equipment and the way the substance is prepared can spread HIV (the virus that causes AIDS), hepatitis B and C, and other infections because of contamination with infected blood.

Substances can be inhaled through the mouth or nose.

Learning Activity

1. Substances used by local street children.

List the substances that are used in your area in the table below. Beside each substance write the slang name that street children use for the substance. In the third column, give the common methods by which the street children use these substances. In the fourth column, write whether the substance is legal or illegal in your community. Finally mention how street children obtain these substances in your area (for safety and confidentiality, avoid using names).

Substance	Slang names	Routes of intake	Legal/Illegal	Sources of substances

2. Substances not described on the previous list.

Write down the names of substances whose effects are not known to you but are used by street children that you work with. Contact local reliable medical service providers to complete the outline below and overleaf.

Type of substance:	Common reactions:

3. Substance preference.

Do different subgroups of street children prefer certain substances?

- Younger children (specify age).
- Girls.
- Boys.

Notes

Lesson 2 - Effects of substances on the street child

2.1 Effects of substances.

Any substance can be harmful to a human body if taken in large enough doses, too frequently or in an impure form. The health effects of substances can occur immediately or in the long-term. The effects are influenced by the dose, the method of administration as well as whether the substance is used with another drug. The long-term effects often take a long time to appear and are usually due to damage of body organs. Be aware that some signs attributed to substance use may be due to other conditions, e.g. poor concentration can be a sign of glue sniffing, but it could also be caused by stress or worry about a life event, about pregnancy, or as a result of head injury. Effects of individual substances are presented below:

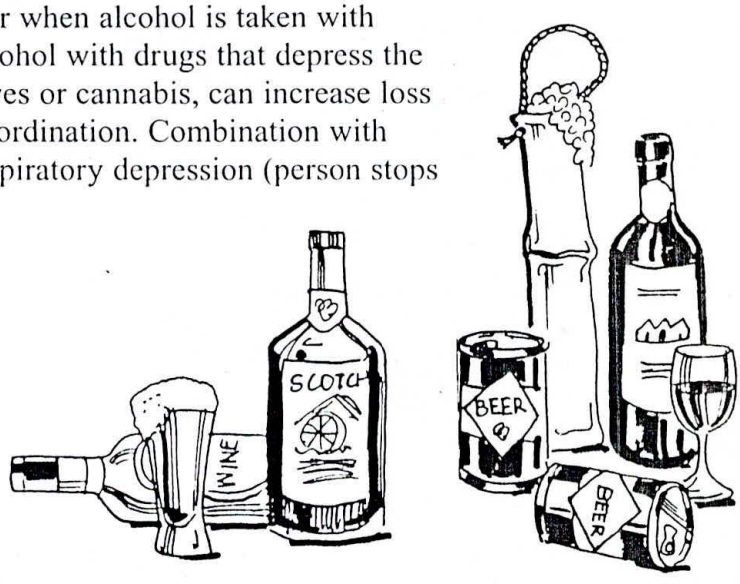
Alcohol.

The effects of alcohol will vary from person to person. Children, young people and women are usually more affected by alcohol than adult men because they tend to have lower body weights, smaller livers, and a higher proportion of fat to muscle. This leads to faster absorption of alcohol in the body.

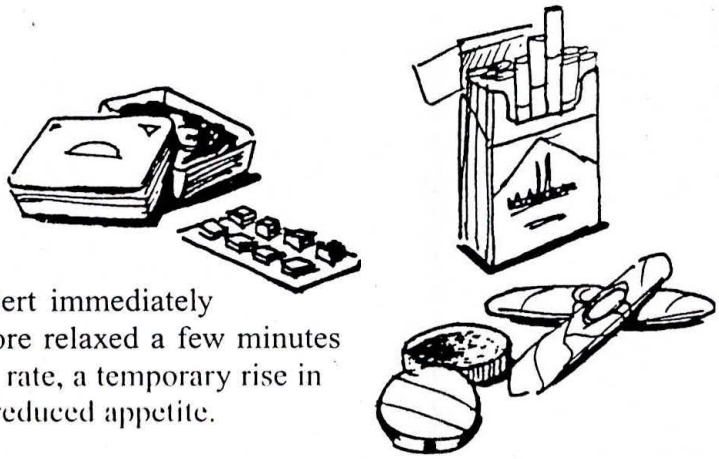
- **Immediate effects:** These include drowsiness, uninhibited actions (a person is more likely to do things that normally he or she would stop himself/ herself from doing), loss of physical coordination, unclear vision, slurred speech, making poor decisions or impairment of memory. Excessive drinking over a short period of time can cause headache, nausea, vomiting, coma and death.

- **Long-term effects:** Drinking large amounts of alcohol regularly over a long period of time can cause loss of appetite, vitamin deficiency, skin problems, depression, loss of sexual drive, liver damage, heart ailments, nerve and brain damage or loss of memory.

- **Associated health risks:** These occur when alcohol is taken with other substances or drugs. Taking alcohol with drugs that depress the body's systems, such as hypnosedatives or cannabis, can increase loss of judgement and loss of physical coordination. Combination with hypnosedatives can lead to coma, respiratory depression (person stops breathing) and death.



Nicotine.

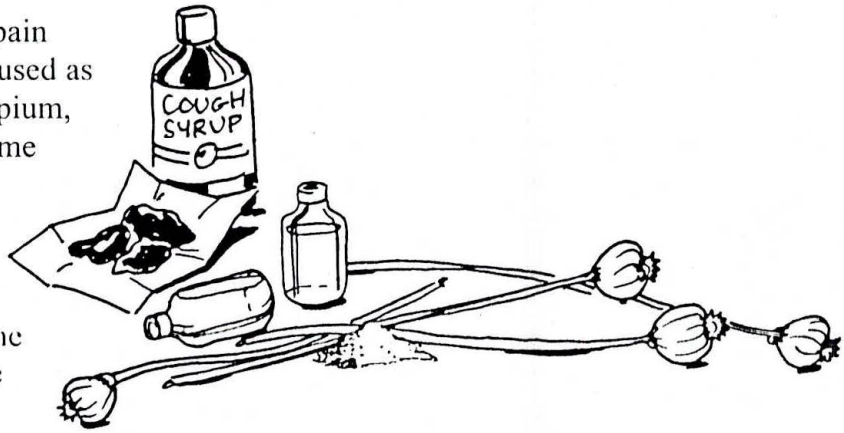


Nicotine, the active substance found in tobacco is addictive in nature. Once a street child starts using tobacco, they are likely to continue using it for a long time.

- **Immediate effects:** A person feels alert immediately after using tobacco, and then feels more relaxed a few minutes later. There is also an increase in pulse rate, a temporary rise in blood pressure, dizziness, nausea and reduced appetite.

- **Long-term effects:** These effects may be due to the nicotine or the form in which it is taken. Heart and lung disease, blockage of arteries (peripheral vascular disease), high blood pressure, breathing difficulty, cancer of the lung (with cigarette smoking) and cancers of the mouth (with pipe smoking and tobacco chewing) may occur.

Opioids.



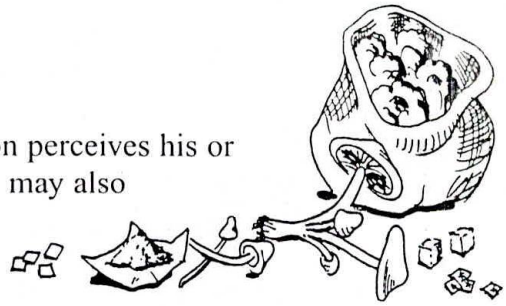
Substances in this group may act as pain killers and/or depressants. Some are used as medicines while others are illegal. Opium, morphine, codeine (constituent of some cough mixtures) and heroin are derived from opium poppies directly or through chemical processing (opiates), while buprenorphine (Temgesic), methadone (Physeptone) and pethidine are made synthetically (opioids).

- **Immediate effects:** Opioids often produce a detached and dreamy feeling, sleepiness, reduction in the size of the pupil of the eye, nausea, vomiting and constipation. Overdose leads to unconsciousness, respiratory depression (failure to breathe) and death.

- **Long-term effects:** The main danger is the development of dependence and the chance of overdose that can cause death. Tolerance and dependence can develop quickly.

- **Associated health risks:** Opioids may be injected into the body. Injecting the substances with a needle that is not sterile or is shared between users can transmit blood borne infections including HIV, hepatitis B and C, and may result in septicemia (infection in blood).

Hallucinogens.



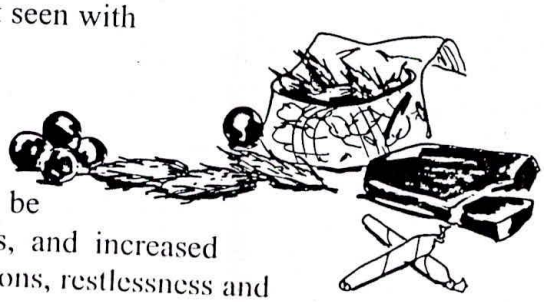
These substances can alter a person's mood, the way the person perceives his or her surroundings and experiences his or her own body. A user may also hallucinate (perceive something that does not exist).

- **Immediate effects:** The immediate effects are those of change in perception and in the awareness of things happening inside and outside one's body. Things may look, smell, sound, taste, or feel different e.g. seeing colours, lights, pictures. 'Bad trips' may also occur. The term refers to unpleasant and disturbing feelings e.g. panic, fear, anxiety, confusion and alteration in the sense of reality. The nature of the experience is partly determined by the setting in which the hallucinogens are taken. Uninténtional injuries and suicide may happen under the influence of hallucinogens.

- **Long-term effects:** Many users report getting the experiences first obtained under the influence of substance, days or even months after they have stopped taking the substances. These experiences are called 'flash backs'. Regular use of hallucinogens can decrease a user's memory and concentration and can result in depression and other mental health problems. PCP is particularly likely to cause lasting mental health problems.

Cannabis.

Cannabis may make a user euphoric at first, and then relaxed and calm. Large doses can change perceptions in ways similar to that seen with hallucinogens.

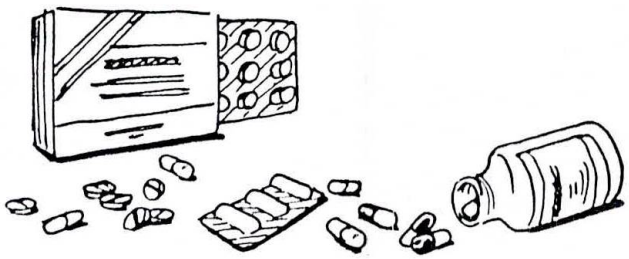


- **Immediate effects:** feelings of well being, relaxation, loss of inhibitions, loss of motor coordination and loss of concentration. There may be increased pulse and heart rate, redness of the eyes, and increased appetite. Large quantities can cause panic, hallucinations, restlessness and confusion.

- **Long-term effects:** there is no evidence that using cannabis occasionally in small quantities causes any significant long lasting health problems. Regular use over a long time increases chances of dependency, impairment of memory and concentration and may worsen mental problems such as schizophrenia.

Hypnosedatives.

These substances are depressants. They make the nervous system less active. Health workers often prescribe them for treating sleep difficulty and anxiety because of their calming properties. There are a large number of different drugs in this group.



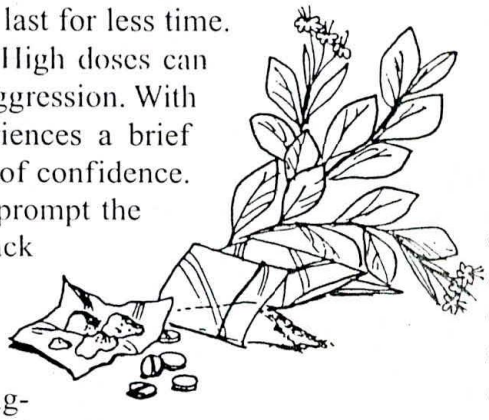
- **Immediate effects:**: all substances in this group cause effects similar to alcohol. They slow down a person's thinking and movements and decrease the ability to concentrate. They cause 'hangovers', or problems such as slurred speech, sleepiness and lack of coordination after the intoxication has worn off. Low doses reduce feelings of anxiety while higher doses cause sleep or unconsciousness. Alcohol increases their effect. Repeated doses cause other associated health risks because the substance is not broken down (metabolised) quickly. Unintentional injuries and suicide can occur.

- **Long-term effects:** regular use of these substances can lead to dependence, and continued heavy use can result in problems with memory, ability to learn, and problems with coordination. Convulsions and delirium (an acute confusional state) can occur when the substance is withdrawn.

Stimulants.

Stimulants enhance or increase central nervous system activity. They are popular because they make people feel energetic, self-confident and they decrease the feeling of hunger. They are often used to reduce weight and help people stay awake for work. If too much of the stimulant is taken, the person may become anxious, irritable, suspicious, panicky, and/or threatening to others.

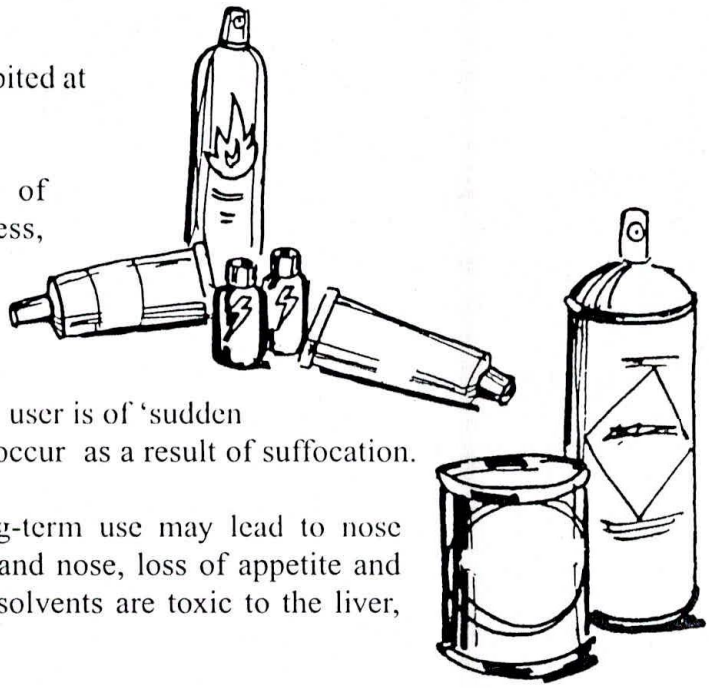
- **Immediate effects:** caffeine in coffee and teas spreads quickly through the body and makes a person feel awake. Too much of caffeine can cause an increase in heart beat, anxiety and upset stomach. The effects of cocaine and amphetamines are similar except that the effects of cocaine last for less time. These are excitement, decreased need for sleep and food. High doses can cause anxiety, panic, high blood pressure, convulsions and aggression. With crack (cocaine which is smoked) a person usually experiences a brief intense feeling of intoxication and an exaggerated feeling of confidence. The mood then quickly changes to a low feeling and may prompt the person to repeat the dose. Overdose is commoner with crack than with other forms of cocaine.



- **Long-term effects:** coffee and tea may cause anxiety, depression, stomach upset and difficulty in sleeping. Long-term use of amphetamine and cocaine can cause dependence, inability to sleep, irritability, and mental health problems such as feelings of suspiciousness and hallucinations. Similarly, heavy use of khat can result in dependence and physical and mental problems.

Inhalants.

Like alcohol, they make a person uninhibited at first and drowsy later.

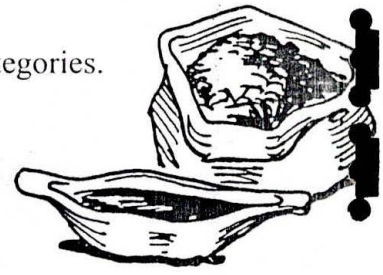


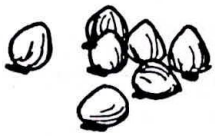
- **Immediate effects:** Feelings of happiness, relaxation, sleepiness, poor muscle coordination, slurred speech, irritability and anxiety. Hallucinations and fits can occur with heavy use. The most immediate danger to the user is of 'sudden sniffing death'. Death could also occur as a result of suffocation.

- **Long-term effects:** Regular long-term use may lead to nose bleeds, rashes around the mouth and nose, loss of appetite and lack of motivation. Some of the solvents are toxic to the liver, kidney, heart and brain.

Other psychoactive substances.

Some substances do not belong in any of the above mentioned categories. Examples are:





- **Kava:** is used in the South Pacific for social and ceremonial purposes. It causes mild sedation and feeling of well being. Heavy use can cause dependence and medical problems.

- **Betel nut:** is often chewed in parts of Asia and the Pacific. Regular use can cause dependenc and diseases of the mouth, including cancer.

2.2 Polysubstance use.

In many areas, street children use more than one substance at the same or different times. In developed countries, this often includes using alcohol, nicotine, opioids, stimulants, hypnosedatives, hallucinogens and inhalants. Combined use of substances makes the assessment of substances that the child is using more difficult. In addition, it complicates the process of detoxification or withdrawal. Combination of substances increase the risk of overdose and thus the chances of accidents, death, violence and suicide.

2.3 Special considerations.

There are a number of special considerations you need to be aware of with regard to substance use. These include malnutrition, mental health and pregnancy.

- **Malnutrition.**

  Although alcohol has calories and provides energy it can also prevent the absorption of necessary vitamins and other nutrients. In general, a person taking substances can easily overlook the importance of good nutrition. Street children use substances to relieve hunger and this can lead to malnutrition.

- **Mental health.**

  - Alcohol may increase feelings of sadness and isolation in young people who are already depressed. A serious state of depression can also be a consequence of long-term excessive alcohol use.

  - Hallucinogens may cause mental heath problems such as depression, with suicide being a risk. They may also worsen a pre-existing mental disorder such as schizophrenia.

  - Young people who use substances such as inhalants may like the experience and get relief from their tension. This limits the development of other more constructive coping strategies: For example the use of hypnosedatives can help street children feel less anxious, but they do not change the cause of the street child's anxiety.

- **Pregnancy.**

  - Regular drinking of even small amounts of alcohol during pregnancy can damage the health of both the mother and the foetus. Heavy drinking can lead to miscarriage or foetal alcohol syndrome (slowed growth and mental disabilities in the baby). Alcohol can be passed to the infant through breast milk.

  - Smoking during pregnancy can reduce the amount of oxygen available to the unborn and may affect the baby's growth and development before, and after birth. This usually leads to low birth weight in the baby. Similar problems may accompany the use of cannabis during pregnancy.

  - A mother using opioids, hypnosedatives and stimulants exposes the baby to the substance. If the pregnant or lactating (breastfeeding) mother stops using these substances suddenly the baby will experience withdrawal. Amphetamines may lead to miscarriage and cocaine can cause developmental delays.

  - LSD can increase the chance of a miscarriage and complications during pregnancy. Babies of mothers who use hallucinogens, may be born with physical deformities.

2.4 The role of psychoactive substances in the lives of street children.

Even though using psychoactive substances may lead to serious problems, many street children use them either because a particular substance adds something to their lives or it temporarily solves a problem. There is a connection between the problems of life on the street and the effects that substances sometimes produce.

"After inhaling solvents, you feel the earth quake and that God is above you. Once half of the body of Rizal appeared as a manananggal (flying witch). After a few hours, you lose your appetite, feel very weak, tired and sleepy" (edited from a quote from Filipino street boy).

Some effects that street children may desire:

Problems on the street	**Possible effects of use**
Hunger	Lessens hunger pains
Boredom	Adds excitement
Fear	Provides courage
Feelings of shame, depression, hopelessness	Helps to forget these feelings
Lack of medicine and medical care	Self medication
Difficulty falling asleep because of noise and overcrowding, cold or heat, mosquitoe bites	Produces drowsiness
Being tired from lack of sleep because of noise or overcrowding	Increases energy to work
Risk of being attacked and abused	Improves alertness
No recreational facilities	Offers entertainment
Social isolation	Provides a sense of connection with other substance users
Loneliness	Promotes socializing
Physical pain	Relieves physical pain
No money for food	Makes it easier to steal

Often the substances do not produce the effect the street child wants and they leave the child with even less emotional, financial and health resources than before. Street children in developing countries who use substances often do not fit the stereotype of an adolescent substance user in the developed world who tends to be unhappy, insensitive and disrespectful. Young substance users on the street are often cheerful, affectionate, and respectful of authority. They do not use substances because they reject mainstream society, but rather because they have lost their place in it.

Learning Activity

1. Effects of substances.

Ahmad, a 15-year-old street boy is lying on the sidewalk of one of the roads leading to the market. As you approach him and attract his attention, you notice that his mood is not the same as usual and in a loud voice, he tells you that "things look different today". Showing you a mango in his hand, he says "this too tastes like a piece of chicken", pointing at a thin broken branch of a tree, he screams "there is a snake on the tree". He smiles at you and says he feels things happening in his body. If Ahmad is under the influence of a substance(s);

- What type of substances could make Ahmad behave in this way?

- What other immediate effects do you expect to see in him?

- List other risks involved in the use of this type of substance (s):

2. Other substances.

Lilu, a 16-year-old street girl has been brought to the shelter for street children where you work. As part of vocational training, girls are taught house keeping, to prepare them for potential careers as domestic workers. You have given Lilu the responsibility of safe guarding all items for use in this domestic training course. One afternoon, Lilu appears irritable, anxious and combative. She tells you that she hears cries of babies while you do not hear anything.

- Given the type of responsibilities Lilu has, what substance do you think she could have taken?

- What other effects do you expect her to experience?

Hallucinogens and volatile inhalants are the key substances for question one and two.

3. Please respond to the questions as requested below.

a) When alcohol is taken, it provides the much needed calories to street children and contributes to the prevention of malnutrition. True/False

b) Which of the following statements is false? Circle your answer.

- In many areas street children use more than one substance at the same time.
- The signs that substances may cause in street children could be a result of other health conditions.
- Alcohol prevents the absorption of certain vitamins and nutrients in the body.
- Substance use among street children enhances the ability to develop constructive coping strategies.

4. Think of some of the problems that street children in your area have and which substances they use to help them solve these problems. For each of the problems that you selected, what are the substances that street children are using to help solve that particular problem?

Problems:	**Substances chosen to help solve problem:**

Lesson 3 - Patterns of psychoactive substance use and their consequences

3.1 Patterns of substance use.

Two important factors that determine patterns of substance use in the community are the price and availability of the substances. Street children almost always choose the least expensive and most readily available ones, e.g. inhalants such as glue or petrol. If they decide to drink alcohol, they tend to pick the cheapest beverage with the highest alcohol content.

Patterns of substance use vary greatly among street children and may change over time. Some develop a regular pattern of use while others may be quite haphazard. A street child may change his or her pattern of use over time. Use of substances does not mean that he or she will automatically progress to using other substances or to use more intensively. Included under patterns of substance use are experimental, functional and harmful use, abuse and dependant use. Functional and experimental use relate to the issues of adolescence and survival on the street as outlined in the previous modules. Explained below are intoxication, harmful and dependent use.

- **Intoxication**

  Intoxication is a temporary state that follows the use of one or more substances resulting in a change in the person's alertness, thinking, perceptions, decision making, judgement, emotion, or behaviour. An intoxicated person is more likely to suffer from burns, suffocation, seizure, poisoning, overdose, sudden death etc. They may also be involved in accidents, violence, unsafe sex and rape. Intoxication is highly dependent on the type and dose of substance and is influenced by an individual's level of tolerance and many other factors. It is not always clear when street children are intoxicated as intoxication with different substances has different signs and symptoms. In general, an intoxicated person will have the following common signs; they may be exceptionally sleepy, have trouble in thinking and speaking and talking to them may be difficult. Their eyes may be dilated, they may giggle or laugh inappropriately (sometimes in response to hallucinations) their mood may switch quickly between highs and lows and they may become aggressive.

  Intoxication is a temporary state that follows use of one or more substances

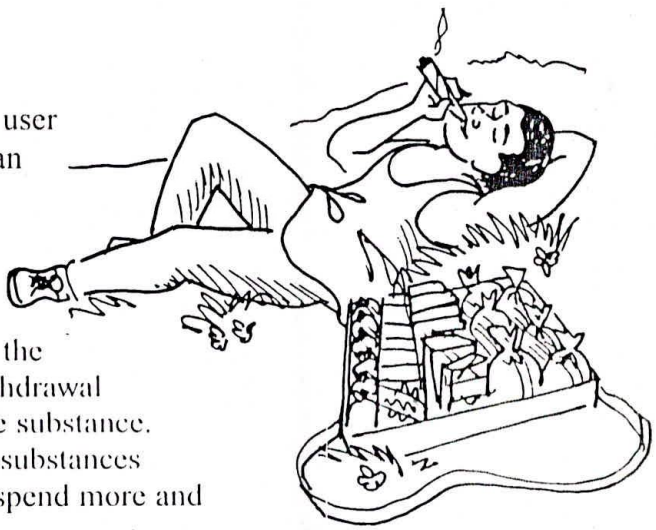
  Even when it appears that a street child is intoxicated, it should be remembered that some of the signs and symptoms may be caused by other physical or psychological states, such as hunger, sickness and emotional difficulties.

- **Harmful use.**

Harmful use is a pattern of substance use that results in damage to physical or mental health. Most physical harms experienced by street children following the use of substances occur as a result of intoxication, hence health damage can also occur with experimental and occasional use. Other harms result from the way in which the substance is used. Injecting drugs is particularly dangerous because it can lead to an overdose or it may increase the risk of hepatitis, HIV and other infections from contaminated needles and syringes. Smoking substances can result in disorders of the respiratory system and burns. Some substances such as leaded petrol, benzene and coca paste are particularly toxic and can cause health damage in even small amounts. As most street children have not been using substances for long enough it is unusual to see them with disorders such as alcoholic liver disease or smoking related lung cancer or heart disease which occur late in life.

- **Dependent use.**

This is a pattern of substance use in which the user has a strong desire to take the substance and can not control its use. Thus substance use gains priority over other activities for the user. Long-term use increases tolerance as their body adjusts to the substance so that the same amount of substance no longer produces the effects. They may also experience physical withdrawal reactions if he or she goes too long without the substance. Users who are dependent may continue to use substances despite very serious consequences. They may spend more and more of their day involved with substances.

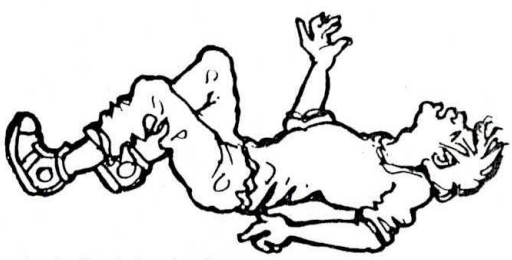


Spend more of the day involved in substance use

- **Withdrawal**

When a person stops taking a particular substance that he or she has been using regularly, he/she may experience adverse effects known as withdrawal symptoms. Unless young people have been using large amounts of the substance for a long time, they rarely need to be weaned off a substance in a medical setting. They can be assessed and managed in other safe places with their cooperation. The most dangerous withdrawals are from alcohol and hypnosedatives, which may trigger convulsions and delirium. In these situations medically assisted detoxification may be advisable. Common withdrawal symptoms of various substances are shown in the table.

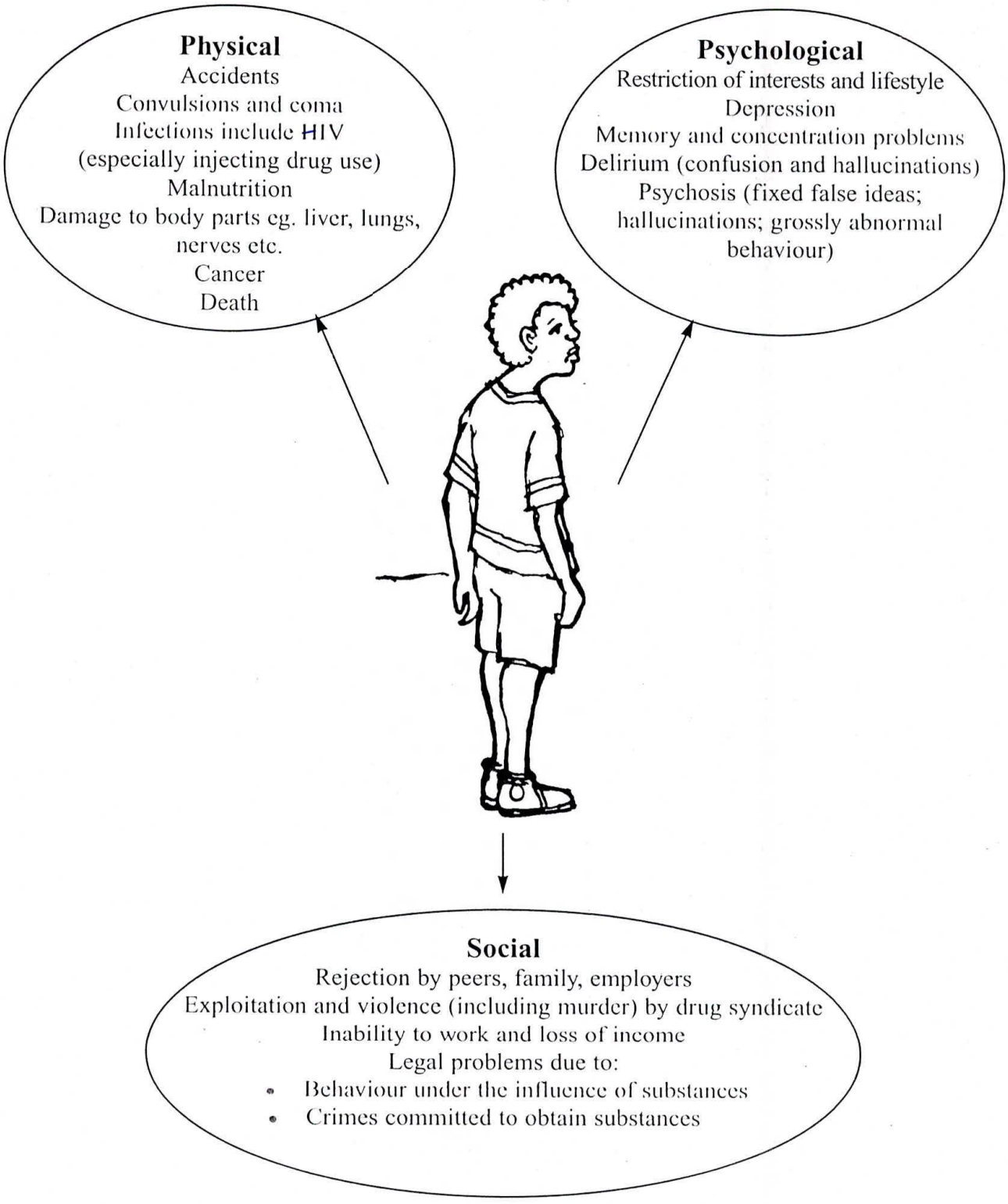
Substances	Withdrawal symptoms
Alcohol	Anxiety, tremors, vomiting, sweating, convulsion, delirium (confusion & hallucinations)
Nicotine	Nervousness, sleep difficulty, abdominal pain, poor concentration, muscle spasms, headaches, cough, changes in appetite
Opioids	Anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhoea, sleep difficulty
Hallucinogens	No significant withdrawal symptoms
Cannabis	No or mild withdrawal symptoms
Hypnosedatives	Anxiety, irritability, inability to sleep, muscle cramps, convulsions, delirium
Stimulants	Caffeine: headaches, tiredness, aches and pains, anxiety Amphetamines:fatigue, hunger, irritability, depression, suicidal feelings, sleeplessness Cocaine: fear, depression, nausea, vomiting, tremors, muscle pain, tiredness
Inhalants	No significant withdrawal symptom



Withdrawal symptoms may include abdominal pains or even convulsions.

3.2 Consequences for the individual street child.

Using a psychoactive substance can have many different consequences. Some of the consequences are insignificant and some are extremely serious. Psychoactive substances have effects on the body of the user as well as consequences on the life of the user and the whole community.



3.3 Consequences for the family and Community.

Everyone, including street children, occasionally has conflicts with family members, friends, strangers, and lovers. Like other young people they also want the excitement of taking a risk from time to time. Substance use can sometimes make these experiences unpleasant or even dangerous. Here are some consequences for the family and community.

- Important responsibilities may be forgotten, and disagreements can become emotionally or physically destructive.
- Substance users with little income are constantly faced with the problem of finding money to purchase substances. Some of them may steal or use violence to get the money and others might join illegal businesses or the sex industry to earn enough money.
- Activities such as building a fire can become dangerous if the children involved are under the influence of substances because of the lack of safety already present in the situations where they live.
- The demand for illegal substances has produced wealthy and powerful organizations that manufacture and distribute substances in some parts of the world.

Example

Brazil.

Drug syndicates in Brazil train some street boys for dangerous, but profitable careers in trafficking. A boy enters the organization as an **olheiro** whose job it is to inform others when police or rival drug groups are in the area. Olheiros might signal the presence of police by flying kites. The next stage of training is to transport drugs as an **aviaozinho**. Later, a boy may be promoted to an **indolador**, who packs the drugs, and then to a **misturador** who mixes them with other substances to increase the quantity. Some boys will eventually reach the rank of **soldado**, a **soldier** who sells drugs. While a street boy is in training in a drug syndicate, he earns a decent income, protection from other criminals and the police, as well as the respect of residents in certain slum communities. The syndicate might also offer him luxuries such as television sets. Just as important, a child in training with a drug syndicate can usually avoid being removed from his home or the streets by the government welfare system. To many street children, being a **soldado** in a drug syndicate is better than being **an abandoned child**, **a transgressor**, or **a delinquent** in the welfare system. A street child's hopes for success through a drug syndicate may end quickly and violently. He may be killed by rival organizations or by the police at any time. Once he reaches the age of 18, when he will no longer receive special treatment by the legal system, he may be killed by his own syndicate, 'queima de arquivo', to protect the secrecy of their operations.

Learning Activity

1. Sharing experiences.

- In small groups, discuss your experiences on substance use among street children. Document these experiences.

- What consequences have substance use among street children had on the community?

2. Raphael.

Raphael is a 16-year-old street boy. He likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as games, drama, music and literacy classes. When he was about 11, Raphael began smoking tobacco and, by the age of 14, he started sniffing solvents. A year later he was smoking cannabis. Most of his friends use these substances as well as others that they inject. The substances are usually very easy to obtain. Raphael's friends have recently persuaded him to try amphetamine tablets. He likes the rush he experiences when he uses amphetamines. He says that amphetamine takes his mind off his troubles. He believes that amphetamines also make him more adventurous in his sex work. Consequently, he has begun to use it more often and has started to think of injecting.

Lately, Raphael's life has become more difficult because he gets involved in fights with other street children. Having noticed these problems, you have decided to keep him at the centre longer to reduce his access to substances. Despite all these good intentions, Raphael is irritable, anxious and appears not to control his movements especially of his hands.

a. What is Raphael's pattern of use?
b. What are the current problems that Raphael is experiencing?
c. What other factors are related to his substance use?
d. What are the immediate risks of his substance use?
e. What could be the long-term effects?

3. Steven and Josie

Steven and Josie are both 16 years old. They live together in a shelter for homeless teenagers in the inner city. Steven ran away from home after a violent fight with his father. Josie left home because his cousin's friend had sexually assaulted him. Both are angry and cover their inner pain by trying to act 'tough'. The two of them have stolen goods from shops, assaulted other people, robbed houses and stolen cars.

They use cannabis, inhaling it from a water pipe called a bong. They also drink a lot of alcohol. Six months ago, Steven started injecting heroin and amphetamines. He uses heroin nearly every day now and he experiences withdrawal symptoms if he does not use it for a couple of days in a row. He feels physically uncomfortable and is irritable. From time to time, Josie injects substances with Steven's equipment. He prefers pills like benzodiazepine, which he gets from

doctors or buys on the streets. Josie is frequently involved in commercial sex. Steven too is involved in this, but to a lesser extent. Both of them are not interested in getting any form of education or vocational training. They claim that they do not want to live beyond the age of 21.

- What is Steven and Josie's pattern of use?

- What are the current problems that Steven and Josie are experiencing?

- What other factors are related to their substance use?

- What are their immediate risks?

- What could be the long-term effects?

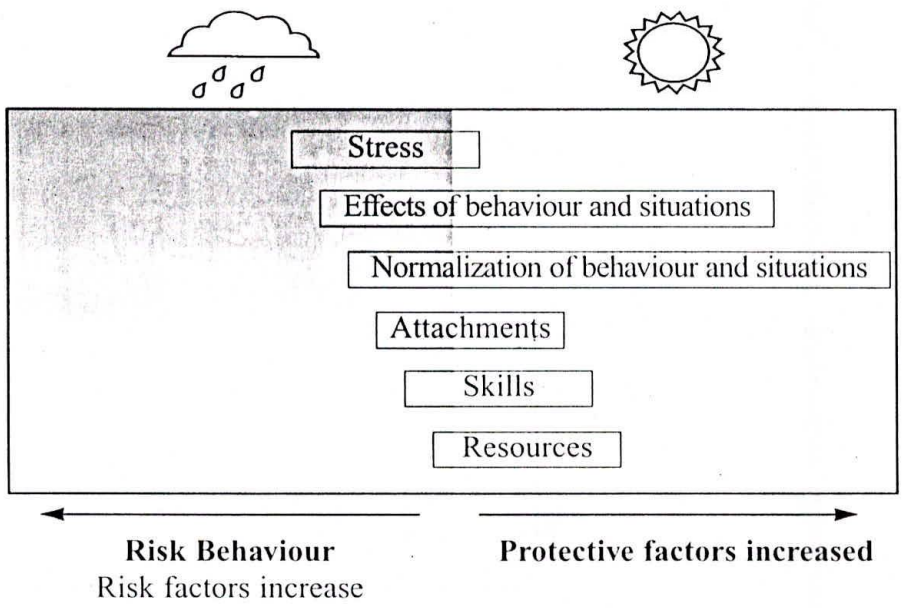
Lesson 4 - Applying the Modified Social Stress Model in substance use

The Modified Social Stress Model is a framework which has been used by the WHO street children project to understand the vulnerability to risk behaviour and situations associated with substance use. This model could also be applied to sexual behaviour. The model has six major components; stress, normalization of behaviour and situations, effect of behaviour and situations, skills, attachments, and resources. Stress, normalization of behaviour and situations and effect of behaviour and situations (the experience of substance use) are viewed as factors that may increase vulnerability. Skills, resources and attachments are seen as factors that may reduce vulnerability to risky behaviour and situations. However, each of these factors has aspects which can increase vulnerability (risk factors) or decrease it (protective factors).

The model serves as a guide to factors which may contribute to street children engaging in various risk behaviours. The basis of the model is this: if many risk factors are present in a person's life, that person is more likely to begin, intensify, and continue the use of substances, and experience related problems. Conversely, the more protective factors that are present, the less likely the person is to become involved with substances.

Vulnerability can be understood better if both risk and protective factors are considered at the same time. Besides providing a conceptual understanding, the framework is useful for planning interventions to prevent or treat problems such as those related to substance use, sexual and reproductive health including HIV/AIDS/STDs, at both the individual (street child) and the community level.

Each component presented in the model can have positive and negative aspects that function as risk or protective factors. The following pages apply the model to substance use and illustrate the components as they might appear in a street child's world. The model will later be applied to sexual and reproductive health.



4.1 Stress.

Stress is the way a person feels (e.g., anxious, tense, burdened) in response to real or perceived stressors. A stressor may be observable (e.g., violence, poor living conditions, a physical disability), or it may be less visible to others (e.g., emotional abuse, trauma). The more stress a child is under, the more likely he or she is to use substances. Street children often have extremely stressful lives. To understand just how stressful their lives can be, consider the five types of stress (adaptated from Rhodes and Jason) that are described below.

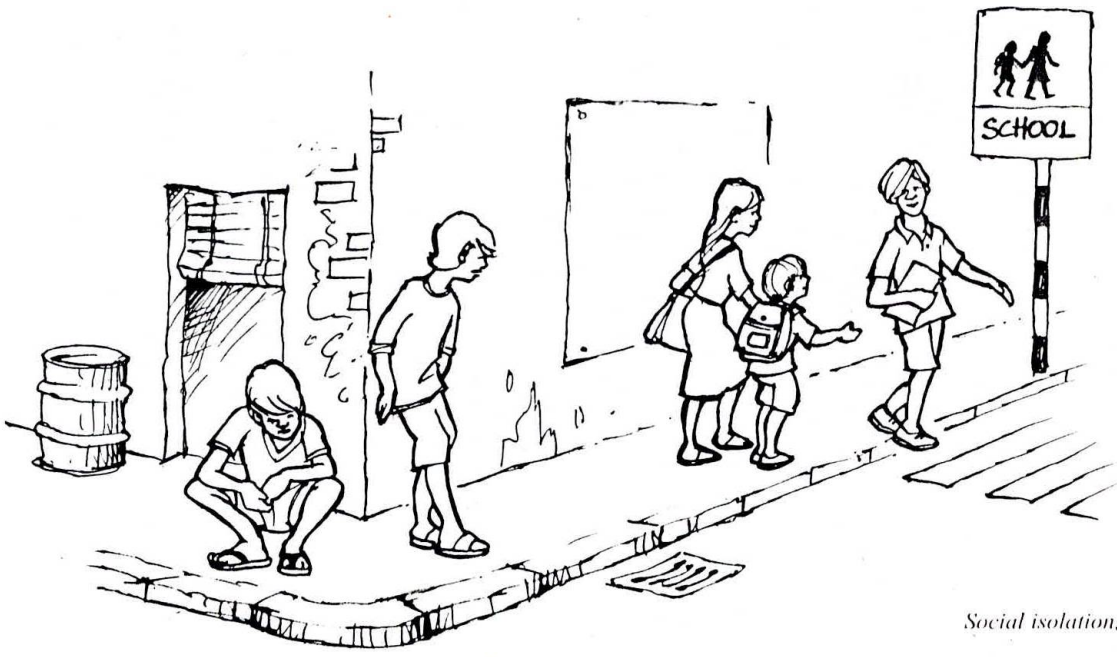
- **Major Life Events.**

  Dramatic events that have a profound effect on the survivors. They include death of parents, abandonment, serious accidents, natural disasters, demolition of home by authorities, war, physical and sexual assaults, and suicide attempts. Street children may use substances after the event to lessen the pain of the event and to help them adjust to their new situation, which is inevitably worse than before.

Dramatic events have a profound effect on the survivors.

- **Enduring Life Strains.**

  The lives of street children are usually filled with long-term problems that are difficult to solve: poverty, denial of human rights, psychological difficulties, illnesses, and lack of educational and recreational opportunities. Rejection or a sense of rejection by family members, friends, school, health or other services, and society in general can also make the street child feel a sense of loss similar to that experienced when someone close to one dies. Using substances may provide excitement, or help in imagining a better future and offer relief from physical pain. Substances are sometimes used to decrease guilt feelings and pain related to providing sex for money.



Social isolation, loneliness

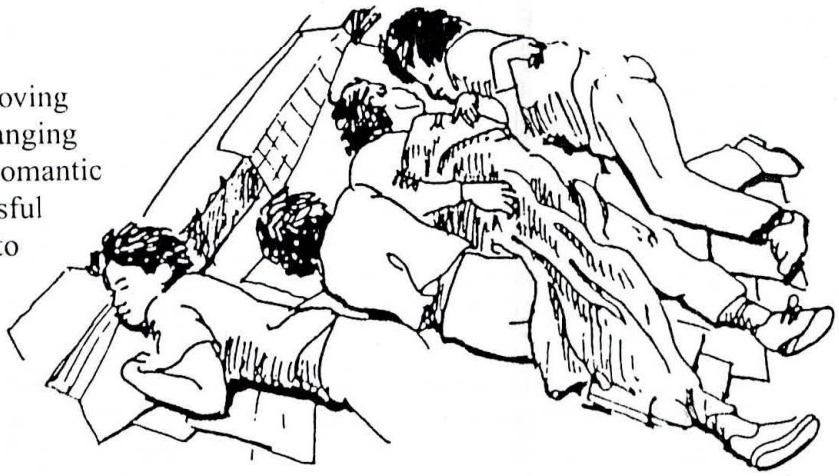
- **Everyday problems.**

Most of a street child's time is spent working on survival issues; finding food, clothes and shelter, and avoiding violence and the police. They often have ongoing conflicts with other street children, merchants and community members or authorities. This daily struggle is tiring and leaves little time for other things. Substance use offers a quick and easy escape from day-to-day problems.

Conflicts with other street children, merchants and community members are common.

- **Life transitions.**

Transitions in life, such as moving neighbourhoods or cities, changing peer groups, or beginning a romantic relationship, are always stressful because they require people to behave in new ways. People may use substances during the transition to reduce their anxiety. If a street child's new friends use substances, he or she may imitate their behaviour in order to be more easily accepted.



Life transitions may require street children to behave in new ways.

Although stressful, some life transitions may result in a positive situation for street children. A family move may bring the street child who stays with his or her family at night into contact with different people who may have a positive influence.

- **Adolescent developmental changes.**

All young people go through physical, psychological, and social changes during their adolescent years. These changes are particularly difficult for street children who are becoming adolescents because they have no one to explain to them about these changes. They may not have had access to adequate adult role models and they may not get the opportunity to gradually assume more adult roles and responsibilities or negotiate such roles with parents and other adults. For example, street children may have to find a new source of income after puberty and may be enticed into commercial sexual activities. It can be confusing and depressing for street adolescents to cope with the immaturity of their bodies, especially while they are dealing with adult responsibilities. Street children want to be accepted by their peers even more than the typical adolescent. Joining in when their companions use substances or engage in other activities that can harm health are ways to be accepted more easily.

They want to be accepted by their peers.

Sometimes stressful events and situations may be associated with positive outcomes for street children. The change brought about by the event may ease their situation in some cases, e.g. the marriage of a widowed parent may be stressful, but it may improve the family situation. The rebuilding of a community after a natural disaster may bring new educational resources or work opportunities for street children and their families. A family move may bring the street child into contact with people who may have a positive influence. Growth and strength that come with adolescence are highly valued by many boys and girls. They may believe that they will not be abused as much, that the smallest members of their community will admire them, and that they may get better jobs. Stressors may lead to a positive outcome in yet another way. If the child negotiates a difficult situation successfully, it may enhance his or her self-esteem.

Careful assessment of the actual positive or negative results of key life events on individual street children, their families and their communities is necessary to understand the full impact of stressful events and situations at risk of substance use. Although many street children seem to possess remarkable abilities to cope with difficult circumstances, some street children may be particularly vulnerable. Understanding what different street children regard as most stressful for them, and how they are dealing with these stresses, is vital for developing specific ways to help them.

4.2 Normalization of behaviour and situations.

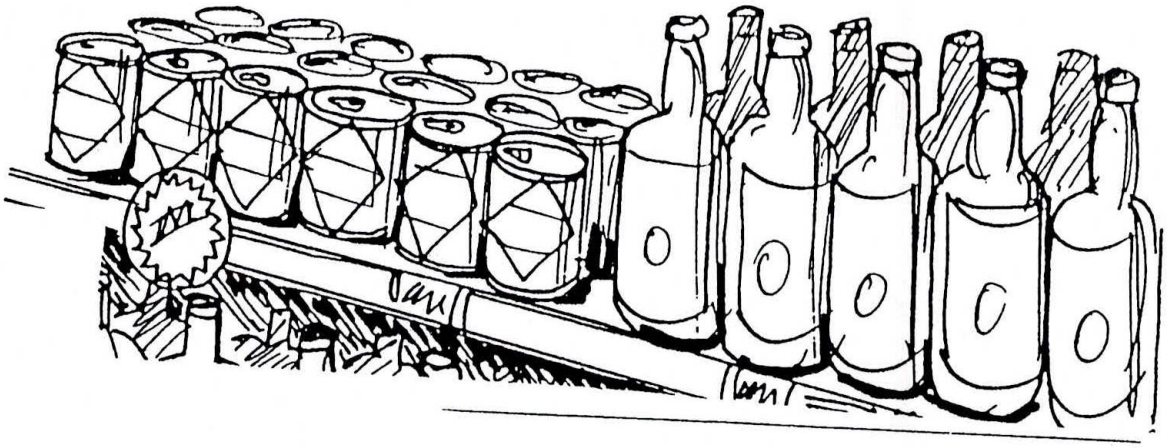
According to the **Modified Social Stress Model**, a person is more likely to become involved with substances if using substances is considered normal in the person's environment. Many street children live in places where other street children, the adults in the neighbourhood, and even the entire society accept the use of some substances. This makes it easy for them to use substances as well. Factors that encourage a group or an entire society to accept the use of a particular substance include:

- **Legality and law enforcement.**

  If a substance is legal, it is much more likely to be accepted or normalized in general society. The use of illegal substances that are tolerated by the authorities could be acceptable to many people, including street children.

- **Availability.**

  The easier it is to get a substance, the more likely it will be normalized, as with the use of caffeine, alcohol, and tobacco which have become normalized in many countries across the globe. On the other hand, restrictions imposed on the manufacture and sale of psychoactive medicines limit their availability and make it less likely that their use will be normalized. The same principle holds for illegal substances. If they are easy to obtain, they are more likely to be normalized. The use of cannabis, which is widely available in some places, is acceptable to many members of the community even though it is illegal. Coca paste is used by many youths in the Amazon basin where it is produced. Volatile solvents, including petrol and glue, are readily available in almost all areas of the world.



If substances are easier to obtain they are more likely to be normalized.

- **Price.**

The more affordable a substance is, the more likely it is to become normalized within a group of consumers. Substances that are normalized among some street children are the ones that are the least expensive (and most available). Glue, solvents, and petrol are cheap in most areas. Crack cocaine has become one of the favourite substances of street youth in the United States, partly because of its low price.

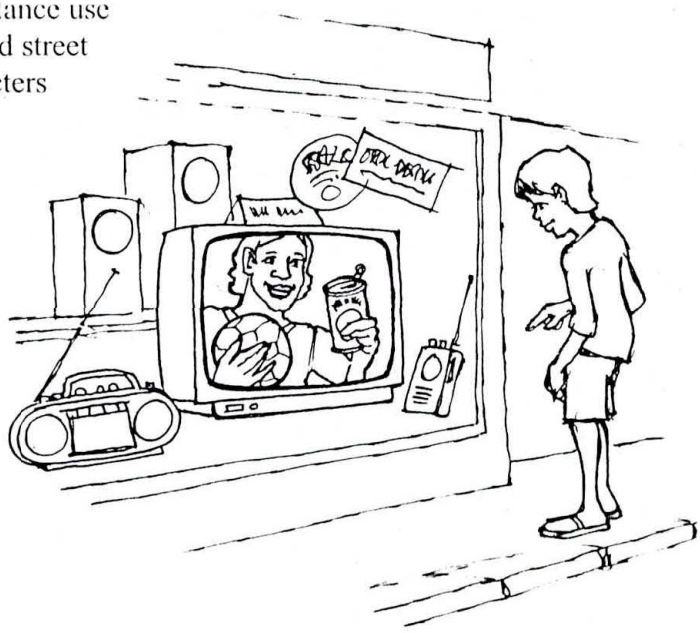
- **Advertising, sponsorship and promotion.**

When substances are promoted (through advertisement or sponsorship of activities) in a community, residents are presented with the idea that using substances is normal and even desirable. Many promotional campaigns for tobacco and alcohol are designed specifically to encourage their use by young people. These include advertisements and sponsorship to activities at sporting events with celebrity athletes, youth festivals, and at 'rock' concerts. People involved in the drug trade may promote illegal substances in some communities. Street children are easily influenced by advertising, promotion and sponsorships. Without many heroes and successful role models in their own confined world, they often fantasize about the lives of celebrities and look to them for inspiration and direction.

Many promotional campaigns for tobacco and alcohol are designed specifically to encourage their use by young people.

- **Media presentation.**

A frequent and positive portrayal of substance use on television, in films, books, comics, and street theatres encourage normalization. Characters are shown smoking cigarettes, drinking alcohol, or taking substances in an atmosphere of excitement, danger, or sex. Equally problematic is the depiction of substance use as a normal, everyday event. Street children, many of whom were raised in stressful or atypical homes, may be easily influenced by what they see in the media because they many not have other sources of ideas and information.



Positive media portrayal encourages normalization.

- **Community acceptance.**

People tend to accept the use of a substance when the production and sale of the substance is an important source of income for the community. Some street children live in areas where substance production and trade are the major source of income for most of the residents.

The leaders of alcohol, tobacco and other drug companies may be important members of the community. In certain slum areas, this is true of even illegal drug traffickers. They are admired by some of the residents because of the money they earn, and because they sometimes provide financial and other services to the residents that are not provided by the government or other agencies.

- **Cultural role.**

Substances that have a place in the traditional culture of a society are usually normalized. The use of at least one substance has a cultural purpose in almost every society in the world. In religious activities, some Christians and Jews drink alcohol and some indigenous communities use hallucinogens. In many cultures, alcohol is used to celebrate special occasions such as New Year's Day and weddings. In parts of Asia, opium may be smoked during social gatherings and for relaxation. Cannabis is used for cooking and socializing in parts of Africa and Asia.

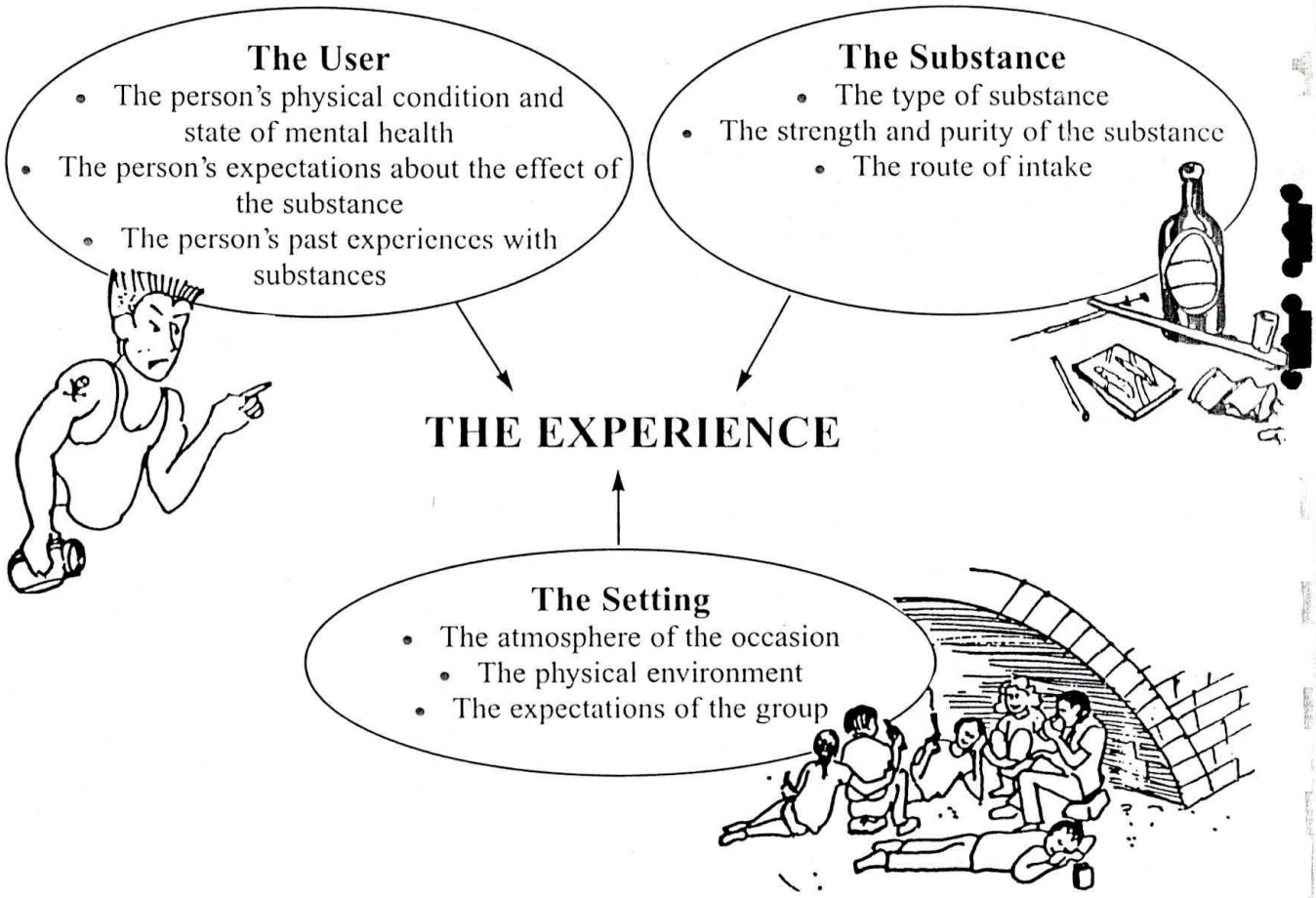
Even when governments make a traditional substance illegal, some ordinary people may choose to continue using it because it is an important part of their traditional lives. Street children, like everyone else in the society, are influenced by the role of substances in their culture.

When deciding whether it is normal to use substances, a person looks at the behaviour of people who are similar to him or her. These people, called a peer group, might find the use of certain substances acceptable in certain situations, even though it would not be acceptable to the general society. For example, it is considered normal in some groups of young people to openly smoke marijuana at musical concerts, although this would not be acceptable to other groups of young people or most of the adult population. The peer group for a street child is usually other street children of similar age who are involved in the same type of work as he or she is. Each peer group has its own unwritten rules about the use of substances. Working children in Mumbai, for example, accept the use of solvents, but they don't approve of sleeping tablets because the effects last too long and they feel too tired to work.

4.3 Effect of behaviour and situations: the experience of substance use.

Many street children use substances because the substance adds something to their life such as entertainment, or it temporarily solves a problem. Street children use substances because substances lessen hunger, add excitement, decrease physical and emotional pain, induce sleep, may increase energy levels to work, improve alertness, provide a form of recreation, provide a feeling of belonging to the peer group or may even give the courage to commit crimes. If a substance produces a positive or desired experience for a street child, he or she might use it more frequently.

The effect that a substance has differs from person to person, and from occasion to occasion. The exact effect that a particular substance has on a particular individual depends on the user, the substance and the setting.



Some street children claim that even if they don't like the effect of a particular substance, they may still continue to use it because the experience they have is better than the boredom of their daily lives and thus it becomes a desirable experience. Hallucinogens are an example of such a situation. Hallucinations have been described as having a 'magical' feeling, even though some of the experiences can be very frightening. Understanding what the street children like about the effects is important in planning interventions. Negative experiences of taking substances such as a bad 'hangover', frightening hallucinations or panic reactions can decrease the likelihood of use.

Example

André in Mexico City talks about his experience.

"My best hallucination was to see little green flowers, elephants and the Pink Panther. The last time they put me into the Centre (Juvenile Detention Centre), we were sniffing glue with a few friends and a guy invited me to sniff toluene and so I did. Suddenly, I couldn't see my friends anymore, I couldn't see anyone. I saw I was in this bloody dark room, as though there was no one. It was really dark, and then I saw some little lights which got closer. Then the lights got bigger and just as I was about to get close to them, I fell into a big hole. When I fell down, there was a bunch of skeletons and they got up and told me I was going to die, that I didn't have much time left, and that I wasn't going to live beyond that night. I wanted to scream and talk to my friends, but the words stuck in my throat. I wanted to shout, but I couldn't. I didn't know if anyone could hear me. The thing is, that day I thought I was going to feel bad forever, and I wanted the trip to stop. That was a pretty wild experience, don't you think? "

4.4 Attachments.

Attachments are personal connections to people, animals, objects and institutions. Having at least one person with whom someone has a close bond and feeling of acceptance has been found to be vital to developing a sense of positive self-esteem. A desire for close relationships can make a street child vulnerable to close relationships with people who can have a negative influence. A street child is more likely to develop strong attachments to other people if:

- He or she spends a lot of time with them
- He or she performs well in that group in any activity
- He or she is consistently rewarded by the group

Street children are less likely to begin using substances and more likely to stop using them if their strongest attachments are with people and things that are not connected with substance use. Unfortunately, the situation of many street children makes it difficult for them to keep in contact with their families, to succeed at school or work, or to surround themselves with friends who do not use substances.

Negative attachments are connections to people or institutions that are associated with substance use, abuse or exploitation such as drug syndicates or peers who use substances. Negative attachments make substance use more likely.

Positive attachements!

Other street children.

Family.

religion

Animals and pets.

4.5 Skills.

Skills are competencies. Competencies include physical and performance capabilities such as juggling, vending, craft, and self-defence, and psycho-social skills (e.g self-awareness, assertiveness, problem solving etc.) needed to deal effectively with the demands of everyday life. These skills are often called psychosocial life skills (refer to **Modules 6** and **7**). All young people need to develop physical, psychological, social, moral, and vocational competencies as a part of their healthy development.

Self assurance.

Seeking support from others.

Assertiveness.

Knowing when to retreat.

Coping strategies are the cognitive, behavioural and social abilities that help a person manage stress. Competencies become coping strategies when they are used to manage stressful situations, e.g. seeking support from others or retreating in the face of danger. Competencies also help young people prevent health problems and cope with them if they occur. If street children have more skills it is less likely that they will need substances to meet challenges or to cope with problems. If they do use substances, they will have a greater ability to control the amount of use and avoid problems related to substance use.

Children may be exploited because of their age and general vulnerability during the process of skill development. This may include being paid less or being forced to work longer hours compared to other older workers. Under such circumstances, children may use substances to stay awake or to keep up energy levels and then use different substances to sleep or relax.

The skills developed to survive on the streets, such as the ability to steal or lie to people in authority, can have a negative side in increasing illegal activities such as drug trafficking. This can result in increased use of substances in the community and by the individual. Lying prevents the development of trusting relationships.

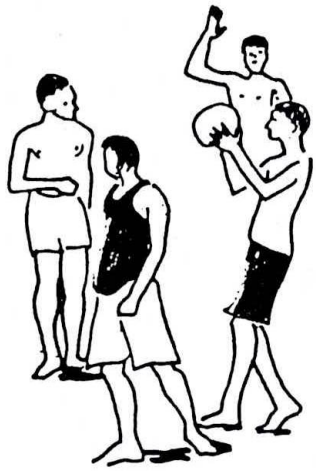
4.6 Resources.

Resources are used to meet physical and emotional needs. Resources can be inside a person, such as a willingness to work hard, or in the environment, e.g. schools, money, and people who care about the person. Examples of resources are:

- **Internal resources.**
  - Intelligence.
  - Capacity to work.
  - Education.
  - Vocational skills.
  - Religious faith.
  - Optimism.
  - Sense of humour.

- **External resources.**
  - Information.
  - Family.
  - Other street children.
  - Street educators.
  - Positive role models.
  - Community organizations.
  - Educational and vocational training services.
  - Health services.
  - Employers.
  - Recreational facilities.

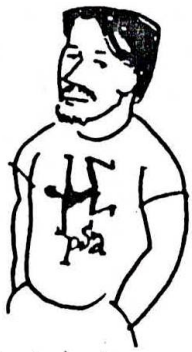
Information.



Recreational facilities.

Other street children.

A sense of humour.



Street educators.

Even though street children usually have many internal resources, they often lack external ones. Without external resources, it is often difficult for street children to learn new skills that would help improve their lives. They may fail to develop healthy ideas and practices about substance use if they do not have the benefit of resources such as street education and informational campaigns. They also have fewer alternatives to substance use for relieving stress when resources such as recreational and vocational facilities are lacking. Resources need to be accessible and appropriate to street children.

Under the Modified Social Stress Model the likelihood that a particular street child will use substances will change from time to time so that during more stressful periods the child is more likely to use substances; even during periods when changes occur, it is important to look at all six components of the model at the same time to understand what a person might do.

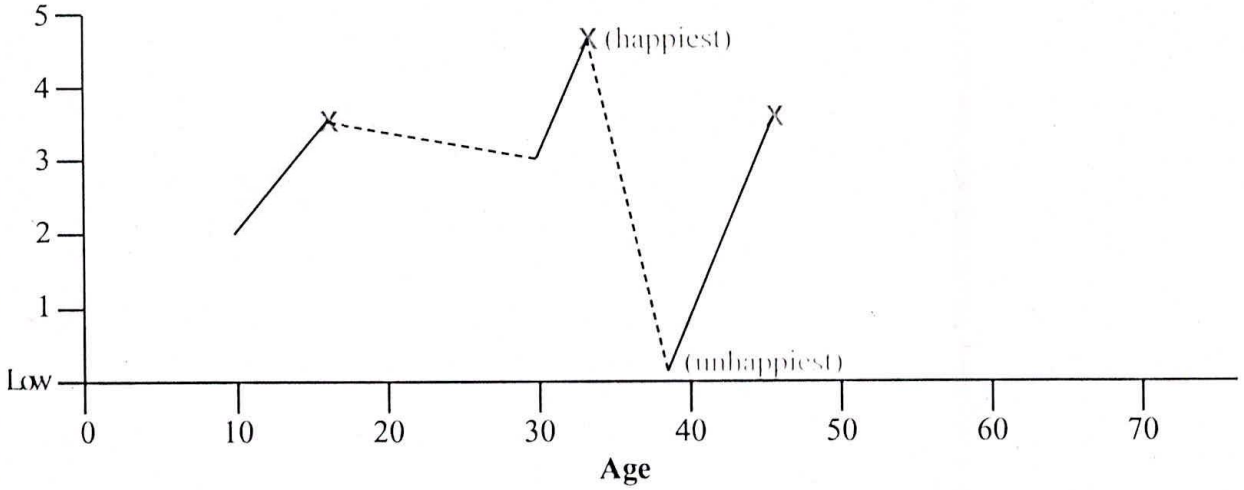
Learning Activity

1. Your Life Graph.

Now that you know the components of the **Modified Social Stress Model**, use them to understand how everyone, street children, and you yourself, go through stressful periods when strong attachments, competencies, coping strategies, and resources are needed to improve the situation. Start with your own experience of stress and coping. Use a pencil for this exercise so that you can make changes as you work.

This exercise asks you to think about situations in your own life. The information about yourself is private. You may be asked to talk about what you have learned from this exercise, but you do not have to share your personal history in the group discussion. However, some street educators may find it helpful to discuss personal issues that this exercise may expose with someone they trust.

Sample Life Graph.



1. Begin by deciding when the happiest time in your life was. Place a mark at level five on the vertical scale above your age at that time.

2. Then think of one or two other good moments in your life and mark them above the corresponding age at a height below five.

3. Now, do the same with your emotional low points. Begin with the time when you were most unhappy and mark that at level 1. Continue with one or two other low points.

4. Circle the low points that you have placed on the graph.

These items represent the stresses that you have experienced in your life.

5. Now try to recall the persons, places, situations, or events that made that period of time particularly difficult and list them on the lines below.

6. Draw lines on the graph between each low point and the high point that follows it. These items are examples of your positive attachments, skills, and resources.

7. Then try to recall the people, behaviours, organizations or events that helped you to endure the bad times and raised you to a high point. Write them down on the lines below.

8. Next, compare the two lists. Do any items appear on both lists? It is possible that positive attachments such as family members, friends, school, and work can sometimes be stressors.

2. You and substance use.

You will be able to understand other people's use of substances better if you first examine your own behaviour. Try to be honest and answer the following questions completely. You do not have to share information about your personal history in the group discussions. This is a confidential exercise to help you to understand your own behaviour better.

1. If you use substances now or have in the past, list the factors which influenced your decision to start, increase or restart substance use according to the **Modified Social Stress Model**.

Stress	Normalization	Substance Experience

Attachments	Skills	Resources

2. If you do not use substances or you have stopped or decreased its use, describe the factors that influenced your decisions.

Stress	Normalization	Substance Experience

Attachments	Skills	Resources

3. Normalization.

For each substance that is used by street children in your area, estimate how normalized the use of the substance is by answering the following questions.

Substance

Is it legal?

- To what extent are the laws about its distribution and use enforced?

Issues:	**In the community:**	**For street children & their families:**
Availability		
Price		
Economic and Political Role of the substance or the manufacturer		
Cultural Acceptance		

- Advertising and Sponsorship.

How is the substance advertised?

Who are the intended targets of the advertisements?

Are street children a part of the targeted groups or would they be attracted to the images used?

- Promotion.

How do the manufacturers and distributors promote the substance?

- Media Presentation.

How is the substance generally portrayed in the media?

What medium has the greatest impact on street children in your area? (Consider television, films, radio, musical recordings, comic books, other books, etc.)

How is the substance portrayed in this particular medium?

- Peer Group.

How frequently is the substance used by street children in your area?

How frequently do other people in the community who are close to street children use the substance?

- Overall Normalization.

How normalized is the substance for the community as a whole? (tick one)

- not normalized. ☐
- partially normalized. ☐
- normalized. ☐

How normalized is it for street children? (tick one)

- not normalized. ☐
- partially normalized. ☐
- normalized. ☐

4. Applying the MSSM to the use of substances by a street child.

Raphael.

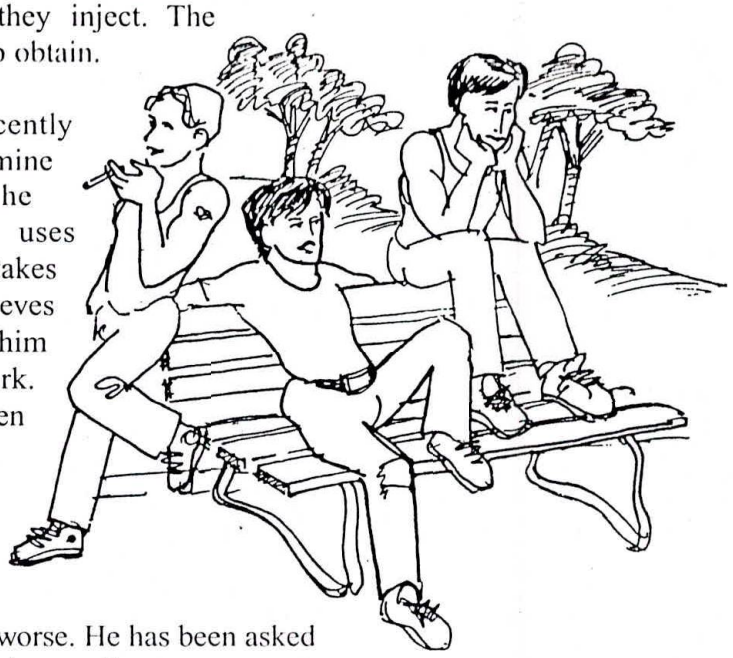
Review the completed case assessment of Raphael, and think about how the components of the model apply to his life.

Sixteen years old Raphael is a member of a group of young, male sex workers. He has lived away from home for five years. He currently lives in a single room with three other sex workers.

Raphael's father drinks alcohol regularly. When he is drunk, he often beats his wife and children. Raphael loves his mother and siblings and sees them when he can. They are always happy when he visits. Raphael gives his mother whatever money he can spare. He hopes that some of the money can be used for the education of his younger siblings.

During his time on the streets, Raphael has been beaten and raped by other street children and some of his clients. Some of the other sex workers are good friends, but some harass him by calling him 'gay' and by telling him "you have AIDS and you are going to die". Raphael does not know if he is infected with HIV, the virus that causes AIDS, but he is afraid to go to the health clinic to be tested.

Raphael likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as games, drama, music and literacy classes. When he was about 11, Raphael began smoking tobacco and, by the age of 14, he started sniffing solvents. A year later he was smoking cannabis. Most of his friends use these substances as well as other kinds which they inject. The substances are usually very easy to obtain.



Raphael's friends have recently persuaded him to try amphetamine tablets. He likes the rush he experiences when he uses amphetamines because the effect takes his mind off his troubles. He believes that amphetamines also make him more adventurous in his sex work. He has now begun to use more often and has started to think of injecting. Lately, Raphael's life has become more difficult. He misses his mother and siblings more and the harassment by the other sex workers has become worse. He has been asked by his roommates to find another place to live.

Example of using the Modified Social Stress Model Model on the case of Raphael

Stress

Father unavailable, abusive
Worried about family and HIV
Harrassment and Violence
Needs new place to live

Normalization

Alcohol normalized at home
Peers use substances
Substances affordable and available for him

Substance Experience

Enjoys feeling of intoxication
Forgets problems
Improves his work

Attachments

Mothers, brothers and sisters
Street Educator
Other children

Skills

Able to save money
Sex work
Some reading and drama skills

Resources

Mother
Access to drop in centres
Proven resilience for 5 years
Motivated to survive

	N/A	Low	Medium	High
Seriousness of Current Use:	☐	☐	●	☐
Potential for Future Use:	Nil ☐	Low ☐	Medium ☐	High ●

Other comments and Plan for Action.

History of persistent and increasing substance use
Level of stress is high and increasing
Might not increase use if he could have more contact with his mother and could find a place to live.
Encourage him to move into the local youth shelter. Ask his permission to contact mother.

Review the completed case management record on Raphael on the previous page. Determine whether you agree with the points made. If you need to change anything, complete this form again for Raphael.

Stress	Normalization	Substance Experience

Attachments	Skills	Resources

Seriousness of Current Use: N/A ☐ Low ☐ Medium ☐ High ☐

Potential for Future Use: Nil ☐ Low ☐ Medium ☐ High ☐

Other comments and Plan for Action.

Lesson 4 a way of assessing and documenting information about the situation of individual street children according to the categories presented in the Modified Social Stress Model was introduced. Understanding the risk factors which increase the likelihood of substance use and protective factors which can help make use less likely for individual street children is a core part of case management process. You will practice more case management in **Module 8**. The case assessment in **Module 8** allows you to get even more information and this will provide you with a stronger base for planning interventions

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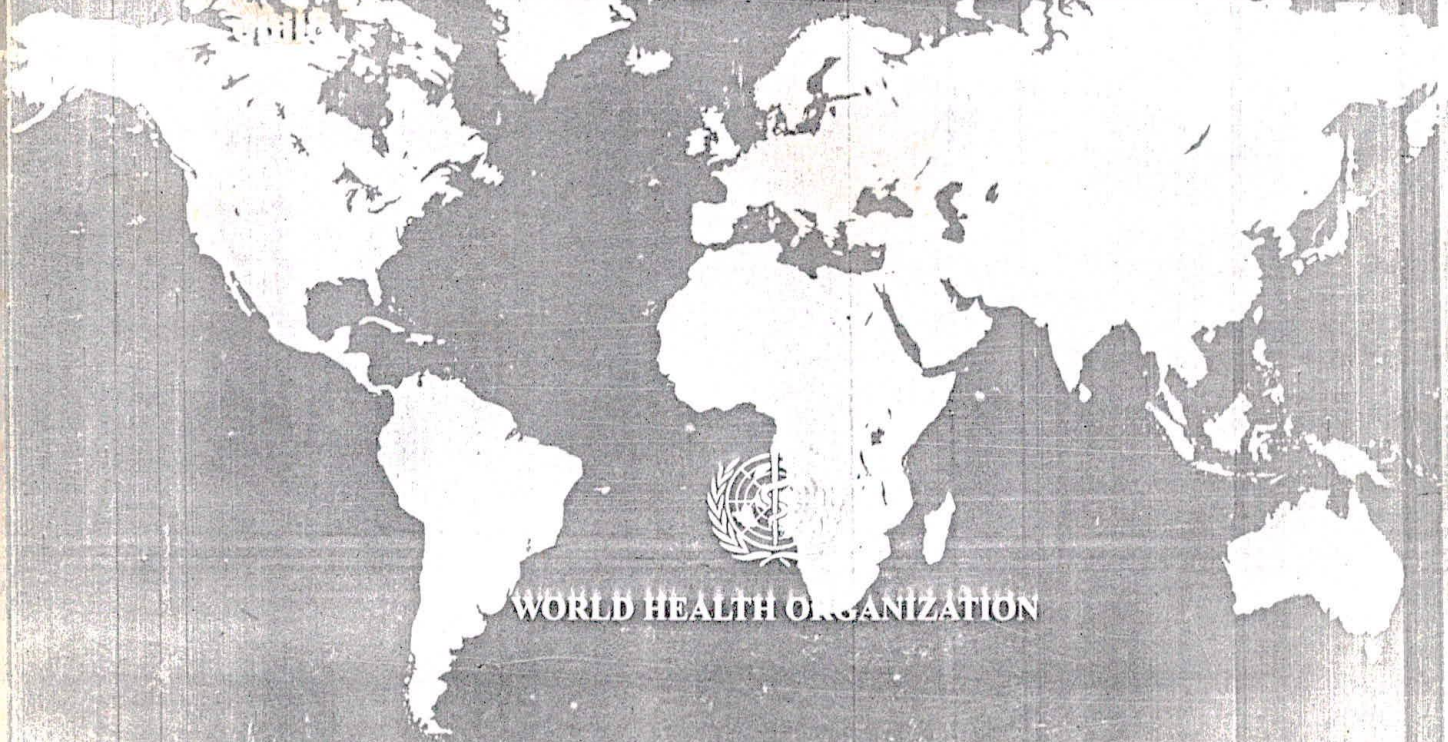
Key Messages

- Street children use a wide variety of substances. The price and availability of these substances have a major influence on the behaviour of substance users, e.g. choices regarding the type of substance and methods of using substances.

- Use of substances often leads to consequences that affect the individual street child and the community as a whole.

- The reasons street children use substances are many and are closely linked to their problems and their situation.

- The MSSM helps in understanding substance use among street children. It implies that vulnerability of a child to substance use increases when:
  - the child's level of stress is high
  - substance use is normalized in the child's community
  - the child experiences positive or desired effects from substances
  - the child has few positive attachments
  - the [illegible] limited skills and coping strategies, and
  - few [illegible] internal resources are [illegible] to the [illegible]



WORLD HEALTH ORGANIZATION

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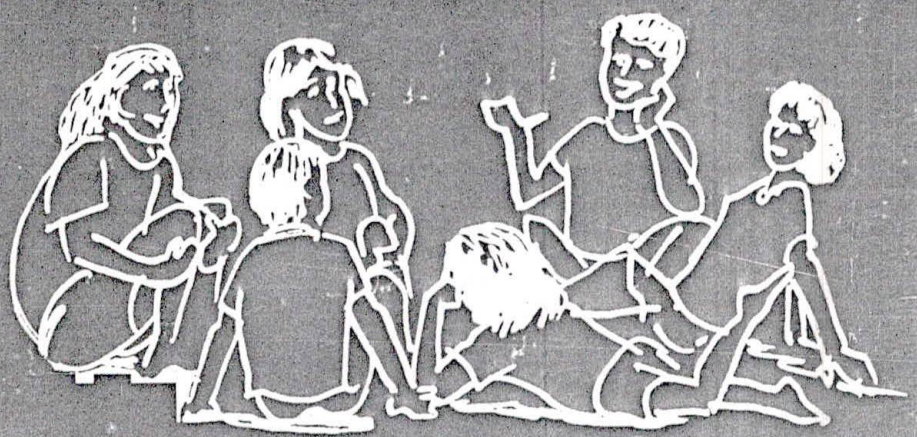
ORIGINAL: ENGLISH
DISTR: GENERAL

Working With Street Children

MODULE 5
Determining the Needs and Problems of Street Children

A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs



WORLD HEALTH ORGANIZATION
Mental Health Determinants and Populations
Department of Mental Health and Substance Dependence
Geneva, Switzerland

Contents

Introduction

Information on local street children needs to be collected because the characteristics and situations of street children are different in every country, city and neighbourhood. General books and other written materials about children will probably not provide enough detail, as street children tend to be excluded in population censuses or household surveys.

Assessments help in formulating workable strategies for responding to the needs and problems of street children. For example, the kind of services needed, and how and where the services should be offered. Assessments also help in monitoring whether services are producing the desired effect and whether there is a need for a change in strategies. Results from the assessments should be used to create awareness about the causes of street children's problems and their relationship with other issues.

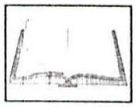
Determining the situation of street children requires a collective effort. A variety of people could be involved, such as government officials, religious groups, skilled professionals, service providers, NGOs working with street children, other interested community members and street children themselves.

This module outlines the aspects related to information gathering and what is involved.

Learning objectives

After reading the information in this module and participating in the learning activities you should be able to:

- ✓ Explain the importance of assessing the situation of street children.
- ✓ Explain two ways of formulating questions.
- ✓ Formulate open-ended questions.
- ✓ Prepare a tool for assessing the situation of street children.
- ✓ Describe the appropriate methods for collecting information about street children.
- ✓ Explain how information can be analyzed.
- ✓ Prepare an action plan using the information gathered.



Lesson 1 - Assessing the situation

1.1 Importance of assessing the situation.

Assessment helps in understanding the needs and problems of street children. It also provides an idea about their environment. Adequate assessment is essential before any intervention is attempted. Similarly, assessments may be carried out later to monitor the progress and success of the programme. Modification in intervention may be made on the basis of information obtained from the assessment.

Example

India.
Focus group discussions held by a project in India revealed that many street youths were engaging in sexual practices which put them at risk of becoming infected with HIV and other sexually transmitted diseases. The discussions helped identify a need for basic sexual and reproductive health education and also a need to work more with the families of the street children.

1.2 The goal of the assessment.

Two questions define the goals of an assessment. These are:

- What specific problems should the assessment address?
- What is the purpose of collecting the information?

There is a danger of collecting information that is of no use to street children if these fundamental questions are not clarified before the assessment begins. The purpose of the initial assessment may be the determination of problems and needs, while the purpose of ongoing assessment may be to provide feedback on the success of the programme. The information gathered should be closely linked to the specific issues to be addressed. In this module you will be thinking more about information related to substance use.

1.3 Possible sources of information.

Information can be obtained from primary and secondary sources. Street children and their families, health care and other service providers are **primary sources** of information. The common **secondary sources** of information are:

- Official documents such as surveys, policy statements, professional guidelines, registers and court proceedings on street children.

- Unofficial materials from government or medical institutions and private individuals, e.g. television and radio programmes, evaluation reports on street children, books, newspapers and magazine reports and copies of presentations at professional and community forums can add to the resource materials.

  Secondary sources provide the background for designing assessment procedures. Usually they do not provide sufficient information for a complete understanding of the situation of street children. Information should be gathered from primary sources to supplement secondary information. Primary information also gives you qualitative data (feelings, views, beliefs and aspirations).

1.4 Importance of service providers as a source of information..

Service providers can be an important source because they can provide information on:

- the economic, social and political conditions of the community.

- community attitudes towards street children, substance use, sexual and reproductive health.

- services available in the area, particularly those accessible to street children, potential barriers to their use by street children, and how to overcome such barriers.

- what interventions have worked, or failed (this information is critical for designing interventions).

Secondary sources of information usually do not provide all the information required.

1.5 Basic steps to be followed.

After deciding on the goals of the assessment, the following steps should be followed:

1. **Make a plan regarding the method for obtaining information (when, where, how and by whom).**
2. **Collect the information.**
3. **Organize the information.**
4. **Analyze the information.**
5. **Make conclusions.**
6. **Use the information.**

1.6 Important considerations during collection of information.

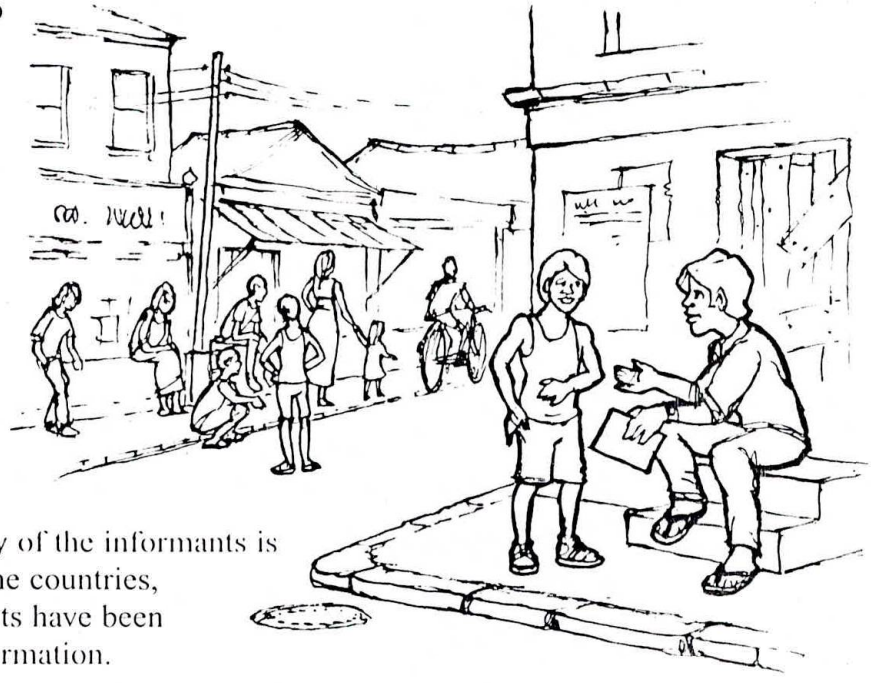
The following issues should be kept in mind during the assessment of substance use and sexual and reproductive health problems among street children.

- **Informed consent.**

  The street child should agree to participate. To get valid consent, inform the child about the goals and method of the assessment, what they would gain or lose if they participate and also that they are free to refuse to participate.

- **Confidentiality.**

  All assessment information should be kept confidential, unless you have the street child's consent to give information to others. Talk to the street child away from peers, family and others. Their presence may compromise confidentiality. Similarly, the confidentiality of the informants is extremely important. In some countries, children and other informants have been murdered for providing information.



Talk to the street child away from peers and families.

- **Rapport.**

  The process of assessment is not just the collection of information as it can be an opportunity to engage the street child in a respectful and trusting relationship. The assessment could provide an opportunity for street children to ask questions and get information if they choose to do so.

- **Burden.**

  Street children might have been assessed many times by health, welfare, educational, legal and other agencies. Try not to duplicate assessments that have already been done. Street children tend to have a short attention span, so avoid asking too many questions (it may be useful to spread the assessment over more than one session to make the process less demanding).

- **Priorities.**

  During the assessment, you may come across conditions and/or situations which require urgent attention, such as injuries or threat of violence. Attend to these priority issues before dealing with substance use or sexual and reproductive health.

1.7 Suggested areas for assessment and use of the Modified Social Stress Model for collecting information

Information should be obtained in the following areas:

- Background: age, gender, religion, cultural background.
- Substance use.
- Sexual and reproductive health.
- Physical health and injuries.
- Mental health and psychological trauma.
- Family and social.
- School and vocation.
- Unlawful behaviour.
- Recreational and cultural activities.

The **Modified Social Stress Model** can help you decide on the questions that can be asked regarding the problems and the potential of street children. Sample questions have been included in **Lesson 2**.

1.8 Methods for collecting information.

To obtain quality information about street children, methods suitable for small groups of people should be used. The choice of the method will depend on the type of information needed. These methods are:

- Focus group discussions.
- Case studies.
- Observation.
- Key Informant interviews.(in the street context, the term "informant" often means "police informant".Therefore replace the term informant with a more acceptable term when introducing the concept during assessment).
- Narrative research method.
- Surveys.
- Projective methods.

The details of each of these methods are described in Lesson 3 of this module.

Learning Activity

1. Purpose of the assessment of street children's situation.

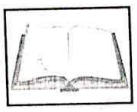
- Write about the specific problem that you want to assess or have assessed earlier.

- Outline the intended use of the information collected or to be collected.

2. Identifying secondary sources of information about street children.

- As a group or individually, identify possible sources of existing information about street children and make a list of these sources.

- Visit at least 3 places identified above. If you are working in a group, you could divide the group so that you each visit a number of these places. At the location:
  - Identify the type of information that exists.
  - Collect copies of documents (if permitted).
  - Analyze the information and make a summary of your findings (include the information on demographic data, services and resources).



Lesson 2 - Asking questions

2.1 Why is asking questions important?

Many street children will not speak spontaneously about their lives, especially to a stranger. They have learned to be careful about who they give information to and are suspicious of adults who ask too many questions. Think carefully about what questions you need to ask and how to ask them. Ask questions in a way that will encourage them to speak freely.

2.2 How should questions be asked?

Approach the child in a manner that will make him/ her feel comfortable. Here are some simple phrases and questions that you can use to start a conversation with the child:

- **Getting to know each other.**

  Say who you are and ask the child to tell you his/her name. Address the child by name as it makes the child feel that you respect him or her. If the child does not respond, tell the child where you work and when he or she can come to speak to you. Don't ask questions that might make the child feel threatened or suspicious. Keep the questions simple and general. Show that you are genuinely interested in the child.

- **Asking questions about a painful subject.**

  When questioning a street child about something that may be painful for them to think about, spend some time with the child, starting with general questions, and then ask questions that are gradually more specific. Do not assume that you know how the child feels about any event. Emotional reactions occur in specific situations of a person's life. Two people may have completely different emotional reactions to the same event, e.g. death of a father can lead to deep sorrow, but the death of an abusive, violent father can also lead to a feeling of relief. The same person might also feel a mixture of conflicting emotions about a single event, as in the above situation, the death of an abusive father can lead to a feeling of relief, but the child might also feel guilty about feeling relieved at his father's death.

- **Types of questions.**

  There are two types of questions: closed and open-ended.

  1. **Yes and No questions** (closed questions). These types of questions are formulated to give a simple yes or no answer.

Example

"Do you like living on the streets?"
"Do you go to the market to buy food?"

To a child or any individual being asked questions, a yes/no question sounds like he or she is expected to give a one-word answer and then wait for the questioner to speak again. These questions can stop a conversation as they discourage active participation. It is best to limit these types of questions.

2. **Open ended questions:** Open-ended questions encourage further conversation and more information can be gathered about the street child. The process of asking such questions should be guided by the topic being explored.

Example

"Where do you buy food?"
"How do you manage to get food on a daily basis?"

Some younger children will not be able to answer open-ended questions. If they do not answer or say something irrelevant in response to the question, ask them a more specific question. If they still do not answer, stop asking about that topic and just say something such as "You can tell me about it later if you want to."

2.3 Question Menus.

The WHO Street Children Project on substance use has developed a long list of questions designed to provide information about the six components included in the **Modified Social Stress Model**. A key question has been written about each of the six components of the model. In addition, many follow up questions or 'probes' have been included to obtain more detail about specific issues.

These questions have been written to give ideas as to the type of questions that may be asked and the issues that may be raised in the inquiry. You can select specific questions that are relevant for your needs. These questions can also be used as examples for creating your own list of questions by rephrasing them in a language which is more appropriate for the street children you are working with. Add questions if needed.

Consider the age and cultural background of the children before choosing any questions. When choosing questions for adults, consider their professional, cultural, and religious background. Some of the questions, especially those in the general health and risk behaviours sections, may not be appropriate for your particular setting because of their sensitive nature (such as questions on sex and drug use). Some questions which can be asked directly in a private interview may need to be rephrased if they are put to a group. For example, the question "Have you ever been raped?" could be rephrased "Have street children that you know ever been raped?"

Menu A : Street children.

The first menu (Street Children Question Menu) is for questions you might want to ask street children directly in a focus group, an interview, or a survey.

1. Demographic information.

These questions provide information on the background of street children:

- Gender of the participants.
- How old are you? Or what year were you born?
- Where were you born?
- Can you read and write? How much schooling did you do?
- Where do you live?
- With whom do you live?
- Where are your parents? Who raised you?
- Where did your parents come from?
- Do you practice any religion? How important is it to you?
- Do you work? What type of work do you do?

2. Stresses.

a) Major Life Events.

Key Question:
Has anything happened to you in your life that has been very difficult?

Probes, if needed:

- Have you ever been so sick or injured that you needed to go to the hospital?
- Has any one close to you died?
- Have you ever been in a situation where you feared losing your life or being severely harmed?
- Have you ever experienced a natural disaster, such as an earthquake, flood or fire?
- Are you a refugee?

b) Everyday stresses.

Key question:
What don't you like about living on the streets? What don't you like about living with your family?

Probes, if needed -

- What do you like about living on the streets? What do you like about living with your family?
- What do you try to avoid each day? (Problems, street children, activities)
- Where do you usually sleep? Where do you sleep at other times?
- Where do you usually get your food? What do you usually eat? Do you ever go hungry? If you cannot get food, what do you do?
- Where do you get your clothes? Are they warm/comfortable enough? What about when it rains heavily? Do you ever get cold? Where and how do you clean your clothes?
- Where do you go to wash or clean yourself? How often?

- Where do you get your money? Do you ever provide sex in exchange for affection, food, clothing, shelter, drugs or money?
- Do you often get hassled? Who hassles you? Why do they hassle you? What do they do?

c) Enduring life strains.

Key question:
What are the most important problems that you have in your life at the moment, other than finding food, shelter and clothing?

Probes, if needed:
- Do you feel good about yourself?
- Are you as physically strong as everyone else?
- What are the most important things that you need right now to get by?
- What are your plans for the future?
- Do you need more education? What kind of education?
- Will you be able to find a job? What kind of job could you get? What type of training would assist in getting the type of job you would like to have? What kind of job would you like?
- Where would you like to live?
- Do you often feel sad, lonely or unhappy?
- Have you ever tried to harm or kill yourself?

(d) Life transitions.

Key questions:
Have you had to move often? Do you need to move around a lot when living on the streets? Why? Does your family move around a lot? Why?

Probes if needed:
- Did you grow up in a different place? What made you move here?
- If you have moved, did you lose contact with close friends or family?
- Is it difficult to make new friends when you move into a new area?
- What makes it easier to fit in with a new group of street children ?
- Have you had different groups of friends? If so, why did you change your friends?

(e) Developmental changes of adolescence.

Key Question:
What things are good and what things are difficult about growing up and being an adolescent?

Probes, if needed:
- What is it like to be an adolescent? Are you like other adolescents? What is different about you?
- Do you worry about growing up? Do you worry about your size or appearance?

Example

A street children project in The Russian Federation found asking, "Is it better to be a child or an adult ?" got more response from boys than, "What is it like to be an adolescent?". The project also found that the questions about growing up and worrying about appearance brought forth a lot of comments from girls when used in focus group discussions.

3. Normalization of substance use.

Key question:
What problems concerning substance use are there in your community ?

Probes, if necessary:

- What do street children in your community think of substance use?
- Which substances are all right and which substances are bad to use? Which is the most harmful substance and which is the safest?
- Where do street children get their substances from?
- How easy is it for street children around here to get substances? Is it easier to obtain substances here than elsewhere?
- Do street children prefer using certain substances or do they use different substances depending on their availability?
- In what way has there been a change in the availability of different substances around here over time?
- How much does the cost of substances influence the type and amount of substances that street children use? Has there been a change in the cost of the substances that they use?
- Do street children use more substances when they live on the streets or when they live elsewhere?
- Do most street children use the same substances as their friends? Do friends encourage others around here to use substances? If so, why?
- Do street children get hassled by the police or others because of their substance use?
- Do you think that advertising, sponsorship or marketing of substances influences street children?

4. The Effects of substance use.

Key questions:
What are the main reasons street children use substances? What effects do they get from using substances such as cannabis, alcohol, tobacco, glue, etc.?

Probes, if needed:

- What substances do you/street children use? Which is the favourite substance? Which is the least favourite substance?

You may prompt from the following list:

- Alcohol
- Tobacco
- Cannabis (e.g. marijuana leaf, hashish, resin/oil)
- Natural opioids (e.g. heroin, opium, morphine, codeine)

- Synthetic opioids (e.g. methadone, pethidine, omnopon)
- Cocaine (e.g. coca paste, cocaine salt, crack)
- Amphetamine-like stimulants (e.g. methylphenidate, methamphetamine, MDA, ice)
- Stimulant/Hallucinogens (e.g. MDMA, bromo-DMA)
- Other stimulants (e.g. ephedrine, caffeine)
- Hallucinogens (e.g. LSD, psilocybin, peyote, mescaline, PCP)
- Hypnosedatives (e.g. barbiturates, benzodiazepines, methaqualone)
- Volatile substances and aerosols (e.g. petrol, glue, benzene)
- Others (e.g. khat, kava, pitchuri, nutmeg, betel nut)
- Prescription drugs

- How often do you/street children use these substances?
- How much of the substance do you/street children use each time? Do you/street children get intoxicated?
- How do you/street children take these substances?
- When did you/street children first start using these substances?
- Why do you/street children take them? How do the substances affect you/street children? Do you/street children enjoy them?
- Where do you/street children prefer to go to use substances?
- Who do you/street children use these substances with? Do you/street children use substances when alone? Do you/street children share substances with others?
- What do you/street children find is good/bad about taking substances?
- What effect does taking substances have on your health or the health of street children ?
- How do you feel about your taking substances?.
- What does your family feel about your substance use? Or How does substance use affect family life around here?
- How does your substance use affect your friendships? Or How does substance use affect friendships?
- How does your substance use affect your study or work?
- Have you/street children been in trouble with the police because of (your) substance use?
- Have you/street children had to leave a place you/they were living in because of your/ their substance use?
- Do you/street children go without things such as food or clothes so that you/they can buy substances?
- Does substance use affect your/someone's sex life? Do you/street children usually have sex when you/they take substances?
- Have you/street children ever been in an accident after using substances?
- Have you/street children ever been in fights during or after using substances?
- Do you/street children feel guilty about using substances?
- Do you/street children need help because of (your) substance use? Would you/ street children like help to do something about (your) substance use?
- Has anyone told you/street children that you should do something about your/their substance use? Do any of your friends have a substance use problem?
- Have you/street children ever been treated for a substance problem? Can a person with a substance problem be helped or cured?
- How do you feel about street children who sell substances?

5. Attachments.

Key Question:
Who or what is most important to you?
Probes, if needed:

- What is/ was your family like? Are you still in contact with them?
- What do you like about your family? What don't you like about your family?
- (If away) What do you miss about your family? Would you like to visit your family or go back and live with them? Would your family welcome you back?
- Who is most important to you in the family?
- What are your thoughts about school? (same for non-formal education) What is/was the most useful thing about school?
- How well did/do you do at school? (same for non-formal education) How did/can you keep up with the schoolwork?
- How did/do you get along with your teachers? (same for non-formal education)
- Would you consider going back to school? (same for non-formal education)
- Do you have a few close friends, many not very close friends, or no real friends? Who is your closest friend?
- Whom do you trust? Whom don't you trust? Who do you turn to when you need help?
- Whom do you admire? Who is your hero?
- Whom do you most agree with -your parents/carers, your friends, your teachers/employer, or your sexual partner?
- Whom do you feel most comfortable with?
- Who admires you? Who says good things about you?
- Who are you most like?
- Do your parents/carers approve of your lifestyle? Do your parents/carers approve of your friends?
- Do your friends approve of your parents/carers?
- Do/did your parents/carers have a substance use problem? Did you leave home because of your parents'/careers' substance use?
- Did you leave home because of sexual, physical or emotional abuse?
- Is religion important in your life?
- Do you like your work?
- What is your employer like?
- Do you have a pet? How do you feel about your pet?
- Do you own anything that is very special to you?

6. Skills, competencies and coping strategies.

Key questions:
What things do you think you are best at? How have you managed to survive the difficulties in our life?

Probes, if needed:

- What are the most difficult problems that you have to deal with?
- How do you usually deal with these problems?
- What could you learn that would help you cope better?
- What do you do when you feel anxious or stressed? What do you do when you feel sad or depressed?

- What do you do when you feel angry? How do you try to control your anger or violence?
- Do you have any problems sleeping? What helps you to sleep?
- What do you do to make you feel better about yourself?
- How do you try to stop street children from forcing you to do something you don't want to do?
- What do you do to try to control your substance use?
- What special skills do you need to work or to earn money?

7. Resources.

- Where do you get your information from? Who do you speak to and listen to? What information do you trust? Who wouldn't you listen to or take notice of?
- Where do you go for medical treatment? Do you feel comfortable there? Are you treated well there? How could the service be improved? Who do you listen to about medical and health information?
- Who do you see to help you find shelter or a place to live?
- Who helps you get food?
- Where do you go to find clothing?
- Where do you go for recreation? What do you do for fun? What would you like to do for recreation? Do you play any sports? Would you like to play sports?
- Where do you spend most of your time? Where would you like to spend time?
- Are you involved in any educational activity? If so, what are you learning?
- Have you had any training for a job? If so, where? What kind of training would you like? How would it be helpful?
- If you can read, what do you read and what would you like to read?
- Do you watch television, video, movies, or listen to the radio? Which do you trust, and which provides you with the best information?
- Do you read information pamphlets and posters? Do you believe them?
- What kind of information would you take notice of, e.g. colourful, humorous, frightening, serious?
- Where do you find out about information on substances?
- Where would you go to get help for a substance problem?
- Who could give you advice about your diet?

8. General health issues.

- How has your general health been in the past?
- What problems have you had with your health? Have you had any accidents? Do you suffer from any allergies? Have you any problems with your teeth? Have you ever had a sexually transmitted disease?
- Do you suffer from any long term disability?
- Have you ever required medical treatment, e.g. for malaria, tuberculosis, parasite infection? Have you ever been admitted to a hospital? If so, why? Have you had any, operations?
- Have you ever been treated by a psychiatrist or psychologist? Why did you need such treatment?
- Are you receiving any treatment now? Are you satisfied with your medical treatment? How can it be improved?
- Has your substance use caused any problem with your health?
- What immunizations have you received?
- What do you normally eat? Do you think that this is a good diet? How could it be improved?

9. Risk behaviours.

Key Question:
Example of asking question directly:
Do you take any risks with your life or safety? If so what type of risks?
Example of asking question indirectly:
Do you think street children take risks with their lives or safety? If so, what type of risks?

Probes if needed:

- Do you/street children around here do somewhat risky or daring things? How do you/street children around here show off to your friends? How do you/street children around here prove yourself?
- What do you/street children around here need to do to be accepted by the other street children?
- Do you/street children around here get involved in fights? Do you/street children here carry/use a knife, gun, or other weapons? Do you/street children around here break the law for fun, to be accepted by others, or to survive in the streets?
- Do you/street children around here do risky things to earn money or to get food, clothes, shelter, etc?
- Are you/street children around here sexually active? Have you ever been forced to have sex? Do you provide sex to survive? Have you ever had sex with a person of the same sex? How many sexual partners have you had/have now?
- Have you any children or have you been pregnant? Have you ever had an abortion? If so, where?
- What are sexually transmissible diseases? What is HIV? AIDS? Have you ever had a sexually transmissible disease? Are you/street children around here at risk of becoming infected with HIV or with other sexually transmissible diseases ?
- Do you use any form of contraception? What type? How often?
- What is 'safer sex'?
- Do you/street children around here experiment with different combinations of substances? What combinations do you/street children around here use? Do you/street children around here ever take substances which you don't know about?
- Do you/street children around here do risky things after using substances, such as committing a crime, climbing buildings or trees, swimming, having sex with strangers, or walking across a busy street?
- Do you use substances alone or with other street children? Where do you use these substances?
- Have you ever injected a substance? How did you inject it? If so, did you share the needle, syringe, water, or any other utensils with someone else?
- Where do you get your clean needles and syringes from? Do you re-use them? How do you clean them and with what?
- Who would you ask to find out more about the substances you use, and how could you protect yourself from any harm?

Menu B: Service Provider.

The second menu (Service Provider Question Menu) is for collecting data from adults who are involved with street children. Questions to be asked of adults can also be asked in a focus group, an interview, or a survey.

1. Demographic information.

- What is the sex ratio of street children?
- What is the age range and average age?
- Where do they come from? Where do their parents come from?
- What are the literacy and educational levels like?
- Where do street children live, sleep, spend most of the day?
- Where are their parents? Who and where were they raised? Do they come from institutions?
- What is their religious involvement?
- Do they work?

Note: The term, 'street children' is used throughout the sample Menu Questions for Service Providers. Remember the definition of street children used by the WHO Street Children Project on substance use is broadly defined (see the introduction). You will need to adapt the term to fit your local needs. For example, instead of street children, you may want to say "homeless children"or "children living in slums". An organization in Canada, found that the terms "street kids" and "street youth" were preferred.

2. Stress.

a) Major life events.

- What kind of tragedies have street children been exposed to?
- What disasters or major changes has the local community been exposed to?
- How was the community affected? How did the community respond?
- How have these tragedies and disasters affected the children? What help have they received to cope with the trauma of these tragedies and changes?
- What major risks do street children have to contend with on the streets?
- Are street children scared of being harmed? How or by whom?
- Have street children been affected by any major illness?

b) Everyday stresses.

- How do street children spend each day?
- What do they have to do to survive on the streets each day? What are their priorities?
- What are the problems that they have to deal with? How do they cope?
- Where do they sleep?
- How do they find shelter, food and clothing?
- How do they keep clean?
- How do they pay for their basic needs, recreation and substances?
- Are street children involved in survival sex?

c) Enduring life strains.

- What are the social, cultural, health, political, environmental, industrial and economic problems of the local community?
- How do these affect the street children? What are the future prospects like for street children?
- What are the main social factors which contribute to their homelessness?
- How do street children feel? Do they suffer from depression? What is their self-image and self-esteem like? How do they express their feelings?
- Do street children harm themselves or commit suicide?

d) Life transitions.

- How mobile are street children? What are their movements and why do they move?
- How stable are their contacts with their family, peers and health and welfare services?
- What kind of changes do street children experience? How do they adjust to these changes?

e) Developmental changes of adolescence.

- What problems of adolescence do these street children experience?
- Are these problems similar to other adolescents?
- Are street children concerned about their size or appearance?
- Do they understand the normal developmental changes of adolescence?

3. Normalization of substance use.

- What substance problems exist within the community?
- What substances are used in the community?
- What is the attitude of the community towards different substances, substance use and substance users? What substance use is condoned and what substance use is not accepted by the community?
- Do street children use substances?
- How does the community influence substance use?
- How easy is it to obtain both licit and illicit substances in the community?
- Are substances more readily available for street children?
- Do peers and families influence the substance use by street children?
- How important is advertising, sponsorship and 'pushing' in influencing substance use by street children?
- How are street children who take substances treated by the police or other law enforcement officers?
- What strategies (e.g. health education campaigns) are used in the community to prevent substance related problems?

4. Substance use and its effects.

What substances do street children use? What are the preferred substances? What combinations are used?

- Why do street children use substances?
- How are these substances used or what is the route of administration?
- How often do street children use these substances? How many children are dependent on substances?

- Where are these substances obtained from?
- How do they pay for them?
- Where do they use these substances? Who do they use them with?
- Do they sell substances?
- What are the main problems that they experience through their substance use?
- What are the greatest risks to street children through their substance use?
- What are the greatest concerns that the community and your organization have about the use of substances by street children? Do street children cause problems for the community?

5. Attachments.

- What kind of families do street children have or come from?
- Are street children still in contact with their families? Do they miss their families?
- Could they return home to live with their families?
- What are the reasons for street children leaving home?
- How common is physical, emotional and sexual abuse in these families?
- How do their families feel about their children living on the streets?
- What problems do their parents have? Is it common for their parents to have a substance problem?
- Who are their friends? How strong are these friendships?
- Whom do they trust? Who don't they trust?
- Whom do they admire? Who acts as role models for them?
- Who admires them? Who gives them complements and positive messages? What are street children good at?
- How are they valued in the community?
- What has their schooling experience been like? Why have they left school?

6. Skills.

Competencies and coping strategies

What coping skills do street children use to survive on the streets?

- Are there positive learning experiences associated with living on the streets?
- What are the most difficult problems that they have to deal with?
- How do they cope with depression, anxiety, anger and fear?
- Compared with other children, what living and coping skills do they lack?
- How do street children learn new skills?

7. Resources.

- Where do street children get their information from? What information do they trust? Who do they trust as information providers? In what form is the information more likely to be accepted? What information resources are available to them? Have any resources been specifically developed for street children?
- Where do street children go for medical treatment or advice? What medical services are available? How accessible are these services to street children? Is training offered to service providers to improve delivery of services to street children? Has the training been evaluated?

- Are reproductive health services available for street children? Are condoms and other contraceptives easily available to street children? Is testing for HIV and other Sexually Transmissible Diseases (STDs) offered for street children? Is pre- and post-test counselling available? Is treatment for STDs available? Is care and support available for street children who are infected with HIV and those who have AIDS?
- Where do street children go for advice or treatment related to substance use? What substance treatment and advisory services are available to street children? What strategies are used? How accessible are these services for street children?
- Are there any services specifically for adolescents? How are street children treated by these various agencies?
- Do any agencies provide a range of services in one location? What agencies provide an outreach service? How are outreach services provided? Who utilizes the outreach services?
- Where do those children go to find shelter? What kind of accommodation and accommodation services is available? How accessible are these services to street children?
- Where do street children go to find food? What services are available to feed street children? How accessible are these services to street children?
- Where do street children get dressed? What services are available to provide clothes for street children? How accessible are these services to street children? Where and how do they clean their clothes?
- Where do street children go to wash? What services provide facilities for street children to wash? How accessible are these services to street children?
- What do street children do for recreation? Where do they go for recreation? What recreation services are available for street children? How accessible are these services to street children?
- Where do street children go to find formal and non-formal educational opportunities? What educational services are available to street children? How accessible are they for children? What percentage of children are able to read, write, and do basic mathematics?
- Where do street children go to find employment? What vocational training and employment services are available to street children? How accessible are these services to street children?
- Where do street children go for counselling or emotional support? What counselling services are available for street children? How accessible are these services for street children?
- Where do street children go for religious or spiritual guidance? What religious support is available to street children? How accessible is this support to them?
- Where do street children go for legal advice or support? What legal advice and rights are available for street children? How accessible are these services to street children? What human rights abuses do they suffer? Who abuses them?
- Where do street children go for physical protection when they are threatened? What protective services are available to street children? How accessible are these services to street children?
- Are there networks of community agencies which deal with street children? How do these networks operate?
- Has any research been conducted or data collected on the problem of street children in the community?
- Where do agencies dealing with street children go for advice or support?
- What exposure do street children have to the mass media, such as television and radio? What mass media health education programmes are available to street children?
- Where do street children working with street children get their training from?

8. General health issues.

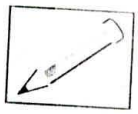
What are the main health problems of these street children? What type of long term disabilities do street children suffer from?

- What is the prevalence of sexually transmissible diseases (including Hepatitis B & C, HIV infection, gonorrhea, syphilis) and other infections among street children?
- How common are accidents and other trauma among street children?
- How common are psychiatric illnesses among street children?
- Do street children suffer from nutritional disorders?
- Do street children experience dental problems?
- What are the common health problems in the general community? How do these problems differ from the problems experienced by homeless children? What factors contribute to these differences?

9. Risk behaviours.

- What kind of risk behaviours do street children indulge in? Which of these behaviours pose the greatest risk to the children and to the community?
- How common is injectable substance use in this group of children? How common is needle sharing? What knowledge do street children have of safer substance using practices? What are the greatest risks to street children through their substance use?
- How common are unplanned pregnancies among street girls? How are these pregnancies managed?
- What contraception is used by street children? What is their understanding of safer sex, and how widely is it practiced?
- How common is survival sex/prostitution in this group of street children?

Learning Activity



1. Identifying assessment questions.

Review the question on the previous pages and identify information about street children that you need for your work as a street educator. Try to think of a few questions that you would like answered. The six parts of the **Modified Social Stress Model** could serve as a guide to the general issues that may be important in your situation. Write a few questions about each area of the model.

- Street children's level of stress/distress and how the child reacts to stress eg. is the child depressed, anxious, or lonely?

- The prevalence of substance use and its acceptance in the community.

- The effect substances typically have on street children.

- The number, type, and strength of street children's emotional attachments.

- Street children's competencies and coping strategies.

- Resources that are accessible to street children.

Put a **star** next to the information that appears most important to you.

2. Asking questions.

Read the following conversation between a street girl and a street educator.

Educator: "What made you decide to leave home?"
Girl: "I had to leave home."
Educator: "Was there something special that happened to make you leave home?"
Girl: "My mother said I had to earn money."
Educator: "What did she need the money for?"
Girl: "To take care of the new baby."
Educator: "How did you feel about having a new baby at home?"
Girl: "I didn't like it. The baby cried all the time and my mother was tired."
Educator: "What else changed when the baby was born?"
Girl: "After the baby was born, he slept with me on my mat."
Educator: "Who slept with you?"
Girl: "Jose."
Educator: "Who is Jose?"
Girl: "Mama's friend. He's the papa."
Educator: "You must have been unhappy when Jose started sleeping with you on your mat."
Girl: "He was nice. He bought me a new dress and a necklace."
Educator: "How did your mother like it when Jose slept on your mat?"
Girl: "She was angry. She said I had to go and earn money now."

How well do you think the educator asked questions? Give reasons.

Would you have asked things differently? Specify.

3. Asking open-ended questions.

Try changing these yes/no questions into open-ended questions.

- Do you always stay here?

- Have you been sniffing solvents?

- Do you see your family?

Now try to come up with at least 3 open-ended questions to find out the following information:

1. Why a street child ran away from home.
   -
   -
   -
2. How a street child feels about living on the street.
   -
   -
   -
3. Why a street child stole something from a youth centre.
   -
   -
   -

Lesson 3 - Methods for collecting information

3.1 Collecting information on street children.

A number of methods that have been used by the WHO Street Children Project are described in this lesson. One particular method, **Focus Group Discussion**, has been used extensively. Most of the methods described in this module require considerable skills and knowledge. Either you should get trained in the use of these methods of collecting information or engage people conversant with their use to support you if required. You can get more information on their use from materials for further reading.

3.2 Focus Group Discussions.

A Focus Group Discussion (FGD) is an organized discussion among 6 to 12 individuals on a single topic for a specified duration. It helps in the collection of qualitative (feelings or perceptions of target audience) information. The process of group interaction stimulates active participation and encourages ordinary dialogue (including differences of opinion) among members of the group. The assessment is better if the dialogue resembles a normal, serious discussion. The focus group technique is especially useful for an in-depth exploration of street children's and service providers' views on the given topic.

A focus group discussion is an organized discussion among 6-12 individuals on a single topic.

- **Preparing for Focus Group Discussions.**

Steps that need to be kept in mind during the preparation for a focus group discussion include:

Decide what you want to do.

- **Decide what you want to know.** It is not possible to discuss every issue related to street children and substance use or sexual and reproductive health in a single focus group. Decide what information you need to know the most. Make a checklist of the general questions and probes. **General or key questions** allow group members to reveal their general perceptions and attitudes and **specific questions or probes** help to develop deeper discussions of these perceptions and in understanding the decision making process of group members. The list will remind the facilitators during the discussion of all the issues that need to be discussed. Ideally, at least one current or former street child could be a part of the planning group for the FGD.

- **Identify the participants.** The children themselves can answer many questions but, to get a complete picture, organize a group discussion with service providers, community leaders, ordinary residents, or law enforcers. Participants for these groups can be selected on the basis of the questions that need to be answered.

- **Characteristics of members of the street children focus group.**
Determine whether you want street children with similar or different backgrounds in the same group eg. vendors, sex workers, those using substances or at risk of sexual and reproductive health problems. Girls should be separated from boys because they often do not speak much in the presence of boys, especially if there are more boys than girls in the group. It is important to get information about street girls because their lives are different from those of street boys in several important ways. They may have more needs and may face more dangers than street boys.

- **Characteristics of members of service providers focus group.**
Invite members of the community who are in close contact with street children (such as community nurses, doctors, social workers, community development officers, volunteers, vendors who employ street children, parents, teachers, law enforcement officers etc.). It is often helpful to invite service providers from a range of different organizations. Mixing participants from different organizations in the same FGD can promote an interesting exchange of ideas and information and increase motivation to attend.

- **Plan the Focus Group Discussion.**

  - **Date and Time:** Ensure that the timing of the discussion is convenient to all participants. The time that suits street girls may be different from the time that suits street boys. Choosing an appropriate time may be particularly important for service-provider groups.
  - **Confirm attendance:** Keep in contact with the participants in person or in writing.
  - **Venue:** Arrange the meeting point. The place should be safe, comfortable and easily accessible. It should offer privacy.
  - **Presentation material/aids and seating arrangement:** Prepare visual aids (flip charts, writing materials, or art supplies). Make seating arrangements and place teaching aids in a manner that promotes participation and communication, e.g. sitting in a circle provides better eye contact and improves communication.
  - **Plan the focus group discussion:** Identify the facilitator, observer and recorder, and fix the duration (2 hours).

- **Roles of participants in Focus Group Discussions.**

  All participants of the FGD, have an important role in ensuring the quality and progress of the discussion. The roles of various participants are given below:

  - **Facilitator:** the facilitator should preferably be of the same sex as the FGD members, should speak the same language and be familiar with the topic for discussion. Ideally, he or she should have had the experience of working directly with street children. The members of the group must feel that the facilitator cares about them and their problems. It is best to ask street children and service providers who they think would be a good facilitator for their respective groups. The facilitator should:
    - introduce the themes being discussed and create a conducive environment for discussions.
    - establish confidence and trust among participants and ensure that each group member is participating.
    - control the group, keep discussion focused and help participants present their ideas and feelings to the group.
    - protect members of the group from personal attacks, putdowns and criticism.

    With a group of more than six street children or service providers it is better to have two facilitators. A single facilitator might not be able to guide the discussion and pay attention to the emotional needs of the participants at the same time.

- **Recorder:** this should be someone who can prevent his or her own opinions from influencing the information he or she records. The person must also have writing skills, observation skills, and familiarity with the dialect or slang of the group. The recorder should:
  - note the date and time of the meeting, number of group members, and their name and age.
  - note the proceedings in the words of the group members so that other readers can actually get the 'feel' of the discussion.
  - from time to time help the facilitator by making suggestions on how to make the discussion more meaningful.
  - check the notes immediately after the discussion for completeness and accuracy.

  Recording is a critical task because hearing the 'voice of street children' is the very purpose of focus group discussions. Documenting only what is actually stated is a skill that can be developed. One way to practice this skill is to simultaneously record the discussion on paper and on an audio (or video) tape, and then compare the two.

- **Observer:** The person must have observation skills and should observe:
  - the process of the discussion, the flow of dialogue, the emotional atmosphere and problems that hinder communication.
  - nonverbal cues e.g. silence, restlessness and posture.

- **How to conduct a Focus Group Discussion.**

  - **Welcome the participants:** welcoming the participants puts them at ease. A warm, pleasant atmosphere will help street children and service providers relax, develop trust in the other participants, and express their ideas. With street children, an introductory activity that appeals to the group, such as a song, a prayer, or a brief game, will help get the group started. You can do this with an adult group if local practices permit it.

An introductory activity that appeals to the group is useful!

- **Start the discussion:** state the general purpose of the FGD and explain the rationale and the procedures. Ask the group for questions, suggestions, and expectations. Go over the basic ground rules such as one person speaking at a time, respectful listening, or keeping what is said confidential (not sharing what is heard in the FGD with others outside the group). Begin the discussion with a general, open-ended question about the topic. Many street children projects have found it best to start with less personal, non-threatening questions.

- **Facilitate the dialogue:** pay attention to the process and the content of the discussion. The process includes issues such as:
  - who speaks and who does not.
  - what topics are avoided.
  - what issues upset the group.
  - whether the pace of the discussion is slow or quick.
  - how the participants interact with one another and with the facilitator.

  Encourage the participants to share as much information and as many insights as possible. Try to maintain an atmosphere in which participants take each other seriously. Help to make it safe for participants to share the feeling behind their opinions.

- **Deal with tiredness and discomfort during the discussion:** it is vital to be flexible with the FGD process with street children. Keep sessions short where needed. Do not ask too many questions in each session. One may break the monotony through humour or a game. You could offer snacks as an incentive if this suits your situation. However, incentives can have a negative impact. For example, street children expecting payment or similar incentives associated with any contact with researchers or street educators could result in having one organization having an advantage over the other organizations who do not offer incentives although they still offer quality services. Keep the emotional atmosphere of the discussion at a level that can be tolerated by all the participants. If any of the members become too distressed, ask the group to take a break while you address his/her feelings. Over time, you will develop your own ways to keep the discussion friendly, comfortable and informative.

- **Conclude the FGD:** towards the end of the session, restate the objectives of the FGD and summarize the main points made by the participants and ask them if the discussion has missed any important issues or questions.
  - Express sincere appreciation for the participants' attention, time, and contributions.
  - If the information has not already come up in the course of the discussion, ask the participants to answer a few questions about their background (age, education, and place of birth).
  - Inform the participants of subsequent activities, if any.
  - End the FGD with a feeling of togetherness. Sing a song, shake hands, or do a similar activity that affirms the group and puts a sense of closure to the time spent together.

- **Important considerations during Focus Group Discussions.**

  - **Barriers to effective Focus Group Discussions:** In this WHO Children Project the following barriers were identified.
    Attitudinal problems such as uncertainty on the part of service providers as to why they should participate in focus groups and how their input would benefit their work or help the community. Some centres have faced quite a lot of difficulty in recruiting service providers to participate in such discussions.

    Problems of logistics, such as finding convenient times and places to meet.

    Carefully consider the best way to approach and involve service providers in your area. Developing basic community support for the project and an open discussion on practical issues and concerns (e.g. roles, responsibilities, funding etc.) may remove some of the barriers.

- **Incentives for participation in FGDs:** in Honduras, participating street children were taken out for a pizza after each meeting. In the Philippines when the children participated in the FGD they were given a bag of rice. Children who returned home often gave the rice to their family, whereas those living on the street traded the rice at restaurants or shops for food. Another strategy is to offer transport to the meeting. Incentives may have negative implications for future activities if they are not maintained. Determine incentives based on available resources.

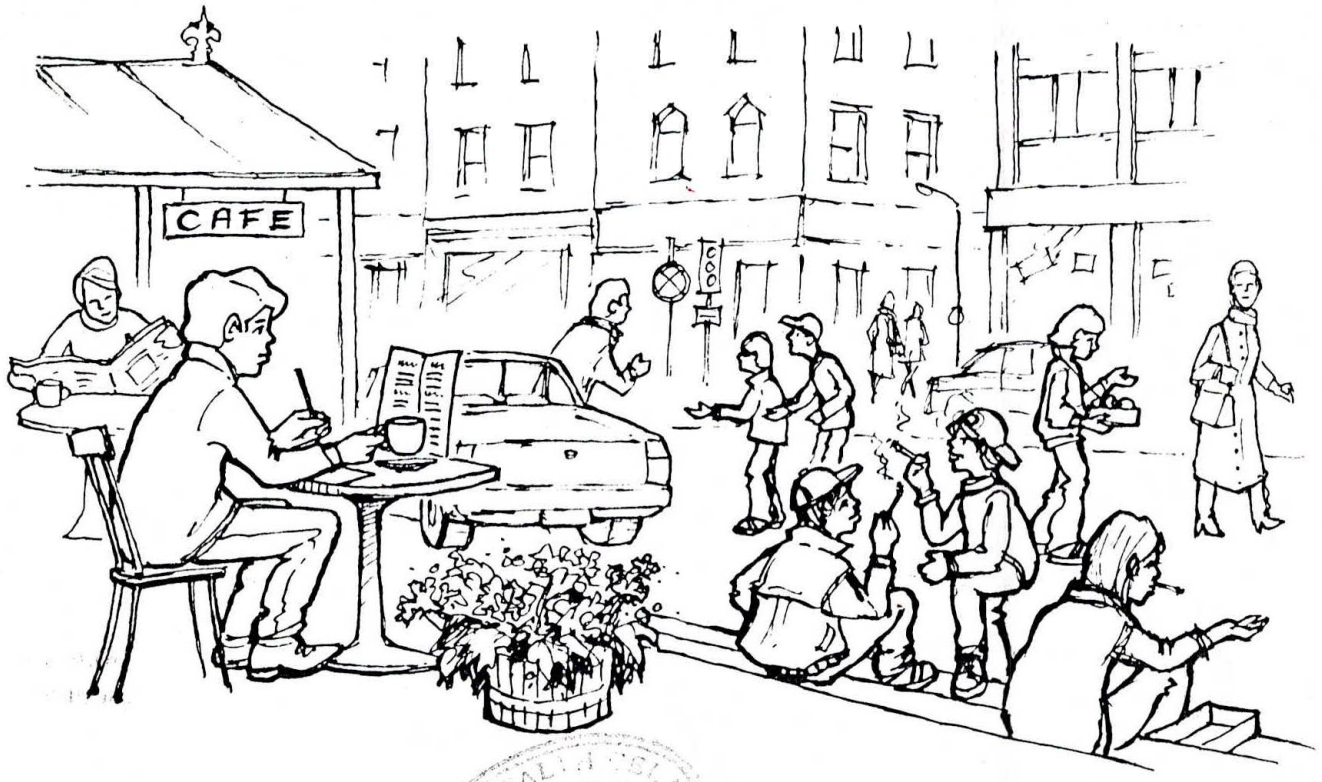
3.3 Case Studies.

A case study is a detailed description of one person's or one group's experience with an issue, e.g. a description of how one street child began experimenting with substances, became a heavy user, and then stopped using the substance. Case studies help to put pieces of information into their proper perspective and they make a greater emotional impact than do statistical data.

Case studies are particularly useful for describing individuals or subgroups which do not fit the typical pattern of behaviour. If there are very few street girls in your area, do case studies of some of the girls, rather than studying them as a group. Case studies on particularly resilient street children could help in the identification of healthy strategies for survival on the streets.

3.4 Observation.

Using this method, an observer watches a specific group of street children or a specific location while trying not to attract much attention. The person records as many observations as possible in a field diary. The observer might record everything he or she sees in a 'free-flowing style,' or he/she may concentrate on specific behaviours that have been decided in advance.
Observation is a good technique for coming up with new ideas about the lives of street children which could be tested later. It is also a good way to validate (confirm) the data collected by interviews or questionnaires. Safety issues must be considered, if the investigator is observing illegal activities.



Observation is a good technique of coming up with new ideas about the lives of street children.

3.5 Key Informant Interviews.

A key informant study is a series of interviews with several key individuals or experts on a topic. Key informants are individuals with first hand information about street children. These individuals can be resource persons in the government, health facilities or other service organizations in the community. The same questions are asked during all the interviews, but the interviewer is free to ask follow-up questions in order to get as much information as possible from the informant.

The following could be the experts on the subject of substance use and sexual and reproductive health among street children: former street children, ex-substance users, parents of street children, drug dealers, sex workers, employees of street children projects, social workers, health workers, street educators, teachers, researchers, religious leaders and community leaders.

- **How to ensure an effective key informant interview.**

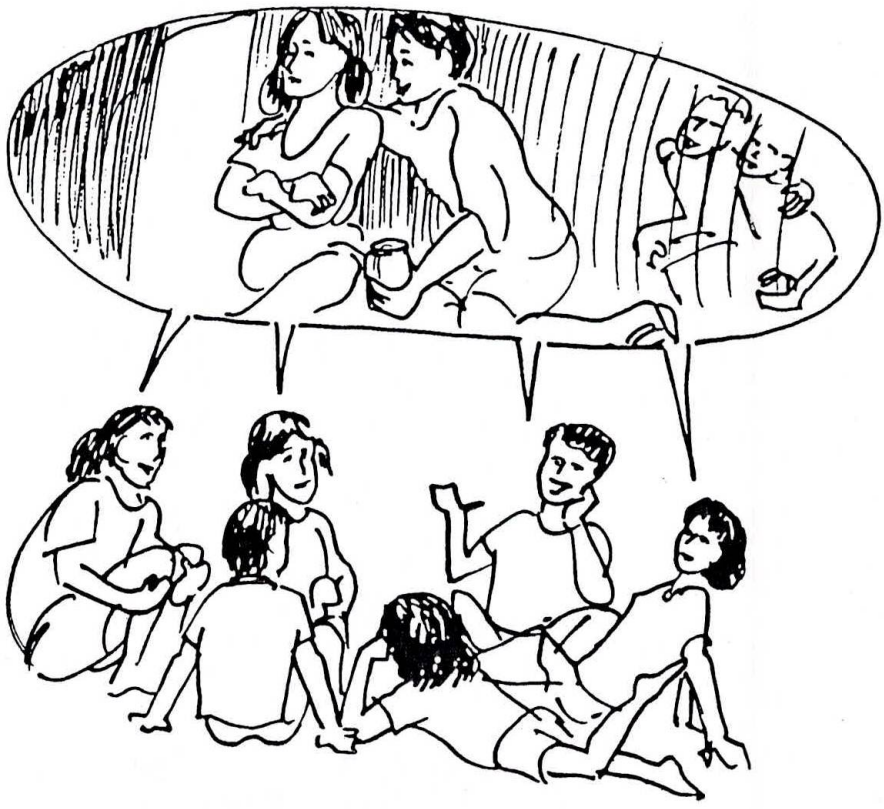
  - Identify key informants.
  - Inform the community or organization about the interviews.
  - Contact individuals to be interviewed well in advance.
  - Arrange for adequate translation if language barriers exist.
  - Provide adequate information to the contact persons e.g. purpose and objectives of the project, length of interview etc. Prepare a relatively formal outline with the questions you may want to ask and be prepared to take careful notes.
  - Observe existing cultural norms.
  - After the field visit analyse and discuss the findings with relevant people, e.g. key informants, street educators, and administrators.

3.6 The narrative research method.

This technique is especially designed to study the **sequence** of events that are involved in a behaviour. It is a good method to study topics where processes, rather than simple single behaviours have to be assessed. For example, learning to use substances, making the transition from home to street, deciding to have sex while under the influence of substances etc. could be studied with the narrative method.

In narrative research, the subjects of the study create realistic stories about something that takes place in their normal environment. Street children can be asked to make up stories about ordinary street children. In a group setting, street children can be asked to role play (details of role play are provided in **Module 7: Teaching street children**) various characters to assist in the development of a detailed story-line regarding the pattern of events that lead to the end point under consideration, for example, a street child's decision to use a substance for the first time.
A questionnaire can be developed on the basis of the story. It can be administered to other street children in the area, and information about the process of starting and continuing the use of substances can be obtained.

More information on case studies, observation and key informant studies can be found in a WHO document -Qualitative Research for Health programmes, document no. MNH/PSF/94.3



Narrative method helps to study a sequence of of events in a behaviour.

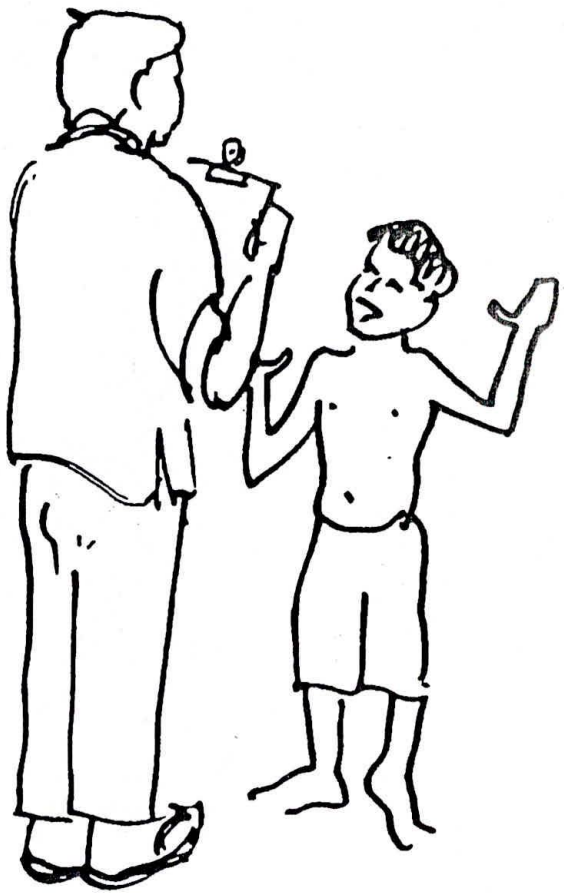
3.7 Surveys.

Surveys can provide more detailed information than the key informant interviews. A survey is a questionnaire or interview given to a relatively large number of street children, service providers, families, or others. The exact questions and the range of responses are set in advance. Surveys are useful when numerical data about a topic is needed, for example, the number of different substances used by street children. Surveys can help in the comparison of results from a given assessment to data about other assessments and settings. Quantitative information that surveys provide may be required for interventions that have to do with the community rather than an individual street child. A donor organisation may also ask for such data when they have to provide funds for activities.

- **How to prepare a tool for survey.**

  A questionnaire that has already been written and used in other assessments can be used to collect information. This helps in saving time and in comparison of results from the assessment with data about other groups and settings. If information is required on issues on which pre–existing questionnaires are not available, you can develop your own questionnaire. The steps involved in the development of questionnaires are given below:

1) Identify main questions for which quantitative information is needed (e.g. knowledge about risks, awareness about condom use, substance use, and reasons for using substances).
2) Develop questions using words that are understood in the local culture, e.g. for condoms, sex, substances and other sensitive topics. It is important that the words used are accurate.
3) Test the questions among a group of street children or health care providers.
4) Modify the questions based on the test.
5) Add an introductory note on the purpose and method of assessment. This helps in allaying apprehension regarding the assessment in the minds of the subjects.



Surveys provide more detailed information than key informant interviews.

3.8 Projective methods

Projective assessment methods allow participants to express their thoughts and feelings in an unstructured, creative, and often nonverbal way. One of the most popular projective methods that researchers use with children is drawing. Instead of asking children to verbally describe their families, the investigator could ask them to draw a picture of the family. The children project thoughts and feelings onto the paper. The person collecting the information should discuss the drawing with the child immediately afterwards to be able to understand the message the child is conveying in the drawing. Use of projective methods require training in psychology, because of the complexities involved in the individual's productions (e.g. drawings), which make the task of interpretation difficult.

Example

Street educators and researchers in Bolivia have experimented with a more contemporary version of projective drawings. They have given cameras to street youths who have then documented their own activities by taking photographs.
It is important to remember that many street children may not want their activities recorded on film, regardless of whether the activities are legal or illegal. Gang members, corrupt police officials or drug traffickers may try to harm street youths who draw them or take their picture. So, these need to be used judiciously.

Learning Activity

1. Methods for collecting information:

- Make a list of important areas for which you need to collect information. Against each area, list the most appropriate method for collecting the information.

Areas	Method

2. Questions for focus group discussion. (Refer back to the menu of questions.)

- Develop at least 4 questions that you could ask street children in relation to substance use and sexual and reproductive health during focus group discussions.

- Develop at least 4 questions that you could ask service providers in relation to substance use during focus group discussions.

3. Surveys.

- Develop 7 questions you could ask street children during a survey on their backgound.

Lesson 4 - Analyzing information and preparing an Action Plan

Information that has been collected has to be interpreted (analyzed) before it can be used effectively for developing or modifying the programme. Since the focus group discussion method was extensively used in this project, the example on analysis of information will be on this method only. Consult local experts on how other information on various methods could be analyzed.

4.1 Analyzing information from a Focus Group Discussion.

Analyze information before developing or modifying a programme.

- **Collate the responses.**

  Make a list of statements or responses to a given issue or question. Record the number of times a particular response was given. Avoid making quantitative-numerical conclusions about the topic on the basis of the FGD.

  Even at the time of collation of responses, it is important that the exact words of the participants be documented. This gives other readers an opportunity to make their own conclusions about what a child really meant to communicate by a certain statement. If the same questions were put before more than one group of participants, the data for each discussion should be analyzed separately to bring out the similarities and differences in views expressed by different groups.

- **Study FGD responses to develop conclusions.**

  Tentative conclusions regarding the needs of street children, services provided and the services which need to be developed or improved should be reached after studying the responses made in FGDs. These should be reviewed with a small team composed of street educators, members of the Community Advisory Committee, street children, and programme managers. The conclusions drawn will help in making decisions about the need to start, adapt/develop or discontinue interventions.

- **Give feedback to the participants.**

  Providing feedback about the discussion can itself be an effective intervention. It demonstrates that you believe that the ideas and opinions of the participants are important. Feedback also encourages the street children to think further about their lives, needs, and involvement with substances and other risk behaviours.

  Tell them about the data and offer your conclusions by calling the group together again, sending a written description to those who can read or by speaking to members individually. The accuracy of the data should be confirmed and the participants should be asked for their interpretation and for additional ideas to deepen the analysis of the results. A brief report of these discussions should be written.

Example

Honduras:

The initial results of the focus group discussions are given to all the staff and volunteers of an established street children project in Honduras. It has been found that after this briefing, the project team discussed the information and considered various issues needing immediate attention or further assessment. As the project has been in operation for some time, FGDs were used to collect information about the on-going needs of street children, identify any changes in their substance use patterns, and monitor their responses to the project activities.

4.2 The Action Plan.

The team should find ways to implement various activities on the basis of the analysis. Ask the following questions to develop an action plan:

- What problems should be given higher priority?
- Which problems can be corrected easily?
- Which activities should be started or improved?
- Are adequate resources available?

For the action plan to be relevant, it must be specific to the identified needs or problems, and it should incorporate short-term and long-term goals and objectives. The plans should be updated regularly to take into account the changing nature of street life, the current availability of resources and services, developmental issues, and the fluctuating motivation of street children.

Learning Activity

1. Developing an Action Plan:

An action plan form has been provided to guide you. This format could be used in your programme or it might have to be adapted further to suit your context.

ACTION PLAN

Target Group	Causes of risky behaviour (Findings)	Objective(s)	Type of intervention	Specific activities and Strategy	Resources	Place/site of intervention	Time frame
(Example) Street Children	Street children do not know the consequences of unproteced sexual activities	Provide information on risks of unprotected sexual activities	Information, education and communication	Identification of messages Message development Selection of media of communication Resource mobilization Information dissemination	Posters Video if available Street children Professional personnel Interested community members	Shelter for street children Any other convenient place	January 2001 onwards
Street girl	She needs condoms to prevent sexually transmitted diseases and pregnancy	?	?	?	?	?	?

Complete the missing information on the street girl.

2. As a group, share experiences on the barriers and limitations you have faced in trying to address the needs of street children in relation to sexual and reproductive health issues.

Bibliography and further reading

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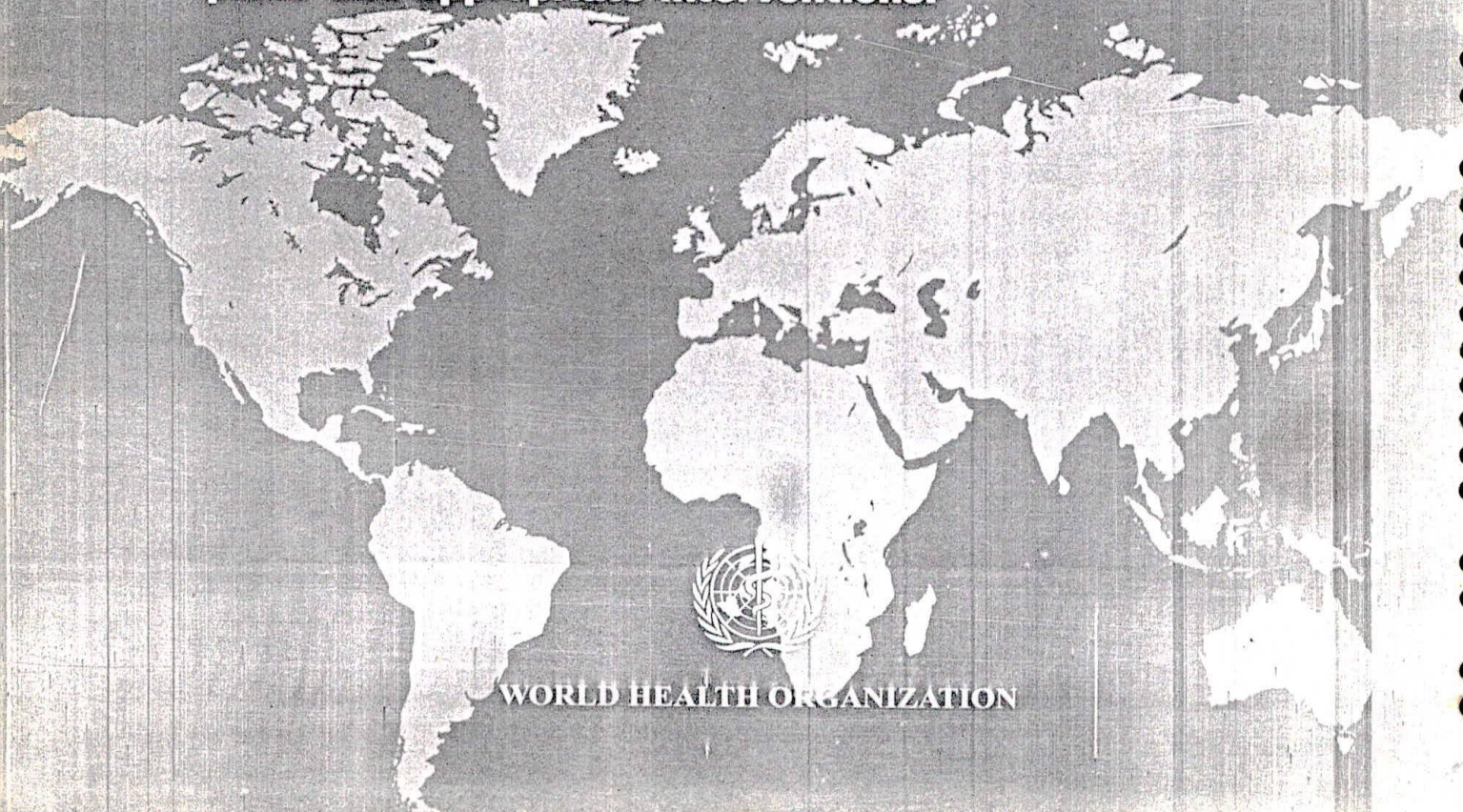
Key Messages

- Collection of information about street children is essential for a better and in-depth understanding of their situation, needs and problems. It helps in developing strategies, monitoring actions and in assessing the effectiveness of interventions.
- The MSSM provides a good organizing principle for arranging questions that can be asked of street children and service providers.
- Open-ended questions can help in greater exploration of the need and problems of street children.
- A variety of methods can be used to collect information about street children. While choosing a method due consideration should be paid to the skills of the people who will collect the information and to the resources available.
- The community, street children and other service providers can play a major role in the process of collection of information.
- Information collected must be analysed to develop action plans and appropriate interventions.



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