Introduction

Street children and youth are at risk of getting engaged in different behaviors including risky sexual behavior, which adversely affects their development and health. The aim of this study was to examine sexual behavior of street children and youth, and the risks and consequences associated with sexual behavior. Material and Methods. A pilot study was conducted on a sample of 50 users of the Drop-in Centre for Street Children in Novi Sad, from 10 to 19 years of age. The study was conducted by a psychologist through structured interviews, with prior consent of the adolescent and parent. Results. Among the respondents who were sexually active, 41.2% had had the first sexual intercourse by the age of 12, their median age at that time being 14 years, while the age at the time of the first sexual intercourse is 16 years in the general population of Serbia. The majority of sexually active adolescents had several partners, one male adolescent had sex with a person of the same sex, and one was paid for sex. Very few respondents used a condom. Among 15 male sexually active respondents, three (ages 11, 12 and 14) were forced to have unwanted sexual intercourse, and a quarter of adolescents (three boys and one girl) were forced to do something unwanted during sex. Conclusion. Despite a small and unrepresentative sample, the results of this study indicate serious problems and significant risks associated with sexual behavior of children and young people who live and work in streets. This pilot study suggests that it is necessary to conduct new research on sexual behavior of street children and youth on a representative sample and with appropriate methodology. The results of a new study should be used to plan and carry out appropriate preventative measures regarding sexual behavior of street children.

Key words: Sexual Behavior; Risk-Taking; Child; Adolescent; Young Adult; Homeless Youth; Child Behavior Disorders; Coitus; Sexual Partners; Unsafe Sex; Condoms + utilization; Sex Offenses

Sažetak


Ključne reči: Sexualno ponašanje; Rizično ponašanje; Dete; Adolescent; Mladi ljudi; Deca beskućnici; Poremećaji ponašanja kod dece; Koitus; Seksualni partneri; Rizični seks; Kondo-mi + korišćenje; Seksualne devijacije

Original study

Originalni naučni rad

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the developing ones. The number of children/youth on the streets is difficult to estimate because different epidemiology studies use different definitions. In addition, this population is frequently on the move - street children often go from one location to another, from one town to another. It is estimated that there are 100 to 150 million street children in the world but there are no reliable data [1, 2]. There are no official records on the number of children working and/or living on the streets of Serbia. According to the unofficial data published by the media, it is estimated that the number of children working and/or living on the streets of Serbia is from 2,000 to as many as 10,000.

According to the internal data of Ecumenical Humanitarian Organization in Novi Sad covering the period from the 23rd February 2010 to the 31st December 2013, 651 children used the services of Drop-in Centre for Street Children. Outreach workers contacted and offered services to additional 360 children who did not attend the Drop-in Centre, the total number of registered street children in Novi Sad being 1,011.

Street children face numerous health and life hazards, while neither health and social care services nor education are easily available. Living and working on the streets have profound developmental and health consequences for children and youth. By living and working on the streets they are confronted with the highest risks and they get engaged in various harmful activities which have a damaging effect on their development and health. In comparison with children and adolescents who do not live and/or work on the streets, street children more often have acute illnesses, injuries, infections especially of digestive and respiratory tract, sexually transmitted diseases, inadequate diet, stunting and developmental delay, neurological disorders, problems with teeth and mouth, mental disorders, chronic illnesses, emotional problems, learning disorders. They use psychoactive substances more often and become victims of abuse, sexual exploitation and human trafficking and have higher mortality rate. Street children become sexually active at an early age, and they often have unplanned and unprotected sexual intercourse. Sexually transmitted diseases, unwanted and unplanned pregnancies are common with street children [3–9].

Data on the specific features of the children and youth who live and work on the streets and on their families had not been available in our country until 2011, when the way and conditions of living of street children and their families were studied as a part of the European Union (EU) project Strengthening of Social Cohesion Through the Development of Non-Discrimination Public Policy for the Children who Live and/or Work on the Streets [10]. The results of the research have shown that street children are most frequently from Roma families. The families live in extreme poverty, in unsanitary settlements with poor housing conditions. Most parents have either dropped out of primary school or have never enrolled. Four fifths of fathers and 97% of mothers are unemployed. Most parents work illegally, families usually live on collecting and selling recycling materials. Almost entire income is spent on food; normally they buy old food, and they are frequently forced to take food out of the waste containers. Children frequently work on the streets to contribute to their family budget. The parents in the examined families had children at a very early age: the youngest mother had her first child when she was 13 years old, and 65% of mothers gave birth to at least one child by the age of 17. These families have a large number of children, up to eleven. Children from these families have various health problems, among which the most frequent are: lice and mange infestations, teeth problems, learning disorders, injuries, malnutrition, asthma, bronchitis, infections of the digestive tract, burns, and behavioral disorders. More than 90% of children working and/or living on the streets have been exposed to violence or discrimination. Most of these children live on the margins of society and are unable to participate in the same activities as their peers (more than two thirds of the children have never been on a school trip, to a zoo, the cinema, a birthday party nor have they visited a non-Roma peer). As a part of the research, sexual behavior of street children has also been examined. Since it was not possible to provide privacy during the conversation between the interviewers and interviewees in this research, some contradictory or socially desirable answers were obtained. Some street children did not want to answer the questions. Since the obtained data were not reliable enough, it was necessary to conduct further research on sexual behavior of street children and the risks involved [10]. The aim of this research was to examine sexual behavior of street children, the risks and consequences related to the sexual behavior of children and youth living and working on the streets.

Material and Methods

The research was conducted on a sample of 50 users of the Drop-in Centre for street children, from 10 and 19 years of age in Novi Sad in 2012. A questionnaire containing 44 questions was used to gather data. Even though many users of the Drop-in Centre had attended or were attending school, most of them could not complete the questionnaires on their own, so a psychologist interviewed them and completed the questionnaires. During the interview the respondent and the psychologist were alone, therefore the interviewees felt freer and more honest than during the previously conducted research. For each of the respondents a written consent to participate in the research was obtained either from a
parent or the child/adolescent him/herself. Prior to the interview, they were informed about the purpose and significance of the research. The interview lasted about 45 minutes, but many candidates found it difficult to focus on questions given in the questionnaire.

Results and Discussion

The research included 50 children living and/or working on the streets, 39 (78%) boys and 11 (22%) girls from 11 to 19 years of age. The sample included only those adolescents who wanted to participate; therefore it was not formed by the method of random sampling. There were no girls over 14 years of age, and that was a shortcoming of this study sample. The question may be asked why the girls do not use the Drop-in Centre and if the reason is staying at home to do household chores, marriage or something else. According to the available data, none of the interviewed girls was married or living in unmarried partnership at the time of the research (Graph 1).

Even though 96% of the respondents attended school at some point, only 17 (34%) stated they could read well, and 24 (48%) stated they could read a bit. Out of the total number of respondents, 9 (18%) stated they could not read at all. Almost half of the respondents completed 4 years of primary education, but were still unable to complete the questionnaire on their own.

Seventeen (34%) respondents, 16 boys and one girl, confirmed having had sexual intercourse at some point in their lives. Graph 2 shows sexual activity according to age.

Graph 3 shows the age of the respondents at the time of their first sexual intercourse. It can be seen that among the respondents who had sexual intercourse at some point in their lives, 41.2% had their first sexual intercourse before 12 years of age. Most sexually active respondents had their first intercourse by the age of 14, which is at the same time the median age of starting sexual relations. According to the data from the research conducted by the Ministry of Health in 2006, the median age in Serbia for starting sexual relations was 16 [11]. According to the results of the research by Kapamadžija et al., 84.3% of young high school male students had their first full sexual intercourse at the age of 18, while the average age when they had their first experience was 15.55 [12]. According to the results of Mijatović-Jovanović et al., the average age of starting sexual relations in Novi Sad was 15.6 for boys and 16.5 for girls [13]. Results of the research by Van de Bongart et al. have suggested that sexual activity is closely connected to sexual behavior of the peers, which can be an explanation for early start of sexual activity of street children [14].

Graph 4 shows the reasons why the respondents had their first sexual relations. All of the sexually active respondents claimed they had not been under the influence of alcohol or drugs at the time of their first sexual intercourse. Fifty-eight percent of the respondents said they had started sexual relations out of love and infatuation; however, they mentioned other reasons as well (they believed it was time - a 12-year-old girl,

Table 1. Number of sexual partners and gender of adolescents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of sexual partners/Broj seksualnih partnera do sada</th>
<th>Total</th>
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<tr>
<td></td>
<td>1 person/jedna osoba</td>
<td>2 persons/2 osobe</td>
</tr>
<tr>
<td>Male/Muški</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Female/Ženski</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total/Ukupno</td>
<td>3</td>
<td>4</td>
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out of curiosity and because they were persuaded by their partner). The majority of sexually active adolescents said that they had had sexual relations with more than one partner, and two 18-year-old males said they had had six or more sexual partners, which greatly increases the risk of sexually transmitted diseases and pregnancies (Table 1). One of them stated he became sexually active at the age of 11, and another at the age of 12. According to research conducted in Egypt, 54% of young people on the streets, between 15 and 17 years of age had more than one sexual partner [15].

Forty five respondents (90%) said they had heard of a condom and 5 (10%) denied having heard about it. Five respondents (29.4%) said they had used a condom during each sexual intercourse in the previous 12 months, 2 (11.8%) said they had used it most of the time, one respondent (5.9%) had used it occasionally, 3 respondents (17.6%) had never used a condom. The most common reason for not using a condom, according to the respondents, was its high price, difficulty in obtaining or their embarrassment to ask for it. It is unclear why the respondents replied in this way, having in mind that there are frequent workshops in the Drop-in Centre about sexuality, protection against unwanted pregnancy or sexually transmitted diseases, and that the condoms are given to the users of the Drop-in Centre free of charge. We believe that all respondents must have attended those workshops in the Drop-in Centre because they have been organized many times. It is possible that they used the condoms to play or to sell them - information about that could not be obtained.

Out of 15 sexually active young males, three were forced by their sexual partners to have a sexual intercourse when they did not want it. They were 11, 12 and 14 years old at that time. When sexual violence is concerned, it is usually girls who are discussed. However, little is known about the sexual violence against boys and it is rarely taken into consideration. Since this research included only one girl who had had sexual relations, the extent to which the girls living and working on the streets are exposed to sexual violence is not known, that being another drawback of this research. According to data from the United States of America (USA), 7.3% of high school students (10.5% of girls and 4.2% of boys) were forced to have sexual intercourse when they did not want [16]. According to the results of research on street children conducted in Egypt, 93% of these children experienced some form of harassment or abuse; and out of 53 girls living and working on the streets, 90% were the victims of sexual abuse [15].

Table 2 shows how many times in the previous 12 months the respondents were forced to do something in sex they did not want.

<table>
<thead>
<tr>
<th>Cumulative %/Kumulativni %</th>
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<td>19.4</td>
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Table 2. How many times during the previous year were you forced to do something in sex you did not want?

Tabela 2. Koliko puta si tokom prethodnih 12 meseci bio primoran da uradiš u seksu nešto što nis nižele/želela?
for them or not. This status and behavior in sexual relations additionally increases risks of sexual behavior of street children (exposure to violence, unprotected sexual intercourse). Consequences of risky sexual intercourse in these children and youth can be physical and psychological trauma, sexually transmitted diseases, unwanted pregnancy.

It is believed that sexual orientation is defined before adolescence, but its expression can be delayed until the early adulthood or later, making it difficult to define the prevalence of homosexuality in adolescence. One respondent said he was attracted to members of both sexes, but later continued to have sexual intercourse exclusively with members of the same sex. He stated he was insulted for being attracted by the same-sex people, but he was not physically abused.

One male adolescent said he had been paid for sex by a member of opposite sex.

Three respondents said their girlfriends were pregnant, and a sexually active girl did not state she had ever been pregnant. One 11-year-old boy said his girlfriend was pregnant, one 14-year-old and 18-year-old boy said the same. The pregnancy of the 11-year-old boy’s partner was unwanted, and the other two were wanted. An 18-year-old boy said he had a child, his partner had given birth at the age of 15, and the child lived with him.

Two boys and a girl said they had sexually transmitted disease (11-year-old boy, 14-year-old boy and the only sexually active girl who was 13 years old). A boy and a girl had visited a doctor because of the sexually transmitted disease. Sexually transmitted diseases affect people of all ages, but they are especially common in young people. The Center for Disease Control - CDC in the USA estimates that the persons from 15 to 24 years of age account for one quarter of sexually active population, and that half of the newly discovered sexually transmitted diseases in the USA occur among them [17]. It is also estimated that one out of four sexually active adolescents has a sexually transmitted disease, such as Chlamydia or human papillomavirus [18]. Due to their early start of sexual activity, children and young people living and working on the streets are at a substantially higher risk of getting sexually transmitted disease. Each of these infections can harm health and well-being of a young person, both in the present and future. Even though sexually transmitted diseases increase the risk of human immuno-deficiency virus (HIV) infection, and hepatitis B and C, they can also be complicated in adolescents and cause permanent damage to the reproductive system and infertility [19].

The drawbacks of this research are that the data were not obtained from a representative sample, the respondents were not selected by the method of random sampling, they did not complete the questionnaire themselves, and a small number of female adolescents were included. In spite of the disadvantages of this research, the results indicate very serious problems and substantial risks to which children and youth living and working on the streets are exposed.

Conclusion

Based on the results of this pilot study, it can be concluded that children/youth living and working on the streets start having sexual intercourse early, they have a large number of partners, they do not use sufficient protection against sexually transmitted diseases and unwanted pregnancy, they are exposed to sexual violence and some of them trade sexual favors for money.

In order to obtain valid data on sexual behavior of street children based on which comprehensive programs could be planned and conducted to protect reproductive health of this population, it is necessary to carry out a survey which would include a representative sample of children and youth living and working on the streets with appropriate methodology.

References


Stojadinović A, et al. Sexual behavior of street children

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