

Working With Street Children

MODULE 8

Selected Health Care Needs for 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

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Introduction

Even though your community may already have hospitals, clinics, and community health workers and other facilities, street children often cannot, or do not know how to access these services. Because of this you may have to provide immediate care to street children. Training in first aid (immediate, emergency care), identification of common illnesses, providing support and referral for intoxication, overdose of substances, withdrawal symptoms, and detoxification, and for sexual and reproductive health problems is essential for you as a frontline worker.

To be effective, you will have to develop rapport with street children and motivate them to engage in preventive and treatment strategies. Prevention aims at avoiding the onset of problems or reducing those that already exist. Treatment resolves current problems and in doing so, it prevents the occurrence of further problems, hence it is considered to be a secondary preventive strategy. This module gives examples on selected topics that may need your immediate attention even before you can refer a street child for necessary care.

Learning objectives

After reading through this module and participating in the exercises, you should be able to:

- ✓ Explain the immediate care, support and appropriate referral of a street child with problems arising from substance use, e.g. intoxication, withdrawal and overdose.
- ✓ Explain the process of change and enhance the street child's motivation for change.
- ✓ Describe immediate care, support and appropriate referral of a street child who has sexual or reproductive health problems or illness.
- ✓ Demonstrate immediate care, support and appropriate referral procedure for a street child who is bleeding or stopped breathing.



Lesson 1 - Care for problems related to substance use

In providing care to street children who use substances it must be remembered that the interventions should be a part of healthier life management (see **Module 6**). This approach may help in reduction of risk behaviours without the need for specific interventions, such as detoxification.

1.1 How to attend to substance use related states.

The common conditions that you will encounter may include intoxication, overdose (poisoning with a substance) and withdrawal (explained in **Module 3**). These complications can result in behaviours such as anxiety, panic, agitation, anger, hallucinations, confusion and disorientation. At times, street children can be managed by placement in any safe and supervised setting, e.g. a child who is intoxicated with alcohol. Medical assistance may be needed under other circumstances, e.g. detoxification from heavy use of barbiturates, as it is associated with the risk of convulsions and delirium (confusion, hallucinations). You may have to respond to intoxication, overdose or withdrawal by providing adequate immediate care and appropriate referral. Noted below is what you can do when confronted with the specific conditions:

- **Anxiety, agitation or panic.**

- Approach the street child in a calm and confident manner.
- Move and speak slowly and reassure the child. Do not leave him or her unattended.
- Minimise the number of people attending to the street child.

- **Anger, aggression.**

- Do not touch the street child unless absolutely necessary.
- Speak in a calm, reassuring way. Keep your own emotions in check.
- Address the street child by name when talking to him or her.
- Do not challenge or threaten by the tone of your voice, eyes or posture.
- Allow the street child to talk about his or her feelings and acknowledge them.

- **Altered perception, hallucinations.**

- Explain perceptual errors, for example, “the pink elephant you see is not real, it is just the substance you have taken, you are safe”.
- Create a simple and uncluttered environment.
- Place child in well lit surroundings to avoid the possibility of perceiving things wrongly.
- Protect the street child from harm.

- **Confusion, disorientation.**

- Provide frequent reality orientation by asking simple questions.
- Remove unnecessary equipment to avoid injuries.
- Provide explanations as to what is going on around the child.
- Do not leave the child alone.
- Place child in well lit surroundings to avoid the possibility of perceiving things wrongly.

● **Unconsciousness:**

- Shake the child and call his or her name. If there is no reaction, check breathing.
- If the child can be revived, get him or her up and moving.
- If the child is not breathing, start mouth-to-mouth resuscitation (see lesson 3 in this module).

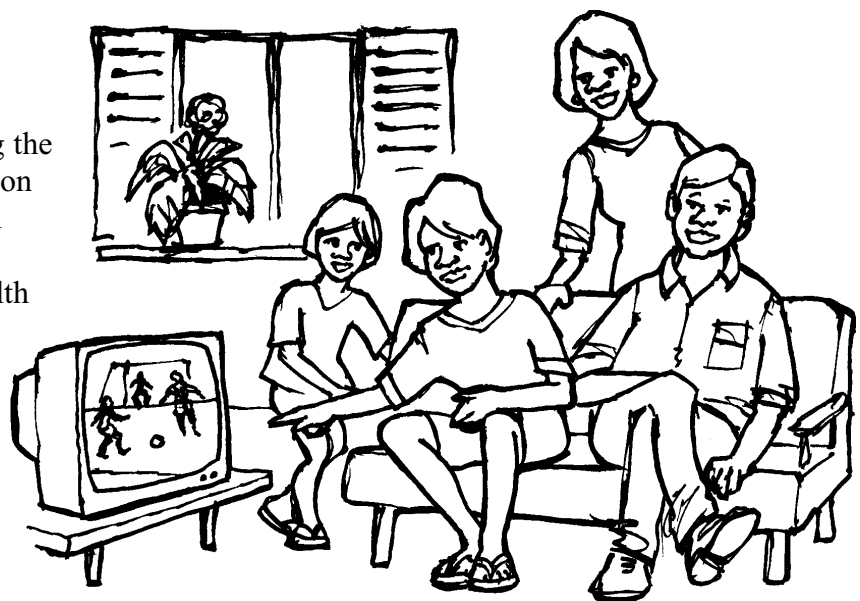
When faced with a street child experiencing any of the above mentioned conditions (intoxication, withdrawal, overdose), be alert to other physical problems or illnesses that may co-exist with substance use. Street children may also get intoxicated with or may have withdrawal symptoms of many substances (polysubstance use). Seek further assistance from a health service. If possible, try to obtain a sample of the substance that has been taken. Health care personnel may want to examine it or may run a test on the sample.

1.2 Care during detoxification.

The goal of detoxification is to provide safe and humane withdrawal from substance(s) dependence. The procedure for detoxification will depend upon the type, combinations and pattern of use of substances in question. Detoxification for hypnotosedatives should occur in a medically supervised setting because withdrawal from these substances can result in death from convulsions and heart failure. If the withdrawal symptoms are not expected to be severe and if there is a person to supervise the detoxification, there may be no need for hospitalization or constant clinical care. Self-detoxification is possible for solvents, cannabis, stimulants and cocaine. Medical assistance may however be needed to ease the withdrawal process.

Your main role will be supporting the street child before, during and after the detoxification process. Support, motivating and structure are more necessary for street children than adults because of their developmental stage, and their impaired nutritional and general health status. Supporting a street child through withdrawal can be a good opportunity to engage the street child and motivate him/her to participate in further treatment. Support can include:

- Dispelling myths and fears about detoxification.
- Helping the street child to access and use the health system (for example, taking the street child to a detoxification clinic or experienced health care worker).
- Monitoring the general health of the street child.
- Supporting and involving the street child's family when possible.
- Identifying and supporting other people who can support the street child during and after detoxification.



Involve the street child's family when possible.

1.3 Referral and goal setting.

● Referral.

After providing the necessary immediate care, refer the street child to another service. When deciding on the service, assess whether the street child requires:

- Intensive treatment in a health facility or treatment centre or a residential environment.
- Sessions of a particular intervention, such as counselling.
- A casual drop-in centre.
- Linkage to a supportive adult or a more functional peer in the local community.

A well-developed network of appropriate services can help you in getting in touch with services or resource persons who can tell you what you want to know. The services required might not exist in the area or might not be child-friendly. Where such a network does not exist and if you have the necessary skill, train community members to provide the interventions and support that street children need.

It is also important to prepare yourself and the street child for the possibility of setbacks in the process. Street children need to be aware that if one referral does not work out, it does not mean that the problems cannot be solved. Other options can be tried. Street children might have to use a number of services before they achieve their goals.

● Goal setting.

Goal setting (case planning/action planning) is an important component of assessment and case management. Goals should be negotiated with the street child. The goal should be specific and observable, and broken up into short-term, achievable targets. Plans should be reviewed regularly, and updated to take into account the changing nature of street life, the current availability of resources and services, developmental issues, and the fluctuating motivation that street children typically display.

1.4 Motivating the street child to abide by the action plan: stages of change and Motivational Interviewing.

The street educator responding to the needs of street children may sometimes feel frustrated when he/ she is trying to help street children control or stop risky behaviour because they may not change at the desired pace. It is essential to realise that the change process can take a long time and proceeds through stages that are described below on the next page. It would also be helpful to consider these stages in relation to life skills (**Modules 6 and 7**).

It is necessary to know how to encourage a street child to respond positively to the action plan. Motivational Interviewing (MI) is a technique that can help you to achieve this.

● **Stages of change and appropriate response.**

- **The pre-contemplation stage:** During this stage, the street child engaged in risky behaviour is not considering giving up his or her behaviour. Try to form a relationship with the child and raise his or her awareness of the consequences of risk behaviour. Avoid pushing him or her too hard! Get them involved in thinking about changing their lives.



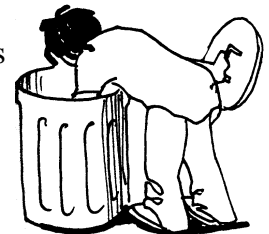
- **The contemplation stage:** At this stage the street child begins to think about doing something regarding his or her behaviour. Help the child by discussing the advantages and disadvantages of risky behaviour, and those of stopping.



- **The action stage:** At this point, the street child attempts to stop or minimise his or her risk taking behaviour. Help him or her develop the needed skills and strategies (life skills). The child will need to figure out the situations (associated with people, places, feelings or things) under which he or she is more likely to adopt risky behaviour. Once identified, these situations can be eliminated, e.g. throwing away equipment like syringes, using condoms during sexual activity, avoiding friends who use substances or finding a job to avoid boredom.



- **The lapse stage:** After trying to take action as described above, the child can resume their risk taking behaviour. This should not be seen as failure, but simply as a part of the process of change. Prepare the child in advance for this stage and then help him or her get through it. When the child is ready to try to stop the behaviour again, help him or her make a more effective plan of action.



- **The maintenance stage:** Now the individual wants to consistently practice the desired new behaviour. Help the street child develop a healthy lifestyle, which might include moving into a safe environment such as home, finding activities that keep him or her off the streets, and spending free time with children or adults who do not encourage or participate in risk behaviour. Encourage the child to make a self-assessment on how well he or she is able to maintain the selected acceptable behaviour by monitoring himself/ herself and by recognizing when he/ she is entering risky situations.



(Adapted from the work of James Prochaska and Carlo DiClemente. The pattern of change may not be the same for younger adolescents and children).

● Motivational Interviewing.

MI enables the street child to convince himself/herself about the need to change risk behaviours. It can be used at the time of the initial assessment to increase a street child's readiness to change, and at later stages for reinforcing and maintaining the positive behavioural change. MI does not involve coercion or confrontation.



Street children involved in safe activity.

● Principles of Motivational Interviewing.

There are five broad principles underlying MI:

- **Express empathy:** You should be able to express acceptance and respect for the street child. This is often done through skillful reflective listening (listening carefully to the child and letting him or her know that you understand him or her).
- **Develop discrepancy:** A discrepancy between present behaviour and important goals will motivate change. The child should present the reasons why he or she should change.
- **Avoid arguments:** Arguments should be avoided because they are counter-productive, as the child becomes guarded and does not let you know his or her problems.
- **Roll with resistance:** Resistance on the part of the child is a signal to change strategies. Statements that a street child makes can be reframed slightly to create a new momentum towards change.
- **Support the child's sense of ability to change:** Belief in the possibility of change is an important motivator, so support the child's hope in the range of alternative approaches available. Acknowledging that the child is responsible for choosing and carrying out personal change can foster his/her self-belief.

Example

A specific strategy of MI is exploring the good things and the less good things. Start with "What are some of the good things about your use of...?"

Acknowledge the good things, do not dwell on them, ask: "what are some of the less good things about your use of..." 'Prompt for specifics: "can you give me a recent example of that?"

If the child is having trouble thinking of 'the not so good things' or you think the child has missed something important, prompt him/ her: "some children say they have hassles with their family. Is this something that happens with you?." Do not use this tactic often. ¹

¹ These suggestions have been adapted from Jarvis T, Tebbutt J, Mattrick R. (1995) Treatment approaches for alcohol and drug dependence. An introductory guide. Chichester, West Sussex: John Wiley & Sons.

Learning Activity



In **Module 3** you were introduced to assessing and documenting information based on the Modified Social Stress Model. This learning activity provides you another opportunity to practice these skills. You will note that reference in the form is made to material already covered in Module 3. This is important as it helps you build on what you have learnt. The Case Assessment form is a tool to help you record what you learn about the pattern of substance use and the potential need for detoxification and which stage of change describes the child's readiness to stop or reduce use of substances. The final part of the form is a place to identify priorities of what needs to be done to help the street child, and how you will begin this process.

Practising Case Assessment

This section contains several descriptions of street children. Each description is followed by a worksheet. Your task is to make an assessment of each case. Assessing the needs of street children and planning action to help them involves the following steps:

- Begin by rating the child's level of involvement with substances.
- Consider whether the child needs to be medically detoxified.
- Next, analyse the case according to the Modified Social Stress Model.
- Write down the information learned which corresponds to each component of the model and then rate the overall seriousness of the child's current and potential substance use.
- Think about the stage of change in which the child is currently.
- Decide what actions to plan to help the child.

To help plan actions, carefully review your assessment in each step. Think about how you can enhance the protective factors for this particular child (Refer to module 3). What can help build or support the strengths of the child? What can help decrease the factors that are making substance use more likely? In module 6 you will be introduced to more intervention options which you can implement in your work with street children.

There are no precise, correct answers to these questions. The case examples are simply intended to help you think about all the complexities of street children and substance use. The cases do not necessarily represent stories of "typical" street children but are used to illustrate a range of issues which street educators are likely to have to deal with.

NONG's situation

After school in the morning, Nong works in the nearby marketplace as a porter. The rest of his siblings earn money by taking care of children in the neighbourhood and by running errands for their neighbours. Their mother takes care of the youngest child and manages the household quite well.

Their father works as a contractual labourer, moving from one construction site to another. Sometimes these sites are so far from the slum community where they live that their father has to be away from home for a long time.

Nong's older brother used to work with him everyday in the marketplace. But last year, his brother was run over by a car while crossing the street carrying a sack of vegetables. All of the family grieved for him and then continued on with their lives. However, the sight of his brother lying dead in the streets has never left Nong's mind. The older children in the marketplace have become a replacement for his brother. However, all of these children sniff solvents and drink alcohol.

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Rosa and Lito 's Situation

Rosa is 15 and lives in a slum community near the middle of a large city. She is the oldest of 6 children who are all still at home. She works in the local market selling flowers.

One day, the police came to arrest her father for a crime he did not commit. During the struggle, her father was shot dead in front of Rosa and her mother.

She has a boyfriend named Lito who is 16. Lito goes to school, is very intelligent, and wants to be a teacher. But there are many problems and conflicts between the members of Lito's family. Sometimes Lito becomes depressed and drinks alcohol to "drown his sorrows." At such times, he does not like to go home. He often tries to spend the night at Rosa's place, but because Rosa's mother does not think it is right for a young man to spend the night, he often sleeps on the streets. Rosa does not drink.

Lito often asks Rosa to have sex with him, but she says no most of the time. She is afraid that her mother will find out and that her friends will gossip about her. Lito knows about safe sex, but he finds it embarrassing to try to get condoms. Anyway, when he is drunk he "forgets" to use them even if he has one.

Lito feels secure when he is cuddling Rosa and he forgets his family problems. He is good to her, except when he is drunk and demands to have sex. When he cheers up later, he is kind and thoughtful again.

When she is with Lito, Rosa is able to push out of her mind the vivid scene of the killing of her father. She loves Lito and believes that she will escape the slum if she marries him. If he continues to do well at school, he might receive a scholarship and become a teacher. Rosa is thinking that maybe if she got drunk too, she would be less worried about having sex with him and they would fight less often.

(Do a case management worksheet for both Rosa and Lito. Use different colour of pen for Rosa and Lito so you can compare the assessment with ease.)

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Obo's situation

Obo is 14 and lives in a compound slum in a medium-sized city. Many of the people who live in his community have HIV, the virus that causes AIDS and many have already died. Obo's mother died of an AIDS-related illness two years ago. After her death, his father went away to another town. Obo thinks his father is infected with HIV as well.

Obo lives with his uncle and works on the streets every day selling food. He would like to be a taxi driver in the future. He has been trying to save money and to learn to read and write.

Obo and some of his friends use hashish occasionally. "Pills" such as Mandrax and Valium have recently become available to the children who work on the streets. Obo has tried them once or twice. He likes the effects of both hashish and pills, but he feels a bit lazy when he is under their influence.

Obo's uncle is worried about him and has talked to him about his concerns. His uncle wants Obo to have a better future, but he has no money to offer him. He can only provide a roof over his head. His uncle is thinking about talking to the local street educator about Obo.

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Steven and Josie's situation

Steven and Josie 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 she was being sexually assaulted by her mother's boyfriend. Both are angry and cover their inner pain by trying to act "tough". The two of them have stolen goods from shops, have assaulted other people, robbed houses, and stolen cars. Both young people use a lot of cannabis. They inhale it from a water pipe called a bong. They also drink alcohol a lot. Steven gets into fights when he is drunk.

Steven started injecting heroin and amphetamines six months ago. He uses heroin nearly every day now and he experiences withdrawal symptoms if he does not use heroin 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. She prefers pills such as benzodiazepines, which she gets from doctors and buys on the streets.

Josie is frequently involved in commercial sex. Steven is too, but less often. Both of them refuse to go home, to look for a job, to go to school, or go to a vocational training program. They claim that they do not want to live beyond the age of 21.

(Do a case assessment worksheet for both Steven and Josie.)

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Mala's situation

Mala is an eight year old girl who lives with her father and mother and 10 siblings in a slum community. Her family is very poor and all the children are sent out to work so that the family can earn enough to survive. Neither she nor any of her family use substances.

Mala works selling candy with two of her sisters outside bars in her community. Men go to the bars to drink local beer and spirits. Many of them leave the bar very drunk and try to make Mala and her sisters have sex with them. Some of the men offer to buy them drinks in exchange for sex.

Case Assessment

Pattern of use (Check one)

☐

None

☐

Experimental

☐

Dependent

☐

Harmful

☐

Functional

Detoxification

☐

Necessary

☐

Unnecessary

The Modified Social Stress Model

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of current use

☐

None

☐

Low

☐

Med

☐

High

Potential for future use

☐

None

☐

Low

☐

Med

☐

High

Stage of change

☐

No substance involvement

☐

Action

☐

Pre-contemplation

☐

Relapse

☐

Contemplation

☐

Maintenance

Other comments and plan of action

Carrying out case assessment with street children in "real life"

You can gather information by talking with the street child and also by observing the child's behaviour. In some cases you may be able to talk with members of the street child's family to learn more about the home situation and why the child is on the streets. Depending on the setting in which you work with the child, you may be able to observe him or her in different situations such as at work and with other street children. It is very important that you and the street child talk about the action plan together. Set a time to review the action plan together and plan next steps based on what is or isn't helping. Completing a case assessment with a street child is a process. You may need to take some initial urgent action based upon what you learn the first time you meet and talk with the child. However, you will not be able to learn all you need to know in one meeting. The action plan is a tool to begin planning interventions.

You may already know a street child who is using substances. Describe the child and the relevant facts of the case. Then assess the case according to level of use, the Modified Social Stress Model and the stage of change.



Lesson 2 - Reproductive health problems among street children

You will be confronted with street children who have sexual and reproductive health problems including HIV/AIDS and STDs. You should be able to recognize these problems, provide immediate care and refer the street child for professional care. The street child should also be taught to look for these signs and taught how to seek support and supervision from a health care worker. In **Module 4** problems related to sexual and reproductive health were outlined. In **Module 7** ideas were given on how to educate street children on some of these issues and what topics to cover as a basis for the prevention of some of these problems. This module makes suggestions on how you can respond within the limits of your skills and knowledge before referring the street child for expert care. Four conditions are specifically described **abortion, emergency childbearing, STDs and HIV/AIDS**.

2.1 Abortion.

A child who has undergone an abortion or an unsafe abortion may complain of:

- Fever.
- Abdominal pain.
- Abnormal discharge or bleeding from the birth canal.
- A street girl may tell you that her menses have not been regular or have stopped.
- The child may be confused.

A street girl needs expert support as she could develop serious health complications. Refer the child to a health facility immediately.

2.2 Emergency childbearing.

Emergency problems or danger signs in a pregnant street child include:

- Bleeding from the birth canal.
- Abnormal discharge.
- Fever.
- Fits or swelling of feet.

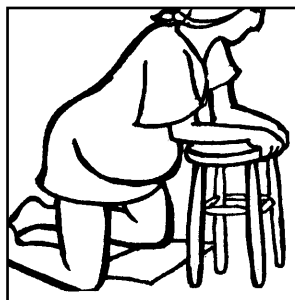
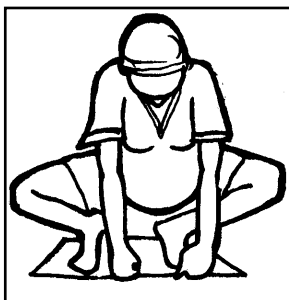
Pregnant street children are at high risk for these conditions. If a street child has these signs, refer the child to a health facility immediately. Sometimes the need to deliver the baby may be urgent. This could be due to a variety of reasons, some of them being that the street girl may not be aware that she has been experiencing labour pains and realises too late. Or perhaps she may not even know what labour signs are. If you happen to be confronted with an emergency child delivery situation, stay calm and do the following:

● Preparation.

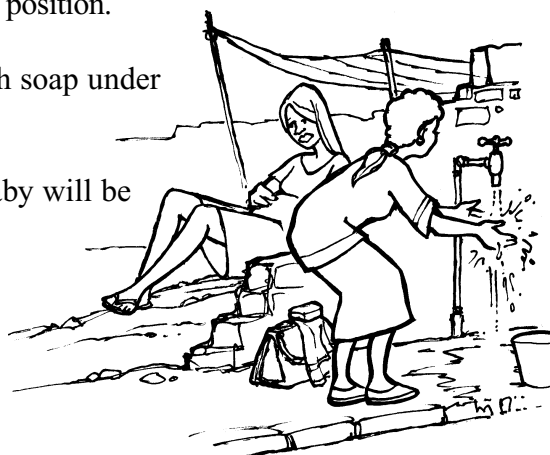
- Reassure the street girl that you will try and provide the best support you can given the situation.
- Find a comfortable and private place for the delivery to take place.



Some comfortable positions for labour.



- Help her to assume the most desired comfortable position.
- If water and soap are available wash hands with soap under running water.
- Put clean cloths under the mother where the baby will be born.
- **Do not examine the street girl's birth canal.**



Wash hands.

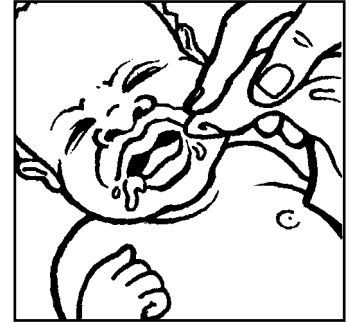
● The birth of the baby and immediate care of the baby.

- Let the baby be born on its own.
- Do not pull out the baby.
- Do not push on the abdomen.
- With a clean cloth in your hands, receive the baby.
- Listen for the baby's first cry.
- If the baby cries and looks healthy, place the baby, covered in a cloth, on the mother's body. Explain that this is important as the mother's body helps to keep the baby warm.



Place the baby on the mother's body.

- Make sure that the weight of the baby does not pull on the cord and that you place the baby on the mother's body without causing a pull on the cord. If the baby does not cry immediately, you can do this:
- Quickly wipe away any water (mucous) from the baby's mouth and nose.
- Keep the baby warm at all times.
- Continue to reassure the mother and inform her what you are doing.



Wipe baby's mouth and nose.

● **If there is heavy bleeding before the afterbirth comes out.**

- Ask the mother to try and pass urine to make room for the afterbirth.
- Ask her to breastfeed the baby without interfering with the birth of the afterbirth.
- Gently rub the mother's womb until you feel the womb become hard like a ball.
- Continue to do this from time to time if the bleeding continues until help arrives or until you reach a health facility.
- Putting the baby on the breast soon after delivery will also help contract the womb and consequently control the bleeding from the birth canal.

● **Delivery of the afterbirth and care of the mother.**

- Reassure the girl that she has done well so far and that you have requested for transport or help but will stay with her until then.
- Do not pull on the cord to force the delivery of the afterbirth.
- Allow the afterbirth to come out on its own. Some times it may take as long as 20 minutes. Stay calm and wait patiently.
- Once the afterbirth is delivered, wrap it in a cloth and place it with the baby.
- Make the mother comfortable.
- Ask her to breastfeed the baby, making sure that the baby's nostrils are not being blocked.
- Record all what you have observed and done during the process and give this information to the health worker. You could give a verbal report as well.
- If possible, accompany the street girl to a health facility especially if no health worker can be found in the area.



Ask the mother to breastfeed the baby.

2.3 Sexually Transmitted Diseases (STDs).

If a street child has complaints such as:

- Sores on the genitalia.
- Discharge from the penis or vagina.
- Pain on urinating.

Provide advice on the need for treatment and refer them for appropriate care at a health facility.

2.4 HIV/AIDS.

Street children affected by AIDS may suffer from frequent infections. In this situation, you may have to advise them on many issues such as nutrition, hygiene, dental care, psychological support and medications. Seek advice from health workers on how you can provide support and care to a street child affected by AIDS. To give you some idea on the extent of the care and support required when a street child has HIV/AIDS, a few issues are addressed below.

Anxiety and depression.

When a street child is made aware of his condition he will experience mental problems such as shock, confusion and constant fears about the condition. A child who is anxious will :

- Have no appetite to eat food.
- May feel short of breath.
- Will be shaking and feeling very worried and may be jumpy.
- Experience sensation of the heart pounding.
- Sweat and could feel like fainting.
- Experience difficulty in sleeping and concentration.

A child experiencing depression can express this in the following ways:

- A feeling of hopelessness.
- Feeling tired and lack of energy.
- Finds no pleasure in the surroundings.
- May be irritable.
- Unable to concentrate and has poor memory.
- May be waking up in the morning or have difficulty getting to sleep at night.

Mental health problems such as anxiety and depression could make the child have difficulty dealing with everyday life situations. In the case of depression, it could lead to the child wanting to harm him or herself even to the point of considering suicide. Encourage the street child to express his or her thoughts and feelings. Give them an opportunity to go through the grief by simply talking and listening to them. Although you may not be in a position to provide support beyond this, it is important to find someone who can find the necessary support for the child such as the social worker. Since the event of HIV there are a number of support groups that have been established in most communities.

Role of Voluntary Counselling and Testing (VCT)

At the beginning of the HIV epidemic, HIV testing was used mostly for clinical confirmation of suspected HIV disease. At the present moment, people are encouraged to attend voluntary counselling and testing services to find out their HIV status. If the test is negative, one can be encouraged to adopt preventive measures to prevent future infections. In the case that the result is positive, individuals and families can be helped to learn to live positively, access appropriate care and support early, learn how to prevent transmission of the infection to sexual partners and plan their own future and that of their family.

You may come across a situation when a street child wants to know if he or she is infected with HIV and may wish to have an HIV test done. Good counselling will assist the street child to make informed decisions and cope better with the outcome of the test, help him or her lead more positive lives and prevent further transmission of HIV. Although HIV/AIDS counselling is usually provided by trained counsellors, street educators if trained in counselling, are better placed to provide effective counselling, advice and support to street children. Counselling requires good communications skills (refer to module 2).

Testing for HIV requires two types of counselling. These are:

- Pre test counselling.
- Post test counselling.

● Pre test counselling

The aim of pretest counselling is to provide information to the street child about the technical aspects of testing and the various implications of being found to be HIV positive or negative. Testing should be discussed as a positive act that is linked to changes in risk behaviour, coping and increasing the quality of life. The main issues to be considered in pre testing counselling are:

- The street child's personal history of risk behaviour or exposure to HIV.
- The street child's understanding of HIV/AIDS including methods of transmission and experience in crisis situations.

Assessment of risk

Example of issues to consider:

- Frequency and type of sexual practices especially unprotected vaginal and anal intercourse or unprotected sex with prostitutes or other street children.
- Being part of a group with high prevalence for HIV infection (injecting drug users, prostitutes etc).
- Having received a blood transfusion or other blood or body products.
- Exposure to non-sterile invasive procedures such as tattooing.

The Modified Social Stress Model as demonstrated in module 4 is a useful tool in assessing the risk for HIV infection.

Assessment of understanding

Assess the need for HIV testing by asking the street child these questions:

- Why the test is being requested?
- What are the behaviour patterns?
- What does the street child know about the test and its uses?
- What are the street child's beliefs and knowledge about HIV transmission and its relationship with at risk behaviour?
- Has the street child sought Voluntary Counselling and Testing (when, from whom, for what reason and what was the result)?
- Has the street child considered what to do or how to react if the result is positive or negative?

Preparing the street child for pre test counselling

A decision by the street child to be tested should be an informed one. Try and get an informed consent from the street child. An informed consent implies being aware of the possible implications of a test result. Prepare the street child by discussing :

- confidentiality and informed consent for HIV testing
- implications of the test result whether negative or positive
- ways to cope with knowing the HIV status
- sexuality and sexual practices
and
- exploring emotional coping mechanisms and the availability of social support
- explaining how to prevent transmission of HIV
- correcting myths, misinformation and misunderstandings related to HIV/AIDS

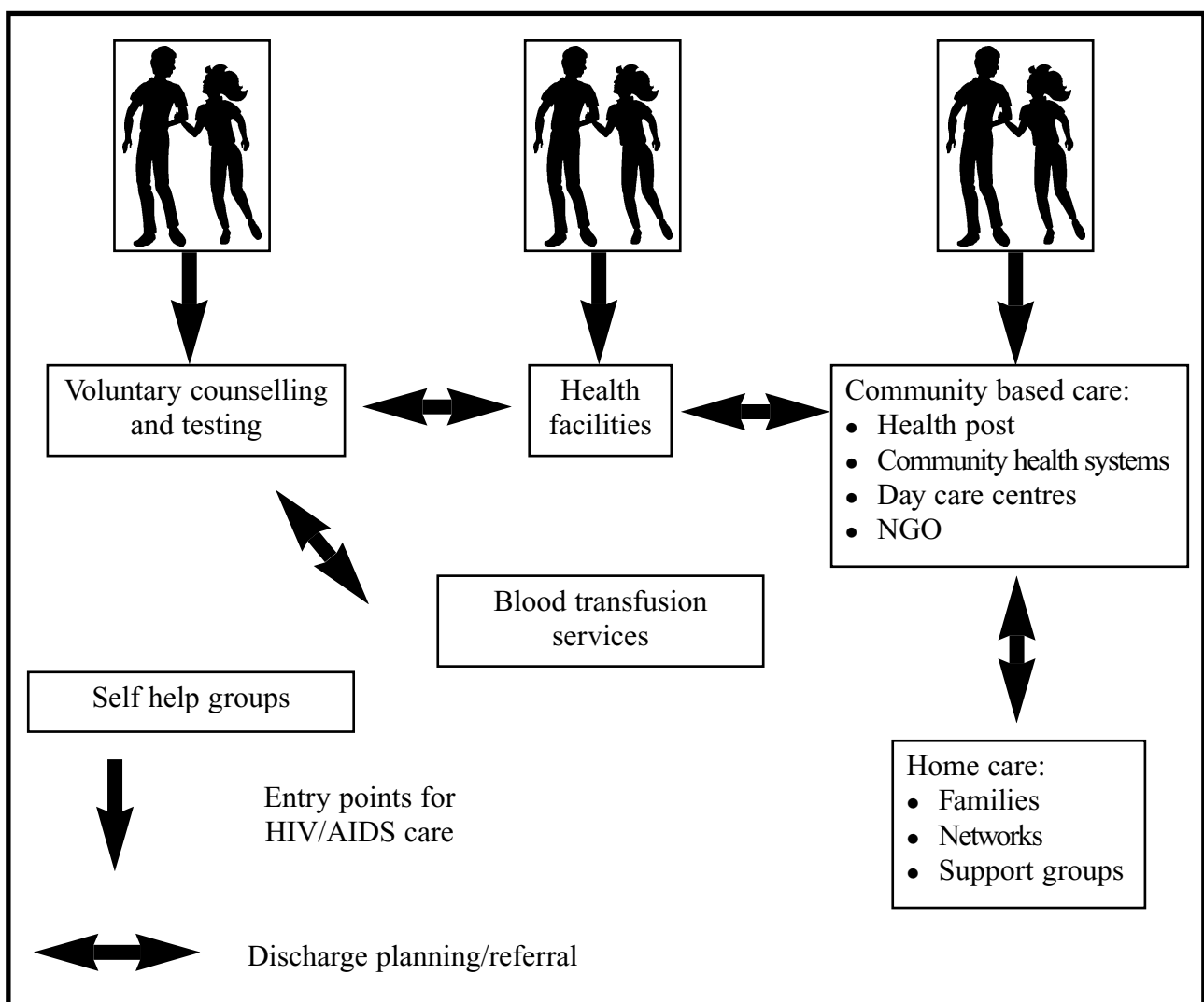
● Post test counselling

Post test counselling helps to put the street child at ease. Find a quiet place to discuss the results, whether negative or positive. It is important to have the street child repeat the information presented. Give the street child time to reflect on the results and understand the next course of action. Counselling and other support activities should address the feelings of shock, fear, loss, grief, guilt, depression, anxiety, denial, anger, suicidal thinking, reduced self-esteem and spiritual concerns. Therefore, continued counselling and support should also take place to help improve the street child's quality of life as well as to enhance his or her ability to cope and make informed decisions about life choices and ongoing care.

The result of the test must be kept confidential only when the need to share it with others arises (shared confidentiality). These others may include family members, loved ones, care giver or trusted street children or friends.

● Care for HIV infected street children

Care for infected street children must be comprehensive across a continuum. Comprehensive care involves a network of resources and services which provide holistic, comprehensive, wide ranging support. A continuum of care includes care between hospital, home or other institutions of care over the course of the illness. It is important to recognize that one single approach to the care of HIV infected street children can not be effective. To give you an idea on what care would involve, a conceptual framework of comprehensive care across the continuum is illustrated in the box below.



Reproduced from: Osborne, C.M., van Praag, E and Jackson, H (1997). Models of Care for Patients with HIV/AIDS (AIDS 11B, 135-141). In Fact Sheets on HIV/AIDS for nurses and midwives (ICN,UNAIDS, WHO)

Nutritional problems.

Street children most of the time have inadequate nutrition. This situation becomes even worse when they have AIDS due to some of the other factors related to the condition such as:

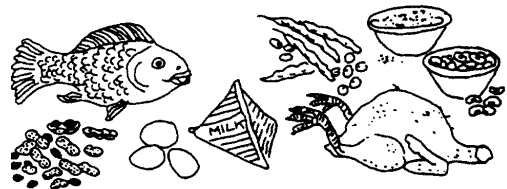
- Infections in the mouth that could cause difficulty in swallowing (fungal infections in the mouth, mouth sores, infections of the gums and teeth).
- Nausea and vomiting.
- Prolonged diarrhoea.
- Depression and anxiety.
- Fever from any source.

• What the child would require.

The child should be encouraged to eat all the food that is familiar in the location in a balanced form. A balanced meal will comprise of these groupings:

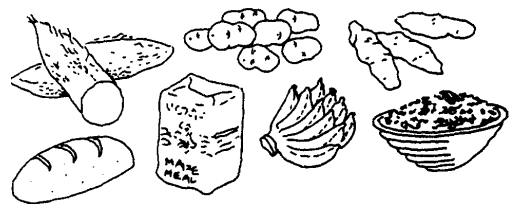
• **Body building foods.**

These are rich in protein, iron and calcium. Examples of these are eggs meat, fish, milk, groundnuts, peas, beans and soya.



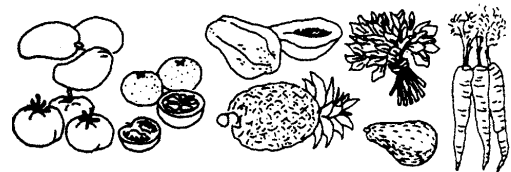
• **Energy-giving foods.**

Energy giving foods include, potatoes, yams, cassava, sugar, vegetable oils.



• **Vitamin rich foods.**

Included in this group are dark green leafy vegetables, orange coloured vegetables and fruits. These types of food protect the body from infections. Cooking for too long destroys the vitamins in these foods.



You can see that it can be very difficult to assist a street child to improve his nutritional status. It will therefore be important to find a shelter or a care facility where a street child in this situation can be assisted.

Learning Activity



1. List signs of an **abortion**.

2. What can you do when a street girl has a recent history of abortion or shows signs related to abortion?

3. You are on the street working with street children. You are confronted with a pregnant girl who is about to give birth. Seeing that it is too late to organise transportation to take her to the hospital immediately (as the baby is just about to be born), demonstrate how you will handle this situation. (This activity will take place under supervision of a health care worker such as a midwife).

4. **Sexually transmitted diseases (STDs).**

During your routine work with street children, a street child complains of a **pain while passing urine, sores on the genitalia and a swelling in the groin**. You realise that the child needs medical attention. Being aware of the fact that street children do not like making contact with health professionals, how are you going to respond to this child?

5. Make a list of community support groups and organisations providing support to people living with **HIV/AIDS**.

6. Follow up on some of the organizations you have mentioned to familiarize yourself with their activities.

7. Have you been approached by a street child wanting to know their HIV status? If yes, what has been your approach

8. Explain the importance of pre and post test counselling

9. Why is continued counselling and support essential?



Lesson 3 - Mouth to mouth resuscitation and control of bleeding

Apart from problems directly related to substance use, street children may experience other conditions needing emergency assistance. The most commonly seen conditions among street children based on the findings of the WHO street children project included:

- Unconsciousness (due to trauma, or overdose from a substance).
- Severe bleeding.
- Shock, dizziness.
- Intoxication.
- Burns (from fire, electrical, or chemical).
- Cuts and wounds.
- Broken bones.
- Emergency childbearing.

In this lesson, elaboration on two techniques is made, which are related to **unconsciousness** and **severe bleeding**. This does not make the other identified problems, not elaborated in these modules, less important. To be able to perform first aid on the conditions mentioned above you need to be trained. Many organizations such as hospitals, medical clinics, and the Red Cross or Red Crescent Societies in your community may be offering training courses in first aid. If you are already trained, it is important to go for refresher courses from time to time. As street educators you need to develop the ability to know what type of problems you can handle on your own and those to refer to health care professionals. The environment of street children is violent and they may be far from places where they can get support. To get you started on some first aid techniques only two situations are elaborated here. (**Emergency childbearing** which also requires first aid has been presented in the previous lesson.)

3.1 Considerations during first aid.

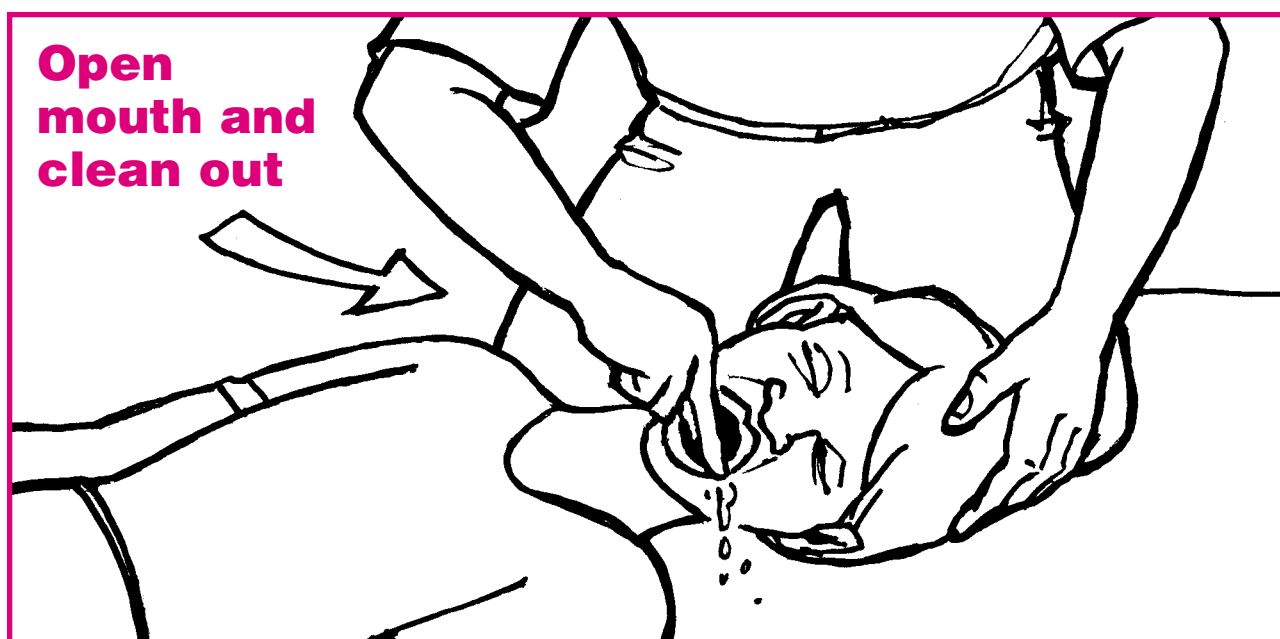
There is a potential for acquiring infections from the victim or transmitting infections to the victim during provision of first aid. It is advisable to have a first aid kit at all times when you work on the street if you have been trained in first aid skills. Protective devices should be used whilst giving first aid during resuscitation and control of bleeding or in any situation when contact with body fluids may occur. These protective devices can include gloves, if available, or simply a clean cloth.

Prior to performing first aid, ensure protection to yourself, people around the incident and the victim. For example:

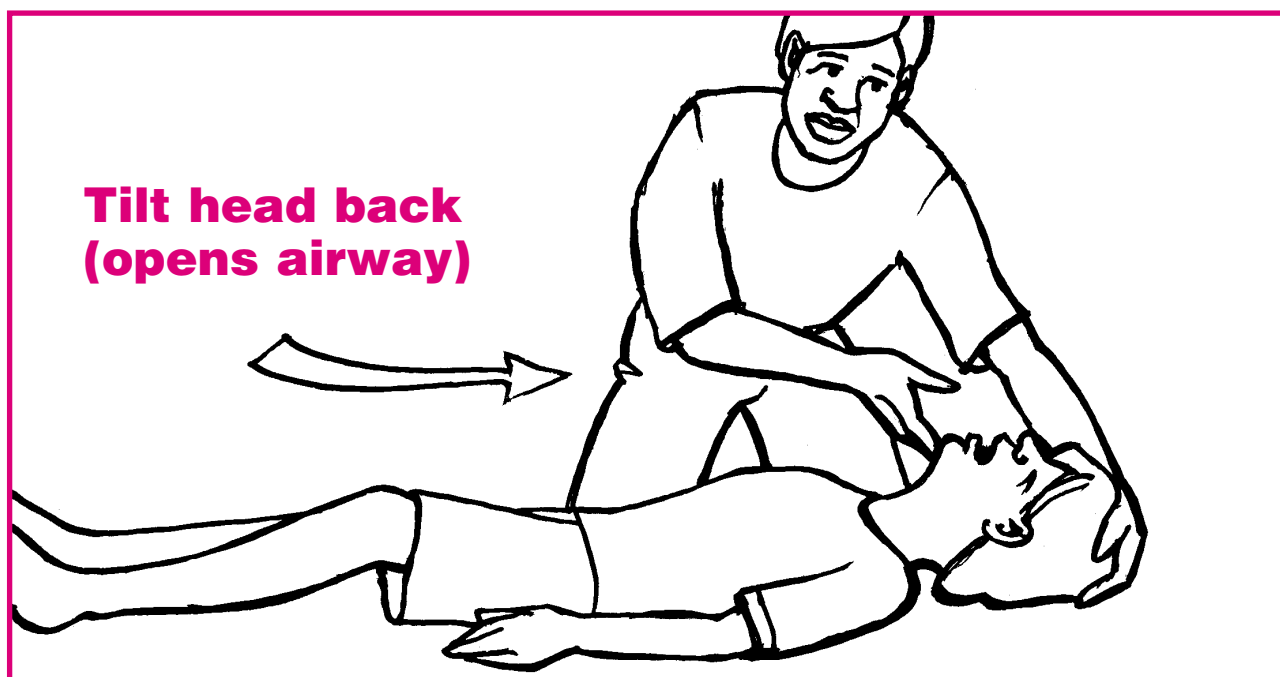
- Remove pieces of glass on the floor.
- Control traffic to ensure the safety of all involved. For example, a car accident in the middle of the road.
- If in a violent environment, find appropriate support to protect yourself and others.

3.2 Mouth to mouth resuscitation.

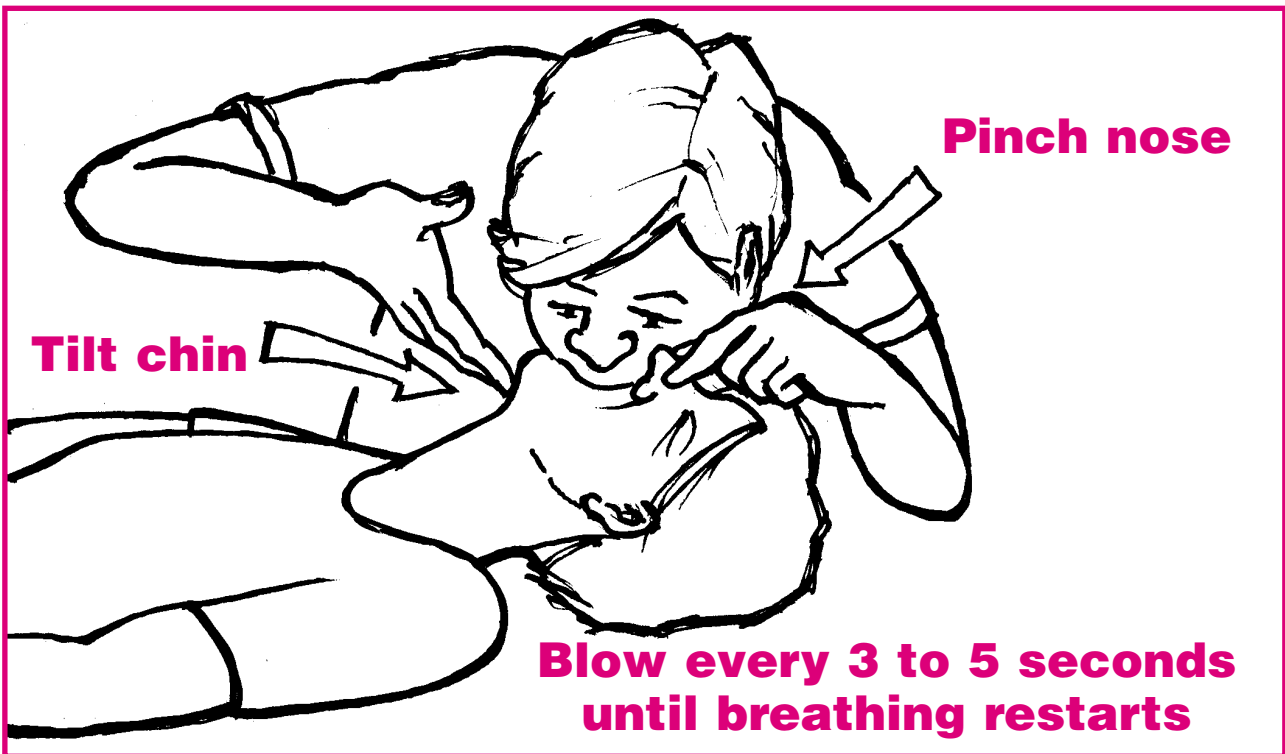
Mouth to mouth resuscitation is given to someone whose breathing has stopped. The objective is to blow air into the victim's respiratory tract. In general, **mouth to mouth respiration has not been implicated in the transmission of infections such as HIV**. However, there is a significant risk of the infection if a street child is bleeding from the mouth or has an open sore around the mouth. If you are bleeding from the mouth or have sores around the mouth you may also pass infections to the street child. Whatever the situation, you must take precautions as explained previously in 3.1. The following steps should be followed:



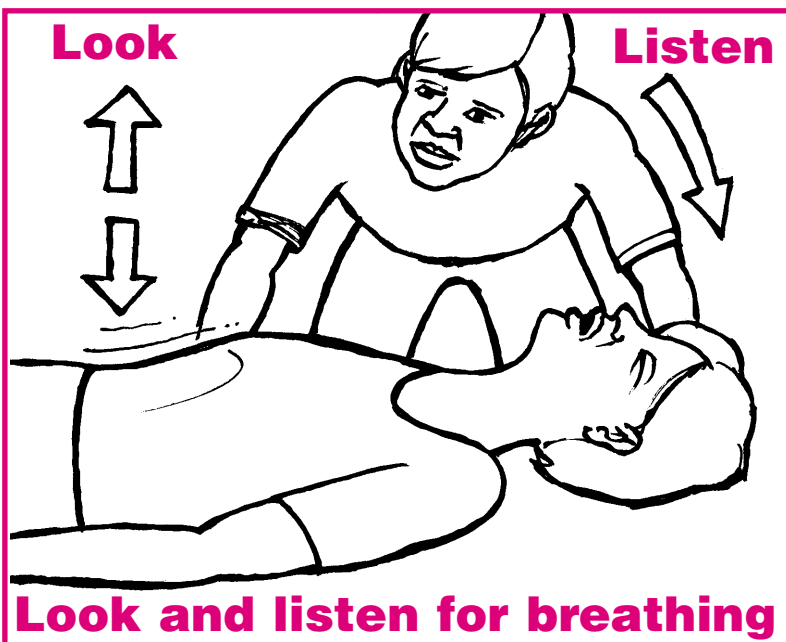
1. Clean the mouth, nose and throat quickly and gently to allow air to pass easily into the lungs.



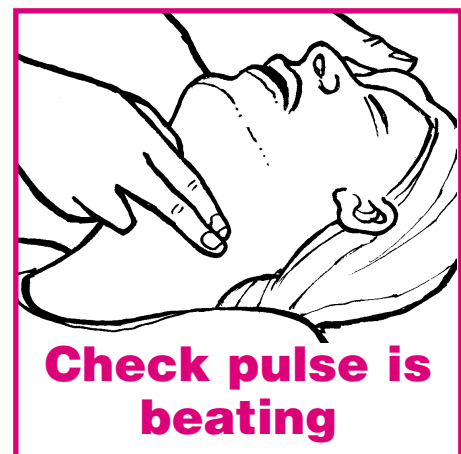
2. Lay the child on his or her back with head tilted back.



3. Cover the child's mouth with your own mouth, pulling up the lower jaw with one hand. Take a deep breath and blow air into the child every 3 to 5 seconds (about 15-20 times a minute). The nose of the casualty should be pinched closed while blowing in the air. Lift your head and allow the air to escape. Only sufficient air should be blown in.



4. Check to see the chest rise and whether the child has started to breathe. Continue until breathing starts.



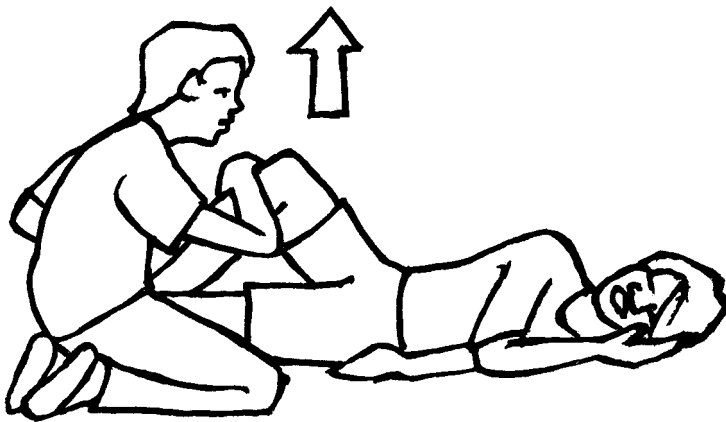
5. If there is a pulse and the child is still not awake, put him/her on the side so the airway remains open (coma position). The pulse can be found by placing two fingers on the hollow of the neck beside the windpipe.

6. If there is no pulse, call for medical assistance immediately or perform CPR (Cardio Pulmonary Resuscitation) **if trained in the technique**. Continue CPR until help arrives or on the way to a health facility.

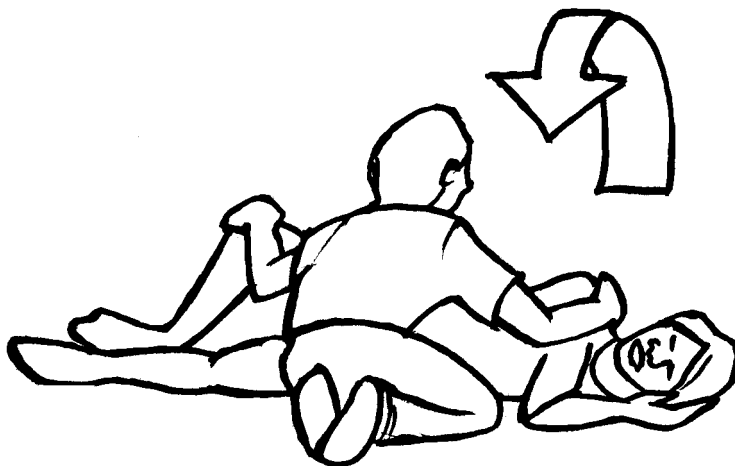


If there is a pulse then proceed to place the child in the recovery position.

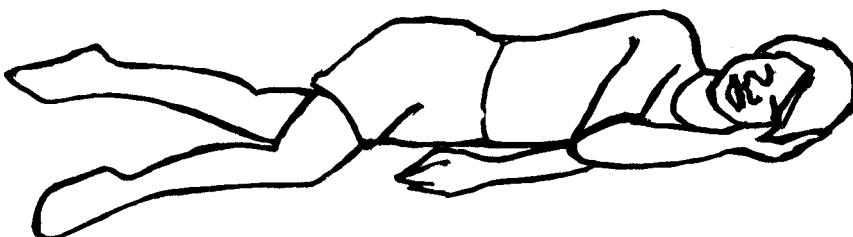
1. Place hand against cheek.



2. Raise leg.



3. Gently rotate body towards you, pulling on leg and shoulder.



4. Final Recovery Position.

3.3 Controlling bleeding.

Bleeding can be external (as a result of a cut on the skin). In this situation blood is visible and obvious. Internal bleeding occurs inside the body and blood may leak through a natural opening such as the ear. Sometimes, blood cannot be seen if the bleeding occurs in an internal cavity like the abdomen.

When controlling bleeding avoid contact with body fluids when possible and do not touch anything that may be soiled with blood or other body fluids. Use any protective barriers that are available, gloves or a clean dry cloth. The following is what you can do to control bleeding:

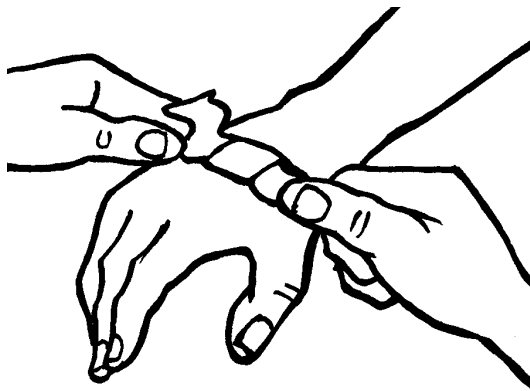
External bleeding.

- **Small cut.**

- Wash your hands under running water (Hands should also be washed after you complete the procedure).



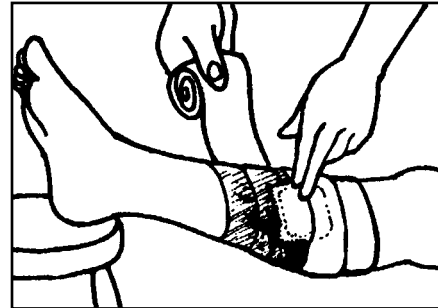
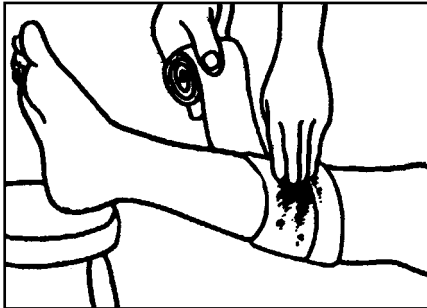
- Gently wash away the dirt with clean water.



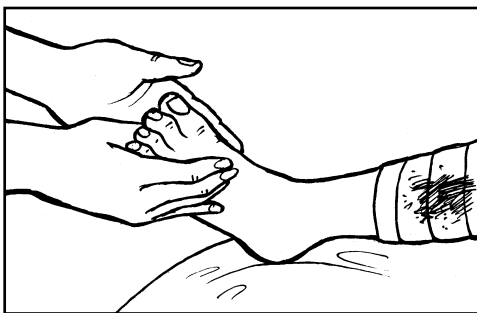
- Apply a small dressing if necessary, otherwise keep it open.

- **Bleeding heavily from a cut.**

- Apply pressure using your hand to stop the bleeding.
- Elevate the limb if it is an arm or leg which has been cut.



- Cover the cut with a pad and apply a bandage.
- If the bleeding does not stop, add another pad and bandage or cloth without removing the previous dressing.



Check for warmth to ensure the circulation is good.

- If the bandage is on a limb, frequently check the fingers and toes to ensure that they remain warm. If they are getting cold, loosen the bandage to let the blood circulate.
- Refer to a health facility for stitches and immunization that can protect the street child from getting tetanus.
- Apply a small dressing if necessary, otherwise keep it open.

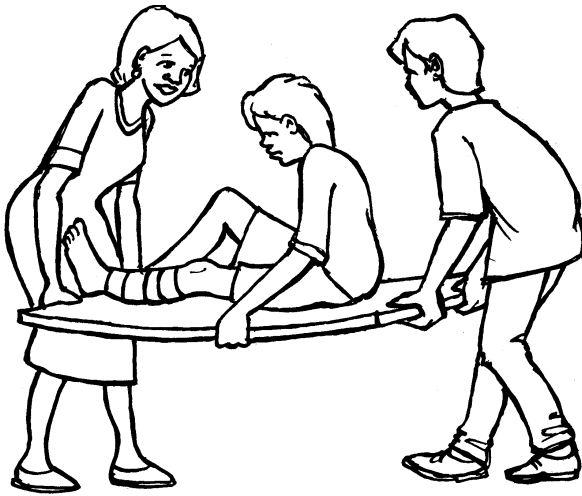
A cut where a broken bone is protruding.

- Ask someone to assist you to support the broken arm or leg.
- Place a clean cloth over the cut and bone.



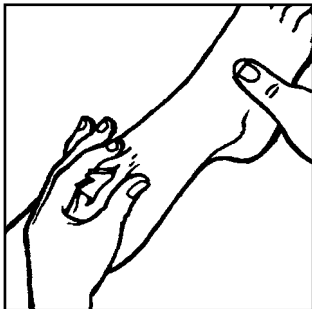
- Build up padding around the bone and gently bandage this in place keeping the limb still.

- Frequently check the fingers and toes for blood circulation. They should remain warm.
- Transport the child to a health facility making sure that the injured part is kept still.

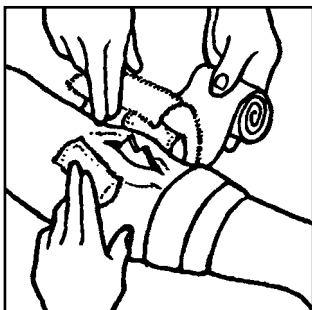


• **A cut with an object sticking out.**

- Do not press on the cut. Pinch the cut around the object.



- Place a clean cloth loosely over the cut and object.



- Keep the injured part raised. If there is a broken bone, keep the injured part still.
- Frequently check for blood flow in fingers and toes. Ensure they remain warm at all times.
- Transport the street child to a health facility.

- **Internal bleeding.**

If a street child is loosing blood inside the body, it may be seen coming from the nose, ear, faeces, urine or in the vomit or the birth canal. This will depend on the location of the injury.

Sometimes it may not be visible at all as blood may be collecting in a cavity of the body. Here is an example of bleeding from the nose and ear.

Nose bleeding.

Ask the child to sit down with head tilted slightly forward. Ask him or her to pinch the soft part of the nose and breathe through the mouth, avoiding blowing or sniffing. The pressure is applied just in front of the bridge of the nose, not only at the tip of the nose. If bleeding does not stop, refer for expert care.



Bleeding from the ear.

Bleeding from the ear may indicate a head injury or damage to the ear drum. If there is only a scratch on the outside of the ear, treat it as a small open wound. If bleeding comes from inside the ear it is much more serious and requires expert attention. Place the child in a sitting or lying position, head tilted with bleeding ear down. Cover ear with a clean cloth and refer to a health facility.



Learning Activity



These exercises can be done after you have been shown how to do the selected first aid techniques.

1. On your way to working with street children, you find a street child who has been knocked down by a speeding car. At the scene of the accident you find that you are the only one with experience in first aid. Conduct first aid on this child who is bleeding profusely from the head.
2. Demonstrate first aid for a small cut which is bleeding.
3. Demonstrate first aid on bleeding from the nose.
4. Demonstrate first aid on bleeding from a limb with a broken bone.

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Key Messages

- **It is important to recognise and respond to problems related to substance use and sexual and reproductive health.**
- **As a street educator you should know how to motivate a child to reduce risky behaviours and increase healthy behaviours.**
- **Providing emergency care such as first aid is an essential skill for the street educator.**
- **Exposure to body fluids and blood during first aid or other emergency procedures could result in acquiring or transmitting infections. Knowledge and skills on how to perform emergency care skillfully and safely should be sought from local health experts.**
- **It is wise to refer all health conditions and problems which are beyond the street educator's knowledge and skill and boundaries of work for expert care.**



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