

Mwema Children Karatu



Assessment on the Situation of Street Girls in Karatu Township

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Table of Contents

List of Acronyms.....	3
EXECUTIVE SUMMARY.....	4
1.0 Objectives of the Assessment.....	8
2.0 ASSESSMENT METHODOLOGY.....	8
2.1 Approach.....	8
2.2 Data Collection Methods and Tools.....	9
2.3 Primary Data Collection.....	9
2.4 Sampling Procedures.....	10
2.4.1 Sample Area and Sampling of Respondent.....	10
2.4.2 Data Processing, Analysis and Presentation.....	11
2.4.3 Testing Data Reliability and Validity.....	11
4 PRESENTATION AND DISCUSSION OF THE FINDINGS.....	11
4.1 Socio-economic and Demographic Characteristics of the Respondents.....	12
4.1.1 Respondents Age, Tribe, Education and those who are Young mothers.....	12
4.1.2 Respondents Education Background, Functional Literacy and Dropouts.....	13
4.1.3 Respondents' Addiction to Alcoholism.....	15
4.1.4 Respondents Ethnic Background and Places of Birth/Origin.....	17
4.2 Respondents' Family Background and Network of Support from Family Members.....	18
4.2.1 Respondents' Current place of residence and Parents Survival.....	18
4.2.2 Proportion of respondents' parents who are currently or were previously living together and number of siblings and Parents' Occupation.....	18

4.2.3	Respondents' Parents Addiction to Alcohol and its perceived Impact in families.....	21
4.2.4	Respondents with Close Relatives in Karatu and Support Received.....	22
4.3	Respondents' Reason to work in streets and their Means of Survival.....	23
4.3.1	Respondents' decision to Leave homes and work in streets and Sources of Income and Its Use.....	23
4.3.2	Respondents' Means and Survival Strategies.....	26
4.3.2.1	Primary access to food, medical services and where they Sleep.....	26
4.3.2.2	Diseases from which respondents suffer and access to medical services.....	28
4.3.2.3	Commercial Sex Work among Street Working Girls in Karatu.....	30
4.3.2.4	Practicing Safe Sex among Commercial Sex Workers and use of family planning methods.....	33
4.3.2.5	Respondents Experience of Sexual and Physical Abuse in Street and Where to Report/Seek Support.....	35
4.3.3	Respondents' Understanding of the Impact of Street Life on their growth and development.....	38
5.0	RECOMMENDATIONS.....	40
5.1	Interventions on Child rights Promotion at household and Community Level.....	40
5.2	Provide Sexual Reproductive Health Education to Street Working girls.....	41
5.3	Providing access to Vocation Skills Training and opening opportunity of enhanced economic resilience.....	41
5.4	Provision of Psychological/Psychosocial Support and Building Life Skills among street girls.....	42

List of Acronyms

FGD	Focus Group Discussion
DC	District Commissioner
KIIs	Key Informant Interviews
SPSS	Statistical Package for Social Scientists
n	Number of respondents
STI/Ds	Sexual Transmitted Infections/Diseases
CSW	Commercial Sex Work(er)
CV	Curriculum Vitae
Tzs	Tanzanian Shillings (Local Currency)
FP	Family Planning
US	United States
EEOC	United States Equal Employment Opportunities Commission
NSPCC	US National Society for the Prevention of Cruelty to Children
OSC	One Stop Centre
VAC	Violence Against Children
GBV	Gender Based Violence
SRHRE	Sexual Reproductive Health Right Education
SRH	Sexual Reproductive Health
NGO	Non Governmental Organization
DSW	District Social Welfare Officer
DCD	District Community Development

EXECUTIVE SUMMARY

This study was undertaken to collect accurate and specific information about the situation of street girls in Karatu Township.

This assessment was carried out in a consultative and participatory manner which involved many and varied stakeholders. Participatory data collection method and set of data collection tools was employed with data validated through triangulation. Both qualitative and quantitative primary and secondary data was collected to provide answers to key questions of this study as per developed set of questionnaires and

checklist. In-depth interview was conducted using structured questionnaires and Focus Group Discussions (FGD), Key Informants Interviews (KIIs) and Observation were conducted guided by semi-structured questions and observation guide.

To establish an estimate number of street girls where sample was drawn from, the study employed **“Point-Count Estimates”** which was done for 2 consecutive days. Basing on the estimates, it is estimated that there are between 70 and 100 street girls who are working and earning their living in the street. It is from this sample, that a total of 40 street girls were selected for interview with 36 children interviewed with the other 4 children reject their employers. To ensure that needed girls participate, the study used **“Snowball Approach”** for selection of girls for interview from those identified in the **“point estimates”**.

Collected data were analyzed using Statistical Package for Social Sciences (SPSS) and presented through tables of frequencies and percentages. The analyzed information provided a basis for discussions and interpretations of the findings and on providing recommendations for actions.

The interviewed respondents were of age 11 years to 19 years of age which is almost similar to findings of boys assessment (Rwamuhuru, 2011) which shows that street boys are of the 9 years to 21 years of age. This represent the fact that majority of street children (both boys and girls) can cope with street life at the age between 15 and 18 with those less than that age finding it hard to survive and those above that age are matured enough to be taken as housemaids and some like to travel to bud regions like Arusha, Moshi and Dar es salaam. From these interviewed girls, 19% are young mothers (giving birth before the age of 18) which is slightly lower than the current national data which shows that 28% of women gave births before the age of 18 years (UNICEF 2012)

Of the interviewed girls, 97% of respondents have been to school, however, only 20% have managed to graduate at least one level of education (Primary Education level) with 80% dropping at either Primary School (which is 69%) and 11% dropped at Secondary education. Lack of resources to support their education (poverty) is the leading cause (68%) for their drop from school. Due to these children dropping out of school at early stage of their education, functional literacy test showed that only 34% of respondents were able to read and write well

On use of alcohol and drug addition, the study found that almost half (42%) affirmed to be addicted to alcohol only without using any form of drug with peer pressure (convinced by friends) being the leading cause (47%) followed by 33% who claimed using alcohol as stress reliever. On experienced effect of using alcohol, 42% mentioned susceptibility to rape and other forms of sexual abuse to be the major effect experienced due to alcoholism and 25% mentioning susceptibility to have unprotected sex, and hence contact HIVs, to be another effect

The study also reveals that majority of respondents (64%) are living with single parent only (mostly mothers) and that 72% confirmed to have close relatives living in Karatu. Of these children with close

relatives in Karatu, only 15% said to have received some form of support from these relatives in the past 12 months which may infer that there is weak network of support from close relatives among the interviewed respondents

On the major reason to work in the street, the study found that majority of respondents (58%) mentioned poverty situation at their homes to be main reason for them to start working in streets to earn a living, with 28% mentioning lack of parental care and guidance to be the main reason. On their source of income in the streets, 25% mentioned engagement in domestic work followed by 19% who mentioned food vending business with 8% of respondents clearly mentioning depend on men adults in street financial support for their survival

With regards to their means of survival in streets, 33% of respondents said that they get access to food in places where they work which is out of their homes followed by 28% who said that they get food from their parents either through buying themselves and cook together with family or through their parents' initiatives of buying food and cooking for them.

On health aspect, majority of respondents mentioned to be frequently suffering from Malaria or high fever (72%) followed by those who reported Urinary Tract Infections (56%). Worth a note, 25% of interviewed respondents said that they have been tested, found and treated with STI/STDs mostly syphilis and gonorrhoea

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On health service seeking behavior, 30% of respondents mentioned that they usually buy medicines in pharmacies whenever they feel sick. This is followed by 22% and 19% of respondents who mentioned that their first reaction when they fall sick is to go to adults in street who they know they will support and also they go to their friends in street for help respectively. This shows a low health seeking behavior among interviewed respondents

On commercial sex, of the interviewed respondents, 56% mentioned that they are or have been engaged in commercial sex work (CSW) or have a very close street working girl who is engaged in commercial sex with majority (70%) saying that they earn/get paid between 5,000 and 10,000/- Tanzanian shillings per man

per night. Majority (65%) of those who engage in CSW confirmed to be using/wearing condoms for protective sex and 85% confirming to be using contraceptives

On experience of sexual abuse in the street, the study show that 72% of respondents said that they have once experienced either form of sexual harassment/abuse. Sexual abuses faced and which were mentioned frequently during interview and focus group discussion include attempted rape, deliberate and forceful touch in female's most sensitive part like breasts, back and waist, unwanted pressures for dates, sexual demand gestures, sexual comments and kissing sounds.

The study also wanted to learn on physical abuse experience among street girls in Karatu. By physical abuse, this study adopted definition by National Society for the Prevention of Cruelty to Children (NSPCC)¹ who defines physical abuse as deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It may include violent conducts such as being hit, kicked, poisoned, burned, and slapped or having objects thrown at them. Also the study reveals that majority of street working girls (89%) have experience any form of physical abuse in streets. Of the interviewed respondents, 86% understand the challenge and impact of street life on their lives as it shattered their lives dreams, with 81% mentioning lack of parental care and guidance as one impact street life has in their lives

Four key recommendations are made in this study basing on the findings. These are;

1.0 INTRODUCTION

Mwema Children Centre Karatu is a Non-governmental, not for profit making and non-political organization whose goal is to improve the quality of life of the most vulnerable children, particularly those at risk from social exclusion, and reintegrating them with their families

In its financial year 2016, the Project plan to conduct an assessment aimed at obtaining accurate and specific information about the situation of street girls in Karatu. The organization in 2011 conducted an assessment on street children which basically focused on the more "observable"

1. Inclusion of Interventions on Child rights Promotion at household and Community Level
2. Provide Sexual Reproductive Health Education to Street Working girls
3. Providing access to Vocation Skills Training and opening opportunity of enhanced economic resilience
4. Provision of Psychological/Psychosocial Support and Building Life Skills among street girls

group of street children, street boys. The findings from the study shed the light that, although

¹ Accessible through <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/>

street girls are not easily seen, it doesn't by any mean imply that there are no street girls in Karatu. Observation from the same study indicate that street girls are not easily seen in street as most of them are taken care of by adults (especially women) who are using them to run their businesses and others are being sexually exploited (*Rwamuhuru, 2011*).

It is in the light of this finding and the desire of the organization to reach out more girls with its programs that this study is was undertaken to inform on the situation of the street girls in Karatu and advice workable programs/activities to address the challenges that they are facing.

This document describes in detail the framework and methodological approach used in carrying out the street girls' assessment in Karatu Township, findings from the study and programmatic recommendations for interventions to reach out street girls of Karatu Township

1.0 Objectives of the Assessment

The general objective of this assessment is to collect accurate and specific information about the situation of street girls in Karatu.

Specifically, this assessment had the following objectives:

- i.** To bring into account the socio-economic and cultural background of street girls
- ii.** To analyze the means and strategies of survival among street girls in Karatu
- iii.** To examine children's understanding of the implications of street life on the growth and development of street girls in Karatu
- iv.** To advice workable programs aimed at addressing the challenge of street girls in Karatu

2.0 ASSESSMENT METHODOLOGY

2.1 Approach

This assessment was carried out in a consultative and participatory manner which involved many and varied stakeholders including Mwema Staff, Karatu District Council key staff such as Social Welfare Officer, local community leaders and street girls themselves. Consultation with organization working with most vulnerable girls, the Imani Focus Foundation, was made so that the research may gain further understanding on what are key interventions in addressing

challenges that street girls face. The purpose for the engagement of different actors and parties was to build a shared understanding on the situation that street girls are facing and sharing ideas on how to address these challenges

2.2 Data Collection Methods and Tools

This assessment collected primary information/data employing participatory methods and a set of data collection tools. The collected information was validated using the principle of triangulation. Both qualitative and quantitative data was collected

2.3 Primary Data Collection

The study collected both primary qualitative and quantitative data through in-depth interview using a guided structured questionnaire, Focus Group Discussions (FGD), Key Informants Interviews (KIIs) and Observation which were guided by semi-structured questions and observation guide respectively. Below is the description of the tools used in collecting primary data.

- i. Structured Questionnaires:** The consultant developed structured questionnaire which was used to collect quantitative information such as age, sex, background information, means of living, survival in street, respondents' background information and experience and impact of street life. The tool was administered to a total of 36 respondents
- ii. Focus Group Discussion (FGD):** This tool was mainly used to collect qualitative primary information to street girls. FGD offered an opportunity for the evaluation team to collect quality data and reduce the complexities since the method allowed asking more questions, longer questions and more detailed questions. The FGD was guided with an interview guide which included a checklist of key issues and questions to be investigated for the purpose of providing further and detailed understanding of issues asked through Structured Interview and to provide consistency in approaching issues during the assessment. A total of 15 street girls took part during the FGD
- iii. In depth semi-structured interview (IDI) or KIIs:** The interview with key informants through a checklist of issues was needed for learning and further understanding of issues assessed. KIIs included selected Mwema Staff, Karatu DC Social Welfare Officers and Imani Focus Foundation Project Coordinator. Specifically the interview with KIIs aimed at collating information related to general understanding of the situation of the girls in the street, implementation of different policies and laws safeguarding the rights of the children,

implementation of any activity/programs aimed at addressing the situation of street girls, sharing of future plans and actions to address challenges street girls face among many other questions.

- iv. **Observations:** The evaluation team was, throughout the survey, making critical observations across different areas and issues to verify the collected data during FGDs and structured interview. This included, among many, places and types of work.

2.4 Sampling Procedures

2.4.1 Sample Area and Sampling of Respondent

The study was conducted in Karatu Township for street living and working girls. In ensuring that the sampled girls are enough sample to represent the number of street girls, at first, the consultant and Team of researchers conducted a “**Point-Count Estimates**” to establish an estimate number of street girls in Karatu Township. This was done for a period of 2 consecutive days in collaboration with Mwema Street Workers, first interviewing selected seeds to help identify the number of street girls they know they are in street. To ensure that only targeted children are included, the estimates was done during evening time basing on the fact that street girls can be observed in the streets from evening hours. From the interview, majority of the interviewed respondents mentioned to be aware of between 70 and 100 street girls who are working and earning their living working in street. It is from this that a total of 40 girls were identified and interviewed with only 36 of the interview taken for the study as the other 4 children were not ready to continue with the interview for reasons including being required by their employers and denied chance to participate in the study and some completely rejecting to continue with interview without saying reasons for their rejection.

To ensure that needed girls are participating in the study, a “**Snowball Approach**” was used in establishing the accurate number of respondents’ subject for sampling. The approach was considered to be appropriate basing on the fact that these girls are known to each other and it will be easy for themselves to identify each other. With this approach, street girls were asked to name or bring another street girl she knows for an interview. To enable this, the Consultant in collaboration with research Team identified first the “**seeds**” who were asked to bring other street girls they know for the interview. The seeds were selected first from observation and second from experience of Mwema Staff for street girls that they have worked with previously. A total of 5 seeds were selected and helped in sampling of respondents

2.4.2 Data Processing, Analysis and Presentation

Data was analyzed to ensure complementarity so that a more picture of the situation studied is generated. Data analysis was made by using Statistical Package for Social Sciences (SPSS). The analyzed information provided a basis for discussions and interpretations of the findings and on providing recommendations for actions to be taken to address the challenge of street girls in Karatu Township. The results are therefore displayed in the form of tables with description of some qualitative information presented in form of individual quotes whenever necessary. These quotes were made through a well recorded writings and also through audio recording so as to ensure individual descriptions are well recorded and presented

2.4.3 Testing Data Reliability and Validity

The researcher administered principle of triangulation to ensure that there is consistency check of validity and reliability of collected information. This was made through using different methods and tools of data collection with some questions in a questionnaire and during interview asked in a way that it helped provide consistency check to answers provided earlier. All these helped to cross check the overlaps, contradictions and inconsistencies throughout the interview and seek further clarification from a respondent with the aim of ensuring that correct information is collected from respondents. In issues that were found to might have differing understanding or to be beyond respondents understanding, the team of researchers spend time to define the terms and give simple examples for them to understand. This included terms like sexual abuse, physical abuse and commercial sex. Also comparison of answers provided by specific respondents was cross-checked during Focus Group discussion

4 PRESENTATION AND DISCUSSION OF THE FINDINGS

This chapter is dedicated to discuss the results of the findings from the assessment. Comparison was made with the assessment findings of the street boys study done in Karatu in 2011 to see the differences between these two groups.

4.1 Socio-economic and Demographic Characteristics of the Respondents

4.1.1 Respondents Age, Tribe, Education and those who are Young mothers

From the findings of the study, of the 36 respondents covered by the study majority of the respondents (44%) was in age group 12 and 15 followed by those in the age between 16 and 18 who composed 31% of the interviewed street girls. The minimum and maximum ages of interviewed respondents were 11 years of age and 19 years of age.

Table 1: Respondents' Age, Proportion of Young Mothers and Respondents' Tribe

Age Range of Respondents (n=36)		
Response	Frequency	Percent
Between 8 and 11	1	3
Between 12 and 15	16	44
Between 16 and 18	11	31
Above 18	8	22
Total	36	100.0
Proportion of Respondents who are Young Mothers (n=36)		
Yes, I have a baby	7	19
No I don't have a baby	25	73
No response	3	8
Total	36	100.0
Age Range of Respondents' Children (n=7)		
Between 0 and 2 years	2	28.7
Between 2 and 3 years	4	57.1
Above 3 years of age	1	14.2
Total	7	100

If this is compared to boys assessment study, the same findings can be seen that majority of street boys in the street during the time of study (2011) were between the same age of between 12 to 15 years of age with the minimum age being 9 years old and maximum age being 21 years of age. This may represent the fact that majority of street children (both boys and girls) can cope

with street life at the age between 15 and 18 with those less than that age finding it hard to survive and those above that age are matured enough to be taken as housemaids and some like to travel to bud regions like Arusha, Moshi and Dar es salaam

From Table I above, the findings also shows that, of the interviewed girls, 19% are young mothers with the youngest being 15 years and the oldest 19 years of age. From the interview, the earliest age that interviewed girls get pregnant was 13 years old. Of these young mothers, 2 were expelled from school due to pregnancy while others get impregnated after either dropping from school or after finishing primary education and failing to continue with secondary education. Analysis of age of the respondent's children shows that 57.1% of these children are of the age between 2 and 3 followed by 28% who are of the age below 2. The youngest child was of the age of 9 months old with the eldest child being 5 whose mother currently being 19 years old. This statistics is slightly low than the National data on early pregnancy which shows that 28% of women gave births before the age of 18 years (UNICEF 2012)²

4.1.2 Respondents Education Background, Functional Literacy and Dropouts

Findings from this study show that 97% of respondents have been to school. However, only 20% have managed to graduate at least one level of education (Primary Education level) with 80% dropping at either Primary School (which is 69%) and 11% dropped at Secondary education. Of those dropped at Primary School (69%), 32% had dropped before or after reaching grade 5 and 37% dropped between grade 6 and 7 before finishing Primary school education. The smallest dropout grade was standard 4

With such a high trend of drop out, the study explored the reason for children dropout and majority which is 68% mentioned poverty (lack of enough resources to support their schooling) to be the main reason for their decision to drop out from school. One of the girls narrated this as follows;

"I had to drop from school because my parents couldn't afford to pay for school fees, buy me scholastic materials and uniforms.In many cases I was also going to school also without eating anything in the morning and also getting back home finding nothing to eat....When I reached standard five I couldn't take it any longer and as life at home was too tough then I had to drop from school so that I can at least start looking for some money to meet my needs and support also my younger siblings"

² UNICEF website. United Republic of Tanzania; Statistics. Available at http://www.unicef.org/infobycountry/tanzania_statistics.html. Accessed on 16 March 2012.

Table 2: Respondents' Education Background and Functional Literacy

Proportion of Respondents who have been to school (n=36)		
Response	Frequency	Percent
I have been to school	35	97
I have never been to school	1	3
Total	36	100.0
Respondent's Last Grade (n=35)		
Dropped before or after reaching grade 5	11	32
Dropped Between grade 6 and 7	13	37
Finished Primary School but didn't continue with Secondary	7	20
Dropped at Secondary School	4	11
Total	35	100.0
Reasons for dropping out of School/not continuing to secondary education		
Parents didn't care about my education	8	23
Poverty (lack of enough resources to support my	24	68
Early Pregnancy	2	6
Others My father didn't bother to support my schooling	1	3
Total	35	100
Ability to Read and Write (Functional Literacy Test) (n=35)		
Can Read and Write Well	12	34
Can Read Well and write Fairly	16	46
Can Write well but read fairly	2	6
Can Read and write fairly	4	11
Can't read and write well	1	3
Total	35	100

Also 23% of interviewed respondents mentioned that they drop from school because they felt like their parents didn't care much about their education and they even didn't bother to support them even if they're in a position to do so. No motivation, no follow-up from parents and even if they go to school or they didn't go to school to their parents that wasn't a thing of a concern and with this lack of support and motivation from their parents it developed a sense that education is of no value to them. On a very serious note, One (1) respondent clearly said that she had to drop from school simply because too often her father was telling her that she cannot waste her money support her education because she is a girl and sending girls to school is another way of wasting your money. This had demoralized her and decided to drop from school as she couldn't get support from her mother who was asking her to go to her father and ask for support in case she is in need of any support for her schooling

The study also tested respondents' functional literacy basically testing them on ability to read and write. Researchers developed 2 stories of which, researcher read the first story loud for respondent to write the story and the second story was given to respondents to read aloud to researchers so as to test their ability to read and write. From this test, 34% of respondents were able to read and write well, 46% of respondents were able to read well and write fairly, 6% capable of writing well but reading fairly and 11% able to read and write fairly. This means that majority of street girls can read and write which is opposed to the study done earlier (Rwamuhuru, 2011) which shows that over 52% (n=25) of street boys can't read and write, 28% can read and write fairly with only 20% being able to read and write well. This difference between these 2 groups in the functional literacy category can be due to the fact that majority of street boys dropped out of school between grade 1 to 4 compared to girls who majority dropped between grade 4 in Primary school and Form 2 secondary school of which It is customarily agreed that primary school standards 1 to 4 are initial grades of which children are considered illiterate as they have yet gained much to be able to read and right fluently (Rwamuhuru, 2011)

4.1.3 Respondents' Addiction to Alcoholism

This study also intended to understand respondent use of alcoholisms, reason behind their addiction to alcoholism and experienced impact of alcoholisms in their personal life or that of their closest friends in street.

Findings emanating from this study show that only 42% of respondents are addicted to either alcoholism only without using any form of drug (39%) or to alcoholism and drug use (3%) with 48% not addicted to any form of alcoholism. This is very low compared to the proportion of street boys which showed that over 91% of street boys who were interviewed were using any form of alcohol or drug (Rwamuhuru 2011). Also it is notable that proportion of girls addicted to any form of drug (in this case marijuana or sniffing glue) is very low (only 3%) compared to boys study (Rwamuhuru 2011) which showed that over 82% were addicted to drugs (66.67% are using both alcohol and drugs; 14.81% using only drugs). From this, it is very clear that majority of girls working and living in the street are not using drugs or any form of alcohol as it can be seen with the case of boys. This may be due to the fact that most of the girls in the street are feeling more susceptible to dangers of using alcohol compared to how boys level of fear on the repercussion of them being drunk.

The study also wanted to understand what forced girls deciding to use alcohol and 47% mentioned being convinced by their friends, 33% mentioned using alcohol for relieving life pains

and 20% mentioning environmental influence due to their parents working as bar tenders or being raised in a home where local brew are being sold as reason forcing them to start using alcohol as it can be seen in Table 3 below

Table 3: Respondents Addiction to Alcoholism

Proportion of Respondents Using Alcohol (n=36)		
Response	Frequency	Percent
Alcohol only no drug	14	39
Alcohol and drug (marijuana)	1	3
Don't using any form of alcohol or drug	21	58
Total	36	100
What Forced Respondents to Use Alcohol/Drug (n=15)		
Convinced by friends	7	47
Environmental influence	3	20
Relieving life difficulties due to nature of work and life	5	33
Total	15	100
Experience of Effect of Girls Alcoholism in Streets (n=36)		
Susceptible for rape and other sexual abuses	15	42
Fighting between ourselves	7	19
In danger of unprotected sex	9	25
I don't know	5	14
Total	36	100

These reasons were also mentioned during focus groups discussion and some of participants had narrated as follows;

“When I started working in the street I found a boy as my friend (lover) and he was the one who made me starting to use alcohol...whenever we met he was taking alcohol and he seduced me to start taking alcohol saying that I am looking too nerdy if not using one. So I found myself starting using alcohol as it is one of the way we could get along together”

Another girl narrated as follows during the focus group discussion;

“You know I was living in a family that we sell local brew...so growing up there at times you are asked to test it before serving to customers...this kind of environment made you find yourself using alcohol as you may look all family members are using except you”

“My first experience was when I was employed as a bar tender in one of bars here in Karatu. When you sell to customers at times they buy you a bottle of beer and want you to take one....When you want to reject the owner is telling you that you need to satisfy customers and not ignore them. So you find

yourself taking one to escort your customers and after some few weeks I found myself used to drinking alcohol and it became my habit”

When asked on the experienced effect of alcoholism for street girls, 42% of respondents mentioned that girls are becoming susceptible to rape and other forms of sexual abuses. In narrating this during focus group discussions, participants revealed that girls who are drunk are always becoming number one target of boys who are looking for girls to rape and it has happened in many cases that girls who are drunk are getting raped by boys and other male adults.

Another 25% of interviewed respondents said that girls are always falling in danger of having unprotected sex when they are drunk citing the fact that it is very hard to remember on practicing safe sex when they are drunk. For example, during interview one girl openly declared to interviewer that she remembers she once had un-protected sex with a man whom she went out for a drink together and went to bed thereafter only to find in the next day that they didn't remember to use condom

4.1.4 Respondents Ethnic Background and Places of Birth/Origin

Looking at Table 4 below, majority of interviewed respondents (72%) are Iraq by tribe, who are native of Karatu Township. Similar finding can be shown with the boys' study of 2011 which showed that 63% of street boys were Iraq by tribe. Also the finding reveals that, of the interviewed respondents 83% were born in within Karatu District (50% within Karatu Township and 33% in Karatu District Vicinity) which may infer that majority of street girls in Karatu are born within Karatu District

Table 4: Respondents Ethnic Background and Places of Birth

Respondents' Ethnic Background (Tribe) (n=36)		
Iraq	26	72
Mang'ati	3	8
Chaga	2	6
Other tribes (ialuo. masai. nyaturu. dare)	4	11
I have no idea	1	3
Total	36	100
Respondents' Places of Birth (n=36)		
Within Karatu Township	18	50
Outside Karatu Township (But within Karatu District)	12	33
Outside Karatu District	2	6
I don't know	4	11
Total	36	100

4.2 Respondents' Family Background and Network of Support from Family Members

4.2.1 Respondents' Current place of residence and Parents Survival

Findings from this study shows that majority of respondents (64%) are living with single parent only (mother) with only 6% living with their both parents and none with their father only despite the fact that 61% of respondents' parents are alive. It was established in this study that none of the respondents is an orphan and that all respondents has at least one parent alive. This also can mean that despite that majority of respondents' parents are both alive, these parents are separated and therefore children do not live together with their both parents and are left to live and being raised with their mothers only.

Table 5: Respondents' Residence and Parents Survival

Who respondents Currently Live with (n=36)		
Response	Frequency	Percentage
With my both parents	6	17
With one parent (mother only)	23	64
With one parent (father only)	0	0
Close relative	3	8
Non-relative caretaker	4	11
Total	36	100
Respondents' Parents survival status (n=36)		
Both alive	22	61
Only father is alive	1	3
Only Mother is alive	11	30
No idea	2	6
Total	36	100.0

4.2.2 Proportion of respondents' parents who are currently or were previously living together and number of siblings and Parents' Occupation

The study wanted also to know children understanding on whether their parents are currently living together or they have any idea whether they lived together in the past. The aim was to establish whether they have an experience of being raised and living in a complete family setting. Findings reveal that majority of parents of interviewed children (67%) were or are not living together and that only 28% of respondents' parents were in the past or are currently living together. This may also refer that majority of street girls are coming from families of which parents have separated and they are not living together

This study also intended to study the number of siblings respondents have so as to understand average family size for street girls interviewed. It was established that 47% of interviewed respondents have siblings above 47% followed by those with siblings between 3 and 4. This means majority (about 80%) have siblings above 3. The minimum number of sibling is 1 and the maximum number of sibling was 6.

Table 6: Respondents Parents living together and Number of Siblings

Proportion of Respondents' Parents Living/Were Living Together (n=36)		
Response	Frequency	Percentage
Parents are living/were together	10	28
Parents are/were not living together	24	67
Do not know	1	3
No response	1	3
Total	36	100.0
Respondents' number of Siblings (n=36)		
Between 1 and 2	6	17
Between 3 and 4	12	33
5 and above	17	47
No idea	1	3
Total	36	100
Proportion of respondents with their siblings also in street (n=36)		
Yes. She is a girl	2	6
Yes. He is boy	5	14
No	29	80
Total	36	100

From here, the study also wanted to understand if there is any among respondents who had his sibling also working and living in the street. The findings showed that 20% (6% being girls and 14% girls) of respondents have one or more of their sibling in streets with majority (80%) having no sibling working or living in the street.

This study also wanted to understand occupations of interviewed girls' parents' occupation and the findings shows that majority (66%) of their male parents (fathers) are working in informal sector doing informal works such as local artisans, carrying luggage in markets, riding passengers' motorcycles famously known in Swahili as "Bodaboda" and other non-formal sector works. Only

6 % are employed in formal sector which included tour driver and game ranger with another 6% businessmen and 8% farmers. Findings from female parents (mothers) also shows that majority of them are working in informal sector such as doing casual laborers in coffee and other farms, bar tender, doing domestic works such as washing clothes in people's houses for a pay and selling local brew. Those who are engaged petty business are 14% which includes food vending business and selling second hand clothes by hawking them in streets with 19% saying that their parents are jobless mainly spending much of their whole day in local brew clubs instead of engaging in income generating activities.

Table 7: Parents Occupation

Respondent's Father's Occupation (n=36)		
Responses	Frequency	Percentages
Informal job	24	66
Formal sector (game ranger, driver)	2	6
Businessman	2	6
Farmer	3	8
Don't know	5	14
Total	36	100
Respondent's Mother's Occupation (n=36)		
Informal/casual laborers bar tender, domestic work like washing clothes, selling local brew which amounted to)	20	55
Petty Business (food vending, second clothes selling	5	14
Jobless	7	19
Farmer	2	6
Don't know	2	6
Total	36	100

On parents use of alcohol or drugs (in this case marijuana), this study found that 89% of parents of street girls interviewed, their parents are addicted to alcoholism with 31% with only either parent addicted to alcohol, 6% of either parents using both alcohol and marijuana and 52% of both parents using alcohol only and not marijuana.

4.2.3 Respondents' Parents Addiction to Alcohol and its perceived Impact in families

Further, the study intended to understand respondents' experience of the impact of alcoholism to the whole family and on children development the results of which showed that majority

(89%) mentioned parents' failure to raise them well due to children neglect and family instability caused by parents fighting themselves. This was followed by 78% mentioning physical and mental abuse as another impact they have experienced due to their parents' addiction to alcoholism with most of them finding themselves beaten by their parents for no valid reason, at times chased away – sometimes during night times – by their parents when they got drunk and also parents using very harsh and abusive words to their children whenever they got drunk.

Another 58% mentioned lack of care and denial of basic services such as food, access to education and clothes to be another impact they have experienced as a result of their parents' alcoholism with some of the respondents claiming that their parents have been using even a little money they have for buying alcohol while if they ask some money for their schooling or for food they are parents are not ready to do so something which made them think that they do not care about their development, both physical and intellectual.

These experiences had been well narrated by some stories that children narrated to researcher as follows

“For me I can say my family was separated due to parents' alcoholism. My father was addicted to alcohol than my mother and whenever he come home drunk he started beating our mother and us....I remember there was a time when they started fighting they will even break some stuffs at home.....They once had a very big fight of which even we children were beaten for no reason and that was the day our mother decided that she will no longer continue living with our father and she moved away with us...although it was painful not living with father but at least we had that peace in our heart”

Another girl said;

“parents addiction to alcohol affected our family so much....there was a time when my mother sold some of the assets at home so that she can get some money to buy alcohol...she can also do some work and get some money and instead of bringing the money back to support us she is ending at the local brew club and when she is back she has nothing...it has caused her health to deteriorate and now we are left with the burden of caring for her as she is falling serious sick from time to time”

A 17 years old respondent narrated the following during Focus Group Discussion;

“One of the things I will not forget due to my parents alcoholism is when our mother chased me and my young brother at night so that we can go to our father...she normally came home and speaking abusive words to us and although they were painful but we get used to them...on that day she came and found us sleeping and we were late to open her the door so she get mad and said we should go to our father that night...it was real bad as she knew that we no longer live with father for a very long time and that he is already living with another man. So we had to leave that night and we were kept that night with a neighbor and returned back home the next day”

Table 8: Parents addiction to Alcohol

Respondents Parents' addicted to Alcohol or drugs (n=36)		
Responses	Frequency	Percentage

Either parent use alcohol but not drug	11	31
Either parent use both drugs and alcohol	2	6
Both don't use either	3	8
Both use alcohol only	19	52
I have no idea	1	3
Total	36	100
Respondents' Personal experiences of Impacts of Parents' alcoholism to Children (Multiple Responses)		
Denied basic services with money spent on alcoholism	21	58
Not well raised due to neglect and family instability	32	89
Physical and mental abuse to children	28	78

4.2.4 Respondents with Close Relatives in Karatu and Support Received

Findings from this study shows that majority of respondents (72%) said that they have close relatives living in Karatu Township. From those with close relatives in Karatu, majority of them which is 54% said that they have up to 2 relatives with 31% saying they have between 3 and 4 relatives and the remaining 15% saying that they have 5 or more close relatives in Karatu township.

With this big number of respondents' relatives in Karatu, the study wanted to know how street girls are receiving support, in any form (social, financial/economical or psychological) from these close relatives. The result shows that only 15% receive support from these relatives in the past 12 months with 85% saying that they have not received any support from their close relatives. During focus groups discussion, the researcher wanted to discover why street girls don't receive any support from their close relatives, and the main reason explained was that most of these relatives also have similar challenges that the families of respondents are facing which are related to economic hardship. One girl with 15 years of age said this about her close relatives;

"the challenge is they also face poverty as we do...you find may be your aunt has 3 children to take care of, then how can she support you instead of supporting her own child? So it is very difficult...I remember one day when I was chased at school as I didn't pay school contributions and didn't have an exercise books. I came back home and my mom didn't have any money to support so I decided to go to my aunt and she told me she can't help me as if she does so who will do to her own child? So her money is for supporting her children only"

Table 9: Respondents' Close Relatives and Supports received

Respondents with Close Relatives in Karatu (n=36)

Response	Frequency	Percentages
With Close relatives	26	72
With no close relatives	6	17
Don't Know	4	11
Total	36	100
Number of Close Relatives (n=26)		
1 - 2 relatives	14	54
3 - 4 relatives	8	31
5 and above	4	15
Total	26	100
Support received from Close relatives over the past 12 months (n=26)		
I have received support from them	4	15
I didn't receive any support	22	85
Total	26	100

So from these findings it is very clear that despite that street girls have a big network of close relatives in Karatu but majority of these relatives offers no support to these girls. Those who received support mentioned scholastic material support, financial support for medical services and also some were offered to live with close relatives.

4.3 Respondents' Reason to work in streets and their Means of Survival

In this part, the study puts into understanding the reasons which forced street girls in Karatu to start working in streets and their means of survival in street

4.3.1 Respondents' decision to Leave homes and work in streets and Sources of Income and Its Use

Findings from this study reveal that over half of interviewed respondents (58%) mentioned poverty situation at their homes to be the main reason for their decision to start working in streets for earning a living. When asked to elaborate this further during focused group discussion, participants mainly mentioned parents failure to support them academically with scholastic materials and payment of school fees and lack of food and other necessities at home to be the main reason which made them drop from school, abandon their homes and start working in street to earn themselves a living.

One 17 years old girl has narrated this scenario as follows;

"If you everything that your parents should have given you they don't, what are you going to do? No school needs met, at times when you are at home there is no food so you go to school hungry and when back home also you find nothing to eat...so it reaches a point that you decide okay! Now let me go to street and see if I can find a job say of cleaning peoples house...when you get money for the first time then it becomes an incentive for you to continue working in street"

Table 10: Respondents' Decision to leave home, Sources of Income and uses of their income

What made respondents leave their homes for the street (n=36)		
Response	Frequency	Percent
Poverty situation at home	21	58
Abused and don't felt like cared	10	28
Parents left me with grandparents with no care	3	8
Other reasons	2	6
Total	36	100
Respondents' main source of Income (n=36)		
Bar tender	6	17
Food selling in a hotel or helping mother in Food vending	7	19
Doing domestic works in people's houses/homes/shops	9	25
Parents/caretaker support	6	17
From men	3	8
Other sources	4	11
No response	1	3
Total	36	100
How respondents use their income (n=36)		
Meeting my personal needs like supporting my child	19	53
Supporting my family/mother	14	39
No response	3	8
Total	36	100

Another group of interviewed children (28%) mentioned lack of parental care as one of the reason which made them decide to start earning their living in street at a very young age. To these children, the main issue is not that at all times parents are not in a position to support their children's living but they simply neglect their duties. For example, some girls during Focus Group Discussion clearly said that you can find that your parents are not supporting you claiming that they do not have money but you find them in a local brew bars morning to night spending even the little money they have in drinking alcohol. So to this group, the main issue is not on their parent's poverty situation but rather their negligent of duty in bringing up their children

On the respondents' primary sources of income, this study found that respondents are scattered across different sources of income with 25% being engaged in doing domestic works in people's

homes such as washing clothes, cleaning shops and homes for the pay followed by 19% who are engaged in food vending business including supporting their parents in vending foods in street and getting paid or in assisting other street food vendors. There is also a group of children who works as bar tenders which compose 17% of all interviewed respondents. During the same interview, a total of 3 children, which represent 8% of interviewed respondents, openly declared that they primarily depend on men's support for their survival. This simply means that they are in principle engaged in commercial sex business and were ready to share it openly

When asked on the use of their income, majority of respondents who are 53% of all interviewed respondents said that they primarily use their income in meeting their personal needs including supporting their children followed by 39% who said they use the income earned in supporting their parents or family members. This has also been discussed and elaborated more during focus group discussion.

One 17 years old respondent, a mother of 2 years old son, narrated the following on the use of earned income;

“My son is living with my mother (his grandmother) as often I had to come down to the street to work and earn income to support my child and my mother....in reality, I don't have a good relationship with my mother and even her decision to stay with my son is after I was taken by police and social welfare officers and my mother was summoned and told that if they saw me roaming in street with my son they are going to take her to court...so she is living with my son with the order from the officers. As such, to ensure that she is living with her in good term then I have to work hard and send money back home so that she will be able to raise my son....so when I am back with an empty hands she is chasing me away but if I have something in my hand than I am very welcomed”

Another girl narrated the following on taking burden of supporting her family;

“My mom is very sick...she has been hospitalized frequently over the past few years. She cannot work and earn for our family and she is the only one to raise us as our father has already left us very long time ago...we are 4 in our family, me and my other 2 siblings and our mother....as such I have to work so that I can earn something for my mother's medication, purchase food and other domestic needs so as my young siblings will not suffer. I am also supporting their education from the money earned such as purchase of scholastic materials”

From the findings above it is very evident that young girls are engaged in different work in street including commercial sex work so that they will earn some income to be able to support their children but also to support their families back home. It can also be seen that these girls are burdened of caring for their parents and their younger siblings

4.3.2 Respondents' Means and Survival Strategies

4.3.2.1 Primary access to food, medical services and where they Sleep

The study intended to study primary source for respondents access to food and as it can be seen in table 12 below, 33% of respondents said that they get access to food in places where they work which is out of their homes followed by 28% who said that they get food from their parents either through buying themselves and cook together with family or through their parents' initiatives of buying food and cooking for them. Also 22% of respondents said that they buy and cook food for themselves or jointly together with the friends they are living in one place with 17% saying that they get food in lieu of cash for work done.

Narrating during focus group discussion on how they get food, participants had the following to say;

"I am living together with my other friends in a room that our employer has rented for us...we live 5 people in the room and we normally share in buying food and cooking together...when we do not have money we can talk to our employer and she supports also" Said a 16 year old girl employed as a bar tender

Another 17 years old girl said;

"I got food at home. After I work on streets and earn money then I buy food and take with me back home for my family. We are living with our mother only who is spending a lot of her time in local brew bars and she is coming back late and doesn't care if we have eaten anything. So in many cases if I do not fend for my little brothers then they sleep hungry"

When asked on the daily average number of meals taken over the past 3 months, it was revealed in this study that majority of respondents covered in this study (69%) are not sure of a number of meals to be taken per day meaning that sometime they take nothing, sometimes two meals per day and sometimes one. For these groups, meals intake depend on whether they have got money to buy or got job to do and eat and what they care the most is just getting meals and less on number of meals intake per day. Only 8% of interviewed respondents said that they have on average frequently taken three meals per day with 6% and 17% of respondents saying that they have received one and two meals per day respectively

Table 11: Respondents access to food, number of meals taken and where they sleep

How respondents gets food (n=36)		
Response	Frequency	Percent
I buy and/or cook for myself or with my friends	8	22
I got food at a place where I work (out of home)	12	33
Food for cash after working	6	17
I got food at my parent's home (whether for self initiative or parents prepare)	10	28
Total	36	100
Average Number of Meals consumed per Day over the past 3 months (n=36)		
One meal per day	2	6
Two meals per day	6	17
Three meals per day	3	8
Irregular	25	69
Total	36	100
Where do respondents Currently Sleep (more frequently over the past 6 months) (n=36)		
At Home	24	67
Rented a room	4	11
Where they work (to their employer)	8	22
Total	36	100
Proportion of children sleeping at their homes who have at-least once in a month slept outside their homes (n=24)		
Yes I have at least once slept outside home	20	83
No I have never slept outside home even once	4	17
Total	24	100

As it can be seen in Table II above, on where respondents have slept frequently over the past 6 months, the findings shows that majority of respondents (67%) sleeps in their respective homes meaning that they just work in the street and get back to sleep to their homes.

For those who sleep at their homes, the study wanted to understand on whether they have ever spent a night outside their homes to any other place than their close relatives' homes and the findings shows that 83% of respondents declared that they have spent at least one night in a month outside their families and to non-close relative. Further probing shows that these children have either spend a night outside their homes with a male counterpart/friend, to their fellow street girl friends or to an adult in the street who employed them for a temporary work. This

means that, despite the fact that these street working girls frequently slept at their homes, they have been finding themselves spending a night outside their families and in some cases spending a night with men in what can be connoted as doing commercial sex.

4.3.2.2 Diseases from which respondents suffer and access to medical services

This study intended also to put into light diseases that street working girls report to have frequently suffered from for over the past 6 months. Although the study understands the difficulty in obtaining information this information basing on the fact that most of them does not go to hospital for medical checkup, whenever the respondent didn't go for a medical/laboratory test we requested respondents to give clear picture on the symptoms and we consulted a medical practitioner on what could probably be the disease for the signs mentioned. From the findings, majority of respondents (72%) mentioned malaria or high fever related signs to be the disease that they have frequently suffered from. This may be down to the fact that most of respondents do not use mosquito nets as 13 of 15 participants (87%) who attended focus groups discussion said that they have not been sleeping under mosquito net for the same period.

This has been followed by 56% of respondents who mentioned that they have been suffering from Urinary Tract Infections (UTI). Worth a note, 25% of interviewed respondents said that they have been tested, found and treated with STI/STDs mostly syphilis and gonorrhea. When asked as to why they are suffering from STIs, participants of FGD said that this is due to having unprotected sex.

As it can be seen in Table 12 below, 30% of interviewed respondents mentioned that they usually buy medicines in pharmacies whenever they feel sick. To this group of respondents, they use the symptoms and signs and guess the disease and ask people selling medicines in pharmacies on what kind of medicine will cure them and sometimes they even mention the types of medicines they would like to buy. This is followed by 22% and 19% of respondents who mentioned that their first reaction when they fall sick is to go to adults in street who they know they will support and also they go to their friends in street for help respectively. During focus group discussion and further probing during interview, it was very clear that majority in these two categories are those who are working as bar tender or those who are engaged in commercial sex work as are the one who run to adults in street for help. One girl clearly mentioned during interview that she normally go to his boyfriend/male counterpart in street and ask for money to buy medicine a tendency of which sometimes made them face a challenge of being required to agree to have sex

(despite that she might not feel like doing so due to illness) before being given money to go and buy medicine.

Table 12: Diseases frequently facing street girls and Health Seeking Behavior

Diseases Street Girls frequently Suffer from over the past 6 months (Multiple Responses)		
Response	Frequency	Percentage
Malaria/High Fever	26	72
Typhoid/stomach fever	14	39
Diarrhea	13	36
Chest and Cough	11	31
Urinary Tract Infections	20	56
STDs/STIs	9	25%
Respondents' First Reaction when Fall Sick (n=36)		
To adults caretaker in street for help	8	22
My friends in street help	7	19
To organizations like Mwema for support	2	6
Go to hospital in the first place	6	17
Go to pharmacy and buy medicine	11	30
My parent/caretaker take me to hospital	2	6
Total	36	100

Results from the Table 12 also show that only 17% and 6% mentioned that they normally go to hospital themselves or taken to hospital by their parents whenever they fall sick.

From these findings it is evident that street girls do not seek medical service in medical facilities and majority of them resort to self medication. It was very clear that even those who go for further medical checkup, it happened only after finding themselves that their situation is getting worse and they have no other option than resorting to attending medical facilities for further medical checkup and treatments

4.3.2.3 Commercial Sex Work among Street Working Girls in Karatu

This study also intended to study on engagement of street working girls in commercial sex. Considering that majority of girls were not open to say whether they are engaging themselves in commercial sex, for those who were not open, the interviewer rephrased the question to ask on whether they knew any closest friend who is engaged in commercial sex work. Respondents were assured that their response will be confidential and they were asked to mention the name of the friend they know that she is engaged in commercial sex.

To ensure that no child is included more than once, we crosschecked the responses and whenever one girl was mentioned more than once, then the response was moved to the no response/repeated response category. The researcher were also very specific on who is to be mentioned by including the same criteria for respondents of this study which include any child under the age of 18, a street working girl and must also be living and working within Karatu Township. Also commercial sex definition used in this study is as defined by Campbell and Campbell (2001:10)³ as “men or women who provide sexual services in exchange for money as their main method of income” and definition from Maggie Schmeitz et al (2009:6)⁴ who defined commercial sex work as “engaging in sexual acts in exchange for cash, goods or services with someone you have no further partner relationship with”. The definition was made very clear to help respondents differentiate other intimate relations with commercial sex work

For consistency checking, we asked support of Mwema Street Worker and other girls to mention if they know a certain mentioned girl without mentioning the intent as to why we wanted to know about the child. We also conducted field observation following up some of the girls mentioned and managed to see how they conduct their work something which made the research team confident of the provided responses from respondents

Of the interviewed respondents, 56% mentioned that they are or have been engaged in commercial sex work or have a very close street working girl who is engaged in commercial sex with 25% mentioning that they have not been engaged in commercial sex and not have seen any close friend engaged in commercial sex work.

From this finding, it is very evident that majority of street working girls are engaged in commercial sex work as their source of income. When asked during focus group discussion why street girls are resorting to engaging in dangerous commercial sex work, participants of FGD made it clear that it because it is the only work that you can do it without having “CVs” and certificates as it is hard for them to find formal and permissible work to help them earn income for them to meet their most pressing demands.

One respondent who was open to share with researcher that she is engaged in commercial sex work, clearly said that, as a mother of a 1 and a half months son, she is in most cases finding

³ Campbell, Penelope & Campbell, Ann Marie E. (2001): *HIV/ AIDS Prevention and Education for Commercial Sex Workers in Jamaica: An Exploratory Study and Need Assessment*. National HIV/STI Prevention and Control Programme, Ministry of Health, Jamaica. Kingston.

⁴ Schmeitz, Maggie, Josta Nieuwendam, Sonia Caffé, and Juanita Malberg (2009): *Draft Report: Behavioral Surveillance Survey (BSS) and sero-prevalence study among Commercial Sex Workers (CSW) in the coastal districts Nickerie and Marowijne in Suriname*

herself in need of providing for her child but she doesn't have money or job to help her earn some money. As such she has to resort on finding a man she can sleep with so she can get some money to meet her basic needs. However, further probing during interview showed that she started engaging in commercial sex work even before, as she even dared to declare that she doesn't know who the real biological father of her son is, as she had slept with a number of men. Also she pointed out that even those men she met before they also decline the responsibility with an understanding that she has been sleeping with other men.

Table 13: Street Working Girls and Commercial Sex Work

Street Girls and Commercial Sex (n=36)		
Response	Frequency	Percentage
I am engaged or there is close friend of mine engaged in commercial sex	20	56
I don't know if there are any	9	25
No response/repeated response	7	19
Total	36	100
Respondents' understanding as to why girls engage in commercial sex (n=20)		
Willful to meet their own needs	12	60
Being used/exploited by other adults with no option so as to meet their needs	8	40
Total	20	100
Respondents' Understanding of How much girls earn per man/night (n=20)		
Between 5000 and 10,000 TZS	14	70
between 10,000 and 15,000 TZS	6	30
Total	20	100

The study intended also to understand whether street working girls are doing it willfully or are forced or being used by other people in commercial sex work/brothels. Findings from this study shows that majority (60%) mentioned that street working girls who are engaged in commercial sex work they are doing it willfully to earn income and earn a living without being forced or used by adults in brothels or for earning them income. However, it was also learnt that there are other girls who are doing it out of their own willingness but used by adults with 40% of interviewed respondents who either have personally engaged in commercial sex work or have a close friend engaged in commercial sex attesting this.

During focus group discussion, participants clearly attested that majority of street girls who find themselves used/exploited by adults include those who are employed as bar tender and those

employed in other business like food vending. During interview, one girl was mentioned to be engaged in commercial sex work exploited by a “mama” who is helping her in her business. During night observations, researcher managed to visit the area and managed to see a girl sitting next to the “mama” assisting her works and after sometime a man appeared and looked like negotiating with “mama” and then after some instruction from mama the girl was taken by the man and they all together disappeared to a nearby rest/guest house. When participants of FGD asked as to why this is happening with girls disguising in assisting work but in commercial sex, main reason put forth was that if a street girl stand openly selling herself it will be easy to be caught by police but if disguising assisting in work, when police are in search of commercial sex workers it will be difficult for them to recognize her as she will be seen like a normal girl assisting her mother.

The study also went further by wanting to understand how much in average a girl can earn per man per night, as shown in Table 13 above, 70% of respondents said they earn/get paid between 5,000 and 10,000Tzs with 30% saying they can be paid between 10,000 and 15,000/= with none mentioning above that range.

During focus discussion, participants were asked if there is any difference in pay and treatment between street working girls engaged in commercial sex and those adults girls/women engaged in CSW and it was very evident that there is difference in pay and treatment between the two groups with adults being paid more and taken with people with money while small girls have been taken with men or boys who doesn't have a lot of money. Also most of men prefer young girls because they are cheap but also you can decide whether you can pay them or not without them injuring or causing you much trouble. On the other hand street girls are faced with the challenge of bedding with more than one man they have agreed with. This has been well narrated as follows;

“in reality small girls are taken with men and boys who do not have enough money to afford big girls as they are very expensive compared to small girls...but also it is easy to not pay a small girl than those big ones as if you refuse to pay them you are in big trouble as they may team up with their other fellow and hurt you badly” A 15 years old FGD participants narrated

Another 17 year old FGD participant said

“One day my friend had agreed with a man to go for a sex...it was unfortunate that when she reached a room she found there are other 2 men in wait. She wanted to react but the man said we had agree that we will pay you 10,000/ and that is for all of us....they asked her how does she think she is that special

to deserve a 10,000/- pay per night for only one man....as she kept on refusing to go on bed with them, then they threatened her and she had no way than agreeing to their demand and went to bed with them all....unfortunately, after they had what they wanted then they paid the girl 5,000/= only“

On the other hand, it was learned during FGD that some girls are having it had when men demands for anal penetration sex and with them being powerless, at times they found themselves forced to agree in fear of being injured or get badly hurt.

All these shows how much girls are exploited and have no say over their own body and no power to negotiate.

4.3.2.4 Practicing Safe Sex among Commercial Sex Workers and use of family planning methods

Of the 20 respondents who said that they are either engaged in commercial sex work or have a very close friend who is engaging in commercial sex, 65% confirmed that they normally do protective/safe sex by wearing condoms with 35% saying that it depends as sometimes they forget to take condoms with them especially when they are in sober together with the men they went together for a sex but also some men does not like having protected sex and force these girls to have unprotected sex of which they do not have power to negotiate much with their dire need for money. One respondent shared during interview that she once went to bed with a man who completely refused to have protected sex and also promised the girl that he will pay her twice the agreed amount of money so that they will have unprotected sex.

On where do they get condoms, 75% of respondents said that they normally buy men condoms and have them ready for use whenever they get a man to bed with, with 25% saying that men do comes with these condoms

The study also intended to understand on whether commercial sex girls are using contraceptives as family planning methods to help them not get impregnated and the findings shows that 85% of respondents said that they normally use contraceptives to ensure that they remain safe and not get impregnated. To these girls, even though they are using condoms for safe sex, but still they take FP modern methods in precaution just in case when it happens they didn't practice safe sex or in case it happen that condoms didn't provide them enough protection considering that they have learned or heard that condoms does not provide one hundred percent guaranteed protection that you will not conceive

Table 14: Safe sex practice and Contraceptives/FP Methods use among CSW

Safe Sex Among Commercial Sex Workers		
Response	Frequency	Percentage
I/they do safe sex by wearing condoms	13	65
It just depends, sometimes they do and sometimes they don't	7	35
Total	20	100
How do CSW Access Condoms		
They buy themselves and have them ready for the use	15	75
Men comes with them	5	25
Total	20	100
CSW Girls Use of Family Planning Methods		
They use modern contraceptives	17	85
They don't use them	3	15
Total	20	100
Which contraceptives they usually take		
Implants	2	10
Injection	5	25
Pills	9	45
A mix over time	4	20
Total	20	100

On what types of contraceptives they normally use, 45% of respondents said that they are using contraceptives pills, 25% said they are normally using injections, 10%% using implants and 20% said that they normally use a mixture of different methods depending on what they have easily accessed. This shows that pills are the most used FP method by street girls.

When probed during FGD on how they access these contraceptives, participants said that in most cases they get them though purchasing in medical stores/shops but sometimes they also visit clinics in health centers and get them freely and with easy access. The researchers wanted to know how they access health centers while some are too young, and participants of FGD said that in most cases when they visit the centre they try to inflate their age and they sometimes don't get any trouble as it is considered to be their reproductive health right.

4.3.2.5 Respondents Experience of Sexual and Physical Abuse in Street and Where to Report/Seek Support

The study also intended to study on whether street girls are facing any physical or sexual abuse in their working in streets. In helping respondents understand what information we are intending to collect, we first helped define what sexual abuse is and we used 2 definitions, one from United States Equal Employment Opportunities Commission (EEOC)⁵ and of National Society for the Prevention of Cruelty to Children (NSPCC)⁶. EEOC defined sexual harassment/abuse as “Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or (2) Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment”. On the other hand, NSPCC defined the term as forcing or persuading children to take part in any sexual activity of which can be contact or no contact sexual abuse. To make it easier for them to understand what sexual abuse is, the researchers mentioned some of the listed actions in the EEOC article.

Findings from the study show that 72% of respondents said that they have once experienced either form of sexual harassment/abuse and 22% said that they have never experienced any form of sexual abuse. Sexual abuses faced and which were mentioned frequently during interview and focus group discussion include attempted rape, deliberate and forceful touch in female's most sensitive part like breasts, back and waist, unwanted pressures for dates, sexual demand gestures, sexual comments and kissing sounds.

Also respondents were asked to openly say whether they have experience rape or seen a young girl they know in street who was raped. By rape, we defined it as “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (US Department of Justice)⁷. We also asked girls to mention the name of a child who was raped with the aim of ensuring that we check that we do not take into account the name that appears twice or more and remove in the list

Findings shows that 22% of respondents have mentioned to either have been personally experienced rape with 64% clearly mentioning that they have never experienced or heard of any

⁵ Accessible through <http://www.un.org/womenwatch/osagi/pdf/whatissh.pdf>

⁶ Accessible through <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/>

⁷ Available at <https://www.justice.gov/opa/blog/updated-definition-rape>

close friend in street who was raped

Table 15: Respondents' Experience of Sexual and Physical Abuse

Respondents' experience of Sexual Abuse (n=36)		
Response	Frequency	Percentage
I have an experience of sexual abuse	26	72
I didn't experience any sexual abuse	8	22
No response	2	6
Total	36	100
Experience of child rape (n=36)		
I have seen or experienced	8	22
I haven't seen or experienced	23	64
Repeated cases	5	14
Total	36	100
Experience of Physical Abuse in Street (n=36)		
I have had experienced physical abuse	32	89
I haven't experienced physical abuse	4	11
Total	36	100

The study also wanted to learn on physical abuse experience among street girls in Karatu. By physical abuse, this study adopted definition by National Society for the Prevention of Cruelty to Children (NSPCC)⁸ who defines physical abuse as deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It may include violent conducts such as being hit, kicked, poisoned, burned, and slapped or having objects thrown at them.

Findings shows that majority of street working girls (89%) have experience any form of physical abuse in streets with only 11% saying that they have never experienced it. When further interviewed and also from focus group discussion, respondents mentioned different reasons for them being physically abused including being beaten by their men counterparts when they disagree to what they force them such as having sex when sick or unprotected sex, being beaten by big boys in the street whenever they ask them for sex and refuse and some of those who are working as bar tender claiming that they are many times beaten by their employers sometimes for no valid reasons and sometimes for being reluctant to "entertain" male customers who comes to the bar for a drink.

⁸ Accessible through <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/>

Table 16: Knowledge and Understanding of where to seek support in Case of Abuse

Respondents knowledge of where to seek support or report in case of abuse (n=36)		
Response	Frequency	Percentage
Yes I know where to seek support	29	81
I don't know	7	19
Total	36	100
Respondents understanding of where to report (n=29)		
To parents/caretaker	4	14
To Police station	19	65
To local government leaders (village chairman or executive officer)	6	21
Total	29	100

On respondents' knowledge on where to seek support in case of abuse, the study found that majority of respondents who are 81% said that they are well aware of where to seek support in case they face any kind of abuse with 19% saying that they do not know where to report cases of abuses. For those who know where to report cases of abuse, they were asked where they can report and 65% mentioned police stations, 21% mentioned local government leaders at the sub-village, village and ward level with 14% mentioning their parents or caretakers.

It was however established in this study that, even those who knows where to report cases of abuse, they don't report whenever they are abused with only 2 children of all interviewed respondents saying that had reported a case of abuse to police. When asked during focus group discussion and interview, respondents clearly showed lack of confidence to these referral mechanisms citing that they do not trust that they will be fair treatment and perpetrator will be charged accordingly. One girl, 17 Years, narrated the following referring to as why girls don't prefer reporting to police and just decide to remain quite;

"It's very hard for us to report any case to police. First we do not find it friendly and welcoming. But also we have seen some of people who are caught by police are being released after some few days...now can you imagine what will life be after you have reported a man to police, he was caught up and taken remand and released after some few days? Will this man not going to hunt you down?"

Also there is fear of being labeled as bad mannered and of suspect friends as narrated below during FGD;

“It is also unsafe to take a man to police. When he is in police custody there likelihood that his if his friends find out that you have taken their friend to police then they might hunt you down and hurt you... so it is better to just let it go than invite big troubles for yourself” An 18 years old respondent narrated

“...i can’t imagine that I am say raped or forced to sleep with more than one man or abused in any way and go to police or to grass root leaders and report...to them it may sound that we are bad mannered and that is why we have gotten ourselves into trouble and I don’t think if there is anyone who will open his ears and want to hear a thing from us” narrated a 16 years old respondents

From the above findings, it is very clear that majority of girls are aware of where to report cases of abuse but they do not have confidence to report mainly due to fear of being retaliated by the perpetrator or his friends but also fear of being shamed and labeled as bad mannered and moreover on lack of confidence towards police and local grass-root leaders

4.3.3 Respondents’ Understanding of the Impact of Street Life on their growth and development

It was also the objective of this study to bring into light on respondents’ experience on the impact that street life has hard in their personal lives. Respondents were asked to list at least 3 impacts that they have experienced due to them working and living in street.

Findings from the study shows that majority of respondents (86%) said that the very challenge with street life is that it has shattered their life dreams and they can’t see them coming true. To these children, what they are fighting for now is just finding a daily living on what they can eat and in such a situation of looking for just survival it is too hard for them to reach their dreams. One respondent said the following;

“My dream when growing up was to become a nurse...but now see, I have dropped out of school when was just a standard 6 and now I am living this kind of life of not even being sure of what to eat so how can I reach my dream in this situation? For me it is the very big impact of living life in street”

Another 81% of respondents said that living street life has left them lacking basic care and parental guidance as their parents don’t care about them but also there is no one to guide them. During focus groups discussion, it was learnt that, to these children even those adults in street who they trust could have provided them with life guidance are the one who are turning out to be their biggest abusers and using their disadvantageous position to exploit them for their own gains.

Table 16: Respondents’ Experience of the Impact of Street Life (Multiple Responses from 36 respondents)

Responses	Frequency	Percentage
Lack of basic services	16	44
lack of care and parental guidance	29	81
Living hard life and full of fear of being faced with street danger such as diseases, abuses and exposure to forced sex/rape	25	69
Life dreams get shattered	31	86
Falling into moral disorders such as alcoholism, bullying/fighting, sex at small age and commercial sex	20	56

Also 69% of respondents said that living street life has made them live a very difficult life full of fear. Fear of facing different dangers associated with street life including exposed to diseases, fear of being raped and forced into sex, unwanted pregnancies and being physically and sexually abused. This is followed by 56% of respondents who said that street life has made them fall into moral disorders including finding themselves starting using alcohol, bullying and fighting among themselves and even adults in street who some are like parents to them, engaging in sex, including commercial sex, at a very tender age something which might not have happened if they were living, cared and protected by their parents

5.0 RECOMMENDATIONS

Basing on the findings of the study and discussion with key informants, the study recommends the following in working with street girls in Karatu Township

5.1 Interventions on Child rights Promotion at household and Community Level

To safe guard children rights, care and protection, the researcher recommends immediate and concerted actions as follows:

- i. Pertinent government organizations should ensure the enforcement of the laws including the Law of the Child Act that call for parental responsibility in ensuring the well being of their children. Penalties such as community work, and conditional discharge should be reconsidered for parents who expose their children to risk and vulnerability, and who abuse or exploit their children.

- ii. Conduct Community advocacy and Awareness Raising on child protection and care among community members including protection of girls' rights and protection against abuse and all forms of exploitations. Therefore, a guided strategy and concerted efforts are required by both the government and non-government organizations for effective advocacy and awareness raising programs
- iii. Build capacity of key child protection actors such as police officer, social workers and teachers on all issues of child protection and care including on how they can create conducive and welcoming environment for children to report cases of abuse and ensure legal actions are taken against all abusers
- iv. Facilitate establishment of One Stop Centre (OSC) for Victims of Violence Against Children (VAC) and Gender Based Violence (GBV) through the National Guidance on establishment of OSC which was developed by the then Ministry of Health and Social Welfare and Ministry of Internal Affairs through its Police Gender and Children Desk. The OSC Model requires that all basic institutions in support of response services to victims of GBV and VAC are all located in a single point so that services will be easily accessible. These institutions are Police (for Police Form Number 3), Medical practitioner (for medical services such as post-exposure prophylaxis dosage and taking evidence on physical and medical examination), Social Worker (for psychological/psychosocial support) and legal person or paralegal for legal support.
- v. Build parents and care-taker of street girls' skills on best skillful and positive parenting skills so that they will create protective and caring environment for their children. The capacity building should mainly focus in helping repair broken relations between parents and their children
- vi. Support in building and strengthening economic resilience of parents of street working girls so that they will engage themselves in saving schemes and income generating opportunities for them to be able to earn income and be able to provide for their children

5.2 Provide Sexual Reproductive Health Education to Street Working girls

With the findings showing that there are some of street girls who are engaged in commercial sex and some have children in very young age and with the growing global recognition on importance of addressing SRH among adolescents, there is a need to ensure that street girls are provided with sexual and reproductive health rights education. With SRHRE, street girls will be able to

know important changes that their bodies are going through and of more importance, they will be able to grow and develop physically, emotionally and socially as they all directly relate to their sexual development. Also, with girls dropping out of school due to pregnancy, intensification of SRHRE in schools may also be considered as best option to address this challenge

5.3 Providing access to Vocation Skills Training and opening opportunity of enhanced economic resilience

From this assessment it was very clear that majority of these girls don't see themselves back to formal school system again. As such being the case needy-based and well coordinated vocational training programs, which focus on children's own interest, need to be designed for street working girls. **NGOs working with street children should take the lead in coordinating these efforts, especially the needs assessment, in close collaboration with local government authority especially the DSW and the DCD Department. These trainings should be organized in such a way that they will enable street working girls to acquire skills necessary for them to lead their lives in a positive way**

Also integration of street girls into different income generating opportunities will help them in enhancing their economic resilience and be able to lead their own lives. This may include building their capacity in their areas of interest such as tailoring, hotel management and other income generating opportunities.

5.4 Provision of Psychological/Psychosocial Support and Building Life Skills among street girls

Taking into account what these street girls went through in their path of life, offering **psychological counseling and proved basic radiance towards self gratitude - self acceptance and develop positive mind-set for growth. One-to-one session with qualified counselors/psychotherapist can be organized with children who are traumatized.**

In addition to the technical, health and livelihood skill that street girls may acquire, life skills is very important and should be given a top priority. With life skills, street girls, who have already given up and no confidence in them living positive life, will acquire basic skills that will help them to adopt and behave positively so that they can effectively deal with the challenges of everyday life. Life skills to be provided to this specific age group of adolescents include;

- Decision making skills
- Goal Setting skills

- Problem Solving skills
- Stress coping skills
- Coping with emotions skills
- Negotiation skills
- Friendship and interpersonal relationship skills
- Empathy (concern for others) skills
- Assertiveness
- Critical and Creative thinking; and
- Resisting peer pressure

Mwema Children Karatu



Evaluación de las Niñas en situación de calle en el Municipio de Karatu

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RESUMEN EJECUTIVO

Este estudio se realizó para recopilar información precisa y específica sobre las niñas en situación de calle en el municipio de Karatu.

Esta evaluación se llevó a cabo de manera consultiva y participativa, en la que participaron muchos y variados interesados. Se utilizó un método participativo de recolección de datos y un conjunto de herramientas de sondeo con datos validados mediante triangulación. Se recopilaron datos cualitativos y cuantitativos tanto primarios como secundarios para proporcionar respuestas a las preguntas clave de este estudio según el conjunto de cuestionarios y lista de verificación desarrollados. Las entrevistas fueron realizadas utilizando cuestionarios estructurados y

discusiones de grupos focales (FGD), las entrevistas con informantes clave (KIs) y la observación fueron guiadas por preguntas semiestructuradas y la guía de observación.

Para establecer un número estimado de niñas en situación de calle de donde se extrajo la muestra, el estudio empleó **"Estimaciones de puntaje"** que se realizaron durante 2 días consecutivos. Basándose en las estimaciones, se considera que hay entre 70 y 100 niñas que trabajan y se ganan la vida en la calle. De esta muestra, se seleccionaron un total de 40 jóvenes en situación de calle para la entrevista. De las cuales 36 fueron entrevistadas y las otras 4 rechazaron. Para asegurar que participasen las niñas necesarias, el estudio utilizó el **"Enfoque Snowball"** para la selección de las jóvenes para la entrevista de entre las identificadas en las **"estimaciones de puntaje"**.

Los datos recogidos se analizaron mediante el Paquete Estadístico (SPSS) y se presentaron a través de tablas de frecuencias y porcentajes. La información analizada proporcionó una base para las discusiones e interpretaciones de los hallazgos y para proporcionar recomendaciones para acciones futuras.

Las jóvenes entrevistadas tenían entre 11 y 19 años, lo cual es similar a los resultados de la evaluación de los varones (Rwamuhuru, 2011), lo que demuestra que los jóvenes en situación de calle tienen entre 9 y 21 años. Esto representa el hecho de que la mayoría de los jóvenes en situación de calle (niños y niñas) pueden hacer frente a la vida en la calle entre los 15 a 18 años, sin embargo los menores de esta edad tienen dificultades para sobrevivir y a los mayores de esta edad se les considera lo suficientemente maduros como para ser tomados como sirvientes/as y otros/as deciden viajar a ciudades principales como Arusha, Moshi y Dar es salaam. Volviendo al grupo de chicas entrevistadas, el 19% eran madres jóvenes (antes de los 18 años), lo que es ligeramente inferior a los datos nacionales actuales, según los cuales el 28% de las mujeres dió a luz antes de los 18 años (UNICEF 2012).

El 97% de las jóvenes entrevistadas habían asistido a la escuela, sin embargo, sólo el 20% logró graduarse al menos al nivel de educación primaria. El otro 80% abandonó los estudios, de los cuales el 69% abandonó en la escuela primaria y el 11% en la educación secundaria. La falta de recursos para apoyar su educación (pobreza) es la causa principal del abandono de los estudios (68%). Debido a que estas niñas abandonaron la escuela en las primeras etapas de su educación, la prueba de alfabetización funcional mostró que sólo el 34% de las encuestadas eran capaces de leer y escribir correctamente.

Sobre el uso de alcohol y drogas, el estudio demostró que casi la mitad de las encuestadas afirmaron ser adictas únicamente al alcohol sin consumir ninguna otra droga (42%). Siendo la presión del grupo (convencidos por los amigos) la causa principal (47%), seguida por un 33 % que afirmó usar el alcohol como calmante para el estrés. Sobre las consecuencias del uso del alcohol, el 42% mencionó la susceptibilidad a la violación y otras formas de abuso sexual como la principal consecuencia del alcoholismo y el 25% menciona la susceptibilidad a tener relaciones sexuales sin protección y por tanto, mayor riesgo de contactos con el VIH como otra consecuencia.

El estudio reveló también que la mayoría de las encuestadas (64%) ,viven en familias monoparentales (en su mayoría solo con la madre), el 72% confirmó tener parientes cercanos viviendo en Karatu. De estas jóvenes con parientes cercanos en Karatu, sólo el 15% dijo haber recibido algún tipo de apoyo de estos familiares en los últimos 12 meses, por lo se puede afirmar que la red de apoyo de parientes cercanos entre las entrevistadas es débil.

Sobre los motivos para trabajar en la calle, el estudio encontró que la mayoría de las encuestadas (58%) mencionó la situación de pobreza en sus hogares como principal razón para empezar a trabajar en la calle para ganarse la vida. Siendo un 28% las que mencionaron la falta de cuidado parental y orientación como la razón principal. Sobre su fuente de ingresos en la calle, el 25% mencionó trabajos relacionados con las tareas domésticas, seguido por el 19% que mencionó los negocios de venta de alimentos y el 8% de las encuestadas que reconocen claramente depender de hombres adultos en el apoyo financiero para su supervivencia.

Con respecto a sus medios de supervivencia en las calles, el 33% de las encuestadas dijeron que tienen acceso a alimentos en los lugares donde trabajan fuera de sus casas, seguidos por un 28% que reciben comida de sus padres, ya sea comprándosela ellos mismos y cocinando junto con la familia o en algunos casos los padres compran comida y la cocinan para ellos.

En cuanto a la salud, la mayoría de las encuestadas mencionan padecer con frecuencia paludismo o fiebre alta (72%), seguidos por los que reportaron Infecciones del Tracto Urinario (56%). Vale la pena mencionar que el 25% de las entrevistadas reconocieron haber sido testadas, diagnosticadas y tratadas de ITS / ETS, principalmente sífilis y gonorrea.

En cuanto a la búsqueda de servicios de salud, el 30% de las encuestadas mencionó que generalmente compran medicamentos en las farmacias cuando se sienten enfermas. Seguido por el 22% de las encuestadas que mencionaron que su primera reacción cuando enferman es buscar en la calle a adultos que saben que les van a apoyar y el 19% recurren a sus amigos en la calle

para obtener ayuda. Esto muestra un comportamiento pobre en la búsqueda de servicios de salud entre las entrevistadas.

En cuanto al comercio del sexo, entre las jóvenes encuestadas, el 56% mencionó que se dedican o se han dedicado al trabajo del sexo (CSW en adelante) o que conocen a alguna joven cercana que practica sexo como un negocio. La mayoría de ellas(70%), afirma que ganan / se paga entre 5.000 y 10.000 chelines Tanzanos por hombre y por noche. La mayoría de las que jóvenes involucradas en CSW (65%), confirmaron usar condón como método de protección sexual, y el 85% confirmaron usar anticonceptivos.

En cuanto a los abusos sexuales en la calle, el estudio demuestra que el 72% de las encuestadas reconoce haber experimentado al menos una vez alguna forma de acoso/abuso sexual. Los abusos sexuales experimentados y los que se mencionan con más frecuencia durante las entrevistas y el grupo de discusión incluyen la violación, manoseo sin consentimiento y a la fuerza en partes íntimas de las jóvenes, como los pechos, la espalda y la cintura. También se menciona la presión para concretar citas no deseadas, gestos de demanda sexual, comentarios sexuales y otros sonidos de índole sexual.

El estudio también pretendía indagar sobre las experiencias de abuso físico entre las jóvenes en situación de calle en Karatu. Como abuso físico, este estudio adoptó la definición de la Sociedad Nacional para la Prevención de la Crueldad contra los Niños (NSPCC)¹ que define abuso físico como el daño deliberado hacia un menor, causando lesiones tales como hematomas, fracturas óseas , quemaduras o cortes. Se incluyen también conductas violentas, como ser golpeado, pateado, envenenado, quemado, o haberles arrojado objetos. El estudio también revela que la mayoría de las jóvenes que trabajan en la calle (89%), han experimentado alguna forma de abuso físico en la calle. El 86% de las entrevistadas entiende el reto y el impacto que tiene para su futuro vivir en la calle como si sus sueños se hicieran añicos. Un 81% de las jóvenes menciona la falta de atención y orientación parental como un impacto de la vida en la calle para su futuro.

Basándose en los resultados del estudio se hacen cuatro recomendaciones clave. Estas son:

5. RECOMENDACIONES:

Basándose en los resultados del estudio y discusión con informantes clave, se sugieren las siguientes recomendaciones en el trabajo con niñas en situación de calle en el municipio de Karatu.

5.1 Intervención en la promoción de los Derechos del menor a nivel comunitario y en el hogar.

Para salvaguardar los derechos, el cuidado y protección de las menores, el investigador recomienda medidas inmediatas y acciones concretas de la siguiente manera:

i. Las organizaciones gubernamentales pertinentes deberían garantizar el cumplimiento de las

5. Inclusión de intervenciones de promoción de los Derechos del Menor a nivel comunitario y en el hogar.
6. Aportar formación en Salud Sexual y Reproductiva a las jóvenes que trabajan en la calle.
7. Facilitar el acceso a formación y capacitación profesional y mayor acceso a oportunidades de recuperación económica.
8. Apoyo Psicológico/Psicosocial y facilitar el desarrollo de habilidades para la vida diaria entre

leyes, incluyendo la Ley del Menor, que destaca la responsabilidad de los padres y madres para garantizar el bienestar de sus hijos. Se deberían reconsiderar sanciones, como el trabajo comunitario y libertad condicional para los padres que expongan a sus hijos a riesgos que los hagan vulnerables, así como para aquellos que abusen o exploten a sus hijos.

ii. Desarrollar programas de promoción y sensibilización comunitarias sobre protección y cuidado del menor entre los miembros de la comunidad, incluyendo la protección de los derechos de las niñas y la protección contra el abuso y todas las formas de explotación. Por esto, es necesaria una estrategia guiada y esfuerzos concretos por parte del gobierno y las organizaciones no gubernamentales para el desarrollo de programas eficaces de promoción y sensibilización.

iii. Fortalecer la capacidad de actores clave en la protección de la infancia tales como oficiales de policía, trabajadores sociales y maestros sobre todas las cuestiones de protección y cuidado

infantil, incluyendo sobre cómo crear un ambiente propicio y acogedor para que las jóvenes reporten casos de abuso y se tomen medidas legales contra todos los abusadores.

iv. Facilitar el establecimiento de un centro de atención única (OSC) para las víctimas de violencia infantil (VAC) y violencia de género (GBV) a parte de la Guía Nacional sobre el establecimiento del OSC, que fue desarrollado por el entonces Ministerio de Salud y Bienestar Social y el Ministerio del Interior a través de su Oficina de Género e Infancia. El modelo OSC requiere que todas las instituciones básicas de apoyo a las víctimas de GBV y VAC estén ubicadas en un solo punto, para que los servicios sean fácilmente accesibles. Estas instituciones son la policía (formulario de policía número 3), médico (para servicios médicos como la dosificación de la profilaxis post-exposición y la obtención de pruebas legales en el examen físico y médico), trabajador social (apoyo psicológico / psicosocial) y persona legal o paralegal para el apoyo en cuestiones legales.

v. Instruir a los padres y cuidadores de las jóvenes en situación de calle, en habilidades y destrezas parentales para que creen un ambiente protector y de cuidado para sus hijas. El fortalecimiento debe centrarse principalmente en ayudar a reparar las relaciones rotas entre padres e hijas.

vi. Apoyo en la construcción y fortalecimiento de la resiliencia económica de los padres de las niñas que trabajan en la calle, para que se comprometan en planes de ahorro y en la generación de oportunidades laborales para ellos mismos y de este modo poder proporcionar oportunidades para sus hijas.

5.2 Aportar formación en Salud Sexual y Reproductiva a las jóvenes que trabajan en la calle.

Los hallazgos del estudio demuestran que algunas de las niñas en situación de calle se dedican al comercio sexual y algunas tienen niños a una edad muy temprana. Debido a esto y con el creciente reconocimiento mundial de la importancia de abordar la Salud Sexual Reproductiva (SSR) entre los adolescentes, es necesario asegurar que las niñas en situación de calle tengan la educación correspondiente sobre los derechos de SSR. Con estos conocimientos las jóvenes podrán reconocer mejor los cambios por los que sus cuerpos están pasando y lo que es más importante, podrán crecer y desarrollarse física, emocional y socialmente, ya que todos ellos se relacionan directamente con su desarrollo sexual. También para aquellas jóvenes que abandonan la escuela debido a embarazos no deseados, la intensificación de la Educación en SSR en las escuelas, podría considerarse la mejor opción para abordar este reto.

5.3 Facilitar el acceso a formación y capacitación profesional y mayor acceso a oportunidades de recuperación económica.

Según los resultados de esta evaluación, queda muy claro que la mayoría de estas niñas no se imaginan a sí mismas de vuelta al sistema escolar formal. Por tanto, es necesario, diseñar programas de formación profesional bien coordinados, basados en las necesidades y que se centren en el propio interés de las niñas que trabajan en la calle. Las ONGs que trabajan con jóvenes en situación de calle deben tomar la iniciativa en la coordinación de estos esfuerzos, especialmente en la evaluación de las necesidades. Esto se debe hacer en estrecha colaboración con las autoridades competentes del gobierno local, especialmente el DSW y el Departamento del DCD. Estas formaciones deben organizarse de tal manera que permitan a las niñas que trabajan en la calle adquirir las habilidades necesarias para dirigir sus vidas de una manera positiva.

Esto también incluye la integración de las niñas en situación de calle en diferentes oportunidades de generación empleo, lo que les ayudará a mejorar su resiliencia económica y ser capaces de dirigir sus propias vidas. Esto puede incluir la capacitación en áreas de interés como la costura, la gestión de hoteles y otras oportunidades de generación de ingresos.

5.4 Apoyo Psicológico/Psicosocial y facilitar el desarrollo de habilidades para la vida diaria entre las jóvenes en situación de calle.

Teniendo en cuenta lo que estas jóvenes han pasado a lo largo de su vida, se les debe ofrecer apoyo psicológico y herramientas dirigidas a promover la autoestima y el desarrollo de una actitud positiva para el crecimiento personal. Se podrían organizar sesiones personales con consejeros/psicoterapeutas cualificados para las jóvenes traumatizadas.

Además de las herramientas técnicas, de salud y de subsistencia que las jóvenes en situación de calle puedan adquirir, se debe dar una prioridad máxima al desarrollo de habilidades y herramientas para el desarrollo de la vida cotidiana.

Con estas herramientas, las jóvenes que ya han perdido la confianza y no tienen esperanza de vivir una vida digna, adquirirán las habilidades básicas que las ayudarán a adoptar una actitud y un comportamiento más optimista, de modo que puedan afrontar con éxito los desafíos de la vida cotidiana. Las habilidades básicas que deben ser proporcionadas a este grupo específico de adolescentes incluyen;

- Habilidades para la toma de decisiones
- Habilidades para establecer metas
- Habilidades para resolver problemas
- Habilidades para afrontar el estrés
- Habilidades para hacer frente a las emociones
- Habilidades de negociación
- Habilidades sociales y de relación interpersonal
- Empatía (preocupación por los demás)
- Asertividad
- Pensamiento crítico y creativo; y
- Resistencia a la presión de grupo

Tabla 1. Edad de las encuestadas, proporción de madres jóvenes entrevistadas.

Rango de edad de las encuestadas (n=36)		
Respuesta	Frecuencia	Porcentaje
Entre 8 y 11	1	3
Entre 12 y 15	16	44
Entre 16 y 18	11	31
Más de 18	8	22
Total	36	100.0
Proporción de las encuestadas que son madres jóvenes (n=36)		
Si, tengo un bebé	7	19
No, no tengo ningún bebé	25	73
No responde	3	8
Total	36	100.0
Edad de los niños/as de las encuestadas (n=7)		
Entre 0-2 años	2	28.7
Entre 2-3 años	4	57.1
Más de 3 años	1	14.2
Total	7	100

Tabla 2. Nivel de educación y alfabetización de las encuestadas

Proporción de las encuestadas que han asistido a la escuela (n=36)		
Respuesta	Frecuencia	Porcentaje
He ido a la escuela	35	97
No he ido nunca a la escuela	1	3
Total	36	100.0
Nivel de escolarización alcanzado entre las encuestadas (n=35)		
Abandoné antes o después de alcanzar el 5° nivel	11	32
Abandoné entre el nivel 6° y 7°	13	37
Terminé la educación primaria, pero no empecé la secundaria	7	20
Abandoné en la escuela secundaria	4	11
Total	35	100.0

Motivos para abandonar la escuela primaria /no continuar la secundaria (n=35)		
Mis padres no se preocupaban por mi educación	8	23
Pobreza (falta de recursos para hacer frente a mi educación)	24	68
Embarazo temprano	2	6
Otros. Mi padre no pagó mis estudios por ser una niña	1	3
Total	35	100
Capacidad de lecto-escritura. (Prueba de alfabetización funcional) (n=35)		
Sabe leer y escribir correctamente	12	34
Sabe leer y escribir regular	16	46
Sabe escribir bien, pero lee regular	2	6
Sabe leer bien, pero escribe regular	4	11
No sabe leer ni escribir	1	3
Total	35	100

Tabla 3. Adicción al alcohol entre las encuestadas

Proporción del consumo de alcohol entre las encuestadas (n=36)		
Respuesta	Frecuencia	Porcentaje
Consumo de alcohol solamente. Ninguna otra droga	14	39
Alcohol y otras drogas (marihuana)	1	3
No consume alcohol ni otras drogas	21	58
Total	36	100
Motivos para el consumo de alcohol/drogas (n=15)		
Convencida por los amigos	7	47
Influencia del entorno	3	20
Evasión de los problemas del día a día/trabajo difícil	5	33
Total	15	100
Consecuencias del consumo de alcohol para las jóvenes en situación de calle (n=36)		
Susceptibilidad a violaciones y otros abusos sexuales	15	42
Peleas entre las jóvenes	7	19
Riesgo de realizar practicas sexuales de riesgo	9	25

No sabe	5	14
Total	36	100

Tabla 4. Origen étnico y lugar de nacimiento de las encuestadas.

Origen étnico de las encuestadas (Tribu) (n=36)		
Irak	26	72
Mang'ati	3	8
Chaga	2	6
Otras tribus (ialuo. masai. nvaturu. dare)	4	11
No sabe	1	3
Total	36	100
Lugar de nacimiento de las encuestadas (n=36)		
En la ciudad de Karatu	18	50
Fuera de la ciudad de Karatu (Pero en el distrito de Karatu)	12	33
Fuera del distrito de Karatu	2	6
No sabe	4	11
Total	36	100

Tabla 5. Residencia de las encuestadas y supervivencia de sus padres.

Con quién viven habitualmente las encuestadas (n=36)		
Respuesta	Frecuencia	Porcentaje
Con ambos progenitores (padre/madre)	6	17
Con un solo progenitor (madre)	23	64
Con un solo progenitor (padre)	0	0
Familiares cercanos	3	8
Otros cuidadores no familiares	4	11
Total	36	100
Supervivencia de los progenitores (n=36)		
Ambos vivos	22	61
Sólo el padre vive	1	3
Sólo la madre vive	11	30
No lo sabe	2	6
Total	36	100.0

Tabla 6. Progenitores de las encuestadas viviendo juntos y nº de hermanos.

Proporción de progenitores de las encuestadas viviendo juntos (n=36)		
Respuesta	Frecuencia	Porcentaje
Progenitores viviendo/vivían juntos	10	28
Progenitores no viven/vivían juntos	24	67
No sabe	1	3
No responde	1	3
Total	36	100.0
Número de hermanos/as de las encuestadas (n=36)		
Entre 1 y 2	6	17
Entre 3 y 4	12	33
5 o más	17	47
No sabe	1	3
Total	36	100
Proporción de encuestadas con otros hermanos en situación de calle. (n=36)		
Si. Una hermana	2	6
Si. Un hermano	5	14
No	29	80
Total	36	100

Tabla 7. Trabajo de los padres

Trabajo de los padres de las encuestadas (n=36)		
Respuestas	Frecuencia	Porcentaje
Trabajo informal	24	66
Sector formal (guardabosques, conductor)	2	6
Empresario	2	6
Agricultor	3	8
No sabe	5	14
Total	36	100
Trabajo de las madres de las encuestadas (n=36)		
Trabajo informal/temporal cómo trabajo en bares, trabajo domestico cómo lavar ropa, vender cerveza local)	20	55
Pequeños negocios (venta de comida, ropa de segunda mano...)	5	14
Desempleada	7	19
Agricultora	2	6
No sabe	2	6

Total	36	100
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Tabla 8. Adición al alcohol de los progenitores

Progenitores de las encuestadas adictos al alcohol u otras drogas (n=36)		
Respuestas	Frecuencia	Porcentaje
Un progenitor consume alcohol pero no otras drogas	11	31
Un progenitor consume alcohol y otras drogas	2	6
Ninguno consume alcohol ni drogas	3	8
Ambos consumen alcohol	19	52
No sabe	1	3
Total	36	100
Efectos del alcoholismo de los padres sobre los niños, según la experiencia personal de las encuestadas (Respuestas múltiples)		
Denegados servicios básicos por el gasto de dinero en alcohol.	21	58
Crianza deficiente debido a la negligencia y la inestabilidad familiar	32	89
Abusos físicos y psicologicos a las menores	28	78

Tabla 9. Parientes cercanos y apoyos recibidos de las encuestadas.

Encuestadas que tienen parientes cercanos en Karatu (n=36)		
Respuesta	Frecuencia	Porcentajes
Tiene parientes cercanos	26	72
No tiene parientes cercanos	6	17
No sabe	4	11
Total	36	100
Número de parientes cercanos (n=26)		
1 - 2 parientes	14	54
3 - 4 parientes	8	31
5 o más	4	15
Total	26	100
Apoyos recibidos por sus parientes cercanos en los últimos 12 meses (n=26)		
Ha recibido apoyo	4	15
No ha recibido ningún apoyo	22	85
Total	26	100

Tabla 10. Motivos para abandonar su hogar, fuentes de ingresos y su uso.

Causas que llevaron a las encuestadas a abandonar su hogar y marcharse a la calle (n=36)		
Respuesta	Frecuencia	Porcentaje
Situación de pobreza en casa	21	58
Abusos y no sentirse cuidadas	10	28
Mis padres me dejaron con mis abuelos sin ningun apoyo	3	8
Otras razones	2	6
Total	36	100
Fuente principal de ingresos de las encuestadas (n=36)		
Camarera en un bar	6	17
Venta de comida en hoteles o ayuda a su madre en la venta de comida	7	19
Trabajos domesticos en casas particulares/ tiendas...	9	25
Apoyo de sus padres /otras personas	6	17
Apoyos de hombres	3	8
Otras fuentes	4	11
No responde	1	3
Total	36	100
En que gastan sus ingresos las encuestadas (n=36)		
Necesidades personales como mantener a sus hijos/as	19	53
Ayudar a su familia / madre	14	39
No responde	3	8
Total	36	100

Tabla 11. Acceso a alimentación, número de comidas diarias y donde duermen las encuestadas.

De donde obtienen alimentos las encuestadas (n=36)		
Respuesta	Frecuencia	Porcentaje
Compro y/o cocino para mi misma o con mis amigas	8	22
Como en el lugar de trabajo (fuera de casa)	12	33
Comida por dinero en efectivo después de trabajar	6	17
Consigo comida en casa de mis padres (por mi cuenta o preparada por mis padres)	10	28
Total	36	100
Media de comidas diarias durante los últimos 3 meses (n=36)		
Una comida al día	2	6
Dos comidas al día	6	17
Tres comidas al día	3	8
Irregular	25	69
Total	36	100
Donde duermen las encuestadas (con más frecuencia en los últimos 6 meses) (n=36)		
En casa	24	67
Habitación alquilada	4	11
En el lugar de trabajo (donde su empleador)	8	22
Total	36	100
Proporción de jóvenes que duermen en sus casas, que han dormido fuera de su casa al menos una vez en el último mes. (n=24)		
Si, he dormido fuera de casa al menos una vez en el último mes	20	83
No, no he dormido fuera de casa	4	17
Total	24	100

Tabla 12. Enfermedades que afectan frecuentemente a las jóvenes en situación de calle y sus estrategias de búsqueda de Salud.

Enfermedades más frecuentes sufridas por las jóvenes en los últimos 6 meses (Respuesta múltiple)		
Respuesta	Frecuencia	Porcentaje
Malaria/Fiebre alta	26	72
Fiebres tifoideas	14	39
Diarrea	13	36
Tos y molestias respiratorias	11	31
Infecciones urinarias	20	56
ETS/ITS	9	25%
Primera reacción al enfermar de las encuestadas (n=36)		
Pedir ayuda a adultos en la calle	8	22
Mis amigos me ayudan	7	19
Pedir ayuda a organizaciones como Mwema	2	6
Ir al hospital en primer lugar	6	17
Ir a la farmacia y comprar medicinas	11	30
Mis padres/cuidadores me llevan al hospital	2	6
Total	36	100

Tabla 13. Jóvenes trabajando en la calle y sexo comercial.

Niñas en situación de calle y sexo comercial (n=36)		
Respuesta	Frecuencia	Porcentaje
Practico o alguna amiga cercana practica sexo comercial	20	56
No se si alguien lo practica	9	25
No responde	7	19
Total	36	100
Comprensión de las encuestadas de las causas por las que se involucran en el negocio del sexo (n=20)		
Voluntarias, para satisfacer sus necesidades	12	60
Son utilizadas/explotadas por adultos que conocen su situación de necesidad	8	40
Total	20	100
Conocimiento de las encuestadas sobre cuanto ganan las jóvenes por hombre/noche (n=20)		
Entre 5000 y 10,000 TZS	14	70
Entre 10,000 y 15,000 TZS	6	30
Total	20	100

Tabla 14. Práctica de sexo seguro y métodos anticonceptivos usados entre las trabajadoras del sexo (CSW)

Sexo seguro entre trabajadoras del sexo		
Respuesta	Frecuencia	Porcentaje
Practican sexo seguro con uso de condón	13	65
Depende. A veces usan condón y otras no	7	35
Total	20	100
Como acceden las jóvenes a los condones		
Los compran ellas mismas y los tienen preparados para usar	15	75
Los traen los hombres	5	25
Total	20	100
Uso de métodos de planificación familiar		
Usan anticonceptivos modernos	17	85
No los usan	3	15
Total	20	100
Anticonceptivos usados normalmente		
Implantes	2	10
Inyección	5	25
Orales	9	45
Mixto	4	20
Total	20	100

Tabla 15. Experiencia de abusos sexuales y físicos entre las encuestadas.

Experiencia de abusos sexuales (n=36)		
Respuesta	Frecuencia	Porcentaje
He sufrido algún abuso sexual	26	72
Nunca he sufrido abuso sexual	8	22
No responde	2	6
Total	36	100
Violaciones entre las jóvenes (n=36)		
He visto o sufrido una violación	8	22
Nunca he visto ni sufrido una violación	23	64
Casos repetidos	5	14
Total	36	100
Experiencia de abuso físico en la calle (n=36)		
He sufrido abuso físico alguna vez	32	89
Nunca he sufrido abuso físico	4	11
Total	36	100

Tabla 16. Conocimiento y comprensión sobre donde buscar apoyo en caso de abusos.

Conocimiento sobre donde buscar apoyo y denunciar en caso de abuso. (n=36)		
Respuesta	Frecuencia	Porcentaje
Si, se donde buscar ayuda	29	81
No se donde buscar ayuda	7	19
Total	36	100
Donde denunciar en caso de abuso (n=29)		
A los padres/cuidadores	4	14
En la comisaria de policia	19	65
A los líderes gubernamentales locales (alcalde del pueblo o oficial ejecutivo)	6	21
Total	29	100

Tabla 17. Impacto de la vida en la calle, según la experiencia de las encuestadas (Respuestas multiples de las 36 encuestadas)

Respuestas	Frecuencia	Porcentaje
Falta de servicios básicos	16	44
Falta de guía y cuidados parentales	29	81
Una vida dura, siempre con miedo a sufrir los peligros de la calle como enfermedades, abusos y exposición a sexo forzado/violaciones	25	69
Los sueños de futuro hechos añicos	31	86
Caer en problemas como el alcoholismo, el acoso, las peleas, el sexo a edades tempranas y el sexo comercial	20	56