
Surviving on the Streets: Sexuality and HIV/Aids among Male Street Youth in Dessie, Ethiopia

Abstract

The increasing number of street children is one of the most serious social problems facing Ethiopia today. As many as 200,000 children may be living on the streets. Studies in other countries have shown the importance of understanding sexual attitudes and behaviour among street children, particularly with regard to HIV/Aids. However in Ethiopia almost all studies of adolescent sexuality and HIV/Aids have been conducted among high school and college students. Out-of-school and street children, who are much less accessible, have been neglected. This study in Dessie, a provincial town in Ethiopia, is part of the research for an ongoing PhD project titled 'Ethnography of Sex: An Exploration of the Socio-economic and Cultural Context of Sexuality and HIV/Aids among Ethiopian Youth'. Three focus group discussions (FGDs) with a total of 30 street children, as well as numerous informal talks and discussions, were conducted during the fieldwork period between October 2001 and February 2002. The study reveals the importance of understanding young people's sexual behaviour not as a matter of isolated, individual risk-taking, but as aspects of collective behaviour deeply embedded in their way of life.

Introduction

The following is how a street boy in Dessie, a provincial town in Ethiopia, responded to a question about the day-to-day concerns and problems of street youth:

There is no place where we can find work, so we are forced to think of other undesirable alternatives which we would have previously been glad to avoid, things like theft and the like. We are very worried right now. We have no parents or relatives or anyone who can take care of us. Our labour is our

Getnet Tadele
Ethiopia

only means, and now that we have been prevented even from earning our bread from our own labour, we can only make a living out of theft. This is your work [pointing to the microphone]; if the government prevents you from doing it and even goes as far as chasing you, you will surely be in a great mess about how you are going to make a living. What will you do and

where will you find work? That isn't easy if you are in our condition. You will be forced to feel isolated, and you will not feel any respect for society and won't be at peace with it. You might even be forced to go into politics [probably meaning forceful opposition to the government] rather than thinking of how you could learn or improve your condition or how you can contribute to your country. All your plans and goals will be disrupted.

Why should I be made to lose all hope at such an early age of one day becoming a person? The government

should have been extending its hands to us and should have provided us with education so that we can contribute to our country. But look what it is doing to us; it is making it hard for us even to lead a life of “hand to mouth” [*keje wode afe*] by our own labour. In place of being given hope and encouragement, we are being forced to give up all our hopes of improvement and to lead a careless and hopeless life. Only the government is the cause, because if possible it should have helped us to be productive, but we understand that our country is poor and such help couldn’t come; we don’t just sit demanding it. But then it shouldn’t be cutting us short of any limited income we previously had by doing such activities. Some one has to do something about this, but we do not even find the chance to voice our concerns and problems even when we are oppressed as much as this.

All of the other participants in focus group discussions agreed with these views. The street children and youth involved in this study used to work in the bus station, helping passengers with their luggage and washing vehicles. At the time of the interview they had been barred from entering the station. They explained that the station management had selected 15 workers and allowed only them into the station. This action had caused great difficulties for those who were not selected, and they were finding it very difficult to get money. Some of them were going for a whole day without any food.

When they were asked to talk about their concerns and problems, it became clear that the fear of HIV/Aids and the need to protect themselves from being infected had no urgency for them. When asked how Aids compared to their other problems and how significant it was in their daily lives, they replied that they were more worried about satisfying their need for food. One boy stated:

We are much more worried about the conditions of our daily lives [than Aids]. We don’t even find enough food to satisfy our stomachs, and what we worry about is usually what we will eat today. But you cannot eat if you don’t work. Therefore even trying just to live is becoming a great problem to us and worries us a lot.

Street children engaged in shoe-shining expressed similar feelings of helplessness and frustration. One shoeshine boy said:

I want to quit shoe-shining and do something else because students at school treat me as an inferior just because I clean people’s shoes, and it really enrages me. Therefore I am worried about how I can find another source of livelihood and quit shoe-shining . . . What worries me more [than HIV/Aids] is whether I can do anything better than shining shoes . . .

All the other street children agreed that HIV does not worry them. What concerns them is only how they can improve their miserable lives. When one participant in a focus group said that ‘what worries us very much is Aids’, most of the other participants told him to speak for himself and stop pretending to be their spokesperson. It appeared that for most street children, unemployment, lack of money and other problems of mere survival overshadow the fear of HIV/Aids infection.

This paper mainly focuses on how male street children understand and express sexuality and HIV/Aids in their daily lives. I decided to write on male street children only, as the data obtained from female street children was not comparable. Most of the female street children included in this study are engaged in different kinds of hawking during the day, and stay with their families during the night. Moreover almost all of them attend school for half the day. As a result the information obtained from them closely resembles that of other informants attending school (non-street children). Compared to male street children the street girls appeared well informed about HIV/Aids and sexuality.

Background to the Study

Dessie, with a population of about 97,000 according to the 1994 census, is situated 400 kilometres from Addis Ababa on the road that runs north to Mekele in Tigray. Because it is located on a main trucking route, there are many hotels and bars which form an important centre of business life. Prostitutes service passengers and drivers who pass through the town, as well as local residents. There are also numerous illegal pornographic video houses that operate underground to avoid legal action, and young people frequently visit such places. Therefore hotels, bars and sex work are an integral part of the town’s formal and informal economy along with small retail business.

Past regimes used the town of Dessie as the administrative capital for the province of Wollo. Until the 1974 revolution the town served as a seat for the crown princes and governors who were assigned by the emperor to administer the region. Between 1974 and 1991 Dessie served as the administrative capital of what was then the Wollo province and also housed the regional headquarters of the ruling party. From 1991 onwards, although its scope of administration has diminished, it has continued to serve as the administrative capital for the South Wollo Administrative Zone, and houses a number of civil service, NGO and religious offices. Due to its location between mountains much of the town’s land is hilly, and the water that runs down the surrounding mountains has caused a great deal of erosion. Landslides are frequent. In addition to damaging or destroying infrastructure, the landslides discourage investment. For this and other reasons, including a fast-growing population, Dessie has a major problem with urban poverty. The growing size of congested neighbourhoods chiefly populated by low-income families, the deteriorating condition of the town’s roads and sanitation facilities and the ever-growing number of street children (and adults) are all evidence of increasing urban poverty.

The increasing number of street children is one of the most serious social problems facing Ethiopia today. It has been estimated that as many as 100,000 children are engaged, to varying degrees, in street life nationwide (Veal and Adepresew 1993). This may well be an underestimate; recent unofficial reports estimate up to 200,000 street children. The vast majority of these children live in conditions of severe deprivation, which make them vulnerable to all kinds of health risks. Inadequate nutrition, long working hours, exposure to adverse weather and physical abuse severely endanger their physical, mental and social development. The numbers of street children have been exacerbated by high inflation, structural adjustment, increasing urban poverty and the lifting of restrictions on the movements of individuals, which has resulted in an influx of economic migrants and displaced persons to urban centres throughout the country. During the period of instability before the fall of the Derg regime in 1991, tens of thousands of families were dispersed, parents and children separated and many children abandoned or lost, which contributed heavily to the problem

of street children (Veal and Adefresew 1993). More recently the problem of street children has worsened largely because of the Aids pandemic, which is reported to have killed an estimated 300,000 Ethiopian adults so far. As a result there are about one million Aids orphans. Many of these children have ended up on the streets, or will eventually end up there.

Current Research on Street Children and Sexuality

Richens (1994) discusses the prevalence of STDs, the scant knowledge about HIV/Aids and the part played by sex as a medium of exchange among street children. Other studies have emphasised the need for more research focusing on a cultural and contextual understanding of the circumstances in which street children pursue and engage in sex (UNAIDS 1999). A South African study on street children noted the inadequacy of rational choice models of risk assessment and decision making (such as the Health Belief Model and the Theory of Reasoned Action) in the face of coercive sexual contexts, pointing to social conditions of risk-taking beyond the control of the individual (Swart-Kruger and Richter 1997). The same study noted that HIV was not one of the children's main concerns, as their lives were dominated by more pressing survival issues. Ruiz (1994) stresses the importance of understanding street life as a culture that contextualises risk-taking behaviour in Colombia. Raffaelli *et al.* (1993), using a combination of qualitative and quantitative methods, describe the integrated nature of sex as a means of exchange for goods and services and as a source of sexual pleasure (an important and often neglected aspect in street life) in a study of the early and diverse sexual experiences of street children in Brazil. These and other studies underline the importance of understanding sexual behaviour among street children, not as isolated, individual risk-taking, but as aspects of collective behaviour deeply embedded in their way of life (UNAIDS 1999). Available data suggests that in many countries HIV sero-prevalence rates for street children are ten to twenty-five times higher than in other groups of adolescents. This is because street children are reported to become sexually active earlier than most other groups of adolescents, have more sexual, are more likely to be raped or forced into sexual relationships, use condoms less frequently and get inadequate informa-

tion about sexuality and protection due to illiteracy and non-attendance at school (Swart-Kruger and Richter 1997).

In Ethiopia almost all studies of adolescent sexuality and HIV/Aids have been conducted among high school and college students. Less accessible young people (out-of-school and street children) have been neglected (Fantahun and Chala 1996; Taffa 1998). In Africa in general and in Ethiopia in particular, where only about one-third of school-aged youth actually go to school, out-of-school adolescents clearly deserve more attention. To date, little is known about the sexuality of street children and youth, how HIV affects this group, whether they have access to Aids prevention information and, if so, to what extent (Carballo and Kenya 1994). This study aims to help fill this gap.

Sources and Methods

For the purpose of this study, the terms "street children" and "street youth" will be used interchangeably to refer to a broad age group of 15 to 27 years of age. The majority of street children who participated in this study were recruited randomly from around the town's bus station on the basis of their willingness to participate. A peer research assistant and I went to the bus station and asked for volunteers. By promising to pay the equivalent of about 1.20 USD for the time they spent with us, we got a lot of volunteers. As for recruiting shoe-shiners I befriended one and he recruited all the other participants engaged in shoe shining in the central square of the town called the piazza. Almost all the informants recruited from the bus station were marked with the signs of street life. Their tattered and dirt-encrusted clothes looked as if they had been rinsed in tar. Their hands were dirty, and their fingernails were filled with black filth. Their hair was overgrown and dirty, their mouths and lips were dry and cracked and their bare feet were covered in scaly skin. Some of them, especially the older ones, were better dressed, but their clothes, hands and fingernails were also packed with filth. Some had fresh scratches all over their faces. Their general physical condition clearly reflected the life they were leading, a marginalised life that proceeds precariously from day to day.

The informants in this study had been on the streets for three to nine years. None had completed their schooling or gone beyond elementary level. Some were born and grew up in Dessie, while others came

from other places. They were very mobile because they sometimes worked on lorries and buses as assistants. Washing cars, assisting drivers and performing a number of odd (sometimes backbreaking) tasks are the main means of survival on the streets for most of the participants. Their dependence on the transport sector and their closeness to drivers is even expressed in the language they use to express sexual issues. Some of the terms they use have their origins in the name of spare parts for cars. Most of the participants have lost one or both parents and were homeless, spending their nights in dangerous, unsheltered, cold environments. Some of them slept in the streets while others slept on floors rented for the equivalent of about six US cents per night. They sleep very close to one another for warmth. Most of them smoke and an increasing number chewing *catha adulis* (*qat*). All but one were sexually active and engaged in sex with prostitutes whenever they could afford to.

Unstructured interview questions were designed to guide data collection in FGDs. With some limitations FGDs are an effective way to explore in-depth attitudes about sensitive and complex issues such as sexuality. They are particularly effective when dealing with delicate, intimate topics among Africans with strong oral traditions. If moderators can arrange open and informal discussions, FGDs encourage spontaneous expression of individual ideas as well as the exchange of ideas between group members (Irwin *et al.*, 1991). The discussions covered general information about sexuality and HIV/Aids, perceptions of current problems and expectations for the future. The discussions also addressed the start of boy-girl relationships, marriage and premarital sex, sexual socialisation, the act of sex, sexual norms, values and deviance, safe sex, condoms and condom use and other issues related to HIV/Aids. Three FGDs involving a total of 30 street children were conducted on the premises of the branch office of the Family Guidance Association of Ethiopia. The participants in each FGD showed signs of intimate knowledge of each other's behaviour. When the participants were not pleased with what one of the other participants said, they told him to stop lying and tell the truth.

All the discussions were in Amharic (the official language of Ethiopia). They were tape-recorded, transcribed and translated. Notes were taken concerning group

dynamics, particular reactions and the number of informants endorsing a particular statement or position. These were incorporated into the transcriptions. All FGDs were conducted in two two-hour sessions. At the end of the second session the informants were given the chance to clarify issues and concerns surrounding sexuality and HIV/Aids. In addition to formal FGDs a lot of informal talks and discussions were held during the entire fieldwork period between October 2001 and February 2002.

Sexual Morals, Manners and Taboos

When the participants were asked if there was such a thing as “normal” sex, and how they felt about anal and oral eroticism, some of them argued that unrestrained (*liqe*) sexual intercourse is not “normal” sex. Asked what they meant by the term *liqe*, some said it meant very free or loose sex such as sucking the penis or licking the vagina. Others said that homosexuality is also *liqe*. Still others said it is *liqe* when a married man goes to prostitutes while keeping his wife waiting for him in his house. Some even said that sex without condoms is *liqe*. When probed further about other sexual values and norms, some stated that heterosexual partners should feel free to engage in any sexual practice that pleased them but that homosexuality or lesbianism remained *liqe*. Others disagreed that any kind of heterosexual sex that pleases couples was acceptable. They said even married couples should stick to the usual methods of having sex because sex has only two purposes: to satisfy one’s sexual desires and to reproduce, and that both purposes can be satisfied through “normal” intercourse. They added that it wouldn’t be good for children to grow up hearing or seeing oral or anal sex in their families. One informant said that he heard that when semen is released inside the rectum during anal sex, worms begin to grow internally. The receiving partner will then become a homosexual or lesbian. Other informants said that they had heard reports of oral and anal sex but had never seen any or experienced it themselves. They insisted that such practices are abnormal and indecent (*newere*), and added that licking the vagina with the same mouth that eats bread and *injera* (flat bread which is the staple food in Ethiopia) is absolutely *newere* and that God does not like it. One participant added that he had seen such things only in pornographic films and that

he opposes such practices because they are against culture and against nature. He added that both the man and woman have organs designated by nature for sexual intercourse and they should use them appropriately.

Pornographic movies can be seen in a number of movie houses in Dessie. We visited a couple of such places, and the size of the audience, which consisted of boys as young as eleven and twelve years old, was really surprising. During one visit there were about 150 fifty boys crammed into a very small, untidy room that even lacked proper chairs. We sat on very long logs with not more than 20 cm between each row. We were comparatively comfortable, as there were many more people who had to stand. The room was filled beyond capacity. Every centimetre of ground was occupied. Many had to be told to return another time because there was no more space in the room; everyone was already standing on their toes to be able to see the film. We watched the film for a while and then asked the informant who had taken us there, who was a student still wearing his school uniform, if he felt ashamed to go into such a place wearing his uniform. ‘Why would it make me feel ashamed?’ he answered. When our informants, both street children and students, were asked about the circumstances that stimulate and facilitate first-time sexual intercourse among youth, they were quick to mention video houses and the cinema as places where young people “learn” about sex and learn to imitate “decadent” western culture. One boy said that young people do not draw a line between what should be taken as educational, what should be seen as entertainment and what should be dismissed as “crap”. He said that video films serve as the main initiators of rushing into sex – in order to practice what they have seen on video. Perhaps due to such thinking the government closed most of these underground pornographic video houses in early 2002. I am not aware of the current situation.

As far as sexual positions were concerned the informants identified thirteen different ones. All these positions were considered to be deviant. “Normal” sex occurs only when the man penetrates while the woman lies on in her back “as our fathers and forefathers have done”. The other positions were described as harmful to the women because of potential damage to the uterus. Prostitutes submit to them for money, not because they like them, and

are sometimes even forced into them. Such positions are also not good for males because they exhaust and harm them. A final reason is that they involve much struggle and friction between the two bodies, which cause condoms to be torn. Most of the boys agreed that these positions should be avoided and are usually only resorted to when under the influence of alcohol. As for circumcision it was considered necessary because it was ‘the culture of our fathers’ as well as a hygienic imperative. They added that they have heard that uncircumcised men (*woshela*) cannot impregnate women and easily contract STDs because their semen remains in the foreskin and can develop into fungus or even STDs. Moreover women were said not to consider uncircumcised men as masculine.

Regarding modes of dress some said they saw no problem with girls wearing revealing clothes, as their bodies are part of their beauty and they have the right to display them. However other participants insisted that girls dress this way to attract men, and this causes some men to do what they wouldn’t have done otherwise. They said some men come to the piazza to see women’s bodies, which is not good. Especially in the evenings part-time students (evening students as they call them) wear very revealing clothes. This induces men to have unplanned sex and leads to the spread of HIV. All the participants agreed that masturbation (*sega*) is not a good thing to do. They believe it leads to sterility, mental disturbances, spinal deformation, reduced sex drive and vision problems. When we hinted that some young people consider masturbation the best means of abstaining from sex and avoiding HIV/Aids, they asked how it can be seen as an alternative if it shatters one’s hope of one day living with a wife and children by causing sterility, madness and reducing interest in girls. They added that *sega* is not good because it will make one lose weight (losing sperm is thought to cause weight loss). One boy said that if you buy sex, you will not do it frequently because you need money to do it, but *sega* requires no money and if you are used to it you are likely to do it often and lose weight quickly. He only tried it once, and that was enough to convince him never to do it again because, he claimed, it made him feel so drowsy that he couldn’t even walk properly. In any case most said they saw no need for masturbation as long as there are enough prostitutes. All the participants said they

had heard of homosexuals and homosexuality (both gay and lesbian) but had never met such people. They unanimously agreed that homosexuality is detestable and said they had never engaged in it. In discussing these sorts of matters one encounters one of the shortcomings of FGDs. One problem with an FGD is that taboo behaviours might be practised by individuals but not revealed in the group setting. Homosexuality and masturbation are possible examples. Masturbation in particular may be more prevalent than the boys admitted, but the group norm was clearly anti-masturbation and anti-homosexuality. It would be worthwhile checking, through individual interviews, whether homosexuality and masturbation are more commonly practised.

Love and Relationships among Street Children

Almost none of the informants knew anything about relationships except for buying sex from prostitutes. Desperate boys hungry for sex go to women and girls who are equally desperate for cash. Unlike the students involved in this study street children didn't report having girlfriends with whom they had a romantic relationship. Their reasons related to low self-esteem and social status. The informants said that non-prostitutes accept or reject a boy on the basis of his socio-economic status and his family background. They noted that some people treat them as inferiors just because they polished shoes: 'some people consider us as if we are under the soles of their shoes.' The view that having a girlfriend requires looking good, dressing well and having some cash in the pockets was strongly expressed by the participants. Thus they agreed that no girl would be willing to be a girlfriend of a shoe-shiner. If they wanted girls their only choice was to go to a distant neighbourhood and convince girls there to have quick sex before their backgrounds could be revealed. One boy said: 'when girls hear that I clean shoes in the piazza they consider me as if I was less of a man and treat me as an inferior.' Therefore, it is better to buy sex.

Levels of Awareness about HIV/Aids

When we asked the participants to tell us what they knew about HIV/Aids and how it is transmitted, we did not get very detailed answers. What we received were

fragments and half-sentences spoken with uncertain looks, such as:

- I have heard that Aids causes one to lose weight and be as thin as a skeleton.
- Aids is transmitted through things like toothpicks.
- Aids is transmitted through sexual intercourse.
- It is an "ugly" disease transmitted through sex and things like needles and razors.
- If the blood of an Aids patient is poured it has the power to penetrate and enter your body.
- You can get Aids by drinking raw eggs (to cure a cough) if the hen that laid the egg had eaten the sputum (*aketa*) of a person with HIV.

Almost all the informants had heard of HIV/Aids and knew it was an incurable disease. However most of them didn't clearly understand how the disease is transmitted or how it can be prevented. When asked what they knew about Aids, some of them demanded that we 'quit throwing all these questions at them' and start teaching them about Aids. They demanded that someone (most thought the government) do something for them. They even went as far as making us pledge to inform the authorities that they needed education, and not only about Aids. We pitied them, if that was of any value, and told them again that we were not there to teach them but rather to understand their views. We volunteered to answer any queries and clarify any unclear information as much as we could after the FGD.

Knowledge about HIV/Aids was not uniform within the group. Some of the participants were relatively well informed (at least on the ways HIV is transmitted) while some could say nothing more than that Aids is a chastising (*qesafi*) disease. Most of the participants stated explicitly that they didn't know anything for sure about HIV/Aids, except what they have heard people saying about it, that it is the worst disease of all and kills after it has wasted the body and made one a sack of bones. The ignorance of the group on the subject of HIV/Aids was clearly expressed by one boy's naïve query: 'Since there is no blood contact, why is it that Aids can catch me if I have sex without condoms?' Another asked: 'Since there is nothing other than sexual urge (*semate*) during sex, how is Aids transmitted through sex?' Still another, whom we had thought

better informed than the others, asked: 'Why can't the virus be seen? How does it enter the body during sex? And where did Aids come from?' He added that he has heard Aids came from America but wanted to know how. Another informant amused himself by responding that maybe it came by foot! Since Aids is closely associated with sexual intercourse, it is difficult to discuss openly, so misconceptions and rumours are likely to prevail. Jackson (1992: 55) noted that "people are often more interested in discussing minor or unproven routes of HIV transmission than the main one." This was confirmed in our discussions with street children and youth in Dessie.

The participants believed that HIV and Aids are just two different names for the same disease. Their inability to distinguish between HIV infection and Aids can be attributed to the failure of public information campaigns to do the same. Some of them also claimed to have been told by health educators that HIV could be contracted by eating a chicken that had swallowed a condom used by an HIV-positive man. Another street youth claimed that it is not Aids itself that kills but rather a poison of some kind that Aids produces in the body. Most of the informants associated Aids with bodily appearance; healthy-looking persons were thought to be HIV negative. They strongly believed that people with HIV show symptoms such as weight loss, sparse or balding hair, coughing, lesions on the lips and the like. One informant said he had seen a girl speaking at church who said she was HIV-positive, yet she did not look different from any healthy girl. This shocked him and made him feel that he too may be infected.

A large number of mundane activities were also considered to have infective potential. The informants thought they could get the virus from food if an infected maid accidentally cut a finger and spilled blood onto the food. Some even wanted to know if they could get the virus if they happened to drink from the same glass used by an infected person with chapped lips. The informants also expressed serious misconceptions related to other sexually transmitted diseases. When asked to name STDs, one of the informants named gonorrhoea, LGV, and chancroid and invited others to add to the list if they knew more. No additions were made. He said that STDs result from poor vaginal hygiene and develop in

women who do not wash their vaginas properly. There was a general consensus that this was the case. One informant thought that STDs cannot be transmitted from the male to the female since, as he put it, 'the company has its base in the vagina.' Another informant thought that a man could not pass on STDs to a woman because if he was infected he wouldn't be able to perform sexually in the first place. Most of the informants reported that they had contracted an STD at least once.

Origins of HIV/Aids

When asked about the origins of HIV/Aids, some informants said Aids was a disease sent to black people by *ferengi* (foreigners, particularly Americans). One said Aids was the result of 'the restless hands of the white man.' He claimed there was no Aids in Ethiopia until a certain white man had sex with an ape. However he didn't know he had contracted any disease and went on to have sex with some Ethiopian girls who then transmitted the virus to others. Another explanation was that Aids may have been in existence since ancient times but under a different name. One of the informants claimed there was a disease in the old days which the people called *amenmin* (that which makes skinny) and that this is the same disease that scientists now call Aids. However another informant objected to this and claimed that in the old days people called any wasting disease *amenmin*, including TB and many other diseases. Some perceived HIV/Aids as a punishment sent from God for bad behaviour. Said one:

Look at all that is happening; look at the women, who are supposed to wear long dresses but instead go around with tight trousers that seem to have been fitted on their skin. That is what has triggered God's wrath. This is only a little punishment compared to all the sins of people.

This participant dismissed the view that HIV came from apes by pointing out that Aids only occurs in human beings, which rules out the idea of an origin in the animal kingdom. Others argued that God would not destroy his own creation. In general religious ideas about the origin of HIV/Aids were an important part of the informants' discussions.

Reactions to Being HIV-Positive

We asked participants what they would do if they were diagnosed HIV-positive. With very few exceptions they expressed

strongly negative feelings at the thought of being infected. Some said they would commit suicide rather than succumb to the disease. One said: 'I would kill myself. I see no other choice. I cannot lie down sick one day along a sidewalk without anyone to take care of me. It will be better to die than wait for the disease to take root and lead to a pitiful death.' Some said they would not reveal their HIV-positive status to others for fear of embarrassment, isolation and discrimination. A common reaction was a concern not to pass the virus on to other people. Some participants said they would speak publicly about their infection in order to teach others not to end up like them. One of these informants, when asked if he wouldn't feel angry that the virus had infected him at such a young age, said: 'Why should I be angry? Death is something that awaits me anyway.' Others said they would pray to God for healing. They said that they would start going to church, cleansing themselves with holy water, soliciting God and confessing. These informants argued that having lost their life in this world, they did not want to lose their chance of a good life in the world to come.

Others' reactions referred to the government's response (or lack of response) to their situation. One boy stated:

I would go and seek assistance from the government. If I am assisted I would have no problem in exposing myself and teaching the public to be aware of the disease. But if I am neglected, I wouldn't feel any guilt in taking my revenge on as many people as I could by passing on the virus to them by any means I could find.

Asked why he would take revenge on other people, he said that he does not see any difference between the government and the people, for the people make the government. Another displayed an unshakeable fatalism by stating that his days were numbered. The day and hour of his death was a thing already decided by God, he said, and so 'I will die at that hour with or without Aids. The hour will not come any sooner because I have HIV nor will it be delayed if I don't.' Therefore, if he discovered he is carrying the HIV virus, he would just continue living until his last day and hour came. In contrast most of the informants did not want to know their HIV status. To know you are HIV-positive was believed to be a most horrifying thing.

Dynamics of HIV/Aids among Different Groups

Throughout human history many epidemic diseases have been blamed on outsiders. Epidemic diseases have also been seen as problems affecting only marginal members of society (Kane 1993; Setel 1999). Similarly Aids has been widely considered a problem of "others" throughout its brief history, and has been a metaphor for human differentiation by race, class, sexual identity and gender (Murray and Robinson 1996). Poverty and other socio-political predicaments have created favourable conditions for the HIV/Aids epidemic and prevented an effective response. Thus Farmer (1992: 242) notes that 'Aids is indeed a disorder of poor people, and becoming more so...'. In view of this we asked our informants if they thought the rich or the poor were more exposed to Aids. Most of them argued that rich people are more exposed because they have the money to do what they want and to win whatever girl they like. The poor think about sex less, as they are preoccupied with earning a living and in any case cannot afford to go out with women often. The students (non-street children) involved in the study also shared this view.

Interestingly, the participants all agreed that ordinary girls or "home girls" (*ye bet lijoch*) as they put it, particularly students, are more exposed to HIV than prostitutes. They all remarked that it is safer to have sex with prostitutes (*sheles*) than ordinary girls because prostitutes are more careful and make sure condoms are worn, while *ye bet lijoch* were described as messy. My own impression, however, is that impoverished prostitutes will not refuse sex without a condom for fear of losing clients. Such prostitutes have little choice but to satisfy clients' demands. It is obvious that the street children cannot afford to visit high-class prostitutes who may be able to insist that their clients use a condom.

Perceptions of Condoms and Condom Use

Since most of the street children involved in the study reported using condoms, they were asked if they liked using them or only did so from necessity. We also asked whether they felt condoms made a difference to the sexual experience of either partner. There was a general consensus that sex with condoms is not as enjoyable as sex without, and that sex is more

“natural” without a condom. One street boy said he only uses condoms because there is nothing else he can do to protect himself from HIV: ‘This “impolite” (*balege*) disease forces me to use condoms, but sex would be more enjoyable without them.’ He made these statements with a lot of disgust on his face and later added that putting on and removing a condom is ‘messy’ (*mechemaleq*). He added that even using condoms might not be safe, as only God knows if they really protect against HIV. He pointed out that one must also choose girls carefully, stating that if the “axle” (*differntiashalum*) — the slang term for the part of the body from the waist to the lower thighs — is beautiful, the girl is safe. The other participants more or less expressed the same disgust over using condoms and said they use them only to be safe. Although the main religions in Ethiopia do not condone condom use, none of our informants associated condom use with sinning. Asked if they feel any shame when buying condoms, they reported that there are some situations where buying a condom is shameful, for example, in a shop when there are many older people within earshot. One informant said: ‘I roam around for suitable shops whenever I want to buy a condom.’ When asked what types of shops are suitable, he replied that shops where a young boy or man is behind the counter do not make him feel ashamed.

Some of the informants were very quick to mention problems with condoms such as tearing or puncturing. Because of these risks they sometimes wear two at a time. They claimed that some condoms are already torn when they are removed from the package. Others insisted that such problems come from not knowing the proper way of using condoms. Asked if they have friends who do not use condoms, they replied that many people dislike condoms and are heard saying: ‘Why should I struggle with a condom? I will do without it!’ They said that some people don’t use condoms because they do not believe that they can protect them, some for fear their girlfriends will consider them unfaithful or untrusting and some because they think condoms reduce pleasure. One of the boys said he had friends who do not use condoms because they say sex with condoms is like ‘childhood sex’. None of the informants had complete confidence in condoms, but most felt they are better than ‘going in bare’. One boy compared sex with fire,

and a condom with a pair of shoes: ‘It is much safer to step on fire with your shoes on than with bare feet.’ Some said they use them only because they have come to associate condoms and sex rather than because they actually think about the need for protection. One boy added that he sees condoms as equivalent to Aids and only uses them because the prostitutes refuse to have sex if he doesn’t wear one.

Substance Abuse and Unsafe Sexual Behaviour

Most of the boys admitted they use *qat* and alcohol and smoke cigarettes. Even during the focus group discussions, we saw one informant trying to sneak some *qat* leaves into his mouth without being seen. We told him it was okay with us if he wanted to use it there. He smiled and brought out a very small bundle of leaves from his pocket. Another participant followed his lead, and then many started chewing. We objected when they lit cigarettes, but they countered that we had to allow them to smoke if we wanted them to keep talking. We had no choice but to let them smoke.

Intravenous drug use is something they neither engage in nor had even heard about. Asked if they used hashish or any other drugs they all laughed. One of them said they only take hashish when they have money left after eating enough to be satisfied. The implication was that this happens very rarely. Life on the street is very stressful, and they explained that they usually take *qat* to overcome their loneliness and escape the harsh realities of their lives. We then asked if using alcohol or other drugs might influence a person’s decision or ability to use condoms, or influence their sexual behaviour in general. It was agreed that there was a strong association between alcohol, *qat*, cigarettes and sex. One said: ‘I have to drink first and I also have to have money in my pocket to pay for her [the prostitute].’ Another stated that he only thinks of sex after he has taken *qat* and has had a few drinks. Asked how often they have sex, they replied that it all depends on how often they can drink and chew *qat*. Whenever they drink and chew *qat*, sex follows.

The informants also felt that alcohol, *qat* and smoking could make them careless about using condoms. Some boys said that when they are drunk they forget to wear a condom or do not use it properly. Some even suggested that the

government should ban all drinking places along with the production and distribution of alcohol, because men are usually lured into having unprotected sex under the influence of alcohol. One boy said:

You go to a certain hotel just to have a drink or two and then you see those pretty girls in those clothes that leave half their body naked for you to see. When they come and arouse you with all their sex looks and touches, what you know about Aids just leaves your mind and you end up in bed with one of them. I am sure if alcohol was banned, Aids would cease to be a problem.’

In general the informants denied agency and blamed alcohol and *qat* for unsafe sex.

Conclusion

Male street children are preoccupied with getting money almost to the exclusion of the problems posed by Aids. The first discussion held with each focus group was about the concerns and problems in their daily life in general. When the boys were asked what their problems were, no spontaneous mention of Aids was ever made. They already have so many other worries, and so little to look forward to, that Aids is a remote concern at best. This sharply contrasted with the attitude of young people attending school. They were very quick to bring up the issue of HIV/Aids without it being prompted by the facilitator.

Street children and youth in Dessie are also not well informed about HIV/Aids transmission and prevention. Even the few who showed some understanding of how to minimise their risks of infection still expressed a lot of confusion and misconceptions. The level of knowledge about HIV/Aids among street children in Dessie is very low compared to that of children attending school. This finding corresponds with Swart-Kruger and Richter’s observations of children and youth in South Africa (1997). The many HIV/Aids prevention campaigns on radio, television and other media encouraging abstinence, monogamy and condom use are not appropriate to this group except for the message on condom use. Given their precarious living conditions, it is unrealistic to expect these boys to abstain, and their low social status makes it is very difficult to have a girlfriend of a similar age or to get married.

The informants also admitted that they did not use condoms in the past when Aids was not so much talked about. However they still have problems purchasing condoms and using them, and still believe many myths about them. Even those who appear to have adequate knowledge about HIV/Aids may lack the skills to use condoms correctly or to negotiate safe sex with a partner. Education campaigns should therefore focus not only on information but also provide these young people with the skills to negotiate safe sex and to use condoms correctly. Moreover education alone is not enough. Strategies to improve the acceptability and accessibility of condoms for young people need to be implemented.

Most informants believed that condoms are not a completely effective means of preventing HIV/Aids. This contrasts with studies from South Africa and Zimbabwe (Ministry of Education and Culture and UNICEF 1993; Swart-Kruger and Richter 1997). They also expressed negative attitudes towards condoms. Some said they did not like condoms and would prefer not to use them. Some believe the lubrication in condoms may be impregnated with HIV. Clearly there is a need for education programs for young people targeting such myths.

Generally the street children and youth involved in this study feel helpless and frustrated with their sexuality due to fears of HIV infection. The majority of informants admitted engaging in sexual activities with prostitutes without using a condom in the past and knew this put them at risk. They therefore fear that they are already living with the virus, and this discourages them from taking more care in their current sexual practices. Moreover they prefer to live with uncertainty rather than knowing their HIV status. It is essential, therefore, that educational programs should focus on encouraging young people to be tested. It appeared that all options for preventing HIV/Aids are seen as problematic in one way or another. Abstinence seems an impossible solution for these young people, and most consider masturbation childish and dangerous, and certainly not a satisfactory alternative to sex. Interventions among street children, therefore, should focus on creating environments that enable safe sex. This study appears to refute the idea that street children and youth are sexually "wild" or even deviant. In fact these informants seemed quite

conservative, unless their discourse was a public display and their private behaviour very different.

Contrary to common belief in Ethiopia (and perhaps elsewhere), prostitutes are not high-risk sexual partners as far as these street children and youth in Dessie are concerned. On the contrary they argued that since prostitutes make clients use condoms they are safer than "ordinary" girls. However this sharply contrasts with other studies in Africa and may again indicate an opinion expressed for public consumption rather than the boys' actual belief or experience. A study of young people in Zimbabwe revealed that prostitutes are the group most strongly associated with Aids (Ministry of Education and Culture and UNICEF 1993). Furthermore there seems to be a lot of literature that links prostitution with the spread of HIV/Aids. In Africa and other "Pattern II" areas, where initial and subsequent epidemic phases are attributed to heterosexual transmission (Kane 1993), the prostitute-client relationship is considered to be the critical bridge of transmission into the wider heterosexual population. Perhaps this theory deflects attention away from the more complex realities of the epidemic (Day 1988; Gil *et al.* 1996; Kane 1993; Murray and Robinson 1996; Neequaye 1990; Peracca *et al.* 1998; Scambler and Graham-Smith 1992; Standing 1992; Talle 1995; Ward and Day 1997). However there are others who insist that prostitutes as the most vulnerable group for HIV/Aids (Peracca *et al.* 1998; Sturdevant and Stoltzfus 1992).

In line with the views of street children involved in this study, one often comes across literature arguing that "visible" prostitutes are safer from HIV/Aids than clandestine practitioners (Kane 1993; Murray and Robinson 1996; Standing 1992). Day (1988) argues that the context has to be specified when considering prostitution as a risk factor for HIV infection. Prostitutes and their clients may play an important local role in transmission in some societies but not in others. Murray and Robinson (1996) dismiss any necessary connection between unsafe sex and commercial sex, pointing out that the rate of HIV infection among sex workers in Sydney, Australia, is lower than that of non-sex workers. One might expect that the explicitly professional nature of a commercial sexual exchange increases the probability of condoms being used. In contrast, where sexual exchange is non-

professional, or where the professional nature of the exchange is not recognised, one could expect a lower probability of condoms use (Kane 1993: 976).

Nevertheless the consensus among our participants that prostitutes are less risky sexual partners than "home girls" may simply be another misconception that increases the risk of HIV infection in street children. Prostitutes in developing countries like Ethiopia are often believed to be powerless to make their clients use condoms. In Ethiopia and other developing countries, where most prostitutes work in bars and hotels and where prostitution and alcoholic drinks usually go together, consistent condom use by either party is not generally expected. Excessive alcohol consumption coupled with a need to maximise economic gain leaves prostitutes in a very weak position to negotiate safer sex (Talle 1995). Commercial sex in developing countries often also involves a degree of emotional attachment, or even the exchange of gifts and a more or less steady relationship. Such a relationship often seems to obviate the need for condoms, yet as most permanent partners could also be promiscuous, steady relationships are as dangerous as more temporary ones. Moreover condom use in societies such as that of Ethiopia is an issue surrounded by cultural ambivalence. Condoms are used most often when they are easily accessible and free of negative associations, and when there is the capacity (economic or social) to negotiate their use. Unsafe sex is likely to be common in an environment like Dessie where prostitutes barely survive by selling sexual labour and are not free to insist on safer sex because of fears of losing their clients. Further the complexity of the sex industry involves many more people than sex workers, so prostitutes may also be coerced by pimps or owners of bars who discourage condom use for their own financial gain (Murray and Robinson 1996).

To conclude street children and youth in Dessie are living in a precarious environment and are at high risk of contracting HIV, partly because they do not know how to avoid HIV infection. They expressed feelings of helplessness and frustration about protecting themselves from HIV/Aids. Many of them suggested that people living with HIV/Aids should be involved in Aids prevention campaigns. They also emphasised that more vigorous and more

personal face-to-face approaches should be adopted. In other words educational programs should not be limited to television, radio and newspapers. Using peer educators to spread awareness about HIV/Aids, and involving street children in program planning, may be the most effective ways to reduce the risk of HIV infection among street children and youth.

References

- Carballo, M., and Kenya, P., 1994, 'Behavioural Issues and Aids', in Essex *et al.*, eds., *Aids in Africa*. New York: Raven Press.
- Day, S., 1988, 'Prostitute Women and Aids: Anthropology', *Aids*, Vol. 2, pp. 421-428.
- Fantahun, M., and Chala F., 1996), Sexual Behaviour, and Knowledge and Attitude towards HIV/Aids among Out of School Youth in Bahir Dar Town, Northwest Ethiopia, *Ethiopian Medical Journal*, Vol. 34, pp. 233-42.
- Farmer, P., 1992, *Aids and Accusation: Haiti and the Geography of Blame*, Los Angeles: University of California Press.
- Farmer, P., 1999, *Infections and Inequalities: The modern Plagues*. Los Angeles: University of California Press.
- Gil, V. E., Wang, M. S., Anderson, A. F., Guo, M. L., and Zongjian, O. W., 1996, 'Prostitutes, Prostitution and STD/HIV Transmission in Mainland China', *Social Science and Medicine*, Vol. 42. No. 1, pp. 141-152.
- Irwin K., Bertrand J., and Ndilu M., (1991) 'Knowledge, Attitudes and Beliefs about HIV Infection and Aids among Healthy Factory Workers and their Wives in Kinshasa, Zaire', *Social Science and Medicine*, Vol. 32, No. 8, pp. 917-930.
- Jackson, H., 1992, *Aids: Action Now. Information, Prevention and Support in Zimbabwe*. Harare (unpublished report).
- Kane, S. C., 1993, *Prostitution and the Military: Planning Aids Intervention in Belize*. Social Science and Medicine, Vol. 36, No. 7, pp. 965-979.
- Ministry of Education and Culture (Zimbabwe) and UNICEF, 1993, *A Report on Focus Group Discussions with Out of School Youth on Perceptions and Strategies for Communicating About Aids*, Unpublished Report.
- Murray, A., and Robinson, T., 1996, 'Minding your Peers and Queers: Female Sex Workers in the Aids Discourse in Australia and South-east Asia', *Gender, Place and Culture*, Vol. 3, No. 1, pp. 43-59.
- Neequaye, A., 1990, 'Prostitution in Accra', in Plant, M. A. ed., *Aids, Drugs and Prostitution*, London: Routledge.
- Peracca, S., Knodel, J., and Saengtienchai, C., 1998, 'Can Prostitutes Marry? Thai Attitudes toward Female Sex Workers', *Social Science and Medicine*, Vol. 47, No. 2, pp. 255-267.
- Raffaelli *et al.*, 1993, 'Sexual Practices and Attitudes of Street Youth in Belo Horizonte, Brazil', *Social Science and Medicine*, Vol. 37. No. 5, pp. 661-670.
- Richens, J., 1994, 'Sexually Transmitted Diseases in Children in Developing Countries', *Genitourinary Medicine*, Vol. 70, No. 4, pp. 278-283.
- Ruiz, J., 1994, 'Street Youth in Colombia: Lifestyle, Attitudes and Knowledge of Aids', *Health Promotion Exchange*, Vol. 1, pp. 12-14.
- Schoepf, B. G., 1995, 'Culture, Sex Research and Aids Prevention in Africa', in Brummelhuis, H., and Herdt, G. eds., *Culture and Sexual risk: Anthropological Perspectives on Aids*, Amsterdam: Gordon and Breach.
- Scambler, G., and Graham-Smith, R., 1992, 'Female Prostitution and Aids: The Realities of Social Exclusion', in Aggleton *et al.*, eds., *Aids: Rights, Risk and Reason*, London: The Falmer Press.
- Setel, P. W., 1999. *A Plague of Paradoxes: Aids, Culture and Demography in Northern Tanzania*, Chicago: The University of Chicago Press.
- Standing, H., 1992, 'Aids: Conceptual and Methodological Issues in Researching Sexual Behavior in sub-Saharan Africa', *Social Science and Medicine*, Vol. 34, No. 5, pp. 475-483.
- Swart-Kruger, J., and Richter, L. M., 1997, 'Aids-related Knowledge, Attitudes and Behavior among South African Street Youth: Reflections on Power, Sexuality and the Autonomous Self', *Social Science and Medicine*, Vol. 45, No. 6, pp. 957-966.
- Sturdevant, P. S., and Stoltzfus, B., 1992, 'Disparate Threads of the Whole: An Interpretive Essay', in Sturdevant, P. S., and Stoltzfus, B., eds., *Let the Good Times Roll. Prostitution and the U.S. Military in Asia*, New York: The New Press.
- Taffa, N., 1998, *Sexual Activity of Out-of-School Youth, and Their Knowledge and Attitude about STDs and HIV/Aids in Southern Ethiopia*, *Ethiopian Journal of Health Development*, Vol. 12, No. 1, pp. 17-22.
- Tale, A., 1995, 'Bar Workers at the Border', in Keep *et al.*, eds. *Young People at Risk: Fighting Aids in Northern Tanzania*. Oslo: Scandinavian University Press.
- Veal, A. and Adefrisew, A., 1993, *Study on Street Children in Four Selected Towns of Ethiopia*, Addis Ababa: Unpublished research report.
- UNAIDS, 1999, *Sex and Youth: Contextual Factors Affecting Risk for HIV/Aids: A Comparative Analysis of Multi-site Studies in Developing Countries*, Geneva: UNAIDS.
- Ward, H., and Day, S., 1997, 'Health Care and Regulation: New Perspective', in Scambler, G., and Scambler, A., eds., *Rethinking Prostitution: Purchasing Sex in the 1990s*. London: Routledge.