



- Market research
- Opinion polls
- Survey sampling
- Quality control
- Time & cost effective management

MARKET RESEARCH & POLLS - EURASIA (International Group in Eurasia region)

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Sociological survey of homeless (“street”) children concerning HIV/AIDS, drug addicts and safe sex.

Customer:

INTAS (The International Association for the Promotion of Co-operation with Scientists from the New Independent States of the Former Soviet Union)

Budget:

46900 EUR (in Moldova)

Type of study:

Behavioral Research

Strategic objectives of the study (social utility):

- Behavioral change.

Develop better methodologies to evaluate behavioral change in children without stable homes.

- HIV prevention.

Investigate high-risk behaviors. Develop and implement HIV prevention strategies for homeless children in targeted subpopulations.

- Testing, notification and adherence.

Identify barriers for homeless children to HIV testing and counseling, notification of test results and treatment. Develop and test interventions that improve rates of HIV testing, notification and adherence to treatment.

- Impact of health coverage.

Determine the effect of Medicaid enrollment on homeless children access to care and health status.

- Health care access.

Describe system barriers to health care access for particular homeless sub-populations of children.

Based on these data, develop strategies to increase access to comprehensive health care for all homeless people

Project background:

Homeless (“street”) children are girls and boys for whom the street has become their home and/or source of livelihood and who are inadequately protected or supervised by responsible adults. They are temporarily, partially or totally estranged from their families and society.

Whether they live partially or entirely on the street, children see their mental and physical integrity threatened: their survival on the street confronts them with violence on a daily basis, along with the risks linked to drugs and those of infection with STDs, particularly HIV.

Their vulnerability to HIV/AIDS related risk factors is increased by their lack of understanding of the changes associated with adolescence, the lack of knowledge and skills which could help them to make healthy choices and their inability to access the appropriate services. Moreover homeless children have limited access to the sources of information and probably they have less awareness on HIV/AIDS issues than their coevals who live at home and go to school. At the same time the information about HIV/AIDS related knowledge, attitude and behaviors among homeless children is not available in our country.

Therefore the study **purpose** is situation analysis related to homeless children and HIV/AIDS.



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Objectives:

1. Analyze the existing policies related to HIV/AIDS and homeless children
2. To assess the risk factors of HIV infection in homeless children
3. To evaluate homeless children 's awareness on HIV/AIDS
4. To provide recommendations on HIV prevention in homeless children

Methods

The *subjects* of the study were 93 homeless children living in Chisinau, Balti and Cahul and representing two main categories:

- Homeless Children (**I group** - 171 persons) who still could see their families regularly and might return every night to sleep in their homes, but for some reasons (domestic violence, neglect, employment, etc.) they were spending most days and some nights on the streets
- Homeless Children (**II group** – 108 persons) who had no home but the street. Some of them spent time in the institutions but they considered the streets as their home and they were often at risk of returning to homeless existence

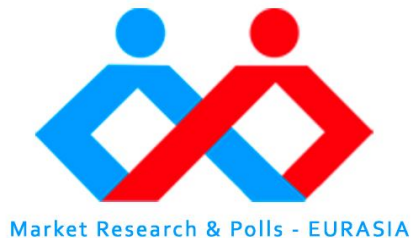
Table 1. Characteristic of Homeless children Participated in the Survey

Variables	Group I		Group II	
	(No 171)		(No 108)	
Gender				
male	129	75.4%	21	58.3%
female	42	24.5%	15	41.6%
Age				
<12	21	12.2%	12	11.1%
12-14	48	28%	33	30.5%
>14	102	59.6%	63	58.3%
Employment				
fulltime	54	31.5%	21	19.4%
part-time	87	50.8%	54	50%
not employed	30	17.6%	33	30.5%
Education				
school children	18	10.5%	33	30.5%
attended school in previous years	126	73.6%	48	44.4%
not attended school	27	15.7%	27	25%

This study was designed as a qualitative research. The research *methods* included the following:

- Desk review - gathering and analyzing the documents on policies, programmes, guidelines, and reports related to HIV/AIDS and homeless children
- Interviews with 10 experts representing the specialists working in children institutions, social services, international and local organization, as well as reproductive health, substance abuse, STI/HIV facilities.
- Survey among 279 homeless children based on specially developed semi-structured questionnaire to assess HIV related knowledge attitudes and behaviors.

*All survey participants were provided with incentives and communication materials (leaflets, keychains, pouches)



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Conclusions

1. Although homeless children belong to the most vulnerable group the existing policies are not sufficiently addressed to HIV prevention in this group
2. Traditional culture maintains strong taboos associated with the issues of immature sexual relations and substance abuse that impede efforts on HIV prevention in homeless children
3. The causes of drug abuse in homeless children are derived from lack of entertainment, imitation to adults, negative feelings, need of self-assertion and involvement to illicit drug trade. Various forms of drug use results in physical, psychiatric and social problems in homeless children whilst traditional facilities are not intended to provide services for homeless children who use drugs.
4. Early sexual experience in homeless children associated with HIV/AIDS include unprotected sex, CSW, MSM, sex with IDU, sex with multiple partners, sexual violence
5. Homeless children have contradictory information about HIV/AIDS including misbeliefs and false assumptions that results in underestimated personal risk of HIV infection
6. Sources of information about HIV/AIDS used by homeless children include electronic media (radio and television), communication with other homeless children, street educators, teachers working in children institutions, and attractive easy to read materials
7. Homeless children are very sensitive to information related to homeless children's issues. That is why the information on HIV/AIDS in homeless children is considered as stigmatizing and they prefer that this information to be addressed not only to homeless children but also to all children

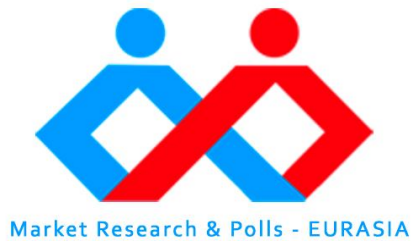
Recommendations

For international organizations

- Negotiations with governmental organizations to include the issues on HIV prevention in homeless children into the list of priority areas of the activities implemented at country level
- Development of evaluation criteria (targets and indicators) for the activities to reduce risk of HIV infection in homeless children
- Cooperation with local non-governmental organizations participating in the activities addressed to homeless children

For policy makers

- Development of necessary legal acts, strategies and programmes to prevent HIV infection in homeless children and encouragement of multisectoral cooperation in this field
- Planning various activities in the fields of children's rights protection, reduction of adolescent drug use, prevention of child abuse and violence against children
- Inclusion the issues of homeless children into the reforming health system, National program on deinstitutionalization, Mental Health Strategic Plan, etc.



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For National and local AIDS services

- Conducting regular monitoring of the situation on HIV/AIDS in homeless children
- Improvement of VCT services for vulnerable populations
- Development of youth friendly services with special focus on homeless children's issues

For NGOs

- Development of special projects on peer education, self-support and psychosocial services for homeless children
- Participation in the activities on policy and advocacy to reduce risk of HIV infection in homeless children
- Planning HIV/AIDS awareness campaigns addressed to homeless children.