

Original Research Article

Qualitative Study of Street Children's Awareness, Perceptions, Needs and Barriers in Accessing Sexual and Reproductive Health in Lusaka District, Zambia

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Abstract: Background: Sexual and reproductive health services for adolescents are fundamental for the prevention and control of sexual and reproductive health problems. The sexual and reproductive health services play a critical role in enhancement of adolescent's health generally. However, children living on the streets are ill-placed to draw benefit from such services. The main purpose of this study was to assess streets children's awareness, perceptions, needs and barriers in accessing sexual and reproductive health in Lusaka district. **Methods:** A qualitative approach was adopted for this study. Snow ball sampling was used to identify and collect data from a total of 61 children living on the streets in Lusaka Central Business District. Instruments for data collection consisted of interview schedules used to collect data from children living on the streets as well as Key informant interviews with adolescent health focal point persons from health facilities. All data collection instruments were pre-tested. Data analysis was done using categorization. **Results:** A total of 61 participants were interviewed among them males constituting (70.49 per cent) per cent while females constituted (29.51 per cent). The majority (59.01 per cent) reported that they were not aware of what sexual and reproductive health was. A majority (81.96 per cent) of respondents were aware of at least more than one sexual and reproductive health service with condoms being reported by (68.95 per cent) of respondents. The study also found that the majority (83.6 per cent) of respondents reported awareness on where to access sexual and reproductive health services. The study also showed that the majority (60.65 per cent) reported as perceiving sexual and reproductive health as important to them. Additionally, (68.85 per cent) of respondents reported that condoms are the sexual and reproductive health service they needed. The study showed that (77.04 per cent) of respondents were sexually active and out of which 31 per cent reported having used protection in the 12 months. Reported barrier to accessing sexual and reproductive health included, long distances to facilities, lack of designated places for adolescents to access services, unfavourable health centre operating hours, health workers asking too many questions prior to availing of services. **Conclusion:** The research findings point to the existence of a public health problem. This is especially so given the high percentage of sexually active children against the low percentage of those that use protection in their sexual activities. This situation is clearly indicative of existence of unsafe sexual practices among children living on the street which is a serious public health concern. This is evidenced by the high incidences of sexually transmitted infections with syphilis being the most common among children living on the streets. Additionally, this has led to high incidences of early and unwanted pregnancies among street girls which in itself entails their engagement in unprotected sexual intercourse. This situation requires urgent efforts enhance awareness, perception as well as address needs and barriers that children living on the streets face in accessing sexual and reproductive health.

Keywords: Adolescence, sexual and reproductive health services, sexual and reproductive health and Children Living on the streets.

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BACKGROUND

The challenge of children living and working on the street is a global issue and a growing concern owing to the sundry implications it presents primarily for children themselves and society as a whole. Globally it is estimated that streets are home to about 150 million children and youth are living or in street situation (Olugbenga, 2022). Zambia like many other developing African countries is faced with the challenge of growing numbers of children living on the streets. The population of children living on the street has over the years continued to grow in many cities of Zambia, with Lusaka having the highest population of children living on the street. A survey conducted by (MCDSS, 2006) revealed that there were about 13,200 children living on the street, out of which 85% were male and 15% were female. (Bruce, 2014), estimates that, there are around 75, 000 children living on the streets in Lusaka. This challenge is fuelled by numerous socio-economic problems that include but not limited to high poverty levels, loss of parental care due to deaths from HIV/AIDS and high levels of family separation (MYSCD, 2019). From the onset it should be noted that children living and working on the streets are not a homogenous group, as they present varied characteristics that include but are not limited to their; sex, age, ethnicity and disability status.

The varied nature of their characteristics entails in the primary sense that children despite all living in street situations, have different experiences, needs and risk especially as they relate to sexual and reproductive health. Children living on the street form a marginalized population of children that by virtue of their situation, face numerous vulnerabilities that affect their ability to thrive. While on the streets whether voluntarily or through cohesion, children may engage in various activities, that include but are not limited to, work, cooking, washing, recreation, as well as alcohol and, substance abuse or sexual activity (CRC general comment No.21, 2017). The situation of children living on the street is a serious public health threat owing to the multifaceted sexual and reproductive health vulnerabilities that it exposes children to on a day-to-day basis that include risky sexual behaviour. Risky sexual behaviour in the context of children living in the street, includes behaviour such as transactional sex, that increases the likelihood of adverse sexual and reproductive health consequences, such as contraction of HIV, STI's or early and unintended pregnancy (Tadis *et al.*, 2014). Noted challenges that street children are faced with include lack of and/or limited access to education, social protection and more fundamentally sexual and reproductive health (SRH) services. Bruce (2014), points out that 50% of street children are uneducated about HIV/AIDS and 38% have no knowledge of how to protect themselves from it.

Inarguably, poor or limited access to sexual and reproductive health services among children living on the street is a key driver of sexually transmitted

infections among them HIV/ADIS, Early and Unwanted pregnancy, Unsafe abortions, sexual exploitation and sexual related gender-based violence (Glasier, 2006). This situation explains the observed increase of adolescent mothers among children living on the street. Maternal and neonatal deaths among street girls and neonates born to street girls are equally high owing to the fact that pregnant street girls have limited to no access to antenatal care which in the primary sense endangers their own lives, those of the unborn and ultimately their survival (Mercy, 2019).

The above highlighted are all indicative that children living on the streets are exposed to unsafe sexual practices and a cause for serious public health concerns. Therefore, this research is cardinal in that it will explore the perceptions, attitudes, needs and barriers that prevent children living on the street from accessing sexual and reproductive health services.

Objectives of the Study

To assess the sexual and reproductive health awareness, perceptions, needs and barriers faced in accessing sexual and reproductive health by children living on the streets of Lusaka District

Specific Objectives

1. To ascertain awareness on sexual and reproductive health among children living on the streets of Lusaka District.
2. To establish the perceptions of children living on the streets of Lusaka district have towards sexual and reproductive health
3. To establish the sexual and reproductive health needs of children living on the streets in Lusaka district.
4. To ascertain barriers that children living on the street face in accessing Sexual and Reproductive Health.

Research Questions

Based on the aforementioned research problem and objectives of the research, this research asked the following questions.

1. To what extent are children living on the street in Lusaka District aware about sexual and reproductive health?
2. What are the perceptions of children living on the streets in Lusaka district toward sexual and reproductive health?
3. What are the sexual and reproductive health needs of children living on the streets of Lusaka district?
4. What barriers do children living on the streets of Lusaka face in accessing sexual and reproductive health?

LITERATURE REVIEW

This chapter presents a review of published literature that is related to the research topic.

World over, nations strive to provide services to children to ensure they not only develop but thrive as well. Such services include but are not limited to education, health and other social amenities. The subject of children living on the street in Sub-Saharan Africa is one that has incited the interest of various researchers and numerous pieces of literature exist on the subject. However, this research is among the first to explore Lusaka Districts Street children's sexual reproductive health perceptions, attitudes, needs and barriers to accessing sexual reproductive health.

Any girl or boy for whom the street has become his or her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adult (UNCHS, 2000). There exists two groups, first group is 'Children of the street', which refers to children who are homeless, and streets in urban areas are their source of livelihood, where they sleep and live. The second group is 'Children on the street', who work and live on the streets in the daytime but return back home at night where they sleep, although some of them sleep occasionally on the streets (UNCHS, 2000).

(Bruce, 2014) Examines and proposes interventions that address the undesirable conditions of street girls by creating a safe environment that allows them to gain formal education and training and makes them less vulnerable to sexual abuse, beatings and substance addictions. With the proposed interventions, the project hoped that street girls will lead better, stable and more secure lives. While the study established why children live home for the streets or become street-connected, it does not address the sexual reproductive health perceptions, attitudes, needs and the barriers that the street children face in accessing sexual reproductive health.

A study on HIV among children living on the streets conducted in Ukraine found that children working and/or living on the streets in Ukraine were disproportionately vulnerable to HIV due to several behavioural factors. The study highlighted that, 22 per cent of children were addicted to injecting drugs, 65 per cent of girls reported having been engaged in commercial sex services or "sex for reward" and 7 per cent of boys reported having had sex with men and only 13 per cent always used condoms with casual sexual partners. The study further highlights that child living on the streets are affected by high rates of substance abuse, HIV/AIDS, sexually transmitted infections, pregnancy and suicidal thoughts (UN, 2012). This study is critical in highlighting the health challenges that children on the streets face. However, it did not delve into an exploration of what perceptions, needs as well as barriers and their awareness on sexual and reproductive health.

Glasier (2006), introduces a new discourse around sexual reproductive health and points to lack of access to sexual reproductive health services as being a key driver of sexually transmitted infections among

adolescents and unsafe sex as the second most important risk factor for disease, disability or death in the poorest communities. While the study brings insight into the importance of sexual reproductive health, it mainly draws focuses on the child bearing population of women and establishes links between access to sexual reproductive health and maternal wellbeing. It does not specifically address the SRH needs of adolescents and in particular children living on the street as part of the poor communities.

Lungwangwa (1991) and Macwan'gi (1996), Poor citation method in a 2002 assessment of street-connected children in the town of Lusaka conducted by the project concern international Zambia and a survey conducted in 12 Zambian towns by the Ministry of Community Development and Social Services and the Ministry of Youth Sport and Child Development all explored and provide detail of the situation of street children. However, these studies do not provide information on the perceptions, attitudes and sexual reproductive health needs of children living on the street and the barriers that exist with respect to access. This study is critical as it will highlight the SRH needs of street children and motivate planned responses to meet their needs.

Susanna, (2013) in her ethnographic study of Lusaka's street youth, examined how poverty is present in the lives of the street youth and how their experiences of poverty in the streets and their own agency change as they grow older. Further this study was interested to find out how street life enables transition into adult roles in the society. The results of this study showed that the street youth expressed reluctance towards their current life in the streets with little prospects for change. The study also points out that poverty in streets caused dependency on substances leading to decreased ability to take care on oneself as well as increased violent behaviour among children living on the street. This study is essential in aiding the understanding of how poverty affects street youth. However, it does not examine the sexual reproductive health issues that surround street children. Also, the focus of the study was on youth ages 15 to 35 and hence excluded the ages 10 to 14 which is identified as early adolescence and a critical transition period in the lives of children as it is the onset of adolescence

METHODS

This is a descriptive and explanatory study design. The study seeks to describe the sexual and reproductive health; awareness, perceptions, needs and well as the barriers that exist to their accessing SRH services. This study design, which is suitable for this study as it will aid the researcher to gather rich information around the subject as it will collect data from the grassroot.

Population of the Study

The study population is the groups in which the researcher is interested and the group to which the researcher hopes to extend the findings of the research (Fracnkel, 2013). In this research, the study population comprised of children/adolescents living on the streets aged 10-19 in Lusaka District from; Cairo Road, Main Post Office-Lusaka, Lumumba Road, freedom way, Intercity bus terminals, COMESA, City Market and Northmead area.

Sample and Sampling Procedures

The process of sampling in this research involved the careful selection of subjects to be included as part of the study and it was from these subjects that data was drawn about the larger group represented by these subjects (Jankowicz, 2015). To ensure that subjects included in the study were actually children living on the streets, snow ball sampling was used to identify children 10-19 years that are living on the streets. Participants to the study were identified through referrals from their peers on the streets. This implied that one child living on the street lead the researcher to another child they knew that was living on the streets. In determining the sample size, this study used the concept of saturation; an approach that originates from grounded theory that suggests that the researcher stops collecting data when the categories or themes against which data is to be collected become saturated; this is when collecting more data no longer sparks new insights or reveals new properties with respect to the subject (Creswell, 2014).

Data Collection

Primary data in this research was collected using interview Schedules in the collection of qualitative data from children living on the streets of Lusaka District. The use of interview schedules allowed for the collection of voices about the lived experiences of children that are living on the streets in Lusaka thereby providing in-depth appreciation of their situations. Data was collected from hot-spots of children living on that street on Lusaka namely; Cairo Road, Main Post Office-Lusaka, Lumumba Road, freedom way, Intercity bus terminals, COMESA, City Market and Northmead area. In-depth face-to-face interviews were conducted with a total of 61 respondents by the researcher. This was done through reading out the questions and interpreting them from English into either Bemba or Nyanja to allow for understanding by the respondent and recording what response they provide in the interview schedule. The responses recorded in interview schedules were then entered into an excel data coding sheet, which arranged responses per objective as well as per them.

Voice recorders were also utilized to record each interview that was conducted with participants as a means of ensuring that data not adequately captured can be strengthened during the analysis phase. Recordings were transcribed for each respondent and also entered in the data coding sheet in line with the thematic areas they responded to. Data was also collected using interview

schedules from Key informants from Kamwala Clinic and Railways clinic. Responses from key informants were also entered into a data coding sheet from which themes were extracted. It was important to do this given that the two health facilities are the closest to the aforementioned hot-spots for children living on the streets in Lusaka district.

Data Analysis

In this research, data analysis was achieved through entering all responses into an excel data coding sheet. This approach allowed for filtering of data by category as well as arrangement of responses according to the common themes. Common themes were then coded and frequency scores derived based on how many respondents' responses fell within the theme.

Data Management and Quality

Data quality is essential to any research. To ensure data quality, a pre-test of the data collection tool was conducted on Great East Road at the Manda Hill traffic lights on a group of 12 respondents. The pre-testing of the data collection tools ensured that the population on which the pre-test was done, retained key characteristics as the actual population from whom the actual research data will be collected. This was essential to evaluating the efficacy of the data collection tool in collecting the data required to fully respond to the objectives of the study. Following the pre-test, the tool was reworked and parts that were found to be weak were strengthened and questions found to be redundant were deleted from the tool.

An interview protocol for asking and recording responses during the interview was also utilised This aided the standardizations of how the interviews were conducted as it provided key instructions for interviewer to follow when conducting the interview as well as recording of data within the interview schedules. Additionally, the study also ensured that the data collectors that were engaged had a minimum of a bachelor's degree and were fluent in Nyanja and Bemba languages. A thorough orientation of data collectors was conducted on data quality and management to ensure clarity on their roles as well as the need to maintain ethical practice during the collection of data from the respondents. Interviews with respondents were conducted using Bemba and Nyanja as these were the two languages that were most familiar to the respondent.

To ensure confidentiality, all research assistants were made to sign a non-disclosure agreement as part of their engagement processes. All data was collected and following collection, raw data was entered into a Microsoft Excel data coding sheet. Data cleaning following data collection was conducted and this ensured the uniformity of data entry into the data coding sheets.

Ethical Consideration

The major ethical consideration in this study was the aspect of privacy and confidentiality given that

the research may go against research ethics affecting human subjects. In this regard, the researcher ensured that beyond the ethical clearance obtained, that consent was also obtained from the Ministry of Youth Sport and Child Development being a parent Ministry responsible for children living on the streets in the country.

At participant level, ascent forms were developed and administered to respondents to obtain their willingness to participate in the study. Ascent was obtained by telling participants what the research was about and how their responses would be used. Further respondents were assured confidentiality by highlighting that their credentials would not be disclosed to anyone and anonymity by informing them that they did not have

to reveal their names during the interviews. All 61 responds in this research provided written ascent for their participation in the study. They were assured that participation in the study was entirely their choice and that they equally had the power to decide to withdraw from the interview if they deemed if fit. To ensure privacy, the research ensured that respondents were interviewed in a manner that provided for privacy by interviewing one participant at a time and identifying a secluded place within which to conduct the interview.

RESULTS

Socio-Economic and Demographic Characteristics of study participants

Table 1: Socio-economic and Demographic characteristics of the Respondents

Demographic Characteristics		
	Frequency	Per centage
Sex		
Male	43	70.49
Female	18	29.51
Age group		
10 – 13	19	31.15
14 – 16	27	44.26
17 – 19	15	24.59
Level of education		
None	04	6.55
Primary	48	78.68
Junior Secondary	06	9.83
Senior secondary	03	4.91
Monthly income		
Less than 100	04	6.55
100 – 500	40	65.57
501 – 1000	09	14.75
1001 – 1500	01	1.64
1501 - 2000	02	3.28
Above 2000	05	8.20
Source of income		
Donations	23	37.70
Piece works	19	31.15
Selling Bostick	09	14.75
Sleeping with men for money	10	16.39
Period of stay on the street		
1 – 12 months	24	39.34
13 – 24 months	07	11.48
25 – 36 months	08	13.11
37 – 48 months	09	14.75
Above 48 months	13	21.31
Reason for being on the street		
Forced	02	2.28
Voluntary	30	49.18
Lack of parental care	16	26.23
Lack of place to live	06	9.84
Peer pressure	06	9.84
Left home after impregnating	01	1.64
Status of parental care		
Both parents alive	21	34.43
Double orphaned	06	9.84
Single orphaned	34	55.74

Demographic Characteristics		
	Frequency	Per centage
Mother alive father dead	26	
Father alive mother dead	08	
1USD = ZMW16.40 (22/09/2021)		
Source: Field data, 2021		

Sex And Age of Respondents

Table one above details the socio-economic and demographic characteristics of participants in the study. The study revealed that the majority (70.49 per cent) were male respondents with a few 29.51 per cent being female respondents. This finding is agreeing with literature indicating that boys are more likely to leave home and adopt street life than girls (MCDSS, 2006). Further the research revealed that the majority of respondents (44.26 per cent) fell in the age range of 14 to 16 years, followed by those (31.15 per cent) who fell in the age group 10 to 13 years. A few (24.59 per cent) fell in the age range 17 to 19 years. From these findings it is evident that the majority of children living on the streets fall within the age range of 10 to 16 years. There is need therefore that interventions to prevent family separation focus on this age group given its vulnerability to adopting street life. Additionally, interventions should have a strong focus on keeping boys within homes given the evidenced vulnerability they exhibit to leaving home for the streets.

Level of Education

This research revealed that a majority (78.68 per cent) stated that they had attended primary school and had at least gone up to grade 5 prior to dropping out of school with very few (6.55 per cent) reporting that they had never attended any form of formal education. When respondents were asked about their monthly income, a majority (65.57 per cent) reported that they earn between ZMW500.00 to 1,000.00 on a monthly basis with others (14.75 per cent) that reported earning ranging between ZMW1, 001.00 to ZMW1, 500.00 every month. Uniquely a few (8.2 per cent) reported to earn a monthly income of above ZMW2, 000.00. When respondents were asked what their source of income was, the research revealed that a majority (31.70 per cent) reported that they earned their income through donations. In an interview, one female respondent shared that she rents young babies from women with very young babies for as a way of drawing public sympathy and getting more donation in her begging exercise adding that at the end of the day, the proceeds are shared between her and the mother to the baby. Other respondents (31.15 per cent) shared that they earned their income through piece works they do that include but not limited to; washing cars, carrying luggage for people and cleaning in restaurants.

Uniquely a few (14.75 per cent) who earned above ZMW 2,000.00 reported that they earned their monthly income through the sale of Bostick to their fellow children living on the streets in Lusaka district. In

separate interviews, two male respondents indicate that they order a 500mls bottle of Bostick at ZMW90.00 and sale it at a retail price of ZMW1.0 and ZMW2.0 to their fellow children living on the streets. Other respondents (16.39 per cent) stated that they earn their income through sleeping with men for money. In an interview one respondent said, *‘I’m too beautiful to be begging for money on the streets that is for the young ones. for me, I prefer to just have sex with a man after all it is just sex and I even get more money than those that beg for one kwacha on the streets.’* This finding agrees with the study findings of a research on HIV among children living on the streets in Ukraine that revealed that 65 per cent of girls were engaged in commercial sex or having sex for a reward (UN, 2012)

Reasons for Being on the Streets

Respondents were also asked what their reasons for living on the streets and a majority (49.18 per cent) reported that they voluntarily left home to adopt living on the streets with others (26.23 per cent) stating that their reason for being on the streets was due to lack of parental care. Other respondents (9.84 per cent) reported that they left home due to peer-pressure from their friends who told them that they could earn a lot of money on the streets while others (9.84 per cent) reported that they were living on the streets due to lack of a place to live. Uniquely, one male respondent shared that his reason for living on the streets was because he had run away from home in Chingola after fear of taking responsibility after impregnating a neighbour’s child. The research also revealed that a majority (39.34 per cent) reported that they had lived on the street of Lusaka district for a period ranging between 1 to 12 months, followed by others (21.31 per cent) that indicated that they had lived on the streets for a period longer than 5 years.

Parental Care Status

The study also revealed that the majority of respondents (55.74 per cent) were single orphans out of which (76.47 per cent) reported that they had their mothers alive but their father deceased and (23.53 per cent) stating that their fathers were alive but their mothers were deceased. Other respondents (34.43 per cent) reported that both their parents were alive with a few (9.84per cent) stating that both their parents were deceased. These findings evidence that loss of a carer places a child at risk of family separation especially where the deceased carer is a breadwinner of the family. The findings also reflect the need to strengthen the social protection systems around vulnerable families to prevent

family separation especially in instances where both parents are alive.

Places of origin for children living on the streets in Lusaka District

Table 2: Places of origin for children living on the streets in Lusaka District

Place of origin		
District	Frequency	Per centage
Chibombo	01	1.64
Chingola	02	3.28
Chisali	02	3.28
Chipata	01	1.64
Choma	01	1.64
Chongwe	01	1.64
Congo	01	1.64
Isoka	01	1.64
Kaputa	02	3.28
Kabwe	04	6.56
Kasama	01	1.64
Kitwe	04	6.56
Luapula	01	1.64
Lundazi	01	1.64
Lusaka	25	40.98
Mansa	04	6.56
Mbala	01	1.64
Mpika	01	1.64
Mukushi	01	1.64
Nakonde	01	1.64
Ndola	05	8.2

Source: Field data 2021

Participants in the study were asked their place of origin and it was revealed that the majority of respondents (40.98 per cent) living on the streets of Lusaka were originally from compounds in Lusaka. Other respondents (8.2 per cent) reported Ndola as their place of origin. These results indicate that the children living on the streets are being supplied by compounds surrounding the central business district of Lusaka with very few coming from other provinces around the

country. There is need therefore for the designated government Ministries and departments with the inclusion of stakeholder to strengthen implementation of family strengthening measures targeting families in compounds surrounding the central business district of Lusaka.

Awareness on Sexual and Reproductive Health Among Children Living on the Streets

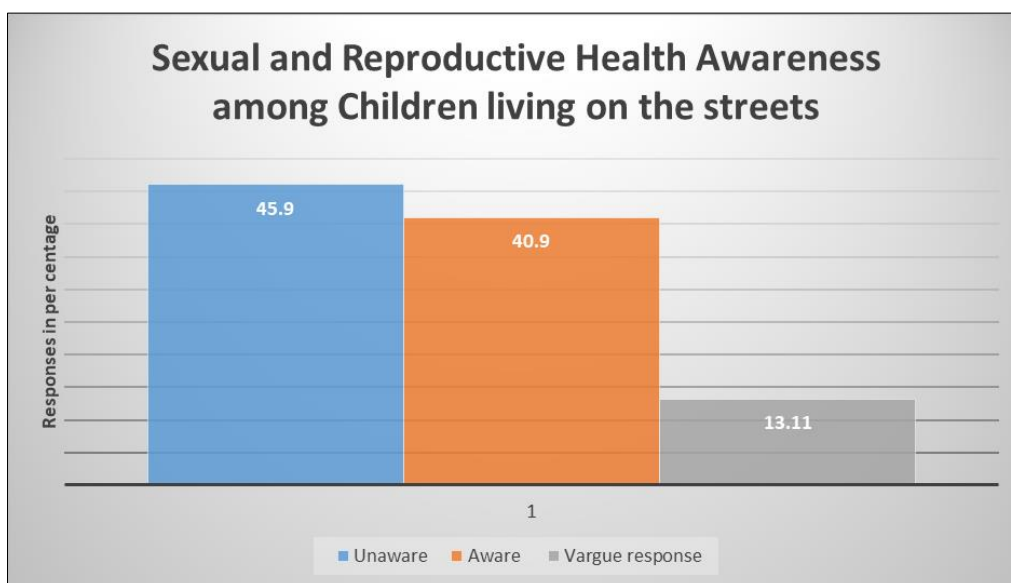


Figure 1
Source: field data 2021

Awareness of Sexual and Reproductive Health

The research revealed that a majority of respondents (45.9 per cent) reported that they were not aware about sexual and reproductive health with other respondents (40.98 per cent) exhibiting some level of awareness on sexual and reproductive health. Common responses included them stating that sexual and reproductive health was ensuring prevention of diseases such as HIV and Syphilis that affect their sexual organs as well as maintaining good hygiene. A few respondents (13.11 per cent) who responded to what sexual and reproductive health was gave responses that were vague and unrelated. This data seems to agree with one key informant who contended that the awareness levels on sexual and reproductive health among children living on the streets in Lusaka district was still very low adding that most children are uninterested in learning about sexual and reproductive health during outreach awareness and sensitization activities conducted by Health facility psychosocial counsellors on the streets of Lusaka.

These findings largely agree with (Bruce, 2014), who in his study found that 50 per cent of children living on the streets are not aware about sexual and reproductive health. He added that 38 per cent on the streets have no knowledge on how to protect themselves from sexually transmitted infections including HIV. This research found that the levels of awareness on sexual and reproductive health among children living on the streets in Lusaka are low. This was observed through the responses given with only 40.9 per cent showing some awareness, this is despite some intervention put in place such as street outreach programmes by health facilities as well as other collaborating partners working in the area of sexual reproductive health targeting children living on the streets. A key informant from a health facility reported that the interventions in place targeting children living on the streets included; condom distribution, provision of injectable and oral contraceptive, HIV testing as well as treatment as well as awareness and sensitization on sexual and reproductive health.

Awareness of Sexual and Reproductive Health Services

With regard to awareness of sexual and reproductive health services, the majority of respondents (81.96 per cent) were aware of these services with 68.9 per cent of them reporting condoms as the sexual and reproductive health service they were aware of. A few

respondents (8.2 per cent) reported HIV-testing and treatment with only (3.3 per cent) reporting PrEP as a sexual and reproductive health service they were aware of. Further (1.6 per cent reported treatment for syphilis as a sexual and reproductive health service they were aware of. The data also revealed that some of the respondents (13.1 per cent) were reported that they were unaware of any sexual and reproductive health service. In addition, the data that (34.2 per cent) were aware of at least more than one sexual and reproductive health service. This finding is supported by one of the key informants who stated that condoms were the most accessed sexual and reproductive health service accessed among children living on the streets in Lusaka District.

This research found that most of the respondents (81.69 per cent) were aware of sexual and reproductive health services that included condoms, HIV testing and treatment and PrEP. In addition, they were aware of diseases such as HIV, Gonorrhoea and syphilis. This finding is backed by one of the key respondents who has worked as an adolescent health facility focal point person who reported that children on the streets frequent the health facility to access the aforesaid services. The key informant added that while this was the case, children on the streets remain unaware about other key sexual and reproductive health services such as cervical cancer screening, medical male circumcision and that they had little interest in learning about sexuality education. There is need therefore to review the awareness raising interventions for how well they aid awareness of other sexual and reproductive health services among children on the streets. The research found that while awareness on sexual and reproductive health services among children living on the streets in Lusaka was high (81.6 per cent), awareness on what sexual and reproductive health was, was low.

Awareness on Where to Access Sexual and Reproductive Health Services

Regarding awareness on where to access sexual and reproductive health services, the majority of respondents (83.6 per cent) reported that they were aware that they could access these services at health facilities (hospitals and clinics) with other (14.8 per cent) reporting that they were not aware of where they could access sexual and reproductive health services. Further, it was revealed that a few respondents (1.6 per cent) were aware that they could procure sexual and reproductive health services such as condoms from drug stores within Lusaka district.

Sexual and Reproductive Health Perceptions of Children Living on the Streets in Lusaka District

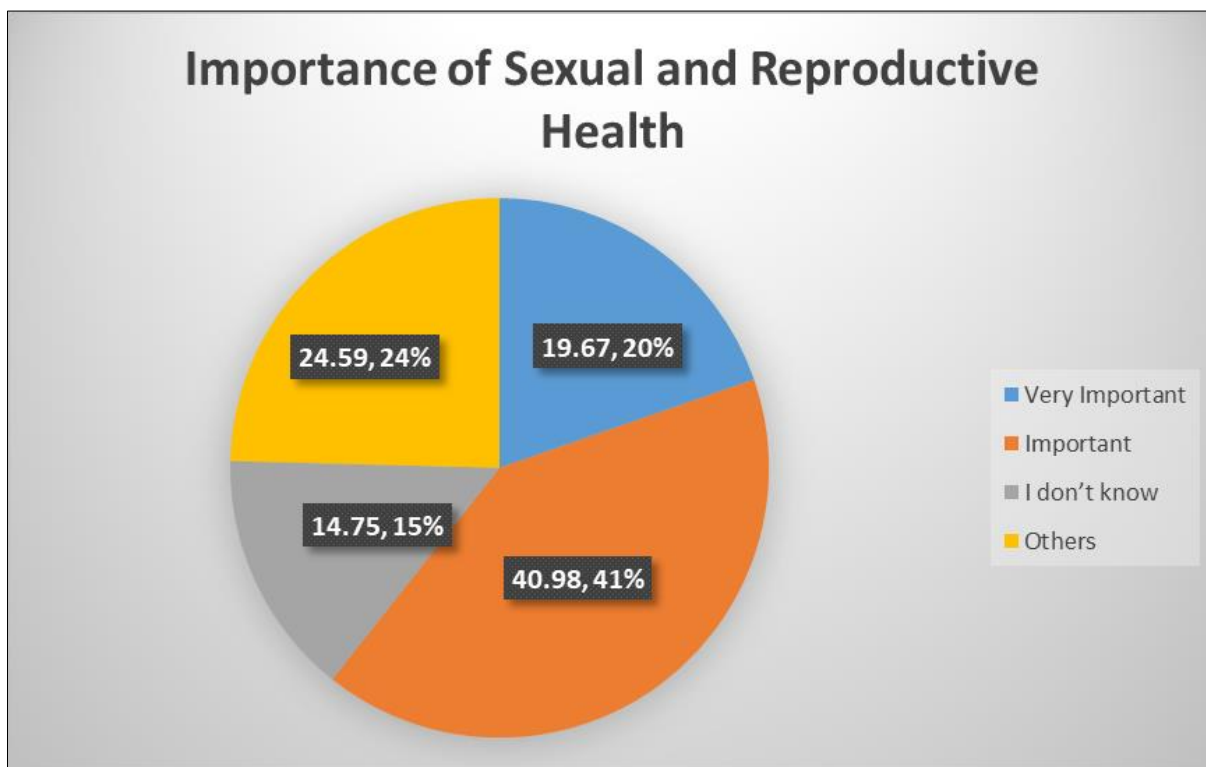


Figure 2: Importance of sexual and reproductive health to children on the street
 Source: Field data 2021

Importance of Sexual and Reproductive Health to Children Living on the Streets

The indicated that the majority of respondents (40.98 per cent) perceived sexual and reproductive health to be important to them followed by those (19.67 per cent) who perceived it as being very important to them. Other respondents (14.75 per cent) reported not to have known what sexual and reproductive health was with others (24.59 per cent) giving responses that were vague and not pointing to what perceptions they held regarding sexual and reproductive health. A key informant from a nearby health facility perceived children living on the streets as having a negative perception towards sexual and reproductive health. The informant stated that this was evidenced by the refusal by a majority of children living on the streets that test positive for HIV to be initiated on ART. The informant in stressing this point quoted a child living on the streets of Lusaka who refused to be initiated on ART saying, “*I cannot be taking this medicine (ARV’s) everyday, if my time to die comes I will die as there is no point in me taking this medication.*”

Another key respondent from a nearby health facility who had worked for over 8 years in the adolescent health unit perceived children living on the streets in Lusaka as having a poor perception of their sexual and reproductive health. The informant quoted a child living on the streets saying, ‘*if God created sex for us to enjoy, why shouldn’t I give it out to everyone?*’

another key respondent reported that children on the streets did not value their health stating that they only come to the health facility when they have STI’s and this is despite us advising them to use condoms when having sexual intercourse. The informant added that adherence to ART by children living on the streets was poor and that most of them lose their ART-Treatment cards making it very challenging to for us to track their disease progression.

Generally, the study found that children living on the streets of Lusaka district perceived sexual and reproductive health to be important to them. However key informants perceived children living on the streets as having a negative perception toward sexual and reproductive health as evidenced through their health poor health seeking behaviour.

These findings suggest the existence of a substantial disparity between what perceptions children living on the streets hold regarding the importance of sexual and reproductive health and the actual translation of these perceptions into health-seeking behaviour which as reported by key informants suggests a poor perception of the importance of sexual and reproductive health. This finding points to the need for increased awareness raising to children living in the streets of Lusaka district on the importance of sexual and reproductive health.

Who Needs Sexual and Reproductive Health More between Boys and Girls?

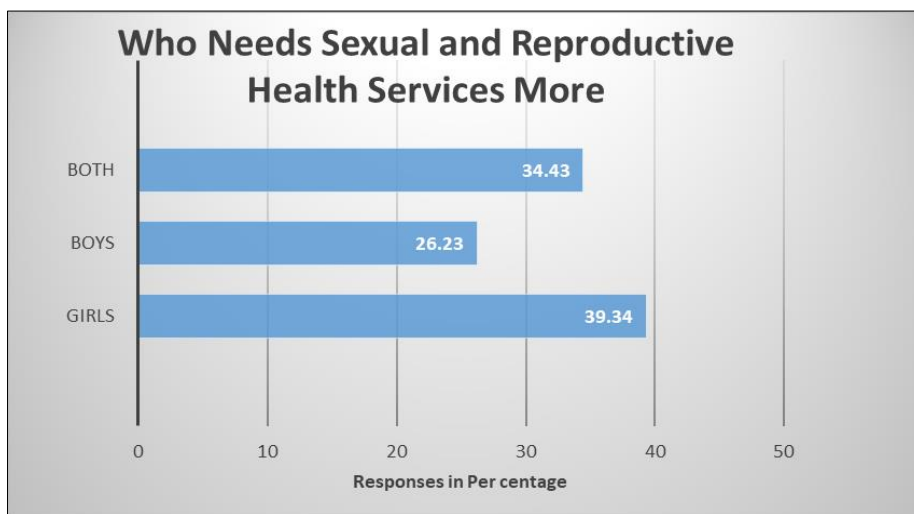


Figure 3:
Source: field data 2021

Regarding who need sexual and reproductive health more between girls and boys living on the streets in Lusaka District, a majority of respondents (39.34 per cent) reported that girls needed it more than boys. Common reasons for this were that girls were engaged in sexual activity more than boys living on the streets because they like sleeping around with different men. Other respondents (29.2 per cent) stated that girls need sexual and reproductive health more than boys because they are not supposed to get infected. Further the research revealed that, others respondents (16.7 per cent) speculated that girls needed sexual and reproductive health services more than boys living on the streets as they were vulnerable to getting pregnant.

The research revealed that some respondents (26.23 per cent) reported that boys needed sexual and

reproductive health more than girls stating that boys are the ones who love sexual intercourse more than girls and that boys were more important than girls because God created them first and so they do not need to bet getting diseases like HIV or syphilis. Other respondents (34.43 per cent) argued that both girls and boys needed sexual and reproductive health because both were engaged in sexual activities and therefore vulnerable to getting infection.

When One should Access Sexual and Reproductive Health Services

Participants in the study were asked when someone should have access to sexual and reproductive health services and below are the responses obtained in this study.

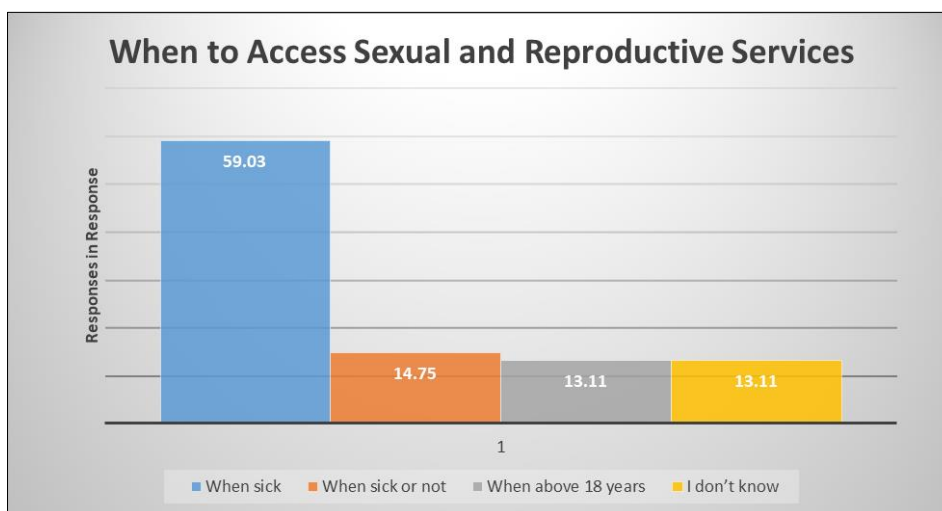


Figure 4:
Source: Field data 2021

Regarding when someone should have access to sexual and reproductive health services, the majority of respondents (59.03 per cent) stated that one should only access sexual and reproductive health services when they are sick. Other respondents (14.75 per cent) stated that one should have access to sexual and reproductive health service when they are sick or not sick with some respondents (13.11 per cent) reporting that one can only access these services when they attain the age of 18 years. The research further revealed that (13.11 per cent) of respondents indicated that they did not know when one should have access to sexual and reproductive health services. These findings largely agree with a key informant from a nearby health facility who stated that children living on the streets in Lusaka district had poor health seeking behaviour as evidenced by their seeking sexual and reproductive health services only when they are sick.

The study revealed that while majority of respondents (81.96 per cent) were aware of sexual and reproductive health services and further that (83.6 per cent) of respondents were aware of where to access these services from, a majority of respondents (59.03 per cent) exhibited poor health seeking behaviour as they thought a person should only seek sexual and reproductive health services when they are sick. These findings highlight the fact that awareness of services and where to find them does not translate into positive health seeking behaviour towards them and that children living on the streets need further support to develop a positive outlook on their sexual and reproductive health.

Sexual and Reproductive Health Needs of Children Living on the Streets

Table 3: Status of sexual activities among children living on the streets of Lusaka

Sexual activity of respondents		
Sexual activity status	Frequency	Per centage
Sexually active	47	77.04
Never had sex before	14	22.95
Age of sex debut		
10 - 12	13	27.66
13 - 15	27	57.45
16 -18	7	14.89
Nature of first sexual encounter		
Forced	13	25.53
Voluntary	34	74.47

Source: field data 2021

Sexual Activity Among Children Living on the Streets

Regarding sexual activity of children living on the streets of Lusaka, the research found that a majority respondents (77.04 per cent) were sexually active with only a few respondents (22.95 per cent) reporting that they had never had sexual intercourse before. Further the research revealed that a majority of children living on the streets of Lusaka had their first sexual encounter between the age range of 10 to 15 years accounting for (85.11 per cent) of those that reported that they were sexually active and face the risk of contracting HIV and other sexually transmitted infections (STI's). This finding is consistent with the adolescent health strategy 2017 to 2021 (M.O.H, 2017), which highlights that adolescent are more likely to adopt behaviours that have the potential to undermine their health leading to numerous health problems in later life. The study also found that very few respondents (14.89 per cent) had their first sexual encounter in the age range of 16 to 18 years. Additionally, the research revealed that a majority (74.47 per cent) who were sexually active reported that their first sexual encounter was voluntary and free of coercion with others (25.53 per cent) reporting that their first sexual encounter was forced. Given these findings, there is need for government through the designated Ministries and stakeholders to ensure the provision of comprehensive

sexuality education targeting children living on the streets of Lusaka especially those that are sexually active.

Sexual and Reproductive Health Need of Children Living on the Streets

Regarding the sexual and reproductive health needs, a majority (68.85 per cent) of children living on the streets reported condoms as their sexual and reproductive health need with (31.15 per cent) that said they did not know what their needs in this regard were. This finding is backed by a key informant from a nearby health facility who stated that condoms were the most accessed sexual and reproductive health service by children living on the streets in Lusaka district.

Access to Sexual and Reproductive Health Services Among Children Living on the Street

The study revealed that a majority (67.21 per cent) of children living on the streets in Lusaka reported that they had not visited any health facility to access any sexual and reproductive health service in the last 12 months with a few respondents (32.79 per cent) reporting that they had visited a health facility to access sexual and reproductive health services at least twice in the last 12 months. This finding agrees with a key respondent at a health facility who perceived children living on the

streets in Lusaka as having a poor perception of their sexual and reproductive health as well as poor health seeking behaviour. This situation is especially concerning given the high number (74.47 per cent) of children living on the streets that are sexually active.

The research found that despite a majority (81.96 per cent) of children living on the streets in Lusaka being highly aware of existing sexual and reproductive health services and further (83.6 per cent) being aware of where they could access sexual and reproductive health services, that their health seeking behaviour as it relates to accessing sexual and reproductive health was poor. This finding is source of public health concerns as the proportion of children living on the streets (74.47 per cent) is predisposed to the risk of contracting sexually transmitted infections that include HIV. A key informant from a health facility reported that the facility treats on average 63 children living on the street in Lusaka for syphilis every month, stating that it was the most common sexually transmitted infection among children living on the streets followed by HIV.

This can be attributed to the low subscription to sexual and reproductive health services as evidenced by the low number (32.79 per cent) of children living on the streets in Lusaka that reported that they had visited the health facility to access sexual and reproductive health services. Out of those (37.79 per cent) of children living on the streets in Lusaka that reported they had visited the health facility at least twice in the last 12 months, a majority (80 per cent) stated that they accessed syphilis treatments with a few (20 per cent) reporting that they accessed condoms. This situation points to the desperate need for the Ministry of Health and its stakeholders to increase awareness raising interventions around prevention of sexually transmitted infections such as syphilis and HIV as well as interventions that prompt positive health seeking behaviour among children living on the streets in Lusaka.

Sexual and Reproductive Health Information Needs of Children Living on the Streets

When it came to what information children living on the streets would find helpful in improving their sexual and reproductive health, a majority (93.44 per cent) stated that they would want to be educated on how to protect themselves against diseases such as syphilis and HIV with girls mainly stating that they would like to know how to prevent pregnancy when they have sexual intercourse with a man. A few respondents (6.57 per cent) reported that they did not know what information they needed to improve their sexual and reproductive health. The research also revealed that a majority of respondents (72.13 per cent) stated that they would like health care personnel to visit them on the streets and educate them on how to enhance their sexual and reproductive health as they were very busy and don't have time to go to health facilities.

Other respondents (27.87 per cent) reported that they would be willing to go to a health facility and learn if the provision was there. This finding is consistent with what a key informant from a facility that conducts street outreach programmes to children living on the streets reported that very few children living on the streets attend our facility-based sessions as they say they are busy unless we follow them on the streets. Given this finding, there is need to strengthen community-based sexual and reproductive health awareness interventions targeting children living on the streets to ensure they have improved access to information.

Pregnancy Among Children Living on the Streets

Regarding whether or not children living on the streets were worried about getting pregnant or impregnating, a majority of respondents (60.66 per cent) stated that they were worried about this with some (39.34 per cent) reporting that this does not worry them. Further the research found that a majority of respondents (65.57 per cent) knew that they could use condoms to prevent pregnancy with (34.43 per cent) sharing that injectable contraceptive could be used to prevent pregnancy. This finding is backed by the high awareness on sexual and reproductive health services (81.96 per cent) among children living on the streets. However, the study found that only (32.79 per cent) had used condoms in the last 12 months. This finding agrees with the adolescent health strategy (M.O.H, 2017) which points out that adolescents in general have limited access to sexual and reproductive health services. The findings are further backed by (Glasier, 2006) who in his research found that children living on the streets had limited access to sexual and reproductive health services. It is therefore important that interventions to enhance access to sexual and reproductive health services by children living on the streets in Lusaka are intensified to attend to this public health challenge.

Pregnancy Incidences Among Girls Living on the Streets

With regarding to having fallen pregnant before, a majority (66.66 per cent) reported that they had fallen pregnant before with (33.33 per cent) stating that they had never been pregnant before. The research found that of those (66.66 per cent) that reported that they had been pregnant before, a majority (75 per cent) reported that they made concoctions and aborted their pregnancies, adding that having a baby on the streets was a burden as it would prevent them from doing the things they do and caring for a child requires money which they don't have. Other respondents (25 per cent) among those (66.66 per cent) that said they had been pregnant before reported that they delivered still born babies with only 1 who stated that she delivered her baby at a health facility and 2 saying they delivered their babies on the street. Further the study revealed that of those (25 per cent) who fell had been pregnant before and decided to keep the pregnancy none had visited a health facility to access antenatal care.

The study found that at the time of collecting data, a 15-year-old girl originally from Kabwe who had lived on the streets for about 4 years in an interview disclosed that she was currently pregnant and she was quoted saying, *'I want to abort my pregnancy or kill myself because the owner of the pregnancy has refused it and how will I be buying nappies and feeding the baby on the streets when I also struggle to find money to keep myself, I'm very worried and last night I attempted suicide but failed, I just want to kill myself.'* These results agree with the adolescent health strategy (M.O.H, 2017), which points to the high incidences of early unintended pregnancies among girls living on the streets. High incidences of pregnancy as evidenced by this research are an indication that children living on the streets in Lusaka are engaged in unprotected sexual intercourse which is a predisposing factor to not only pregnancy but contraction of sexually transmitted infections including HIV. The findings also agree with the study on HIV among children living on the streets in Ukraine that highlighted that child on the streets are impacted by high rates of pregnancy and constantly had suicidal thoughts (UN, 2012). There is need to implement interventions targeting girls on the street to raise awareness on maternal care as well as strengthen social protection systems to ensure that girls who fall pregnant on the streets are withdrawn and placed under care until they deliver their babies.

Sexually Transmitted Infections (STI's) and HIV among Children Living on the Street

Regarding whether or not children living on the streets were worried about contracting STI's and HIV, a majority (95.08 per cent) reported that this worries them with very few (4.92 per cent) stating that this does not worry them. Common reasons for worry given by (59.02 per cent) of those that were worried about this as they do not want to start taking medication (ARV's) every day. This finding is backed by a key informant working at a health facility who reported that children do not value their sexual and reproductive health as evidenced by their refusal to be initiated on ART. In stressing this point, the informant quoted a child living on the streets refusing to be initiated saying, *'I cannot be taking this medicine every day, if my time to die comes I will die as there is no point in taking medicine (ARV's) when men will still be sleeping with me on the streets.'* This finding is consistent with the study on HIV conducted in Ukraine which found that children on the streets were highly affected by high rates of HIV/AIDS as well as sexually transmitted infections (UN, 2012).

Other respondents (35.24 per cent) stated that they were worried about getting STI's and HIV as these diseases were incurable adding that they do not want to die with others (5.74) per cent stating that they were generally scared that their friends would laugh at them. The research revealed that of those (4.92 per cent) that said they were not worried about getting infected, the majority (66.66 per cent) reported that HIV and STI's

were just diseases and that there was nothing special about them as adding that everyone will die and that even people without HIV have died and left those with HIV hence fearing it was useless to them. One male respondent representing (33.33 per cent) of those that said they were not worried in an interview aged 14 disclosed that he was not worried about getting HIV as he was already infected.

What Children on the Streets Need to Prevent HIV and STI's?

Regarding what children living on the streets needed to prevent contracting STI's and HIV, the majority of respondents (77.05 per cent) reported that they needed condoms with a few (6.56 per cent) stating that they needed pills that prevent getting HIV (PrEP). Other respondents (6.56 per cent) reported that abstinence was one way to avoid getting diseases with some (9.84 per cent) stating that they did not know what they needed to prevent themselves from contracting HIV and STI's. The study found that of the (77.05) respondents who reported that they needed condoms to protect themselves from getting infected, only (27 per cent) reported to have used a condom in the last 12 months with (49 per cent) stating that they hadn't used any preventive measure in the last 12 months. Other respondents (22.95 per cent) reported abstinence as a way they have used to avoid getting HIV and STI's.

These findings present a gap in terms of translation of awareness of sexual and reproductive health services into actual usage of the services to prevent infections among children living on the streets. A key informant at a health facility stated that many children living on the street come in with syphilis despite being given condoms. This poor translation of awareness of services into actual usage can be attributed to the lack of understanding of what sexual and reproductive health as evidenced by the high proportion (59.01 per cent) of children living on the street who did not know what sexual and reproductive health was. There is need therefore to review the current sexual and reproductive health interventions targeting children living on the streets for how much they draw a link between getting the children to develop a positive outlook on their sexual and reproductive health through acquisition of relevant information and the provision of sexual and reproductive health services such as condoms.

Barriers Faced by Children Living on the Streets in Accessing Sexual and Reproductive Health

Regarding whether or not children living on the streets in Lusaka face barriers, the research revealed that the majority of respondents (67.21 per cent) reported that they face barriers in accessing sexual and reproductive health. Other respondents (32.79 per cent) reported that they do not face any barriers in accessing sexual and reproductive health.

Limited Access to Condoms

Of those that reported that they face challenges in accessing sexual and reproductive health, a majority of respondents (58.46 per cent) reported that they had limited access to condoms stating that it is difficult to get condoms from health facilities as the health workers ask too many questions. In an interview a child living on the streets from Northmead stated that accessing the health facility was a challenge due to the long distance to the facility. This finding is consistent with finding of the situational analysis in the adolescent health strategy 2017 to 2021 which highlights distance to health facilities as one of the barriers to adolescents accessing sexual and reproductive health services (M.O.H, 2017).

Unfavorable Health Facility Operating Hours

Other respondents (24.47 per cent) said the nearest health facility to them closes at 18:00hrs during the week days and at 13 on weekends and that this prevents them from accessing the facility as the facility is only open during periods when they are busy. Some respondents (10.37 per cent) said the ages requirements when accessing sexual and reproductive health services was a barrier, citing the fact that health care workers only give condoms to persons that are above the age of 15. This report is backed by a key informant at a health facility who stated that for condoms, they only give to persons that are above the age of 15 years.

Lack of Adolescent Friendly Spaces

A few respondents (6.7 per cent) reported that they are not comfortable going to the health facility to access sexual reproductive health, stating that when they go, they are mixed with who usually shout at them and labeling them as children who do not listen. This finding is backed by a key informant at a health facility who confirmed that while the facility had adolescent health nurses, it did not have an adolescent friendly space where children could walk in privately and access sexual and reproductive health services as the facility was too small to allow for dedication of a space for only adolescent. In addressing these barriers faced by children living on the street in Lusaka, the Ministry of Health and collaborating partners need to strengthen community-based interventions that take services as close as possible to children living on the streets. There is also need to ensure a continued reorientation of health care provides on best practice in adolescent health service provision especially as it relates to sexual and reproductive health.

CONCLUSION

Regarding sexual and reproductive health awareness, perceptions, needs of children living on the streets in Lusaka District and the barriers they face in accessing sexual and reproductive health, the study found that children living on the street had low (40.98 per cent) awareness on what sexual and reproductive health was. The study found that while awareness on what sexual and reproductive health was, a majority of respondents (81.96 per cent) were aware of at least more

than one sexual and reproductive health services with many (68.95 per cent) naming condoms as the service they knew. The study also found that awareness on where to access sexual and reproductive health services among children living on the streets was high (81.69 per cent).

Further the study revealed that children living on the streets in Lusaka perceived sexual and reproductive health as important to the as evidenced the majority of respondents (40.98 per cent) who said it was important and others (19.67 per cent) that said it was very important. Despite this been the case, the study also found that while most children living on the streets had positive perception of sexual and reproductive health, key informants from health facilities held a different perspective highlighting that most children living on the streets do not value their sexual and reproductive health as evidenced by their refusal to be initiated on ART when tested positive for HIV as well as their poor adherence to not only ART but treatment for STI's as well. The study also found that distance to health facilities, health workers asking to many questions prior to provision of sexual and reproductive health services, unfavourable operating hours for health centres, lack of adolescent friendly spaces at health facilities and fear of being discriminated against by peers, age restrictions regarding who to access services were among the barriers that children living on the streets in Lusaka face in accessing sexual and reproductive health.

On sexual and reproductive health needs, the research found that a majority of respondents (68.85 per cent) reported condoms as what they needed most and this finding was further supported by a key informant from a health facility who stated that condoms were the most accessed service by children living on the streets in Lusaka. While condoms were the most needed service and most frequently accessed service, usage was very low. This situation can be attributed to the low awareness levels of sexual and reproductive health among children living on the streets. The research also finds that children living on the streets require information on ways to improve their sexual and reproductive health. This will enable them draw a clear link between access to sexual and reproductive health services and actual translations. There is need to ensure that children on the streets are targeted with tailor-made programmes that take into account the challenges and barriers that they face in accessing sexual and reproductive health.

Limitations of the Study

The data collection process was a success. Primarily, data collection in this research was delayed due to COVID-19 prevention measures that were instituted that consequently prohibited all research that bordered on interaction with human subjects for over a month. This was a limitation as this research needed to collect primary data from respondents living under conditions that made them extremely vulnerable to the COVID-19 pandemic. Despite this challenge the

research was conducted when the prevention measures began to ease up and data was collected from 61 respondents. Secondly, finding children living on the streets was a challenge as it was much more difficult than was envisaged. In order to identify children living on the streets, the researcher had to first find the leader of the group in order to have access to the larger group of children living on the streets which was not easy and presented delays in the data collection process. Further the research team despite having worn face masks was exposed to passively inhaling the Bostick that children on the streets sniff, as respondents sniffed their Bostick during the interviews.

RECOMMENDATIONS

1. Government through the Ministry of Youth Sport and Child Development and the Ministry of Community Development and Social Services should intensify measures to prevent family separation of children that should have a strong focus on keeping boys at home as they are at a higher risk of adopting street life than girls given their ability to cope with harsh conditions on the street
2. Ministry of health should design tailor-made sexual and reproductive health interventions with a specific for children living on the streets as this population is faced with unique challenges that need to be addressed specifically and not under the umbrella term of adolescents
3. Drug enforcement commission working with its stakeholders should move in and crackdown the drug supply chain for Bostick on the street as this study found that all respondents were active sniffers of the drug.
4. Mental health rehabilitation as well as substance abuse rehabilitation should be provided to children living on the streets to help them return on the path of normalcy
5. Awareness raising and service provision in relation to sexual and reproductive health should take on a much broader approach and not only focus on condom distribution.

Recommendations for Future Research

Recommendations for future research with regard the subject of children living on the streets include;

- i. A comparative study of sexual and reproductive health literacy levels between children living on the streets and children within households
- ii. Relationship between substance abuse and likelihood of engaging in unsafe sexual behaviour among children living on the streets

REFERENCES

- Brhane, T., Assefay, B., & Birhan, N. (2014). Reproductive health behaviour of street youth and associated factors in Gondar city, Northwest Ethiopia. *International Journal of Medicine and Biomedical Research*, 3(1), 28-37.
- Bruce, R. E. (2014). *A proposed intervention project for Zambian street girls* (Doctoral dissertation, Southern New Hampshire University).
- Cheire, A. C. A. (2018). Sexual and physical abuse and its determinants among street children in Addis Ababa, Ethiopia, 2016. *BMC Pediatr*, 18(304), 8 -21.
- Chimdessa, A., & Cheire, A. (2018). Sexual and physical abuse and its determinants among street children in Addis Ababa, Ethiopia 2016. *BMC pediatrics*, 18, 1-8. doi: 10.1186/s12887-018-1267-8
- Convention on the Rights of Child general comment No.21, (2017) on children in street situations
- Creswell, J. W. (2014). *Research Design*. 4th ed. New Delhi India: SAGE Publication, Inc.
- Desmennu, A. T., Titiloye, M. A., & Owoaje, E. T. (2018). Behavioural risk factors for sexually transmitted infections and health seeking behaviour of street youths in Ibadan, Nigeria. *African health sciences*, 18(1), 180-187.
- Duff, P., Shoveller, J., Zhang, R., Alexson, D., Montaner, J. S., & Shannon, K. (2011). High lifetime pregnancy and low contraceptive usage among sex workers who use drugs-an unmet reproductive health need. *BMC pregnancy and childbirth*, 11, 1-8.
- Ewunetie, A. A., Alemayehu, M., Endalew, B., Abiye, H., Gedif, G., & Simieneh, M. M. (2022). Sexual and reproductive health problems and needs of street youths in East Gojjam Zone Administrative Towns, Ethiopia: Exploratory qualitative study. *Adolescent health, medicine and therapeutics*, 55-66. doi: 10.2147/AHMT.S358140.
- Federal Democratic Republic of Ethiopia Ministry of Health. National adolescent and youth health strategy (2016–2020), 2016.
- Federal HIV/AIDS Prevention and Control Office. HIV Prevention in Ethiopia National Road Map 2018 – 2020; 2018.
- Fracnkel, J. (2013). *How to design and evaluate research in education*. New York: McGraw-Hill Inc.
- Glasier, A. (2006). Sexual and Reproductive Health:A Matter of Life and Death. *The Lancet Sexual Reproductive Health Series*, 1-13.
- Govindasamy, P., Kidanu, A., & Bantayerga, H. (2002). *Youth reproductive health in Ethiopia*. Calverton, Maryland: OCR Macro.
- Habtamu, D., & Adamu, A. (2013). Assessment of sexual and reproductive health status of street children in Addis Ababa. *Journal of sexually transmitted diseases*, 2013.
- Haile, R. T., Kebeta, N. D., & Kassie, G. M. (2013). Prevalence of sexual abuse of male high school

- students in Addis Ababa, Ethiopia. *BMC international health and human rights*, 13, 1-8. doi: 10.1186/1472-698X-13-24
- Hassen, I., & Bale-Robe, E. (2019). Street children: concept, causes, consequences and alternative coping strategies in Ethiopia. *Res Humanities Soc Sci*, 9(17), 10-7176. doi: 10.7176/RHSS/9.
 - Jankowicz, A. (2015). *Business Research Projects*. 2nd ed. London: International Thomson Business Press.
 - Kudenga, M. (2015). Reproductive health knowledge of girl street children: a case of harare. *Zimbabwe Int J Sci Res Publ*, 5(11), 45.
 - Lungwangwa, T. A. (1991). *Street children in Zambia*. Lusaka: Institute for African Studies.
 - M.O.H. (2017). *Adolescent Health Strategy*. Lusaka: Ministry of Health.
 - Macwan'gi, M. (1996). *Street Children in Zambia-A situation analysis*. Lusaka: UNICEF.
 - MCDSS. (2006). *Ministry of Community Development and Social Services: Report on Survey and Analysis of the Situation of Street Children in Zambia*. Lusaka, MCDSS.
 - Mengistu, T. S., & Melku, A. T. (2013). Sexual and reproductive health problems and service needs of university students in south east Ethiopia: Exploratory qualitative study. *Science journal of public health*, 1(4), 184-188.
 - Mercy, Z. (2019). Evaluating the Impact of the National Adolescent Health Strategic Plan on Adolescent Sexual Reproductive Health Services in Zambia: A Qualitative Study. *Health Syst Policy Res*, 6(2-83).
 - Muchabaiwa, L., & Mbonigaba, J. (2019). Impact of the adolescent and youth sexual and reproductive health strategy on service utilisation and health outcomes in Zimbabwe. *PloS one*, 14(6), e0218588.
 - Muparamoto, N. (2021). "Sexual Reproductive Health Challenges and Health-Care-Seeking Behaviour Among Children Who Live on the Streets in Harare." *Journal of Asian and African Studies*, 57, 1055 - 1071.
 - MYSCD, M. o. Y. S. a. C. d. (2019). *Concept note on Zambia National Service Training for the vulnerable childre*. Lusaka, MYSCD.
 - Olugbenga-Bello, A. I., Ilori, O. R., & Idowu, T. (2022). Street youths: reproductive health risk status, reproductive health challenges and barriers to health services utilization in a southwestern City, Nigeria. *African Health Sciences*, 22(3), 47-61.
 - Owoaje, E. T., & Uchendu, O. C. (2009). Sexual risk behaviour of street youths in south west Nigeria. *East African Journal of Public Health*, 6(3).
 - Susanna, E. (2013). *Growing Big in the Street, 'Lusaka's Street Youth' Voices of Povert in the Street*. s.l., University of Helsinki Department of Social Research.
 - The health profile of street children in Africa: a literature review. *J Public Health Africa*. 2016. Available from: <https://www.researchgate.net/publication/306273423>. Accessed April 28, 2020. [PMC free article] [PubMed]
 - The Lancet Commission. (2018). *Accelerate progress-Sexual and reproductive health and right for all: report of the Gutmacher*
 - UN. (1995). *Report of the International Conference on Population and Development*. Cairo, United Nations.
 - UNCHS. (2000). *Strategies to combat homelessness*, s.l.: UN-Habitat.
 - UNICEF. (2001). *Orphans and other vulnerable children and adolescents in Zimbabwe.*, Zimbabwe: UNICEF.
 - UNICEF. Steady increase in street children orphaned by AIDS in Ethiopia. Available from: https://www.unicef.org/infobycountry/ethiopia_a_30783.html. Accessed April 28, 2020.
 - Veale, A., Adefrisew, A., & Lalor, K. (1993). Study on street children in four selected towns of Ethiopia. Addis Ababa, Ethiopia.
 - World Health Organization. (2020). Understanding sexual and reproductive health including HIV/AIDS and STDs Among Street Children: a training package on substance use, sexual and reproductive health including HIV/AIDS and STDS.
 - Yimam E. (2007). Assessment of reproductive health behavior and needs of street youth in Dessie town, Amhara region. *Thesis report*.

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