

# Street Children & HIV/AIDS in Azerbaijan

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## Acknowledgements

Many people contributed to this research report. We are very grateful to all experts expressed keen interest and kindly agreed to become participants of this research. Our sincere thanks are due to street children who demonstrated fortitude to participate in the survey and focus group discussion on such sensitive issues as HIV/AIDS and street children.

We are also indebted to Mr. Rasul Efendiyev, Director of PIU of HIV/AIDS Control Programme in Azerbaijan and Mrs. Sevinj Topchubashova M&E Officer of PIU for their great efforts on support of the research. We would like to extend our appreciation to Mr Natik Mansemli Director “Place of Hope” for facilitating the research project.

Finally, we register our recognition of the staff of the Expert Center on Mental Health & HIV/AIDS for expert assistance.

## Abbreviations

- AIDS – Acquired Immunodeficiency Syndrome
- CSW – Commercial Sex Worker
- FGD – Focus Group Discussion
- GF – Global Fund to Fight against AIDS, Tuberculosis and Malaria
- HIV – Human Immunodeficiency Virus
- ICRC – International Committee of Red Cross
- IDU – Injection Drug Users
- IMC – International Medical Corp
- IRD – International Relief and Development
- MSM – Male who has Sex with Male
- NGO – Non-Governmental Organization
- OSI – Open Society Institute-Azerbaijan
- PIU – Project Implementation Unit
- PLHIV – People Living with HIV/AIDS
- STI – Sexually Transmitted Infections
- UNAIDS – The United Nations Theme Group on HIV/AIDS
- UNICEF – United Nation Children’s Fund
- UNODC – United Nations Office on Drugs and Crime
- USAID – United States Agency for International Development
- VCT – Voluntary Counselling and Testing
- WHO – World Health Organization

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## **STREET CHILDREN & HIV/AIDS in Azerbaijan**

*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. The vulnerability to HIV/AIDS in street children is related to lack of knowledge and skills promoting healthy choices and poor access to the appropriate services*

*The purpose of this research is to evaluate the risk factors associated with HIV infection in street children as well as to develop recommendations improving HIV prevention in this group. By means of the WHO guidelines such issues as drug use, unprotected sex and awareness on HIV/AIDS have been assessed in street children.*

*Analysis of existing policies revealed insufficient coverage of HIV prevention in street children. In addition the research determined the causes, forms and effects of drug use in street children as well as the factors related to their unsafe sexual behaviors.*

*The available information about HIV/AIDS include misbeliefs and false assumptions resulting in underestimated personal risk of HIV infection in street children. The sources of information about HIV/AIDS are electronic media (radio and television), communication with other street children, street educators, teachers working in children institutions, and attractive easy to read materials*

*On the basis of the research results the special recommendations to improve HIV/AIDS prevention in street children have been developed. These recommendations are addressed to GF programme staff, policy makers, health services and NGOs which are involved in activities in the fields of HIV/AIDS and street children.*

## 1. Introduction

### 1.1. The Objectives:

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<sup>1</sup>. 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 street 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 street children is not available in our country. Therefore the study **purpose** is situation analysis related to street children and HIV/AIDS

### Objectives:

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

### Methods

The *subjects* of the study were 93 street children living in Baku, Ganja and Ali-Bairamli and representing two main categories:

- Children **on the streets (I group - 57 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
- Children **of the streets (II group – 36 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 Street Children Participated in the Survey

<b>Variables</b>	<b>Group I (No 57)</b>		<b>Group II (No 36)</b>	
<b>Gender</b>				
male	43	75.4%	21	58.3%
female	14	24.5%	15	41.6%
<b>Age</b>				
<12	7	12.2%	4	11.1%
12-14	16	28%	11	30.5%
>14	34	59.6%	21	58.3%
<b>Employment</b>				
fulltime	18	31.5%	7	19.4%
part-time	29	50.8%	18	50%
not employed	10	17.6%	11	30.5%
<b>Education</b>				
school children	6	10.5%	11	30.5%
attended school in previous years	42	73.6%	16	44.4%
not attended school	9	15.7%	9	25%

This study was designed as a qualitative research. The Menu of Questions, WHO Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STI Module 5 – Determining Needs and Problems of Street Children were used as an essential tool for the 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 street children
- Interviews with 12 experts representing the specialists working in children institutions, social services, international and local organization, as well as reproductive health, substance abuse, STI/HIV facilities (see Annex 1).
- Focus group discussions with street children to get qualitative information on risky behaviors associated with HIV infection (see Annex 2).
- Survey among 93 street children based on specially developed semi-structured questionnaire to assess HIV related knowledge attitudes and behaviors(see Annex 3).

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

## 2. Background

### 2.1. The HIV/AIDS Epidemic in the Country

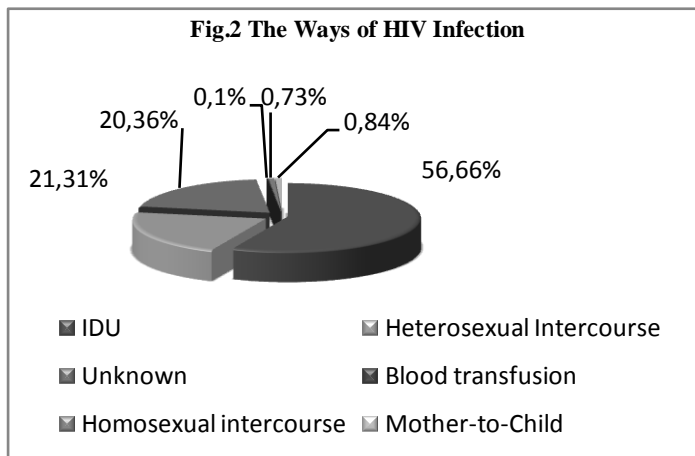
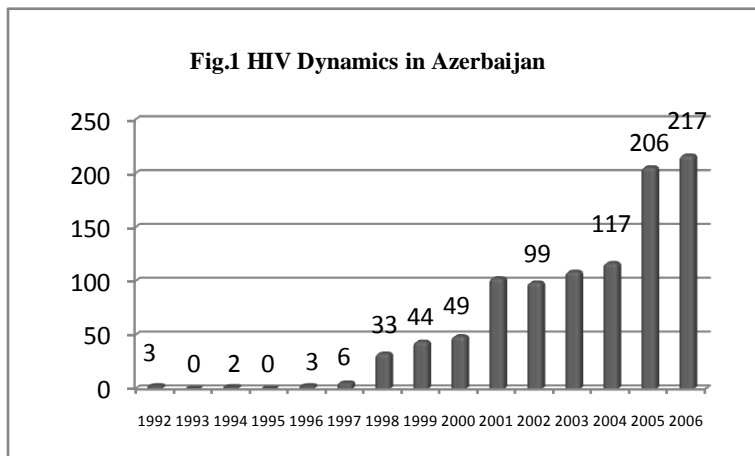
The history of fighting against AIDS in Azerbaijan has been going on for more than two decades, and it began when Azerbaijan was a part of the Soviet Union. The first control of HIV-infection in Azerbaijan Republic has been carried out since 1987. The first case of HIV-infection in Azerbaijan was detected in a citizen of Uganda, and in 1992 in a citizen of Azerbaijan. Like in the other post-Soviet countries a tendency of growing HIV-infected people is observed in Azerbaijan in the past years<sup>2</sup>.

According to official statistics at the end of June 2007, total HIV-infected people in Azerbaijan were 1115 people or 12.6 per 100 000 population<sup>3</sup>. However, UNAIDS experts estimate rates of HIV-infected people can be as much as three or even five times greater<sup>4</sup>. Insufficient identification of HIV prevalence is related to certain reasons preventing people to apply for counselling and testing. Injecting drug use as the dominant mode of HIV transmission caused 56.7% of cases of infection<sup>5</sup>. The number of opiate users is estimated by UNODC to be around 0.2% of the adult population, of which 50-60% inject heroin. The most affected group is the so-called 'street IDUs', a group that remains outside the focus of national HIV prevention and care efforts. Prevalence in this group is 12 times higher than among IDUs registered at narcological dispensaries in Baku (24% and 2% respectively). The second most common mode of HIV transmission is heterosexual intercourse (21.3% of cases) correlating with obvious increase of the sex industry in Azerbaijan. HIV prevalence among female sex workers is around 8.5%. In addition the rate among street-based sex workers in Baku city was nearly twice as high (11%) as prevalence for sex workers working in cafés, bars, saunas or bath houses (6%)The overlap between sex work and drug use as well as unprotected sex amongst majority of IDU`s were reported in January 2004<sup>6</sup>.

Simultaneously, there is a significant growth of HIV incidence rates from 100 in 2001 up to 217 in 2006<sup>3</sup>. Presently, 200 people living at AIDS stage are registered in the National AIDS Center while the number of people that have already died from HIV/AIDS is 175<sup>3</sup>.

The first governmental response on a threat of an HIV epidemic in the country resulted in the establishment of the National AIDS Center in 1989 to carry out the following activities: Conducting epidemiological surveillance, testing, and registration, ensuring the safety of donated blood and blood products, and providing medical, psychological, social, and legal services to PLHIV. Currently the National AIDS Center's twelve regional branches with diagnostic laboratories operate throughout the country. On April 16, 1996 the parliament adopted the Law of the Republic of

Azerbaijan on “Prevention of AIDS disease, caused by HIV infection, and fight on its spread”. In line with the Law, the first National Strategic Plan for Prevention and Control of HIV/AIDS was launched in 1997, which was followed by the current National Strategic Plan for 2002-2006. According to these documents governmental bodies including Ministry of Health, Ministry of Education, Ministry of Youth and Sport, Ministry of Justice, and the Ministry of Labor and Social Welfare, had to participate actively in countering HIV epidemic.



Along with the governmental efforts, the principal role in countering HIV/AIDS belongs to the Global Fund to Fight against AIDS, Tuberculosis and Malaria. The Global Fund grant supports the National Strategic Plan through: scaling up HIV/AIDS and sexually transmitted infection prevention programs for the most vulnerable groups; strengthening treatment, support and care for those affected; and using a multi-sectoral approach to strengthen the institutional capacity of Azerbaijan to respond more effectively to HIV/AIDS. In addition various international organizations (UNICEF, IRD, USAID, IMC, ICRC, OSI-Azerbaijan) implemented a number of activities including an assessment of the HIV situation, development behavior change communication strategy, advocating for universal access to care, strengthening services, providing trainings, and publications and sponsoring local NGO. In recent years, at least 25 local NGOs have been involved in fighting against HIV/AIDS. Some of them work directly with PLHIV or vulnerable groups at high risk of HIV infection. The other NGOs participate in public awareness campaigns, conduct trainings, research, and publications.

The public attitude towards HIV infection is closely tied with social and cultural norms, traditions, beliefs, and behavioral stereotypes. Azerbaijani society can be described as more family than individually oriented, and group values are more appreciated than individual ones. In general, it is rather traditional, with close interdependent relationships and conventional opinions on various behavioral norms. These opinions create serious difficulties for people who deviate from the accepted

'norms' such as IDUs, CSWs, MSM. In an attempt to avoid becoming outcasts, these groups tend to adopt double lives and hide certain aspects of their private life, even from their closest people. Culturally approved abstinence from premarital sexual relationships among young girls, as well as a strict prohibition of female substance abuse, may contribute in much greater number of HIV-infected men (84%). Among widespread stereotypes associated with HIV infection, the most common are non-acceptance of negotiations over safe sex, consideration of condom use as a sign of distrust rather than concern about health, and prerogative of men to make a decision about safe sex<sup>7</sup>. Thus unprotected sex is not only considered normal between regular partners, but also plasticized by 50% of men in casual sexual intercourse. At the same time the survey conducted by the Caucasus Research Resource Center-Azerbaijan demonstrated a sufficient level of general public awareness about HIV<sup>8</sup>. The overwhelming majority of respondents (95%) knew that HIV can be transmitted through blood and other body fluids, those risk factors include unprotected sex (93%) and syringe sharing (80%). In comparison with the situation in the capital, the level of HIV awareness in the regions, especially in rural areas, is lower, which can be at least partly attributed to limited access to information as well as to stronger psychological barriers and traditional taboos associated with this topic<sup>9</sup>. Although the general population is aware of the illness, the majority (60.9%) do not acknowledge a personal risk of HIV infection or practice preventive healthy life skills. Furthermore the majority of people remain indifferent to the topic. In the opinion of the general public, HIV/AIDS is a problem that is much more significant for other countries, while in Azerbaijan there are more 'serious' problems such as refugees, poverty, unemployment, poor education, inequity.

## **2.2. The Problem of Street Children in Azerbaijan**

Dramatic political, economic and social changes took part during last 15-17 years resulted in significant growth of poverty, migration, anomie, crime and substance abuse<sup>10</sup>. These changes lead to deformation of traditional values and breach of family ties. Yet the system of social welfare formed in soviet times was unable to meet the new challenges. Thus the phenomenon of street children has been appeared in the society. According to the UNICEF statistics<sup>11</sup> the number of street children in the country can be estimated at between 1,000 and 2,000 cases and it is common perception that the presence of children on the streets has been growing over the years. The Department for Children and Adolescents of the Ministry of Interior reported about 500-600 and 60-70 cases registered in Baku and Ganja respectively<sup>11</sup>. This data also includes multiple registrations of children apprehended several times. At the same time the number of homeless children is insignificant in comparison to the children spending most time on the streets. Moreover the survey of 495 street children conducted by the NGO "Azerbaijan Children's Union" the most of them (85%) have parents<sup>12</sup>. 60% of the parents of street children belonged to rural population moved to urban due to war, unemployment and lack of

finances. According to the Operational Research resented by UNICEF 70% of street children live with parents or close relatives, the other ones live in groups with other street children<sup>13</sup>. The most frequent overnight stays – are railway station, bus station, parks, depots, buildings' ground floor, tearooms, bazaars. Almost in half of cases children live with both parents. The relationships between parents and street children can be characterized as confrontational (55% of street children have conflicts with father and 59% with mother). These conflicts are the main reason of children's leaving home. It should be emphasized that the educational level of both parents' is extremely low. Besides, in 82% of cases these families have very limited income or live below poverty line. The main part of the family budget is provided by their children. Moreover in 52% cases children indicate themselves as family's principal breadwinner, therefore the parents reveal positive attitude to their employment. Three out of five children work from 6 to 14 hours<sup>11</sup>. 80% of children begin to work at the age of 8-14 years. According to the facts of joint researches of Ministry of Education and UNICEF street children are usually involved in small trade (62%), carwash (41%), microbus controller (11%), begging (9%), bottles' picking (7%). The other activities include: porter, guard, waiter, and apprentice<sup>14</sup>. In accordance with NGO "Azerbaijan Children's Union" study even one out of 10 children is involved in commercial sex work and 4% are involved in pilfering. According to the facts of the operation report 43% of children is satisfied with working on the streets. The main reasons of dissatisfaction with work include moral humiliation (24%), poor work conditions (18%), physical strain (16%), and low wages (9%)<sup>12</sup>. Only half of the street children have ever attended school. The most frequent reason to interrupt study at school is a necessity of work to support themselves and/or the family. The other reasons include: resettlements of the family, problems with documents, gaps in education, conflicts with teachers or peers, certain behavioural stereotypes, mental retardation and physical disability.

The most severe problems as they are perceived by street children are related to police. Street children often counter harassment and violence in police stations. Also they are violated or raped by other adults. The other problems include charge of crime, starvation, cold, witness of crime and health problems<sup>14</sup>.

On the 14th of April 2003 the Cabinet of Ministers approved the Plan of Measures to Solve the Problem of Homeless and Street Children in Azerbaijan. According to the Plan it was decided to create a "children's police force", to establish crisis and psychosocial rehabilitation centers to set up anonymous telephone lines (hotlines) and to conduct special training for this purpose. It was also decided to conduct, on a regular basis, special measures (raids; exhibitions; contests; preparation of placards, posters and slogans containing warnings; textbooks; clothes with printed texts; articles; and advertising spots) with a view to preventing violence against children, suppressing child prostitution, and drug abuse.

In addition the Plan considered the following activities:

- Conduct of hearings at meetings of the Commission on Minors' Affairs and the Protection of Their Rights, which reports to the Cabinet of Ministers
- Cooperation in this area with various organizations including NGOs;
- Exchange of experience with organizations from the other countries dealing with street children, and participation in international events;
- Adoption of the relevant measures for accession to conventions in this field, and participation in their respective associations;
- Holding international conferences on the subjects related to street children's problems.

The executive bodies responsible for the implementation of the aforementioned measures are the Commission on Minors' Affairs and Protection of Their Rights under the Cabinet of Ministers, the Ministry of Interior, the Ministry of Education, the Ministry of Health and the Ministry of Youth & Sport, with the participation of the United Nations Children's Fund, the International Labour Organization, the United Nations Population Fund<sup>16</sup>.

### 3. Risky Behaviors Associated with HIV/AIDS in Street Children

#### 3.1. Drug Use among Street Children

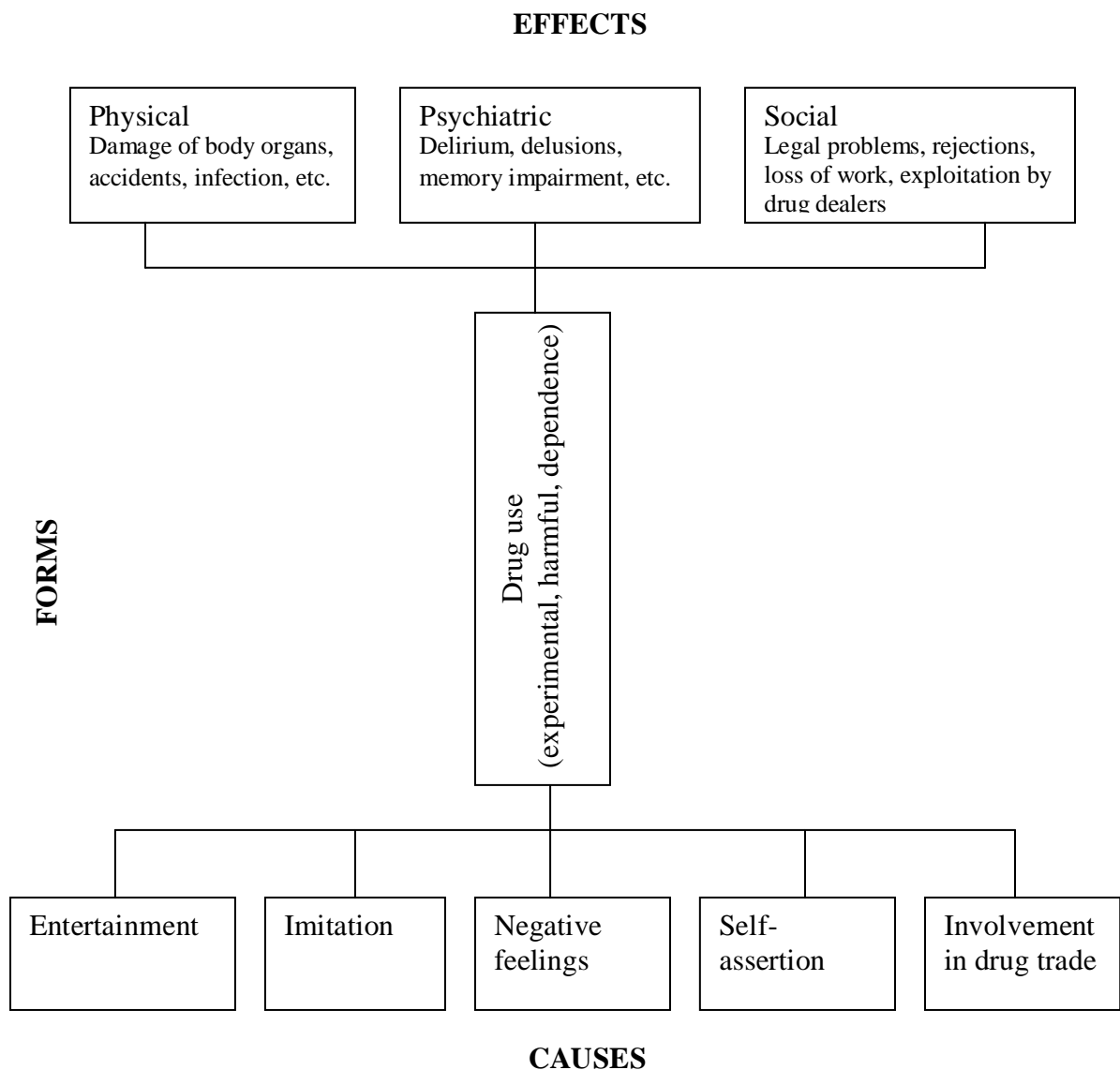
According to the governmental statistics there are 18,000 drug addicts registered in narcological facilities and drug use tends to increase dramatically for the last decade. Furthermore the real number of drug users in Azerbaijan is estimated at approximately 180,000 - 200,000 and the majority of them are opiate addicts<sup>4</sup>. Most of them (65%) are young adults between the ages of 21-30 from various social backgrounds. A recent UNICEF study<sup>15</sup> showed that 24 % of teenagers have ever experimented with drugs or other toxic substances and 5% reported using drugs on a regular basis. The highest rates were among street children and children who had come into conflict with the law. The earliest age of drug use among juveniles is 11. Cannaboids and inhalant toxic substances are the most prevalently used substances by street children. Despite that in recent years injecting drug use in the group at the age 14-18 was significantly low, a trend of increase of this cohort is observed now. Out of injected drugs among street children opiates take precedence. Use of various pills (tranquilizers, psycho-stimulants, analgetics, etc.) is not popular among street children, because these drugs are more expensive and found in the black market with difficulty. The survey conducted among street children revealed that up to 70% of them have experience in use drugs and/or alcohol.

The most common causes, forms and effects of drug use among street children can be described using the 'problem tree' (see Figure 1). The trunk of the 'tree' represents the problem of psychoactive substance use. The roots depict the causes of addiction while the impact is illustrated as the branches of the 'problem tree'. The first cause of drug use is derived from lack of entertainment due to absence of access to recreational facilities. For many of street children drug use is a single way to overcome boredom and to variegate their life (*"It makes you high"* M. age 13 boy, *"It is very exciting"* A. age 14, boy).

The second cause is imitative behavior related to affection to people who use drugs. (The typical beliefs accompanying this cause are *'They are cool guys'* N. age 16, girl; *'They will respect me if I use drugs'* S age 15, boy). Some respondents indicated family history of drug use (*'My cousin who is 30 years old also smokes hashish'* R age 14, boy).

The very common cause of drug use is an attempt to escape from everyday stress and negative feelings experienced by street children. In fact, street children often suffer from depression, shame, helpless, useless, low self-esteem and loneliness. In this case drug use provides temporary relieve from these negative emotions and thoughts and helps not to think about future. (*"When I use drugs I feel better"* E. age 15, boy). Drug use also increases self-assertion and self-confidence in street children (*"It makes you strong"* G age 11, boy).

Lastly, some respondents associated cause of drug use with an involvement in drug trafficking. (“I know one little boy working for drug dealer who always gives him a shot” A. age 14, boy)



**Figure 3. Street Children Drug Use ‘Problem Tree’**

The forms of drug use by street children may be characterized as poly-substance use. Among psychoactive substances used by street children the FGD participants indicated glue, resin, hemp, cannabis, opiates (“black” - poppy extract and “white” – heroin), and medicines containing codeine. The patterns of substance use are determined by several factors such as age of street children, environment (“circle of acquaintance”), price and availability. According to the opinion of FGD participants the most frequent substances in the age group below 14 are glue, resin and other household chemical goods. Some of street children indicated that they knew special plants (“grass”) producing psychoactive effects. At older age street children shift the drugs to more traditional drugs

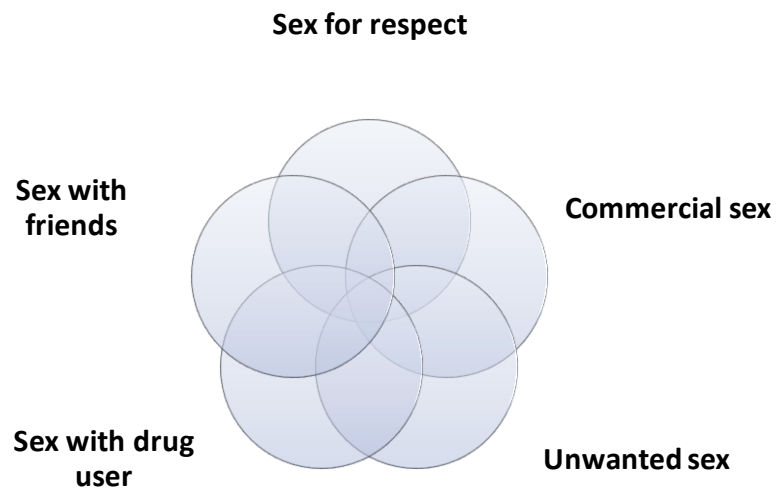
such as cannabis and opiates. Choice of concrete substance is determined by relations with adult addicts providing them with drugs.

The effects of drug use include physical, psychiatric and social consequences. The most dangerous health effect is the risk HIV-infection. According to the information obtained in FGD the street children who inject opiates shared many times the same syringe with others. Because of lack of money and fear to be disclosed they never buy syringes in drug store. Also use of the same syringe is considered as demonstration of confidence among street children. *“If I refuse to use my friend’s syringe it means that I disdain him”* S. age 15 boy. In contrast to other drug addicts street children who use drugs have no access to treatment. Existing narcological facilities are not intended to provide services for children and adolescents. Furthermore, as the most share for addiction treatment expenditures lays on out-of-pocket payments by consumers to providers, it is obvious that street children have no money to pay for these services. In addition street children do not have an access to harm reduction programs (e.g. needle exchange). As it was revealed in the survey none of them have ever heard about these programs.

### **3.2. Unsafe Sexual Behavior**

As discussion of issues related to human sexuality and sexual behavior is strictly tabooed in Azerbaijan, surveying sexual activity of street children is very difficult and any estimate tends to be inaccurate. The considerable socio-economical changes in the country promoted development of illegal sex industry which involved street children in. According to the survey results majority of street children have early sexual experience. In many cases sexual activity started before or in the early adolescence at age of 11-12. It is not surprising that street children have very limited knowledge about sexual behavior. The information obtained by street children is often far from reality. For example, when FGD moderator asked the participants **“What do you think about condoms use?”** one young girl asked *“What does it mean?”* and the older boy said *“It would be better you not to know about it”*. In the respondents’ opinion sexual behaviors in street children may be related to immediate need to secure food, shelter or money (commercial sex), withdrawal syndrome and necessity to get drugs (sexual intercourse among drug users), “play with friends” (comfort sex), sex with CSWs to acquire reputation (sex for respect), and unwanted sex including rape and sexual exploitation by adults. Sexual activities of the majority of street children is rather occasional than regular.

Usually, street children have multiple sexual partners that increase a likelihood of HIV infection. In the age group below 14 the most frequent sexual contacts are among boys with the same sex partners. In the older age group the proportion of girls involved in commercial sex work is significantly increased.



**Figure 4. Sexual Behaviors in Street Children**

In FGD participants opinion unprotected sex is very common in street children. Condoms may be used only in case when a partner insists on doing this. According to FGD participants condoms should be used only with opposite sex partner to avoid pregnancy and negotiation on safe sex is not possible. Street children do not have access to STI and reproductive health services. However, they may undergo mandatory medical examination and testing when they are caught by police or admitted to children institution.

## 4. HIV/AIDS Awareness in Street Children

### 4.1. The Level of Awareness on HIV/AIDS in Street Children

The survey conducted demonstrated a certain level of awareness about HIV/AIDS in street children. Almost half of respondents indicated that HIV can be transmitted through blood. However, knowledge of the modes of transmission was imprecise. Among possible ways of infection such as sexual intercourse, injecting drug use, medical interventions (e.g. treatment by dentist) and mother-to-child transmission (e.g. due to breastfeeding), street children mentioned unusual ones including respiratory system, handshake, emotional stress/fright, cold.

Development of the illness is perceived by street children as successive shifts from one STI to another. *“Initially it is gonorrhoea followed by syphilis and then AIDS begins”* R, age 14, boy. In the respondents opinion HIV/AIDS results in *“internal putrefaction”* and HIV infected people have *“special appearance”*. *“They look very ill and unhappy”* M. age 13 boy.

The answers to the question **“who can live with HIV/AIDS?”** were: *“Some drug users are HIV infected...So if you know that he is addict you may suppose that he is ill”* V. age 14 girl. *“Not street children only, but also any person may have AIDS. These persons may look very well”* N. age 16, girl.

Personal risk of HIV infection is underestimated by street children because in everyday life they experience a lot of troubles that makes them indifferent towards health problems. *“All street children are carriers of microbes”* R. age 14, boy. Also, healthy behavior is not perceived as important issue by them. That is why the answers to the question **“Do street children need to know about AIDS?”** were rather formalistic than well-considered. *“I do not know”*, *“Yes of course”*, *“Everybody should know it”*

### 4.2. Sources of Information about HIV/AIDS

Street children obtained information about HIV/AIDS from various sources. Some of them were informed from television or radio broadcast. Although street children have less opportunities to use these forms of media they are immensely powerful mediums from which street children get information on HIV/AIDS. Every year many events related to struggle against HIV/AIDS have been widely covered by television and radio.

Friends of street children are another important source of information. In fact, street children are very sensitive to the opinions of their peers and they can openly discuss with them the issues related to HIV/AIDS. For instance, street children were informed from their friends about a scandal burst in Baku concerning the incident with an HIV positive girl. This street girl working in the sex industry

had been fully aware of her HIV status and almost certainly had unsafe sex with multiple partners. At the same time the FGD participants mentioned contradictoriness of the information shared by their friends. *“Many of them have no clue what they talk about and they make everything up”*

Yet, the information provided by friends is rather frightened than focus on methods of prevention. In recent years it is an increased activity of some organizations involved in awareness campaigns on HIV/AIDS. The respondents from “The Place of Hope” informed about two female educators who visited them to talk about HIV/AIDS.

Printing materials seem not to be popular in street children. Approximately 65% of interviewed street children can read but most of them do not express interest to reading. However multicolored knick-knackereries and pictures with easily written text may attract their attention.

### **4.3. Increasing HIV/AIDS awareness in street children**

The opinions related to the question **“what should be done to increase knowledge on HIV/AIDS in street children?”** have been divided between respondents. Some of them noted a necessity of meetings with educators while the others pointed out that street children already had enough knowledge in this respect. The majority of respondents insisted on universality of information that should be available not only for street children but also for all children. At the same time some respondents were pessimistic regarding a possibility to improve awareness. *“If one doesn’t want nobody can explain him his benefit”* E., age17, boy or *“I tell something to my friend he believes me but if somebody tells an opposite thing he will believe another person”* V. age 16, girl. The answers like this indicate a deficit of trust in street children. The people they trusted the most of all differ from one street child to another. According to respondents they may be friends, teachers, relatives or doctors. Also they emphasized that the information should be interesting for street children. The answers to the question **“where the information about HIV/AIDS should be distributed to be accessible for street children?”** included metro stations, bus stations, disco bars, Internet clubs and parking places.

## 5. Conclusions and Recommendations

### 5.1 Conclusions

1. Although street 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 street children
3. The causes of drug abuse in street 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 street children whilst traditional facilities are not intended to provide services for street children who use drugs.
4. Early sexual experience in street children associated with HIV/AIDS include unprotected sex, CSW, MSM, sex with IDU, sex with multiple partners, sexual violence
5. Street 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 street children include electronic media (radio and television), communication with other street children, street educators, teachers working in children institutions, and attractive easy to read materials
7. Street children are very sensitive to information related to street children's issues. That is why the information on HIV/AIDS in street children is considered as stigmatizing and they prefer that this information to be addressed not only to street children but also to all children

### 5.2 Recommendations

#### For international organizations

- Negotiations with governmental organizations to include the issues on HIV prevention in street 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 street children
- Cooperation with local non-governmental organizations participating in the activities addressed to street children

#### For policy makers

- Development of necessary legal acts, strategies and programmes to prevent HIV infection in street 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 street children into the reforming health system, National program on deinstitutionalization, Mental Health Strategic Plan, etc.

#### For National and local AIDS services

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

#### For NGOs

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

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## ANNEXES

### List of Key Informants

1. Esmer Hajiyeva	Director, Expert Center on MH & HIV/AIDS
2. Araz Manucheri-Lalei	Medical University, Expert of UNODC
3. Fuad Mammedli	Virologist, National AIDS Center
4. Nigar Mansemli	“Place of Hope” Child Institution
5. Natic Mansemli	“Place of Hope” Child Institution
6. Zarifa Rustamova	Psychologist, Expert UNICEF
7. Rashad Seyidaliev	Narcologist, Soumqait-city Narcological Dispensary
8. Rena Safarova	STI specialist
9. Elza Mansurova	Reproductiv Health Specialist
10. Zemfira Ismayilova	Podiatrist, “Children’s Healthy Future”
11. Kamal Imamverdiyev	Colonel, Ministry of Interior
12. Viktoria Maggeramova	Teacher, School # 41

## FGD Information and Questions

FG #	FG 1	FG 2	FG 3
<b>Date</b>	Nov. 30, 2007	Dec. 3, 2007	Dec. 6, 2007
<b>Time</b>	11.30-13.00	19.00-20.30	15.00-16.00
<b>Place</b>	'Place of Hope' Child Institution	Club of the Plant named after Sattarkhan	Ganja
<b>Participants</b>	11 street children	8 street children	6 street children
<b>Group Dynamics</b>	High level of interest and participation	Moderate level of participation	Moderate level of participation
<b>Disturbances/ Interruptions</b>	The oldest boy frequently interrupted others	One participant refused to continue his participation FGD	None
<b>General Impression</b>	Positive	Neutral	Neutral

1. Indriduction
2. Where one can meet street children in Baku (Ganja) ?
3. What can you say about street children work ?
4. What are the most interesting things for street children ?
5. What are the most dengerous things for street children ?
6. What could you tell about drugs used by street children ?
7. How often do they use drugs ?
8. What kinds of drugs do they prefer ?
9. What are the resons of drug use ?
10. What could you tell about sexual activities in street children
11. What do you think about condoms use?
12. Who can live with HIV/AIDS?
13. Do street children need to know about AIDS?
14. What should be done to increase knowledge on HIV/AIDS in street children?
15. Where the information about HIV/AIDS should be distributed to be accessible for street children?

## Questionnaire

### HİV-nin yayılmasının qarşısının alınması

- Hə  yox
1. Cinsi  
 qadın  kişi
2. Yaşı \_\_\_\_\_
3. Neçənci sinifdə oxuyursan \_\_\_\_\_
4. Əgər oxumursan, neçənci sinfəcən oxumusan  
\_\_\_\_\_
5. Sən adətən harada gecələyirsən  
 Ailəmlə, mənzilimizdə  
 Daimi yaşayış yerim yoxdur  
 Gecələmək üçün ev tuturam  
 Digər \_\_\_\_\_
6. Kiminlə yaşayırsan  
 valideynlərimlə  
 yoldaşlarım/tanışlarımla  
 heç kimlə  
 digər
7. Neçə vaxtdır ki, sən küçədə yaşayırsan/işləyirsən? \_\_\_\_\_
8. Sən pulu haradan/necə əldə edirsən  
 daimi işim var  
 vaxtaşırı işləyirəm  
 dilənirəm  
 ödənişli cinsi əlaqələrdən  
 oğurluqla  
 valideynlər/dostlar/tanışlardan istəyirəm  
 digər
9. Həkimlərə müraciət etmişəmmi?  
 Hə  Yox
10. Sən tanıdığın uşaqlardan narkotiklərdən istifadə edirlərimi?  
 Hə, tez-tez  hə, hərdən  yox
11. Sən tanıdığın uşaqlardan iynə ilə vurulan narkotiklərdən istifadə edən varmı?  
 Hə  Yox
12. İynə, şpris, narkotikləri həll etmək üçün istifadə edilən su ilə başqaları ilə bölüşməyirmi?  
 Hə  Yox
13. Sən tanıdığın uşaqlardan seksual əlaqələri olan varmı?
14. Onlar cinsi yolla keçirilən xəstəliklərə yoluxmuşlarmı?  
 Hə  Yox
15. Prezervativdən istifadə edirlərimi?  
 Hə  Yox
16. HİV/AİDS (SPİD/QİÇS) barəsində eşitmişəmmi?  
 Hə  Yox
17. Sən HİV/AİDS (SPİD/QİÇS) barəsində haradan eşitmişən?  
 tanışlardan  televizor/radiodan  plakat/jurnaldan  həkimlərdən  müəllimlərdən  
 digər \_\_\_\_\_ (göstərin)
18. Bu məlumatlara etibar edirsənmi?  
 Hə  Yox  bilmirəm
19. Sən nə vaxtsa zorakılığa məruz qalmısanmı?  
 Hə  Yox
20. Hansı növ zorakılığa məruz qalmısan?  
 Fiziki  
 Psixoloji (hədə-qorxu)  
 Seksual
21. Aşağıda göstərilənlərdən hansının səndə olmasını istəyirsən  
 Ev  
 Ailə  
 Minik maşını  
 Yaxşı iş  
 Sağlamlıq  
 Dostlar  
Digər \_\_\_\_\_ (göstərin)

**Sorğuda iştirak etdiyiniz üçün təşəkkür edirik!**

## Map of street children's location

