Reproductive Health Behaviour and Problems of Street Children in Ibadan, Nigeria

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The study looks at the reproductive health behaviour and associated problems of street children, using some Ibadan markets and taxi parks as a case study. The study employed the use of surveys, in-depth interviews and focus group discussions to collect information from street children and significant others in their environment. The findings reveal that street children in Ibadan engage in risky sexual behaviour, maintain multiple sex partners and rarely use condoms. As a result, street children are at a great risk of contracting sexually transmitted diseases including HIV/AIDS.

Key words: Reproductive health, street children, sexual behaviour, Nigeria

Introduction
The importance of considering the well-being of children in development planning is widely supported by the United Nations and many of its agencies. Children are both beneficiaries of and potential contributors to the development process, active efforts to meet their needs should be considered a national priority. The International Convention on Economic, Social and Cultural Rights of the Child of 1976, the United Nations Convention on the Rights of the Child of 1989, the UNESCO World Declaration and Plan of Action on the Child of 1990 and the UNICEF's annual reports on The State of the World's Children, have all advocated the right of every child to a fulfilling and enriching life.

Nigeria is one of the most populous countries in Africa and among the fifteen most populous in the world. The country is heterogeneous in terms of its geography, religion, economy and language. It is also a country that has been experiencing rapid urbanization, a trend that is producing a wide range of beneficial as well as harmful consequences.

Some of the harmful consequences of rapid urbanization are overcrowding, unemployment, and widespread poverty. This also leads to various domestic problems when parents can no longer cope with the feeding and welfare of their children. This has in some cases resulted in children leaving their homes for the streets to fend for themselves. Such children are found in motor parks, markets and petrol stations; they are generally referred to as street children.

Three categories of street children have generally been identified. One category is children-of-the-street. They consist of boys and girls who see the street as their home. Some may maintain family ties, but they seek shelter, food and a sense of family among their companions on the street (Kaime-Atterhog, 1996; Densley and Joss, 2000). Kaime-Atterhog (1996), also defines this category as 'children who have drifted away from their homes or families of orientation'. Campbell and Ntsabane (1995) further add that since their usual place of domain is the street, they are commonly referred to as street children.

The second group, children-on-the-street includes those who still have family connections. They live at home and sometimes even attend school, but are sent to the streets, by parents or go on their own accord to supplement the family income (Kaime-Atterhog,
The third category is composed of children who are completely abandoned and neglected, and for which all ties with the biological family have been severed.

This paper focuses on the first category of street children, that is, children-of-the-street. They are sometimes referred to in the literature as 'runaways' or 'throwaways'. (Hier, Horboot and Schweiter, 1990; Campbell and Ntsabane, 1995). This category includes children who have left home to escape from domestic crises. In the case of runaways, the child gets to the street without parents' permission, while the 'throwaway' are overtly rejected by their parents. Street children, according to Anarfi (1997), could have been orphaned, abandoned by their parents, or have run away from neglectful or abusive parents.

The phenomenon of street children is not peculiar to Nigeria. Reports indicate that about 30 million children live on city streets worldwide. A 1993 World Health Organisation (WHO) estimate put the figure at about 100 million. It is the universal nature of the problem and the plight of these children, who often become involved in criminal activities, prostitution, drug use, and indiscriminate and unprotected sexual intercourse that prompted the development of many United Nations instruments towards raising global awareness of the rights of children to the basic necessities of life — including good food, education, health care, and a decent home.

Other scholars (Nangia, 1989; Oladejo, 1993) have also documented the adverse effects suffered by young children who live outside the home. One of the major problems that children face on the streets is that of reproductive health. The issue of reproductive health of street children and those of children in general has become so topical that a UNICEF-sponsored International Workshop on 'Africa's Urban Poor Child: towards African Child-Friendly Cities' was held in Accra, Ghana, from 11 – 13 March, 1997. Several other reports have indicated that some of these children have become addicted to drugs, some engage in sexual intercourse on a regular basis, while others often fall victims of sexual abuse by older men. (Aderinto, 1995, 1997, 2000; Butron, 1995; Kaminsky, 1995).

The literature is indeed replete with the reproductive health problems faced by children who live on the streets. In general, young people enjoy relatively good health, street children, however, are vulnerable to a wide range of health problems which may not be typically experienced by other young people, due to their vicarious lifestyle and continuous exposure to all types of weather. Street children are generally indiscriminate in their sexual practices, ie, using multiple partners and no attempt to protect themselves from sexually transmitted infections (Radford, King and Warren, 1994; Campbell and Ntsabane, 1995; Anarfi, 1997; Aderinto, 1997). In a study in Kingston, Jamaica, only 10% of youths reported having had just one sexual partner (Radford, King and Warren, 1994).

The hostile environment in which street children live causes considerable emotional stress. Having left their homes at such young age, they are exposed to unscrupulous adults who will take advantage of the fact that they are not under any form of adult guidance or protection. Indeed, many of the strategies street children rely upon to survive on a day to day basis, are equally harmful to their well being.

While their awareness level of HIV/AIDS is high, however, the proportion that practice safe sex is low (Campbell and Ntsabane, 1995). Street children do not seem concerned about protecting themselves from contracting HIV. If used at all, the condom is discarded soon after the girlfriends are considered stable and reliable. When infected or ill, self-medication is the general practice (Campbell and Ntsabane, 1995).

As would be expected, street children are also more predisposed to alcohol and drug abuse (WHO, 1993; Akinwale and Onifade, 1996; Aderinto, 1997; Adisa, 1997). Some epidemiologists have recognized that many HIV carriers have a background of drug abuse and have concluded that heavy drug use suppresses the immune system and decreases its ability to cope with the AIDS Virus (Siegel, 1986). In addition, substance abuse reduces natural inhibitions, thus children high on intoxicants are
likely to take risks that jeopardize their health and more likely to engage in unplanned or unprotected sexual relations with the increased possibility of sexually transmitted diseases, particularly HIV (Di Clemente and Forest, 1987).

The special circumstances in which street children find themselves further expose them to the risk of sexual abuse, which again increases their vulnerability to sexually transmitted diseases and AIDS. Larsen, Charpman and Armstrong (1996) also found a correlation between patients with sexually transmitted diseases and sexual abuse (rape).

Given the current depressed socio-economic situation in Nigeria, especially the hardships being faced by many urban households as a result of poor job opportunities, the reproductive health problems of these children are likely to multiply. The public health implications of all the above are too grave to contemplate. First, HIV/AIDS has become a major public health crisis that stands to significantly hinder development, particularly in Nigeria where the current prevalence rate is 4.4% (Fed. Ministry of Health, 2005). Millions of children and young people all over the world have the highest rate of infection. Street children are biologically more susceptible to contracting HIV or other STDs than adults as their immune systems are already compromised by their poor diet and unhealthy living conditions. At the same time, they may not be in a position to negotiate with their 'clients' to use condoms.

Street children also reduce the total health profile of society. Most street children, are malnourished, their nutritional intake normally does not meet their daily needs (Naidu, 1986; Oladepe 1993; Campbell and Ntsabane, 1995). Adolescence and puberty are major growth periods for children, if their nutritional intake is too low, the adverse affects which result in low body weight, small stature and even a reduced mental capacity cannot be reversed. This affects their capacity to work in later years.

Interestingly enough, street children rarely identify reproductive health problems as a major concern. Day-to-day survival is the paramount concern for most children who live on the streets. In addition, young people often regard themselves as invulnerable; they focus on the here and now, and do not concern themselves with the long term consequences of their risky behaviour. While the number of boys on the street outnumber the girls, street girls are at a greater risk of experiencing certain health problems than boys. Girls have been found to be more vulnerable to sexual exploitation and sexual abuse (Orubuloye, Caldwell and Caldwell, 1993). Girls also experience specific problems related to adolescent female development and reproductive health. While Nigeria also has its own share of studies on street children, very little appears to have been done with respect to the reproductive health behaviour and problems of this special category of children. This paper, therefore, focuses on the reproductive health behaviour and problems of street children.

Methods
The study was largely exploratory and limited to reproductive health behaviour and problems of street children in Ibadan. Specific reproductive health problems that were addressed are those of unsafe sex, multiple sex partnership and low condom use. Sexual abuse and drug abuse were also included in the study because they also impact on the spread of sexually transmitted diseases including HIV/AIDS.

The city of Ibadan was used for this study because it has a large pool of street children as indicated in earlier studies by Aderinto (1997). Second, Ibadan is one of the largest urban centres in Nigeria; and one of the greatest absorbers of rural migrants in Nigeria. This large migrant population contributes to the problems of unemployment and poverty.

The study involved both male and female street children (adolescents under the age of 18), and did not include the category of street children who return home at the end of each day. Street children are known to congregate predominantly in Bodija market, Beere/Oja Oba market, Malete bus stop and Agodi Gate in Ibadan. Market men and women as well as transport workers were also interviewed. These are people who work within the same vicinity as street children. They are expected to have first
Research Instruments

Three methods of investigation were used in this study. This was necessary because not all of the research population were literate, and some of the issues demanded a different approach. The methods used are in-depth interview (IDI), Focus Group Discussion (FGD) and a questionnaire. Participation of respondents was voluntary. Consent was given before the instruments were applied.

Five street children who are 'leaders' of street youth gangs were interviewed one-on-one. These interviews were qualitative and open-ended and were used to collect information on the personal life histories of street children in order to have a richer picture of their reproductive lives. The interviews also enabled a deeper appreciation of some of the issues involved in children being on the street and provided additional indicators for the focus group discussions (FGDs).

Four FGDs with street children were conducted to test the information which emerged from the in-depth interviews. In addition, two FGDs each were held with market men, market women and transport workers. These are people who interact with street children on a daily basis and their views were thought to be important in gaining insight into the reproductive lives of the street children. Ten FGDs were held in all.

A survey involving the use of a questionnaire was carried out with 463 street children in the four concentration points mentioned earlier. The survey examined broad information on health seeking behaviour, sex and drug abuse, sexual practices and knowledge and attitudes towards HIV/AIDS. Qualitative interviews conducted also reveal that a majority of the children have been on the street for a period between one to five years.

Data analysis was both quantitative and qualitative. Data from the survey were subjected to quantitative analysis while information collected through FGDs and IDIs were analyzed manually.

Results and Discussion

Socio-economic profiles of respondents

The socio-economic profiles of the respondents include sex, age, ethnic origin, and religion. In their separate studies conducted in Botswana and Nigeria respectively, Campbell and Ntsabane (1995) and Aderinto (1997) found that an overwhelming majority of street children are boys. This present study confirms these findings. A likely explanation for this highly skewed street gender in favour of males is that girls are supervised more closely than boys and behaviour consistent with legal codes is taught to girls with more consistency and care than boys (Aderinto, 1997). This seemingly stricter socialization of women is also responsible for the different levels of involvement of males and females in other kinds of misdemeanours or anti-social activities. Second, the smaller numbers of girls on the street does not mean that they do not run away from home, but that they do not stay on the streets long enough to be noticed (Aderinto, 1997). As one participant in a focus group with street children asserts Yes, there are street girls, but their parents usually come after them. Street girls are also likely to attract the sympathy of relatives when faced with difficult situations. Street girls may also get picked up to work as house-help, or they may move in with a male sexual partner with whom they live temporarily or permanently.

Table 1 shows that 85 per cent (392) of the street children are between 10-18 years. The large majority of the street children (71%) are Yoruba. There were also more Christian than Muslim children on the streets: 289 (62.4%) are Christian; and 154 (33.3%) are Muslim. The majority of street children come from large families (more than five children) and broken homes. About 70% of the survey respondents indicated that either their parents were divorced or that one of them was dead.

\(^1\) As Ibadan is in the heart of Yorubaland this statistic should not be surprising.
Table 1. Socio-economic profiles of street children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Item</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>442</td>
<td>95.5%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>21</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
</tr>
<tr>
<td>Age</td>
<td>Less than 10</td>
<td>71</td>
<td>15.3%</td>
</tr>
<tr>
<td></td>
<td>10 - 13</td>
<td>138</td>
<td>29.8%</td>
</tr>
<tr>
<td></td>
<td>14 - 18</td>
<td>254</td>
<td>54.8%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
</tr>
<tr>
<td>Ethnic origin</td>
<td>Yoruba</td>
<td>328</td>
<td>71.0%</td>
</tr>
<tr>
<td></td>
<td>Igbo</td>
<td>125</td>
<td>26.9%</td>
</tr>
<tr>
<td></td>
<td>Hausa</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>7</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
</tr>
<tr>
<td>Religion</td>
<td>Islam</td>
<td>154</td>
<td>33.3%</td>
</tr>
<tr>
<td></td>
<td>Christianity</td>
<td>289</td>
<td>63.4%</td>
</tr>
<tr>
<td></td>
<td>Traditional</td>
<td>20</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>463</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

All street children interviewed in the study said they were products of poor homes. The fathers and mothers are either petty traders or unskilled labourers. An earlier study conducted by Aderinto (1997) had shown that street children are also more likely to come from polygynous households.

Becoming a Street Child

Becoming a street child can be the result of many factors. Most of the participants at the focus group discussions, however, cited poverty in the home as the main factor responsible for their leaving home. As one street child in one of the interviews submits, I started sleeping outside so that I can struggle for myself and succeed in life. A participant in one of the focus groups also asserted:

I was too young when my dad died, and my mother had no fund to sponsor me to school, so, I was asked to go and learn a trade, but I told her that it would be too difficult for me to care for myself. I was forced to learn the trade but ran away because of the pressure of the work. My friend who was already sleeping outside of

home assisted me, and I joined him in the 'business' he was doing on the streets, picking aluminium.

These responses are typical of the respondents. Although poverty is considered as the prime factor, other factors mentioned are peer influence, which is also reflected in the aforementioned response, divorce, hatred for school, and the death of one of the parents, particularly if he/she is the main 'breadwinner'.

Risks identified by the street children

Although street children did not recognize the various reproductive health risks as problems, they did identify other problems. These include 'harassment' by the law enforcement agents, loss of their earnings through robbery, harsh weather, etc. This study also confirms Adisa’s (1997) study which showed that most of the children are dirty and unkempt. Their clothes are dirty and ragged and their shoes are battered. Lack of clean water and sanitation facilities keeps their hygiene level perpetually low, and they are therefore vulnerable to infections, diseases and all kinds of abuse.

The following response of a street-child to a question on risks involved in living outside the home, summarizes the general view and experience of other street children.

There are so many risks involved At times, you can be arrested over something you know nothing about, police also come to raid us, collect our money. We also feel cold because we are always outside. The sufferings are too many that one cannot remember.

The impression of significant others including market men, market women and transport workers on street children is very diverse. While some see street children as disobedient, irresponsible children, some others ascribe their situation to the unequal access to the ‘goods’ of the society as entrenched in the social
structure. In the FGDs, the following views on street children emerged.

- **I see them as thieves, because they sleep here, and so far as they do not work, they will steal.**
  
  **(market woman)**

- **I view them as indisciplined and those that are not ready to learn from parents. They lack home training.**
  
  **(market man)**

- **I view them as load carriers. If a child is responsible and listens to the instructions of the parent, he will not become a street child.**
  
  **(transport worker)**

- **I see them as people that have problems with their families. Some of their parents lack money to take good care of them. To take care of themselves, they run from home to this market to make money.**
  
  **(market man)**

- **Our government is very bad. I can say it anywhere. Government is causing this problem. If government does not want children to stay outside, they should improve this economy.**
  
  **(transport worker)**

**Economic activities of street children**

In spite of the various negative comments about street children, interviews reveal that some of them supply daily labour in the markets by carrying loads and doing odd jobs; others work as bus conductors. They also assist in off-loading all kinds of food items and other goods from lorries and trucks when they arrive at the market, usually at night. One positive role that these children are said to perform is that of security guards for the market at night and as ‘fire fighters’ in the event of fire.

**No fixed abode**

As would be expected, street children often live and sleep within their workplace. They generally sleep in any available space. Some sleep inside buses near the market/motor parks, others use ‘make-shift’ stalls. As poor as they are, many are exploited by various ‘landlords’ in the markets or at bus-stops to whom they pay a daily tariff to sleep in uncompleted buildings. How to keep their earnings is a problem, as they are easy prey to petty thieves. Some street children who work as bus conductors, keep their money with the bus drivers, most of them have no choice but to keep their money on their person. Any spare clothing they may have is kept in any unoccupied building or carried around in nylon bags.

**Sexual behaviour of street children**

Findings from the survey also reveal that street children are careless in terms of sexual matters. More than half of the street children indicated that they have had sexual activities in the last thirty days. Although majority (82.6%) claim to have regular girlfriends with whom they engage in sexual intercourse, another 83% indicated that they visit commercial sex workers. The qualitative interviews also revealed that many street children maintain more than one sexual partner. Even those who claimed to have just one sexual partner now (when the research was being carried out), said they had had several in the past. Some of these sexual partners are girls who assist their mothers in trading, while some are prostitutes. Those who have intercourse with girls other than prostitutes claim to do this in ‘any corner’ during the night. Street children admit that sexual intercourse is a common activity. Responses such as *I have many, I have two casual sex partners, I have one girlfriend and one casual partner, I have only two casuals and one regular that I think I can marry,* attest to this. Focus groups discussions among significant others in the environment confirms the
irresponsible sexual behaviour of street children.

It is rampant among them, when we get to the shop in the morning, we see the clothes they laid down. There are signs that they do it

(FGD with market men)

They do it everywhere, there was a time they did it in my shop. The clothes they used are the uniform of our colleagues stolen from their workshops. They have sex anywhere they have the urge.

(FGD with market women)

Apart from the prevalence of sexual intercourse among the street children, the study also inquired about the frequency of sexual intercourse and whether they engage in safe sex. From the data collected, the average number of times a street child engages in sexual intercourse is three times a month; some maintain a more frequent pattern. For example, some street children said they have sexual intercourse twice a week, some, once a week etc. One street child who claims to have sexual intercourse daily says that I work hard and get some money with which I buy milk to regain lost energy.

Interestingly, almost all (96%) street children have knowledge of the consequences of having unprotected sex. The following two responses, from focus groups discussions with street children further lends credence to the general position.

Yes, if one dates or is involved in having so many sexual partners, he is likely to have diseases and may not know from whom he contacted it. Women have diseases most.

Another said:

It is dangerous when they advertise condom, it is said that "Aids No Dey Show for Face", so with many casual partners one will not know who has what, when and how. It is dangerous.

Virtually all street children are aware of sexually transmitted infections, particularly gonorrhoea and HIV; and all seem to know that unprotected sexual intercourse is one way to contract HIV. Many were also aware of the danger of sharing sharp objects such as razor blades or barbing shears. Their sources of HIV/AIDS preventive information were the electronic media (television, radio) and interpersonal communication. In spite of the general awareness on HIV/AIDS, 23% of street children still said they do not know how the disease is spread.

However, about 35% of those who engage in sexual intercourse do not seem bothered by the possibility of contracting a sexually transmitted infection; another 53% have never tried to use any protective measures (condoms) to prevent contracting sexually transmitted infections. Only 38% indicated they protect themselves against sexual infections. These few engage in a variety of preventive and protective methods ranging from abstinence (58%), condom use (31%), and the use of herbs and concoctions (5%). Surprisingly, a majority of the street children do not think avoiding casual partners or avoiding commercial sex workers can prevent the spread of sexually transmitted infection.

Respondents who took part in the qualitative sessions agreed that one sure way of avoiding
HIV/AIDS infection is through the use of condom. Other methods mentioned, however, are being faithful to one's partner and use of new blades. Some others simply say we pray that God saves us, nothing stops it.

In one of the in-depth interviews with leaders of some street children gangs, the following responses were recorded with respect to the sources of HIV/AIDS infection.

Firstly, if one does not take his bath, and refused to wash his mouth, or when one goes to have sexual intercourse with a prostitute without the use of condom. When one is dirty, the disease can get into one's body.

In spite of the knowledge that the use of condoms is a proven preventive mechanism for sexually transmitted infections, 47.5% of street children surveyed have never used a condom; however another 54% said they were not worried about getting infected with HIV because they either do not engage in sexual activity or they make sure that some method of protection is used.

There were mixed responses to the question on the prevalence of sexual abuse among street children. In spite of the general knowledge of what sexual abuse is, about 93% said they have never been victims. The consequences of sexual abuse include death from attempting an abortion; infertility; unwanted pregnancy; and even arrest by police. However, no respondent thought of sexually transmitted infections especially HIV/AIDS as a consequence of sexual abuse.

Some of the children believe that sexual abuse is a common occurrence, and that it normally occurs after dark; a few asserted that they've never heard of any incidence of sexual abuse involving street children. The respondents believed that the majority of victims are girls who come to the market to learn a trade and close late at night, those who hawk cooked food and those who carry loads at the market. One street child referred to sexual abuse as ‘free-sex’ and that girls who loiter around the streets can be victims. This particular participant also linked incidents of sexual abuse to the use of drugs. He claimed that

... those who take marijuana take all sexual risks and there is nothing the abuse of drugs cannot do. Another also says: It happens, I've seen several before. It is impossible to go and caution them, I fear to confront them for fear of being attacked.

The focus group discussion with 'significant others' also supports the views above. Although none of the respondents claimed to have ever witnessed an incidence of sexual abuse, they believe it occurs because they have seen the consequences of sexual abuse in unwanted pregnancies, as well as the street girls with babies. Indeed many of the adult respondents were of the opinion that all cases of sexual intercourse involving street children are likely to involve sexual abuse, given the large cases of unclaimed pregnancies and the young children among 'street-girls' in the market places.

Market men, women and transport workers who think that sexual abuse is not common among street children hinged their views on the fact that there are so few (almost none) street girls, to abuse. One of them said:

It is not common, only males sleep outside. When they feel they need sex, they will go to the prostitutes beside the stream, they only need ₦150.00.

Drug use and abuse
The use of intoxicants/drugs is generally high among children who find themselves in difficult circumstances, such as living on the street permanently with no hope of ever returning to their homes (Lalor, 1999). Drug abuse is also prevalent among street children in this study. This was confirmed in all the interviews and focus discussion groups. Alcohol, cigarettes and marijuana (variously called gbana, ppayan, igbo) are common among the children. Survey findings also show that 53% of the street
children have tried at least one form of drug. An alcoholic concoction, made from local herbs and local gin, is taken by many of the street children because it is believed to be a cure for piles.

Street children were also aware of the consequences of drug abuse. Some mentioned it can cause heart problems, mental problems, make one violent or impair one’s judgement. A particular case of a street child who stabbed somebody as a result of drug intake was cited. Street children said that they used drugs for a number of reasons. While some take marijuana to be able to work hard, others use it to make them violent, still others take it (especially alcohol) for health reasons. From the survey also, 11% claimed they cannot do without it, 18.6% take the drug for energy supply, while another 11% said drugs make them happy. Other reasons mentioned are peer pressure, and relief from pain.

**Conclusion**

The paper has established the connection between the large number of children living on the streets to the high level of impoverished households in urban settings in Nigeria. This, in turn, reflects the poor economic performance of the Nigerian economy and the lack of programmes to alleviate poverty by the government. All the children involved in this study claim to come from low socio-economic backgrounds. Poverty is the commonly cited reason by street children as to why they left home — that their parents were unable to cater for the needs of the household, and they felt they could do better on their own. Living on the streets, however, is also harsh. Food is not regular, the jobs available in the market are strenuous, they sleep in uncomfortable places, which may also be dangerous to their health, and lack basic sanitation facilities.

Street children are a vulnerable group of young people whose associated lifestyles make them susceptible to sexually transmitted diseases, especially HIV/AIDS. This finding is in line with earlier studies conducted in other parts of Africa.

The study shows that the majority of street children are sexually active, have multiple partners, and practice unprotected sex. Only 38% of street children use condoms during sexual intercourse. While the majority know that sexual intercourse is a major route to HIV/AIDS, they are not willing to translate this information into safe sex practices in order to prevent HIV/AIDS.

Sexual abuse is not common and usually occurs after dark. Both the adult respondents and street children believed the main victims of sexual abuse are girl hawkers, food sellers, and those learning a trade who remain in the market after dark.

The study found that various drugs were used by street children, some were taken to prevent STIs, but their indiscriminate use would eventually have harmful affects on their health. Many said that they smoked marijuana in order to stay awake for work or alert to possible violence.

In spite of the widely acclaimed rights of the child as enunciated in the United Nations Convention on the Rights of the Child, this report has revealed that these rights are not being met adequately in Nigeria, and in many cases denied or even breached outright.

To address these problems and especially those related to the reproductive health practices of street children, the following suggestions are proffered. Firstly, outreach programmes highlighting the dangers inherent in multiple sexual partners, unprotected sex, sexual abuse and drug abuse should be embarked upon by government and NGOs at known places where street children congregate. Secondly, support centres can be established in the markets for street children. The support centres will provide reproductive health counselling to street children. Some major nationwide realistic poverty-reduction programmes should be vigorously pursued by the government, so that each family can provide adequate care for their children.

**References**


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Biographical Note

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