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Original Article

STI PROFILE AND TREATMENT SEEKING BEHAVIOUR OF STREET CHILDREN IN SURAT

Patel NB[1], Bansal RK[2]

[1]Assistant Professor, [2]Professor and Head, Dept. of Community Medicine, Surat Municipal Institute of Medical Education & Research, Umarwada, Surat - 395010 (Gujarat) India.

Correspondence: drnbpatel@yahoo.in

ABSTRACT

This cross-sectional study among 326 street children using a pre-tested interview schedule reveals that 50.5% of children with a history of having had sex, had a history suggestive of STI infections during the past six months with the commonest symptom was a painless single ulcer (29.1%). All of them had sought treatment, albeit irregular and incomplete, even in personally supervised conditions, owing to reasons as external relief from symptoms with significantly improved medical care behaviours consequent to repeatedly cajoling. was sometimes construed as cure by the street children, for instance after one or two injections, these children get so much relief that they feel that they have been cured and then they do not come for the remaining treatment. When many of these children perceive that their disease has cured, they desist from further treatment even when they are informed that the treatment that they have received is incomplete and that they are still suffering from the disease till they take the full course of treatment. Some of them eventually do heed to repeated cajoling, for instance, one child who had tested positive for HIV now takes regular treatment from New Civil Hospital, Surat. The majority seek treatment at Public facilities where though the cost of treatment is less the behaviour of the staff is often unsatisfactory and the children feel stigmatised and ashamed and this along with some additional reasons prompts them to seek medical care from chemists and not qualified allopathic doctors ignorant in proper STI management with serious concerns. The study reveals important insights into their concepts of cure, choosing of treatment venues and counselling received during treatment.

Keywords: Street children, STI, health care seeking behaviour, stigmatization

INTRODUCTION

"Street children" was first used by Henry Mayhew in 1851 and gained prominence in national and international scenarios since 1980s.[1-2] For the purpose of this study street children have been taken as 'children off the street' or the street based 'children who spend most days and nights on the street' and are functionally without family support.[3] Estimates vary widely due to estimation difficulties and definition employed with around 100 to 150 million street children globally[4] and upto 47 million in India.[5] Street children in India are a highly vulnerable and deprived group, whose rights are constantly violated. Their life is devoid of love, affection and care which are fundamental rights of every child and which enables them to become responsible citizens. Poverty and illiteracy are the 'Tombstone' of this tale of misery. Other reasons being dysfunctional families; child abuse and neglect; death of parents and foster parents; disasters; famines; physical and sexual abuse; exploitation; urbanization; industrialization and orphaning due to diseases as HIV/AIDS.[6]

Studies report of early sexual activeness among street children.[3] They are very vulnerable to sexual abuse and STIs and may also engage in "survival sex" for money, food, clothing, and shelter with adults. Their sexual exploitation and coercion into the sex trade may start as early as the age of seven years. With their peers sex is for pleasure, comfort and power dominance or a ritualised gang rape. Sex under the influence of drugs, anal sex, and same sex encounters are common. Teenage pregnancy is almost universal among street girls, and over 25% of them report of illegal abortions. Over 85% of the sexually active street children might have been treated for a STI.[7-9] The present study explores their morbidity profile with respect to complaints suggestive of suffering from sexually transmitted diseases and also explore pertinent variables thereof in order to identify their unmet needs and attempt to identify mechanisms to improve and strengthen their health care seeking behaviour with respect to STIs.

MATERIALS AND METHODS

This cross-sectional study reports of interviews of 326 street children using a pre-tested interview schedule prepared with inputs from key stake holders to garner information on study variables. These questions were simple and largely close ended. The interview language was largely Hindi as the street children are comfortable with the usage of this language. The information thus collected was entered on a excel spreadsheet and was analysed with the help of SPSS software. Appropriate statistical tests for significance, often percentages and means have been applied. Considering the theoretical and policy significance of the theme, the study adopts both the quantitative and qualitative approach.

The concentration points of street children in Surat city are the railway platforms; areas near and around the railway station like foot-paths, railway tracks, slums, garnalas, bus depots, signal lights, parks, and, gardens and therefore these were the key areas for

data collection. Street children were contacted either at their work place or where they were residing; and, upto 5 to 20 repeat visits were necessary for gaining their confidence before they came out with truthful answers on sexual history. These children gave their informed consent only on the assurance of firm and irrevocable confidentiality and even then their identities have been concealed from the investigators, to the extent feasible and not recorded on the response forms. All of the children were provided with treatments free of cost on the spot by the investigators, through medical camps and at hospitals affiliated to Medical Colleges and at the Municipal Urban Health Centres for their health complaints. The study has received ethical clearance from the ethical committee of the Surat Municipal Institute of Medical Education and Research and no conflicts on interest have been declared.

OBSERVATIONS AND DISCUSSION

Half of street children (50.5%) had a history suggestive of STI infections during the past six months among the 95 children who had a past history of having had sex, suggesting that these children do engage in risky sexual practices, though lower than other studies[7,9,10-12] as the time frame in the study for past suggestive history was limited to the past 6 months only. Discussions with the street children revealed that they do not use condoms while having anal sex. Whatever be the reason, their high vulnerability to HIV and AIDS cannot be overstressed. Similarly, the risk to their partner is equally high unless condoms are always used during sex. The importance of condoms needs to be explained to these children; otherwise their life and the life of those who are near and dear to them would be fraught with hazards. It is discerning to note the emergence of paediatric HIV infection in India.[13] These children had various symptoms suggestive of STIs, such as painless single ulcer (29.1%); painless ulcer with slough (27.1%); heavy urethral discharge (16.6); mild urethral discharge (12.5); and, painful multiple ulcers (14.7) and this is indeed a very high STI infection load.

It was observed that all of these 48 children who were suffering from symptoms suggestive of STIs had reported of having sought treatment, however they had stated that their treatment seeking behaviour was irregular and that they do not always complete treatment. Another important observation was that even with free and personal supervised treatment provision they were irregular in coming to the medical care facilities, for instance, during the course of this study, five children with such complaints were given personally supervised treatment at SIMER for STIs free of cost and without standing in any queue, yet it was observed that despite reminders only three children regularly turned up for treatment and follow up, whereas the remaining two children once and were investigated and given injection Penidura and later stopped coming regularly for treatment despite repeated health education attempts and they had to be cajoled repeatedly in order to bring them to the hospital.

Another observation was that external relief from symptoms was sometimes construed as cure by the street children, for instance after one or two injections, these children get so much relief that they feel that they have been cured and then they do not come for the remaining treatment. When many of these children perceive that their disease has cured, they desist from further treatment even when they are informed that the treatment that they have received is incomplete and that they are still suffering from the disease till they take the full course of treatment. Some of them eventually do heed to repeated cajoling, for instance, one child who had tested positive for HIV now takes regular treatment from New Civil Hospital, Surat.

Table 1: Various treatment providers for STI infection

Rx provider	Number	Remarks
New Civil Hospital Surat (Govt.)	35 (73.0)	These children are very shy to acknowledge their treatment seeking till it becomes unbearable and then often may confide in their best friend for opinion on what to do.
Private Practitioner	10 (20.9)	They are very receptive to perceived feelings of being stigmatized at the place of treatment.
SMIMER, Surat (Surat Municipal Corporation)	02 (4.1)	These children are often aware that the best place for treatment for STIs are the bigger government hospitals, yet may seek other providers and often feel insecure, stigmatized and they have to go to many counters in the medical care process, so many people come to know about their problems. Whereas, confidentiality is maintained with chemists and private providers and there is no stigmatization as sympathetic one are known from experience of others.
Chemists	01 (2.0)	Often when the children are not cured then these children go to the government medical facilities.
Total	48 (100)	All providers should be trained on treatment modalities for STIs.

Table 1 reveals that majority of these children seek treatment for STIs at Public facilities. Discussions with the street children revealed that they were aware of the fact that for treatment of these infections one has to go to a big government hospital. A matter of serious concern are those children who have received treatment from the chemists, who are not trained on patient care and their role is to dispense medicine, yet they were taking a cursory history and giving treatment without any detailed history taking; physical examination; investigations, including testing for HIV. Many of these children had received medical care from the so called private practitioners, who are not qualified allopathic doctors and experiences of workers active in this area in Surat city have pointed out to the need to train these doctors in the proper management of STIs.

Table 2: Whether STIs were cured or not

Status	Number	Remarks
Cured	46 (95.8)	Children equate external relief as cure; relief by treatment of chemists and private practitioners can be short lived and after some time the same complaint again arises, the problem of reinfection has not been discounted in all cases. It also needs mention that these children are very irregular in their treatment or simply stop coming to the provider once they get external relief, as they think that they are now cured.
Not Cured	02 (4.2)	Treatment from chemist with cursory history taking and no physical examination; and, a private practitioner who also took cursory history taking, however physical examination was done. In both instances no laboratory investigations for STIs and HIV were advised and no health education was imparted, nor aspects like contact tracing or partner treatment discussed.
Total	48(100)	Education on the components and necessity of proper and complete treatment is imperative

The table reveals that nearly all of the respondents had reported of having been cured by the treatment and only two reported as being uncured. Yet upon insistence of their physical examination, five of such children were still found to be suffering from STIs. When these children were told they still have an STI (N=5), they replied this has been a recent reinfection after our first visit (60%) or that they feel ashamed to admit about having STIs (40%).

Table 3: Cost of treatment for STIs borne by street children

Cost	Number	Remarks
< Rs. 50	13 (27.1)	Even at new civil hospital, which is a government facility, these children were sometimes prescribed medicines which had to be purchased from outside.
Rs. 51 to Rs. 100	22 (45.9)	Levying of user charges should be abolished for street children, particularly for STI treatments. Planning and policy is needed to ensure that these children receive scientific treatment by qualified SVD specialists, which is currently a universal policy.
Rs.101 to Rs.150	8 (16.6)	User charges for STI treatment at all municipal medical care facilities should also be abolished.
Rs. 151 to Rs. 200	5 (10.4)	Since past few years the Surat Municipal Corporation (SMC) has introduced treatment for STIs at all of its urban health centres and maternity homes. The medical officers of these centres have the authority to waive the user charges and the treatment at these urban health centres is free under the PSH project and the facilities of a full time counselor is available at these centres.
Total	48 (100)	Very recently SMC has also introduced free scientific testing for HIV at all of these centres.

It can be observed from the table that the treatment costs for STI infections for the maximum numbers of children were ranging from Rs. 51 to Rs. 100. Even the children who had visited the government run health facilities were prescribed external medicines and some user charges also do exist. These charges are more at Municipal medical care facilities. All such user charges need to be abolished for this highly marginalized and vulnerable section of the society and it should be ensured that these children receive all medicines and investigations free of charge. Their health education should also be accorded high priority.

It can be observed that nearly all of the street children (95.8%) were satisfied with the treatment that they had received. These satisfaction levels were strongly influenced by factors as initial cure rates, lower costs, convenience, nearby location, convenient timings and

in the presence of patient provider knowledge asymmetry might not reflect a true picture of satisfaction levels due to ignorance. This does not appear to be an informed opinion by this largely ignorant and discarded group of the society, as we can observe that children in whom recurrences occurred after initial relief also stated that they were satisfied with the treatment received. There is a strong need to ensure that these street children receive enough information of STIs so as to enable them to make informed choices about the places to seek medical care, take treatment regularly and completely, and be able to express informed decisions on their cure and satisfaction levels with the treatment that they have received. Another important feature here is that the health care providers need to understand to be non-judgmental while providing treatment for STIs and that this vulnerable section does not feel stigmatized, otherwise they do not come to treatment to appropriate providers or do not complete their treatment.

As regards the venue of treatment for STI infections, the majority (79%) had chosen the concerned place of their own volition, followed by 17% who had heeded the advise of their friends and for the remaining 4% it was as per the advise of NGOs. Our discussions revealed that it would auger well in case these children could be motivated to seek the help and advice of NGOs as Navsarjan trust, as then these children receive free treatment from the SMC and the full assistance of the trust as well and the follow up would be improved.

Table 4: Behaviour of staff during STI treatment as Perceived by street children

Behaviour	Number	Remarks
Good	17 (35.5)	Relates mainly to the chemists and the private providers and also with the doctors of the government facilities and often excludes the behaviour of other hospital staff.
Not good	31 (64.5)	Relates mainly with the paramedical workers of Govt. facilities and to Govt. doctors to a limited extent.
Total	48 (100)	The behaviour of the staff of a healthcare facility is closely related to its use and since government health services are funded from the tax payer money its all the more important to ensure that their staff is polite and optimal functioning of a facility is important as most of the expenditures of a facility are constant whether or not the facility is utilized. Besides health has been declared as an essential good for the basic development of any country.

It is a pity that almost two-thirds of the street children had opined that the behaviour of the staff of the health care facility where they had gone to seek care for STI infections was not good. Since the New Civil Hospital is the major care provider, therefore they need to be sensitized on this aspect, more so as concerns the trainee doctors and the other hospital workers.

79.2% had reported of feeling stigmatised while seeking medical care for STI and had stated that “the feeling of stigmatization prevents us from utilizing a centre even if services are good or the centre has a reputation of providing good cure.” “In government hospitals first we have to go to the case issue counter where we have to state the department where we want to seek care. The moment they say “Gupt rog”, the word commonly in vogue in their milieu, the person manning the case issue counter stops their work and look at us accusingly and we feel embarrassed.” A suggestion that was offered was to state that you want to go to a “chamari ka doctor” and then you would not feel embarrassed. However, this concept has to be introduced in their culture. “We face similar experiences while going for investigations or to drug issue counter. We feel most ashamed while interacting with female nurses. Some embarrassing questions as Kaisi gandi jageh jate ho, kahan gaye thhe are posed to us by numerous persons like doctors, trainee doctors, compounders, technicians and nurses. It is too much for us to withstand such shame, we would rather seek treatment somewhere else.”

20.8% had not experienced the feeling of stigmatization, these were those seeking care from chemists and private providers. They had stated “While seeking care from chemists and private providers we only have to tell one person and we can wait till we are alone and they do not ask embarrassing questions nor make embarrassing comments.” In the contemporary era of community participation and primary health care, there can be no ground for justification of stigmatization in any form whatsoever. Today we talk of protection and cherishing of the rights of the underprivileged and the adoption of the “risk approach”. Among children, the street children are definitely the most vulnerable. It has long been established that victimization is a forgone concept in the era of HIV and AIDS. It is high time that our government pays heed to health care reforms towards an equitable health care delivery system. It has been aptly stated that non-judgmental services are the cornerstone.

The table basically reveals that the counselling received was qualitatively and quantitatively insufficient. It was observed that the majority

(56.2%) of these children did not share the information that they had received during counselling while undergoing treatment for STIs. One of the main reasons that they had stated was that they did not want the other children to know that had suffered from this disease. There are also some children who did report that they had shared the information that they had received, with or without acknowledging the fact that they had received this education while being treated for STIs. They reported that even in their milieu, though having sex is acceptable, sufferings from "Gupt rog" are not acceptable and do carry stigma. Some of the children have reported that they have shared information and also discussed this information among themselves, when the source of this information was an outreach worker of trust and NGOs like the Navsarjan trust.

Table 5: Was counselling done while street children received treatment for STIs

Counselling done	Number	Remarks
Counselled	45 (93.8)	Counselling is commonly done by the government doctors, NGOs and the health staff and they may or may not touch various aspects. The doctors explain in a better manner as compared to the other staff. However, the children had opined that in no case was exhaustive counselling performed.
Not counselled	03 (6.2)	Chemists never counsel and private practitioners also rarely counsel and that too very briefly.
Total	48 (100)	Counselling is an essential component of STI treatment.

The study reveals that the street children face unacceptably high load of STIs and that urgent attention had to be focussed on the provision of care to them by the public health services to ensure that they have a hassle free, non-judgemental and pleasant experience for containing the contraction and transmission of STIs, including HIV and AIDS.

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