



A Brief Summary of the Findings of Operational Research

**“LIFESTYLE AND BASIC BEHAVIOR PATTERNS
OF VULNERABLE CHILDREN AND ADOLESCENTS
WHO PRACTICE RISKY BEHAVIOR”**

Kyiv–2014



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Research Methodology

Research Objective: This study seeks to analyze and describe the lifestyle characteristics, mindsets and values, as well as key behavior models typical for most-at-risk adolescents in a daily life setting in some regions of Ukraine.

The following research tasks were identified and addressed in order to achieve the desired objectives:

1. Determine the family status and explore the characteristics of interactions between most-at-risk adolescents and their social environment (relationships between adolescents and their parents, siblings, family, social workers, sexual partners, their own children, etc.)
2. Examine relationships between most-at-risk adolescents and their external social environment (pimps, “older friends”, other teenagers, and adults living on the street, clients, law enforcement officers, healthcare workers, personnel of NGOs, other government and non-government institutions, etc.)
3. Organize and structure social networks and interactions between their members (along the lines of “teenager-teenager”, “boys-girls”, “teenager-adult”, etc.)
4. Identify key sources of livelihood (employment, specific incomes, illegal or immoral earnings, etc.)
5. Conduct data analysis relevant to the following areas:
 - The daily lifestyle of adolescents (in terms of physical, emotional, psychological aspects, including typical daily routines and activities, the normal course of daily events, food and accommodation arrangements)
 - The support network available on the street, including identifying persons who provide psychological and emotional support or assistance in case of emergencies)
 - Common practices associated with injection and non-injection drug use and alcohol consumption
 - Specific sexual behaviors including heterosexual and homosexual relationships
 - [Voluntary or forced] recruitment for commercial sex
 - Violence victim experience (sexual abuse included)
 - Pregnancy and childbirth experience, family planning experience
 - Attitudes toward healthy lifestyle behaviors, specific health management issues
 - Medical care seeking behaviors [and practices] and related barriers
 - Assessment of needs for social and health care services
 - Assessment of needs for personal identity documents and legalization of undocumented persons
 - Adolescent perceptions on life prospects, future plans
 - The role played by HIV service organizations in terms of impact on the daily living activities of most-at-risk adolescents, service quality measurement by adolescents

- Assessment of needs for social, health care, educational, and legal services
- Relationships with NGO employees and volunteers, assessment of adolescent needs and expectations with regard to NGOs and their personnel.

In order to meet the desired research objectives within the predefined project specifications, the following comprehensive methodology was employed, as outlined below:

- In-depth interviews with most-at-risk adolescents with the use of recording equipment and subsequent transcription of audio records
- In-depth interviews with members of the social environment of the target adolescents with the use of recording equipment and subsequent transcription of audio records
- In-depth interviews with social workers with the use of recording equipment and subsequent transcription of audio records
- Formalized interviews with most-at-risk adolescents with the recording of responses being completed manually in a specially designed form (questionnaire)

Research Target Groups:

- Most-at-risk adolescents aged between 10 and 18 years
- Members of the adolescents' social environment
- Social workers

The Geographic Area of the Survey

The representatives of the target groups were surveyed in five cities of Ukraine: Kyiv, Donetsk, Lviv, Mykolaiv, Odesa.

Sampling Frame and Size

The surveys conducted in each of the five cities covered by this study were focused on the following respondents:

- 100 most-at-risk adolescents (semi-structured interviews)
- 6 adolescents (in-depth interviews)
- 6 members of the social environment of most-at-risk adolescents (in-depth interviews)
- 4 social workers (in-depth interviews).

Sample Frame Structure

	Kyiv	Donetsk	Odesa	Lviv	Mykolaiv	TOTAL
Semi-structured interviews with street children	100	100	100	100	100	500
In-depth interviews with street children	6	6	6	6	6	30
In-depth interviews with members of the social environment	6	6	6	6	6	30
In-depth interviews with social workers	4	4	4	4	4	20

The survey participants (respondents) were identified and recruited through the assistance of the staff and volunteers of local HIV service organizations (in the city of Kyiv — by staff from The Kyiv City Center for Youth Social Services).

Venues where most-at-risk adolescents gather were mapped and described at the same time as the target audience was being recruited and interviewed:

- Street venues where young people gather
- Discos
- Food and clothing markets
- District centers that provide social services for children and youth
- Train/ bus terminals and stations
- Offices of NGOs that deliver services to target populations — to engage with children and youth who are clients of the NGOs
- Other venues and locations as appropriate in the specific region.

Key Research Findings

The Social Environment and Communications

The research reveals that the range of relevant social contacts tends to narrow down as the status of the target population living on the street shifts from episodic to continuous.

In total, a third of most-at-risk adolescents living on the street maintain regular contact with homeless or older people also living on the street. It can be asserted that in sharing personal survival skills and experience under extreme life circumstances the older generation exerts a negative effect on adolescent personality development and identity formation.

There is a high incidence of conflict situations within the groups of adolescents who spend a greater part of their life on the street, and two thirds of the respondents report having experience being involved in a peer conflict inside their group. Every other respondent claims to have experienced encounters with violence.

Conflicts often arise between street children and older homeless people over access to limited resources — food, money, venues for night accommodation, etc. Street children and older homeless people reside in one place only rarely due to differing interests and efforts made by adolescents to avoid being forced into begging and panhandling.

Up to two thirds of the adolescent respondents report having cellular phones. However, cell phone communication with the target audience is a problem as their cell phones and cell phone numbers are frequently changed.

Based on the research findings, 75% of the target group have access to the Internet, and a majority of them are registered users of the Vkontakte network. This resource can serve as an effective channel of communication with the adolescents.

Education and Sources of Livelihood

A majority of the adolescents interviewed tend to judge their experience with educational institutions in a predominantly negative light.

The most popular occupations of the adolescent respondents living on the street are connected with sales (peddling, commission sales), promotional activities, and freight moving.

The lack of personal identity documents, often due to the underage status, is the key barrier to official employment faced by many adolescents.

More than a third of the target respondents have reported experience related to illegal earnings, involving theft, begging, panhandling, and commercial sex.

Also conspicuous is the fact that most-at-risk adolescents favor physically demanding jobs (freight mover, general laborer). Career advice and part-time employment would be of greater demand among this target audience than, for instance, simply referring them to occupational training programs, given that the adolescents are more oriented toward preserving freedom of action and earning a personal income.

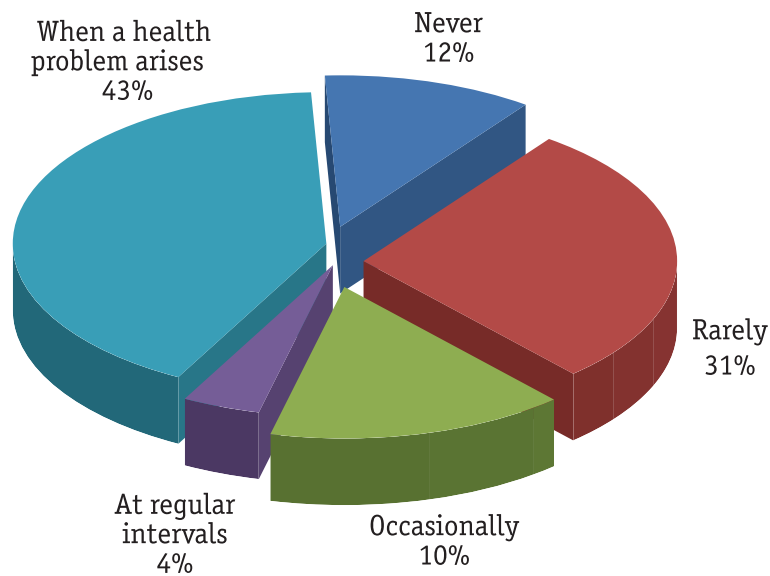
Video [computer] game clubs represent a major venue often frequented by street children during a significant period of time. This fact can be taken into account when planning relevant organizational and educational activities to reach out to the target children's audiences. Such activities could be conducted in collaboration with the clubs and viewed as a component of their corporate social responsibility engagements, even though video game clubs are not generally held in high regard in the public eye.

The Health of Street Children

Based on the survey findings, most-at-risk adolescents show low awareness of health protection issues and lack basic skills in this area, which is especially relevant for teenagers living on the street most of the time.

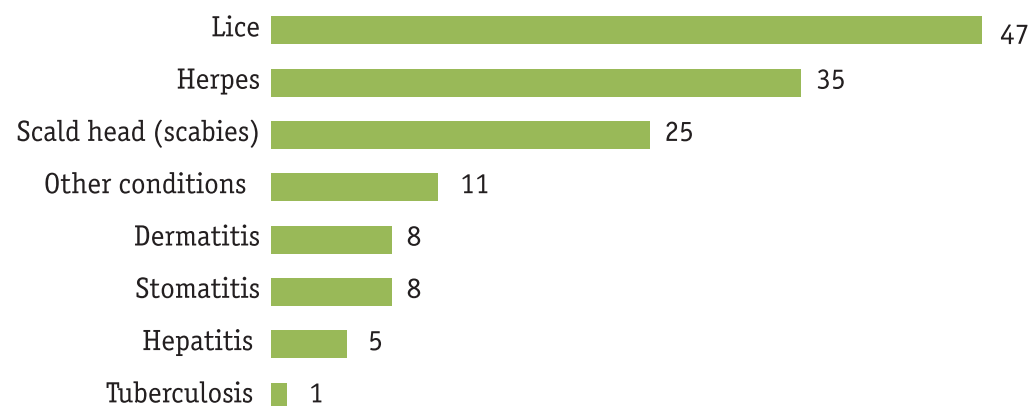
Social workers report an extremely low quality of food consumed by target adolescent groups. Adequate efforts to meet the food needs of the target group can serve as one of the effective “anchors” for engaging adolescent populations within the range of influence of NGOs.

Medical care seeking behaviors [and practices] among adolescents are often limited to extreme emergencies, when the discomfort or pain has become too hard to bear. The key barriers to access to medical care are irresponsible attitudes toward health management issues commonly observed amongst adolescent populations, the lack of trust toward staff working in healthcare facilities and institutions, as well as the absence of necessary documents.



Frequency of medical visits by most-at-risk adolescents (n=360)

The most frequent health problems observed among this target group are head lice infestation [pediculosis], herpes, and scabies.

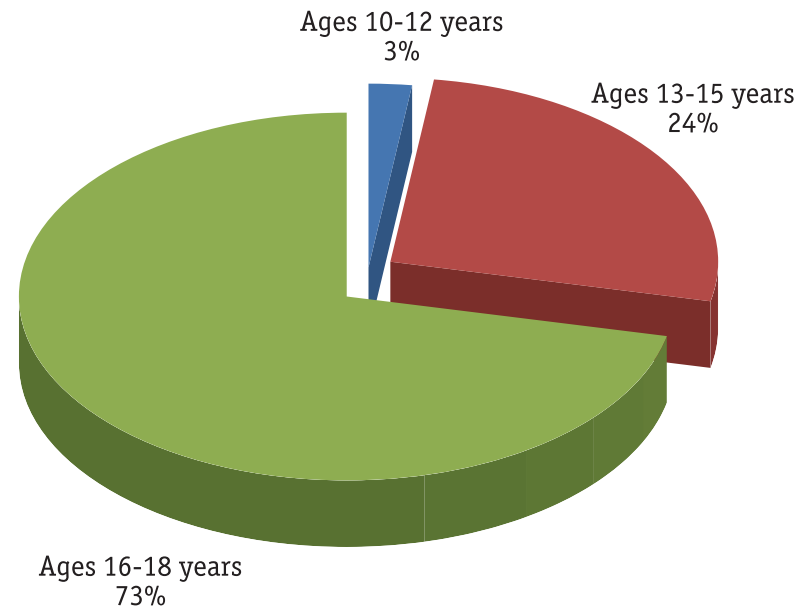


Distribution of responses to the question: “Have you ever had any of the medical problems listed here?” (n=342)

Social workers do not share a common view on the incidence of sexually transmitted diseases among the adolescent populations; when asked to estimate the incidence of STI for this target group, different figures were offered ranging between 5% and 50%.

Practices Associated With Drug and Alcohol Use

A third of the adolescent respondents from most-at-risk groups aged between 10 and 18 years report drug use experience, and the relevant percentage shows a linear rise as the age of the respondents increases.



Distribution of adolescents using drugs as a function of age

Based on self-reported data, a vast majority of the adolescent respondents have been introduced to drugs by friends or due to their exposure to the street.

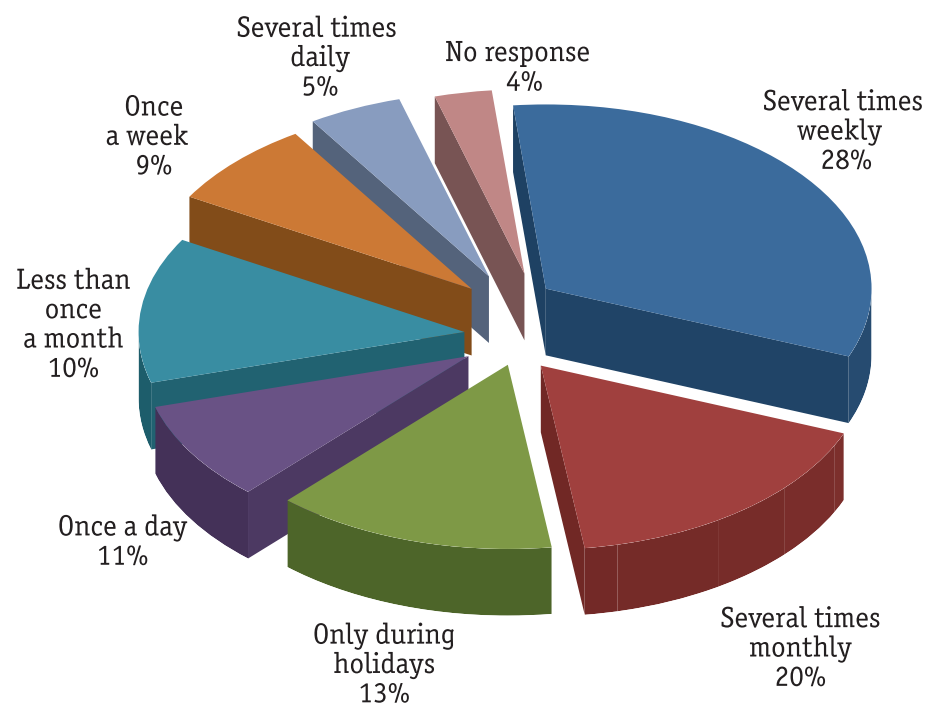
On many occasions, the adolescents gain their first drug experience in the traditional venues where their peer groups gather. Youngsters with drug experience play a major role in the initiation of drug use among their peers.

Normally, each individual adolescent of the target group started out smoking cannabis [derivatives] or sniffing glue, i.e. using substances that are easiest to access. Over the course of time, a transition is made to harder drugs and substances more detrimental to human health.

Based on the survey findings, cannabis derivatives, glue, and pharmaceuticals in tablet form are the narcotic substances of choice favored by the adolescent respondents interviewed.

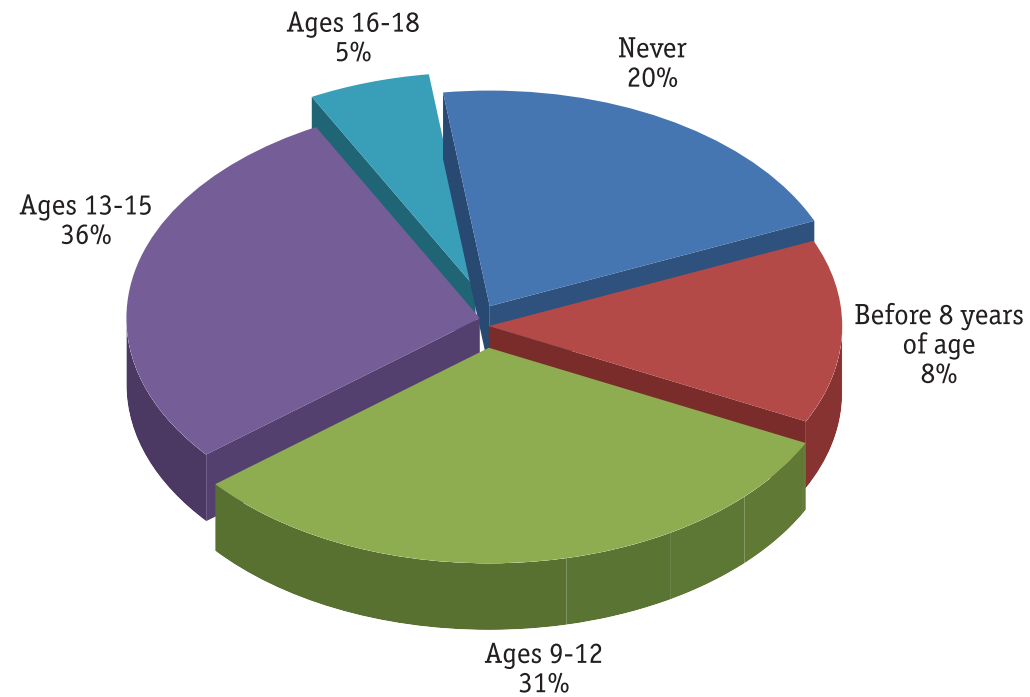
The social environment in which the adolescents find themselves is consistent with lenient attitudes toward drug and alcohol use, thus indicating that campaigning against drug and alcohol use inside the target group can be effective only if external efforts are undertaken.

The adolescent respondents regularly consume alcohol on a massive scale, which is viewed in the peer environment as a common and standard practice.



Distribution of responses to the question: "How often do you consume alcohol?"

The age of alcohol use initiation among the adolescent respondents interviewed is extremely early - in many instances, before reaching their teens. Most adolescent respondents make their first acquaintance with alcohol drinking beer and low-alcohol beverages.



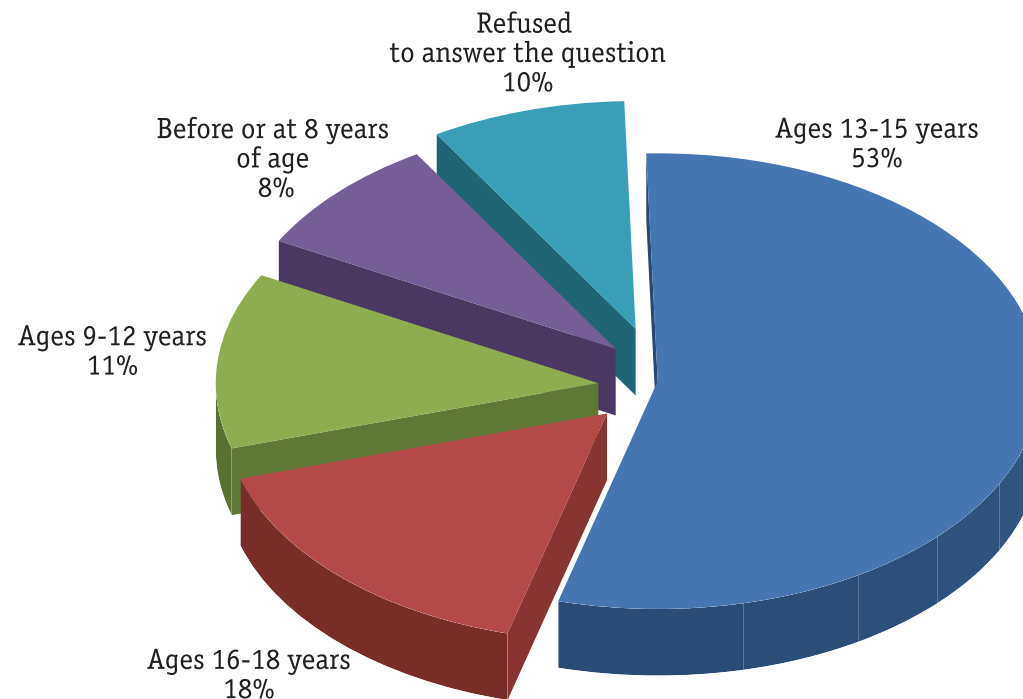
Distribution of responses to the question: "How old were you when you had your first alcoholic drink?"

Sex Life

Research has shown that less than half of adolescent couples are in regular partnerships: only 35% of the respondents report seeing their partner on a daily basis, while the rest of those interviewed tend to see one another from time to time.

Based on the survey findings, 29% of the respondents have prior sexual experience, while the percentage of sexually experienced teenagers rises as the age of the respondents increases: 56% of the adolescent respondents in the 16–18 age group claim to have sexual experience.

A majority of the adolescent respondents (53%) report having their first sexual experience between 13 and 15 years of age.



Distribution of responses to the question: "How old were you when you had your first sexual experience?"

Sexually active adolescents have a regular sexual life: the number of responses including “several times weekly”, “several times monthly”, and “daily” make up more than 55%.

More than half of the sexually active adolescents engage in unprotected sex on a regular basis or at least from time to time.

Based on the survey findings, widespread multiple partner relationships among sexually active adolescents are an additional risk factor in terms of transmission of HIV/AIDS and STI: more than half of the respondents have had from 2 to 10 partners.

Low awareness regarding the importance of condom use represents a major reason cited by most-at-risk adolescents for not using condoms during sexual intercourse.

A third of the sexually active adolescents take absolutely no steps to prevent sexually transmitted infection, and hence are exposed to risks of infection.

An overwhelming majority of the sexually active adolescents claim to have no homosexual experience.

Every sixth respondent from among the sexually active adolescents reports previous experience providing sex for money or other compensation, whereas this figure for the girls stands at 26%.

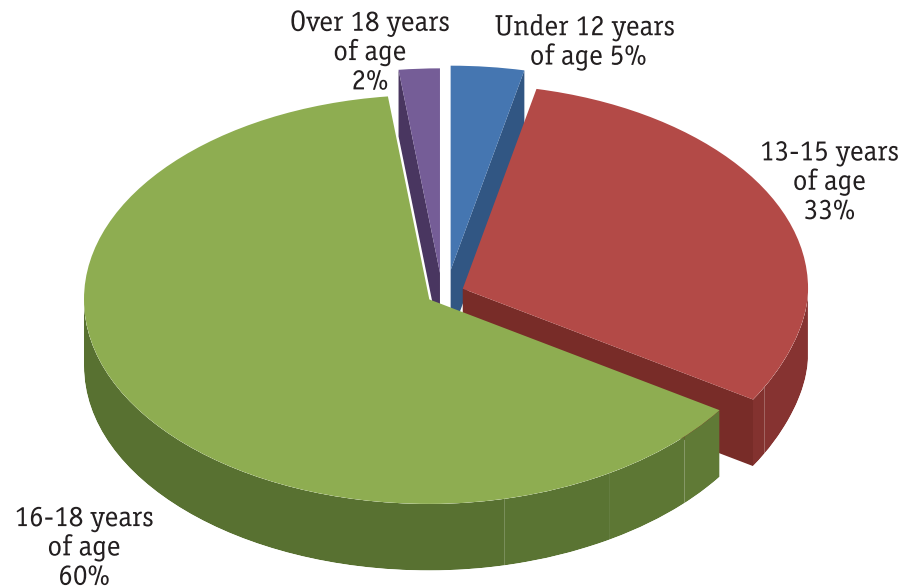
In most instances, the average age of first experience connected with commercial sex [sex in return for compensation] is within the range of 13–15.

Based on the research findings, engagement in prostitution among the target group surveyed has been mostly haphazard and situational.

Pregnancy. Children. Abortions

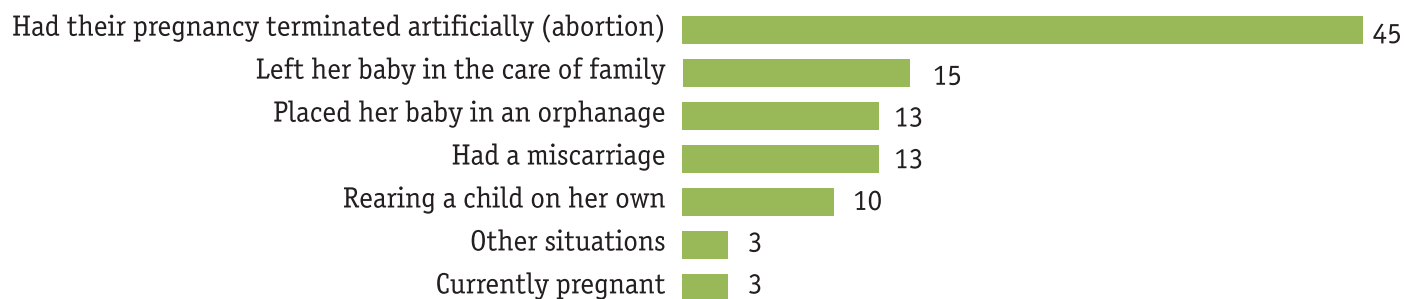
Teenage pregnancy cases have been reported by up to 70% of the sexually active adolescents or their partners.

In 40 percent of the cases, the first pregnancy among this target group occurs under the age of 15



Distribution of responses to the question: *"How old were you (was your partner) when you (your partner) had your (her) first pregnancy?"* (for those with pregnancy experience)

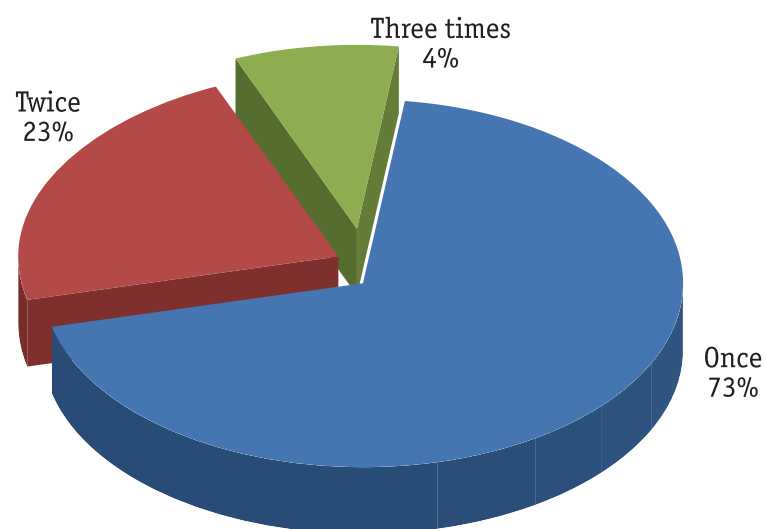
Nearly half of teenage pregnancies have been artificially terminated.



Distribution of responses to the question: "What happened to your baby?" (for those with pregnancy experience)

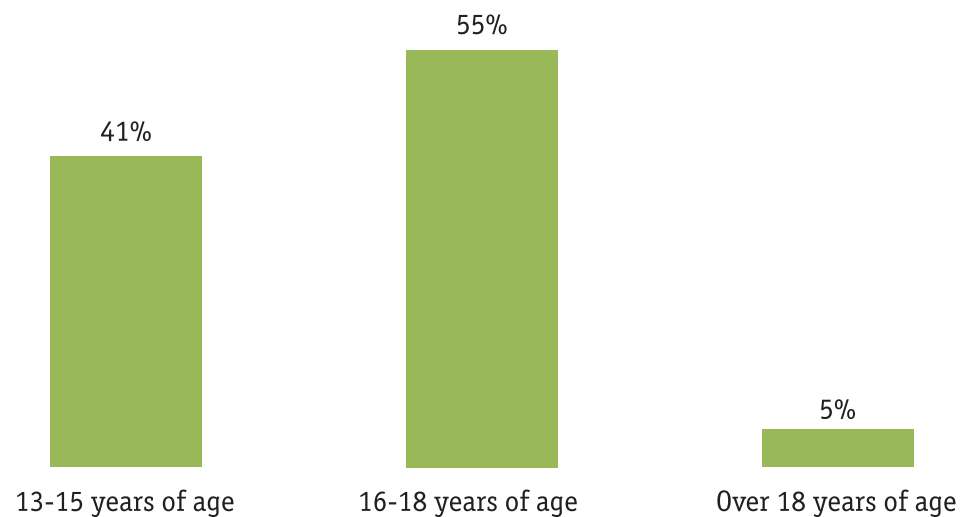
Only one in every ten live-born babies remains in the care of its teenage parents.

Efforts made by project staff to prevent teenage abortions are often not an adequate response to impress upon adolescent populations that artificial pregnancy termination is a major health hazard and must be avoided at all costs.



Distribution of responses to the question: "How many abortions did you (your partner) have, if any?" (for those with abortion experience)

In more than 40 percent of the cases, the first abortion among this target group occurs under the age of 15.



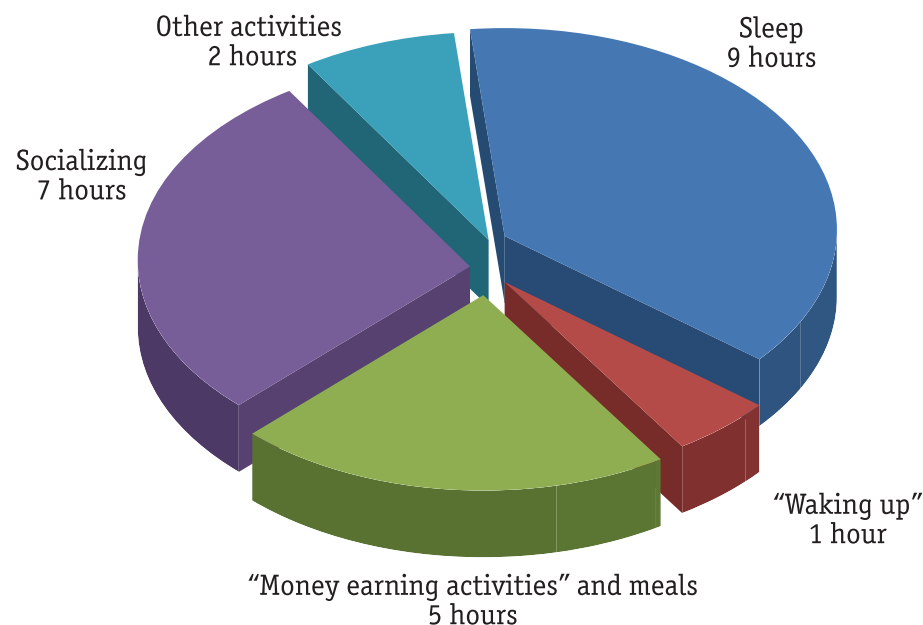
Distribution of responses to the question: *"How old were you (was your partner) when you (your partner) had your (her) first abortion?"* (for those with abortion experience)

One Day in the Life of Most-At-Risk Adolescents

Two main options can be outlined here in terms of daily routine schedules that the target populations adopt, where a permanent place of residence and an occupational status (work or study) are the crucial factors. The respondents provided with basic living conditions (living with parents or having more or less permanent accommodation based on their own arrangements) make an effort to structure their daily routine, study, earn some additional income, and feed themselves on a more or less regular basis. Teenage respondents without a permanent place of residence and regular occupational activities do not typically plan out their time. They simply “go with the flow”, focusing on meeting their basic physical and physiological needs.

The respondents from the target group spend a major part of the day sleeping and socializing. Socializing is probably the core activity of the day for the target group, as it most likely determines all the other daily activities that make up the adolescent lifestyle on a day-to-day basis.

To ensure that necessary information is properly absorbed and digested by teenage clients, all program activities with the target group must be scheduled at a time when they are in a more or less sober state of mind, i.e. during the day when they are up and active, but not already in a state of alcohol or drug intoxication [most probably].



Routines and activities that make up the day of a street child

The Relations Between Street Children and Representatives from Government and Non-Government Organizations

Based on the survey findings, teenage respondents from the target group most often learn about relevant NGO services from their friends, who have previously visited these organizations, or when they have been invited by a social worker during scheduled activities.

Due to specific psychological characteristics, low personal motivation, orientation toward receiving material benefits through quick and easy schemes, etc., adolescent clients tend to have a “welfare mentality” in regards to services that NGOs offer.

The adolescent respondents interviewed have predominantly positive or at least neutral attitudes toward social workers and volunteers, which creates preconditions for effective interaction.

The teenagers experience problems when they need to turn to or deal with government agencies. When necessary, most-at-risk adolescents prefer to seek assistance from their peers rather than from specialist institutions.

Up to two thirds of the adolescent respondents interviewed report previous experience with law enforcement agencies. Overall attitudes to the police tend to be negative rather than positive.

Problems are reported in terms of interaction between social workers and the police. In most instances, misunderstandings occur due to the different nature of challenges that NGOs and law enforcement bodies are confronted with. Some NGOs have arrangements in place with the police similar to a gentlemen’s agreement in accordance with which their respective spheres of influence and responsibility are divided up between them.

When describing their interactions with non-government organizations that provide assistance to the homeless, the adolescent respondents primarily living on the street have pointed out the following:

1. The existence of their own needs and demands in the area of education and spiritual development, not always met by the centers in question.
2. The occasional use of pressure and intimidation to be dismissed as an ineffective tool in bringing the children back to socially approved lifestyles acceptable in modern-day society.
3. The desire to ALWAYS have a place like home [resembling a home if only just slightly] where one can meet his or her basic needs for food, clean clothing, uninterrupted sleep, and personal relations on an equal footing, which is not always readily available in the centers that offer assistance, as described above.
4. Most-at-risk adolescents would prefer to go to the sites engaged in providing, among other things, medical, diagnostic, and treatment services, as well as legal assistance.

