



UPPSALA
UNIVERSITET

*Digital Comprehensive Summaries of Uppsala Dissertations
from the Faculty of Medicine 790*

From Children of the Garbage Bins to Citizens

*A reflexive ethnographic study on
the care of “street children”*

WANJIKU KAIME-ATTERHÖG



ACTA
UNIVERSITATIS
UPSALIENSIS
UPPSALA
2012

ISSN 1651-6206
ISBN 978-91-554-8410-1
urn:nbn:se:uu:diva-178166

Dissertation presented at Uppsala University to be publicly examined in Sal IX, Universitetshuset, Uppsala, Friday, September 14, 2012 at 13:15 for the degree of Doctor of Philosophy (Faculty of Medicine). The examination will be conducted in English.

Abstract

Kaime-Atterhög, W. 2012. From Children of the Garbage Bins to Citizens: A reflexive ethnographic study on the care of "street children". Acta Universitatis Upsaliensis. *Digital Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine* 790. 55 pp. Uppsala. ISBN 978-91-554-8410-1.

The aim of the study on which this thesis is based was to gain an understanding of the life situation of street children in Kenya and to investigate how caring institutions care for these children. A reflexive ethnographic approach was used to facilitate entry into the children's sub-culture and the work contexts of the caregivers to better understand how the children live on the streets and how the caregivers work with the children. A fundamental aim of the research was to develop interventions to care; one of the reasons why we also used the interpretive description approach. Method and data source triangulation was used. Field notes, tape, video, and photography were used to record the data. Participant observation, group discussions, individual interviews, home visits, key informant interviews, participatory workshops and clinical findings were used for data collection in Studies I and II. In addition to observation, interviews were conducted with caregivers for study III, while written narratives from learners attending adult education developed and implemented during the research period provided data for study IV. Study I indicated that food, shelter and education were the main concerns for the children and that they had strong social bonds and used support networks as a survival strategy. Study II provided a deeper understanding of the street culture, revealing how the boys are organised, patterns of substance use, home spaces in the streets and networks of support. The boys indicated that they wanted to leave the streets but opposed being moved to existing institutions of care. A group home was therefore developed in collaboration with members of the category "begging boys". Study III indicated how the caregivers' interactions with the children were crucial in children's decisions to leave the streets, to be initiated into residential care, undergo rehabilitation and to be reintegrated into society. Caregivers who attempted to use participatory approaches and took time to establish rapport were more successful with the children. Study IV suggested that the composition of learners, course content grounded on research, caregivers' reflections and discursive role of researchers and facilitators, all contributed to adult learning that transformed the learners' perspectives and practice.

Keywords: Health care seeking behaviour; Child participation; Re(habilitation); Street children; Caregiver; Reflexive ethnography; Transformative learning; Kenya; Africa; Southeast Asia

Wanjiku Kaime-Atterhög, Uppsala University, Department of Women's and Children's Health, Akademiska sjukhuset, SE-751 85 Uppsala, Sweden.

© Wanjiku Kaime-Atterhög 2012

ISSN 1651-6206

ISBN 978-91-554-8410-1

urn:nbn:se:uu:diva-178166 (<http://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-178166>)

This thesis is dedicated to the children of HOPE – the House of Plenty in Nakuru, Kenya – the caregivers/students who participated in the Sida-funded training programmes that I have directed since 1998, and my son, Joel, who was born in the midst of the research and has followed me to the field and into the classroom on many occasions.

List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.

- I Wanjiku Kaime-Atterhög, Gunilla Lindmark, Lars-Åke Persson, and Beth Maina Ahlberg. (2007) Burning “Centre Bolt”: Experiences of sexually transmitted infections and health care seeking behaviour described by street boys in Urban Kenya. *Children and Youth Services Review*, 29:600–617
- II Wanjiku Kaime-Atterhög and Beth Maina Ahlberg. (2008) Are street children beyond rehabilitation? Understanding the life situation of street boys through ethnographic methods in Nakuru, Kenya. *Children and Youth Services Review*, 30:1345–1354
- III Wanjiku Kaime-Atterhög, Lars-Åke Persson, and Beth Maina Ahlberg. “With an Open Heart We Receive the Children”: Caregivers’ perspectives on their provision of care to street children in Kenya (submitted for publication)
- IV Wanjiku Kaime-Atterhög, Lars-Åke Persson, and Beth Maina Ahlberg. “The training was an eye-opener ...” Transformative Experiences of Caregivers from an Adult Education on Medical and Psychosocial Care of Children in Especially Difficult Circumstances (submitted for publication)

Reprints are made with permission from the respective publishers.

Contents

Introduction.....	1
The Phenomenon of Street Children in Kenya	3
Life on the streets	4
Services for street children.....	5
The caregivers of street children	7
The Conceptual Framework.....	9
Aim and objectives of the thesis.....	14
Methodological Issues and the Research Process.....	15
The research design.....	15
Study settings	16
Data collection methods	17
Spaces for reaching the children	18
Insiders as key informants.....	19
Listening to the children, questioning the self and allowing the children to lead.....	21
Ethical considerations	23
Summary of Findings.....	25
Sexual practices and sexual partners.....	25
Symptom identification and health care seeking.....	25
The organisation of street boys in Nakuru	26
The dedicated caregiver confronting street realities.....	27
Making a difference despite limitations	28
Perspectives of caregivers on their transformative learning experiences.....	30
Learners' perspectives of facilitators of transformation.....	30
Discussion.....	32
Reflections on methods	32
Reflections on the findings.....	34
The perspectives of the street children	34
The caregivers' descriptions of their caring experiences.....	36
Experiences of learners from the adult education process.....	39
Reflection on policy and practical implications	42
Conclusion	44

Acknowledgements.....45

References.....47

Abbreviations

CBO	Community-Based Organisation
CEDC	Children in Especially Difficult Circumstances
CNSP	Children in Need of Special Protection
FBO	Faith-Based Organisation
GOK	Government of Kenya
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
SRH	Sexual and Reproductive Health
UNICEF	United Nations Children's Fund

Preface

My interest in the phenomenon of street children goes back to 1989 when I was a postgraduate student at the University of Nairobi in Kenya. It was, however, not until July 1996 that I embarked on research on the children.

One day in 1989 around lunchtime, I and a male colleague were on our way for lunch. Suddenly, five boys (aged below ten years) stood in front of us begging for a shilling. I asked them what they wanted the money for. They replied that they wanted to buy food. Instead of giving the shilling, I invited them for lunch at a nearby chicken and chips canteen. I did not stop to think that they were street children or that inviting them to share a meal was not the normal thing to do. I thought we were going to have lunch ourselves and they, too, were hungry, so the most obvious thing was for them to join us so we could all have our lunch! During lunch we talked about many things: where we came from, about our lives as students at the University and so on. They, too, shared their life experiences and spoke about how they lived on the streets. After lunch, we bid them goodbye but they said they would like to meet us again and to make sure we would find them they took us to their permanent sleeping area – along an alley in downtown Nairobi. We agreed to meet the following week for lunch.

We met again the following week and they took us to the restaurant of their choice, a cheap, local restaurant in downtown Nairobi where they had always wished they could have a meal. We subsequently met every week for a period of two months. Thereafter, I thought I should find a more lasting solution for the boys than a lunch meeting once a week. I made some investigations into organisations offering services for such children. I selected one famous, highly respected and well established organisation. The next time, after our usual lunch, I told the boys I had a surprise for them. We made our way to this institution. I left the boys in the waiting room while I spoke with the receptionist. When I returned to the waiting room, the boys were gone. On my way back to the Campus, one of the boys who had taken a great liking to me was waiting for me along the road. I asked him why they left and he explained: “We have been to that place before. They beat us and overwork us. We do not want to go there.” I never met the children again after this episode. I thought they were content to live on the streets and that there was nothing I could do to improve their situation or change them.

During the same year, I met my husband who was a Swedish exchange student at the University of Nairobi and I moved with him to Sweden in 1990, then, in April 1992, we moved to Thailand where he was to work for the

United Nations Economic and Social Commission for Asia and the Pacific. The second episode with children on the street took place in Thailand. While in Thailand, I read in the newspapers about the problem of children working in the sex industry. I was shocked to learn that parents sold their own children into prostitution. Being a member of a local church in Bangkok, I managed to convince an interpreter in church to accompany me to the bars and interpret for me. I wanted to learn from the children themselves why they were there. The interpreter did so reluctantly, as “proper” girls did not want to be seen in the red-light district. After a few interviews I realised she was very embarrassed at the children’s stories and was not translating everything they said. I decided to enrol in Thai lessons to enable me to communicate directly with the girls. Once I had learnt sufficient Thai, I persuaded my husband to accompany me to the bars. This worked well because the girls saw him as a potential client when we entered the bars and many came to our table each evening. I obtained information from the girls regarding why they were there and about their work conditions. The girls were very open about their lives and two of them took me to their villages and homes where I met their parents.

A friend of mine from New Zealand and a member of the same local church had a beauty salon in the red-light district that also became a good place to get acquainted with the girls. I referred girls from the bar to her salon. She was surprised that the girls were so open towards me. She had worked there for many years but the girls had never been as open with her as they had been with me, even though I had been there for a relatively short period of time. She, too, spoke Thai and language was therefore not the issue. I found that the girls felt more comfortable with me because, being dark-skinned, I also occupied the lowest social rank possible due to my colour. They, too, belonged to this low social rank due to their work, and thus, they easily identified with me. When I visited the bars, they rushed to welcome me and held me fondly, referring to me as “elder sister” in Thai.

After these initial informal contacts with the girls in the bars, I contacted the Institute for Population and Social Research at Mahidol University in Bangkok and informed them about my contact with the girls and the importance of research in this area. The head of the Institute welcomed the idea and offered me an office, financial support and a team to carry out the research. The subsequent study revealed not only the life situation of the girls but also the severe health consequences of that life situation. These findings were documented in a book (Ard-am and Sethaput, 1994; *Child Prostitution in Thailand*, Mahidol University, Thailand), later presented in a national seminar.

By this time, I had come to realise that my research interests were centred on the interface between behaviour and health. I already had a master’s degree in sociology and, therefore, decided to enrol in a master’s programme in public health at the ASEAN Institute for Health Development, also at Mahidol University. The Director of the institute was interested in the research I had undertaken on children in prostitution and the subsequent health

consequences. Upon completion of my studies in 1994, he offered me resources to conduct research on HIV and AIDS, which was, at the time, a major health concern in Thailand. The findings were documented in another book (Wongkhomthong, Kaime-Atterhög and Ono, 1995; AIDS in the Developing World: A Case of Thailand; Holistic Publishing) that was widely distributed to many government institutions in Thailand.

My experience with girls in Thailand had indicated that once children accepted you and felt “connected”, they did not lie about their lives. It was then that I recalled the five street boys in Kenya. They, too, had told me the truth. Indeed, they had been mistreated in that famous institution despite its name and status in the country. I learnt in Thailand the importance of listening to the children if one was indeed to contribute to helping them make a change in their lives.

On my return to Sweden in the mid-1990s, I decided to embark on doctoral studies focusing on street children as part of “giving back” to the five street boys in Nairobi. The discourse at the time viewed street children as a high-risk group for HIV transmission and therefore “a time bomb waiting to explode”. My initial aim was thus to explore their sexual and reproductive health (SRH) experiences and needs.

Interviewing the children was difficult as I did not understand the street culture. I was afraid of the rough-looking boys and it became necessary to reach children through organisations providing care. That is how I came into contact with the soup kitchen in Nakuru and the 115 children who ate lunch there. Among these children, sexual and reproductive health was not the only priority concern, although interesting data about this issue were generated. Their major concerns were food, shelter and education.

It became necessary to widen the scope of the study, not only to explore their life situation, but also to critically reflect on how to change their situation. Being a highly mobile population, reaching the children became a major part of the investigation. Using ethnographic methods, particularly “hanging around” and listening to their perspectives, we were able to map where they worked, ate, slept, bought drugs, their social networks and street organisation. This mapping culminated in a three-day workshop in December 1997 with 12 boys, known in the street life as the “begging boys”; being the youngest and most mobile children on the streets, they were also the most vulnerable. During this workshop, the children elaborated further on their health needs and social networks.

At the end of this workshop the children decided they did not want to return to the streets, but an attempt to refer them to existing institutions of care failed. They refused, arguing, like the five boys I met in 1989, that the care they received from these institutions was poor. A group home thus became an alternative option and was established in collaboration with the boys. The later studies, including a better understanding of the institutions of care and training of caregivers, were shaped by this early part of the research process.

Introduction

Children living and working on the streets, usually referred to as “street children”, are a common feature of urban centres in poor countries (UNICEF, 2005). The Oxford dictionary defines a “street child” as a “homeless or neglected child who lives chiefly in the streets”. Another definition for a street child is a minor who spends at least a major part of their waking hours working or wandering in urban streets (UNICEF 1988, in Agrawal, 1999). The categorisation commonly used by welfare institutions in most countries is from UNICEF (1986), where street children are categorised on family ties, and distinguishes between “children on the streets” and “children of the streets”. “Children of the streets” consist of boys and girls who see the street as their home. They may still have some family ties but seek shelter, food and a sense of family among companions on the streets, or they may have completely severed ties with their families and literally live on the streets.

The second group, “children on the streets”, includes those who still have family connections: they live at home, sometimes even attend school, but are sent to the streets by parents or on their own accord to supplement the family income. In practice, this categorisation has been found to be unsatisfactory (Kaime-Atterhög et al, 2008), because many children sleep both at home, and on the streets and others also spend significant periods of time in institutions of care, such as orphanages and correctional establishments (Panter-Brick, 2002).

Three broad approaches to the categorisation of street children are evident in research today: The first group comprises those who have accepted or adapted UNICEF’S “on” and “of” the streets categorisation (Ward and Seager, 2010; Strehl, 2010; and Drane 2010). The second approach comprises those adopting alternative terms or definitions of street children. Within this approach, some research has continued to use the term “street children” but with reworked definitions such as children for whom the street is a reference point and has a central role in their lives (Rede Rio Criança, 2007:18). Other researchers have used new terms such as independent child migrants (Kwankye et al, 2007 and 2009), children in street situations (Terres des Hommes, 2010), street youth (Jones et al, 2007; Kidd and Carroll, 2007), homeless youth (O’Connor, 2001), delinked (McAlpine et al, 2009) or detached children (Smeaton, 2005 and 2009); children out of place (Ennew and Swart-Kruger, 2003), children at risk (Kapadia, 1997) and so on. The third approach comprises those who reject the designation of young people on the

street as a social problem but instead problematise the ways in which society's gaze, through such classification and implication of difference, serves to stigmatise the groups and, ultimately, results only in serving the interests of those particular sectors of society (Butler and Rizzini, 2003; Droz, 2006).

Although some argue that the label "street child" is imperfect and leads to incorrect interventions that reinforce marginalisation, a label is also seen as a prerequisite for motivating appropriate responses (Drane, 2010). Some have also argued that the children themselves dislike this label (Panter-Brick, 2002). However, a classification is useful as long as it is understood that categories are neither discrete nor necessarily homogeneous, and that they may not always coincide with the children's own views about their lives (Panter-Brick, 2002). In the research on which this thesis is based, we have used the term "street children" to define a boy or girl, under 18 years of age, for whom the street has become his or her "home" and source of livelihood and who is not under the care of a responsible adult.

During the research period in the 1990s and early 2000s, girls were highly invisible on the streets of Nakuru. The boys who were interviewed indicated that the girls were involved in prostitution but were kept and controlled by pimps (Kaime-Atterhög, et al, 2007). Our studies have thus concentrated on boys. In this way, the street and street life is gendered and it is important for researchers to develop methods for reaching girls in the streets to facilitate appropriate interventions to address their concerns. The caregivers who were interviewed also mentioned that they lacked the necessary skills to work with girls, expressing that girls had special needs (Kaime-Atterhög et al, 2012). Thus, special attention is paramount to enable caregivers to care for girls.

The Phenomenon of Street Children in Kenya

Street children in Kenya are referred to as “chokora” or “mapipa” which are Kiswahili words that literally mean “... one who scavenges and eats from garbage bins” (Kamusi, 2008). There are an estimated 250,000 street children in Kenya (Abdelgalil et al, 2004), however, estimated census numbers of street children are often unreliable. Due to the fluidity of this population, data are inadequate and the population tends to be underestimated (Ayuku, 2004; Aptekar, 1999). The reason for underestimation could be that the estimates are extrapolated from data reported by institutions working with street children and it is probable that the figures are gross underestimates of the true magnitude of the phenomenon. Moreover, making a direct count of street children is problematic because of their mobile nature and the suggested practice of making counts at night is difficult, because many street children are reluctant to disclose their night-time habitats. Using indirect counting methods can also produce underestimates because not all institutions that provide services for street children are included, and also because they do not gather data on children who never use the services. Reliable estimates can probably be obtained by combining the above approaches with, for example, calculations based on the percentage of children at risk in the overall population.

Debates about the numbers appear to capture the imagination of the general public and policy makers. In my view, the correct answer depends on why or for what purpose we want to know the estimated numbers. From the perspective of the children on the streets, even if the number is 500, the phenomenon is a tragedy of grave proportions. From a public policy perspective, whether the country has 100,000 or 200,000 street children is of marginal interest if there are no appropriate strategies in place to assist them. While accurate data are necessary, it is important that the preoccupation with accuracy does not take priority over efforts to find ways with which to address the problem.

Most street children in Kenya are from poor, landless and unemployed parents engaged in unstable and unreliable income earning activities, including casual labour, prostitution, unlicensed hawking or brewing and selling illegal alcohol (Mwangosi et al, 1991). They remove their children from school because they cannot afford it or because they need their services or means of providing income in the home. Research also shows (Mercer, 2009) that, in addition to poverty, the breakdown of traditional family and commu-

nity values and structures is a major factor in the increased numbers of street children. In the past, extended families or neighbourhood groups could be depended upon to come to the aid of families who could not adequately care for their children (Rurevo and Bourdillon, 2003). This tradition has weakened considerably with modernisation where families are under pressure to meet the demands of modern life. Parents who are unable to take the strain of supporting their family frequently resort to alcohol, drugs and family fights, including domestic violence, which may eventually lead to family breakup (Mercer, 2009; Mwangosi et al, 1991). Such a setting of family turmoil may give rise to parents venting their anger or frustration on their children through physical or emotional abuse. In some families, children are victims of incestuous fathers or relatives and their only hope is to escape the violence and seek their freedom on the streets. Families of street children typically share one room and overcrowding is another important factor forcing children “of age” to the streets. Other reasons why children are forced to the streets are the death of one or both parents due to AIDS, or the child’s temperament, which may lead the child to rebel and run away from home.

Life on the streets

Information from organisations working with street children in Kenya indicate that the majority of the visible street children are boys aged 5 to 16 years, but the number of street children who are girls appears to be increasing as well (Government of Kenya (GOK) and UNICEF, 1992; Rurevo and Bourdillon, 2003). Day-to-day survival is the primary objective of these children and almost all activities on the streets are in one way or another considered illegal, particularly by law enforcers (Beers, 1996). Nearly all street children worldwide, including those in Kenya, beg, scavenge or work in order to earn an income (Mercer, 2009). Work includes guarding parked cars, washing cars, selling plastic bags, working in market stalls, fetching water, carrying luggage, shining shoes, selling sweets and flowers, pick-pocketing, robbing stores, selling drugs, or prostitution.

While the streets present opportunities for work and freedom, they also violate a child’s dignity and adversely affect their physical, mental, emotional, moral and overall well-being. This is particularly true for those children to whom the street is their “home” as they encounter conditions of great difficulty, including unemployment, poverty, hunger and lack of shelter. Such adverse circumstances in themselves can compel these children to engage in prostitution or commit crime. As mentioned above, many street children come from troubled backgrounds characterised by poverty and unsupportive home lives involving various forms of abuse, neglect, and conflict. Once they are outside the home, the challenges for these children tend to continue and broaden. They are at risk of making unhealthy choices, such as

substance abuse, being sexually exploited and abused by others, and thereby becoming further outcasts from society (Kaime-Atterhög, 1996).

Street children with families may return home to sleep, but home is often cramped and within dangerous areas offering minimal opportunities for social development (Mercer, 2009). Street children who have been abandoned by their families or have run away from home often sleep in “bases” or “group residences” in the open and in public places such as parks, railway and bus stations, and in narrow alleys that wind their way through the open areas and slums. Membership in groups or gangs provides companionship and protection from other street gangs, the police or the general public. This contact with their peers is positive for the child and acts as a substitute for the adult care, protection and affection that this group of children lack (Kaime-Atterhög et al, 2007). However, it can also mean a strengthening of harmful habits, such as smoking, drug use, gambling, sniffing glue and prostitution.

While some children become initiated into these habits early, others gradually become involved. To begin their life on the street, they beg, guard cars, shine shoes, scavenge, sell sweets and flowers or work in other informal jobs for low pay and in frequently dangerous conditions. As the rigours of street life slowly harden them, they progress to pick-pocketing wallets, robbing stores, selling drugs or prostituting themselves. Their primary concern is how to survive from day to day. At a tender age, street children learn to avoid bullies and policemen.

Street children have sexual intercourse with peers and adults from within and outside their social circle. Sex satisfies multiple needs, such as earning money for food, clothes and shelter (Rurevo and Bourdillon, 2003). Many street children have their first sexual experience within the peer group for entertainment and comfort as well as to exert power and establish dominance. Sex is often unprotected and, consequently, street children are at an increased risk of contracting STIs, including HIV, thus also prone to the suffering from the stigma associated with it (Patel and Bansal, 2010). Girls face an added risk of becoming pregnant and some proceed to deliver their infants and undergo the associated problems of early childbearing and motherhood, and the cycle of street life and poverty continues. Others may resort to unsafe abortion with little medical care afterwards. Street children are difficult to reach with services due to their highly mobile life and when they do seek care, they are reluctant to give detailed information.

Services for street children

Street children have received considerable attention nationally and internationally during the past three decades. The issue first appeared as a major concern during the International Year of the Child in 1979. In 1982, the Inter NGO programme on Street Children and Street Youth was initiated. In 1986,

UNICEF developed priority measures on behalf of “Children in Especially Difficult Circumstances” (CEDC), including street children, and for “developing strategies to defend their rights, avoid exploitation, and respond to their personal, family and community needs” (Taçon, 1991; UNICEF, 1986). UNICEF changed the child protection policy in 1996 and the term CEDC was replaced by “children in need of special protection” (CNSP) measures (UNICEF, 1996). In the twenty-first century, the international community, including UNICEF, has devised a new term, “orphans and vulnerable children” (OVC) which is now widely used in most poor countries to refer to, primarily, children orphaned by AIDS, but also other vulnerable children, such as street children (World Bank, 2005). Since the debate on the impact of HIV on children started, there was consensus on the definition of the word “orphan” (UNICEF, 2004; UNICEF, UNAIDS, USAID, 2005), but the same has not happened for the concept of “vulnerable” children. This concept has different connotations and orientations depending on the countries, institutions or documents concerned, which has implications for programming (group to be targeted and types of services) at the national level. In recent literature, however, the terms “children at risk” (Kapadia, 1997) and “urban children at risk” (Valentin, 1999) appear to be preferred over UNICEF’s appellations, CEDC and CNSP (Panter-Brick, 2002), classifying street children in terms of the risks they are “exposed” to (gangs, drugs, inadequate parental guidance) and the protection available to them (supportive social networks, caring adults). This frequent change of terms changes the funding and focus of programmes at the national level and disrupts local organisations as they try to follow the funds. However, in most countries, the terms CEDC or OVC are still used for programming, while CNSP is used in legal contexts when referring to these children (Chhan, 2012).

The Convention on the Rights of the Child contains a number of articles that require signatories to improve the health, education and housing of all children (United Nations, 1989). In Kenya, it is part of the Children's Act to promote and safeguard the welfare of children in especially difficult circumstances (CEDC) and their families (GOK, 2001). Through the municipal councils, the street families’ rehabilitation trust fund and child-related departments, the Government has embarked on an initiative to remove children from the streets and place them in rescue centres or rehabilitation homes (Droz, 2006; Muhindi, 2007). The rescue centres temporarily provide safety, protection and care to children in need and facilitate their referral to rehabilitation homes as well as community and family reintegration. In addition, non-governmental organisations (NGOs) and community-based organisations (CBOs) run remedial and preventive programmes seeking to promote the welfare of street children and their families (GOK and UNICEF, 1992). Remedial programmes focus on the rehabilitation and vocational training of street children whereas the preventive programmes focus on fostering and sponsoring the education of vulnerable children, health care delivery in slum

and rural areas and the provision of capital for income-generating activities. Both types of programmes are either institutionalised, non-institutionalised (family- or community-based) or both.

The caregivers of street children

The commitment of the caregivers at institutions has been observed to be high, particularly among faith-based organisations whose commitment is said to emanate from their desire to serve God and to assist children in need, rather than from the need or desire to earn wages (Ferguson and Heidemann, 2009). The study in Kenya by Ferguson and Heidemann (2009) indicates that many organisations adopt a surrogate-family-living ethos where caregivers live with a small group of children in homes rented or owned by organisations within local communities, thereby providing a family-like environment for the children. The caregivers in such contexts provide the children with continuous mentoring across all areas of their lives. The same study noted that the caregivers have a loving and caring attitude towards the children, which helps the children to develop positive values and morals (Ferguson and Heidemann, 2009). Caregivers are also reported to genuinely listen to the children, and are sensitive to and understand their multiple needs, characteristics which enable the children to be open about past experiences, present situations and future goals and dreams. Similar findings have been reported in a study of homeless and street-living youth in Nairobi (Ferguson et al, 2006) and Malawi (Silungwe and Bandawe, 2011). In the Kenyan study, it was found that the Christian programmes tended to be communal with a strong connection to life issues, often providing close interaction between the caregivers and the children. Moreover, the programmes were reported to have helped children to gain a sense of self-worth, belonging, hope and direction.

Despite the interventions and the commitment of caregivers mentioned above, the number of children on the streets continues to grow and many of those in institutions of care eventually return to the streets (Löw, 1998). This thesis attempts to understand this paradox. Thus, the research questions are: Who are the children on the streets? What are their sexual practices and health risks? What is their care seeking behaviour? Why would children choose to remain or return to the streets when there are services available for them? Are street children too independent or, as many caregivers suggest, are they too “addicted to the streets” to be able to live a structured life, or are the wrong assumptions used in developing interventions? Why would children choose to return to the streets when there are such services reportedly run by highly dedicated caregivers? Is it that the caregivers ignore the realities and experiences of the children once they have joined the institutions of care? How effective is the interaction between the caregivers and the chil-

dren on the streets and in institutions? What does it mean to be a dedicated caregiver? If the needs of this category of caregivers cannot be met through existing training, what training would be appropriate? What teaching methods should be applied to enable them to critically reflect on their practical knowledge and to facilitate learning? How can their extensive work experience be tapped to improve the care of children?

The Conceptual Framework

In an attempt to explain the street children phenomenon, as well as answer some of the questions above, this thesis is informed by several theoretical frameworks, namely a structural analysis of the factors that “push” and “pull” the children to the streets (Kaime-Atterhög, 1996, Mercer, 2009); social construction of childhood (James and Prout, 1997; Aubrey and Dahl, 2005); symbolic interactionism (Blumer, 1969); and transformative learning (Mezirow, 1978, 2000).

Most research places urban poverty as a fundamental and structural factor pushing the children to the streets (Abdelgalil et al, 2004; Ali et al, 2004; Ayuku, 2004; Birch, 2000; Suda, 1997). Within this context of urban poverty, children are driven to the streets by a multitude of factors that come from all domains of influence in a child’s social environment. These factors are overlapping and synergistic, but, operationally, can be classified into “push” and “pull” factors (Ali et al, 2004; Plummer et al, 2007; Mercer 2009). “Push” factors include those directly related to poverty and economic necessity, as well as family-level factors, such as orphanhood, domestic violence, lack of parental guidance, large family size, and family disintegration. “Pull” factors operate by attracting children to the streets who are “pushed” out of their homes due to economic, family and other reasons. These include income from working on the streets, peer influence, substance abuse, and the hope of a better life on the streets.

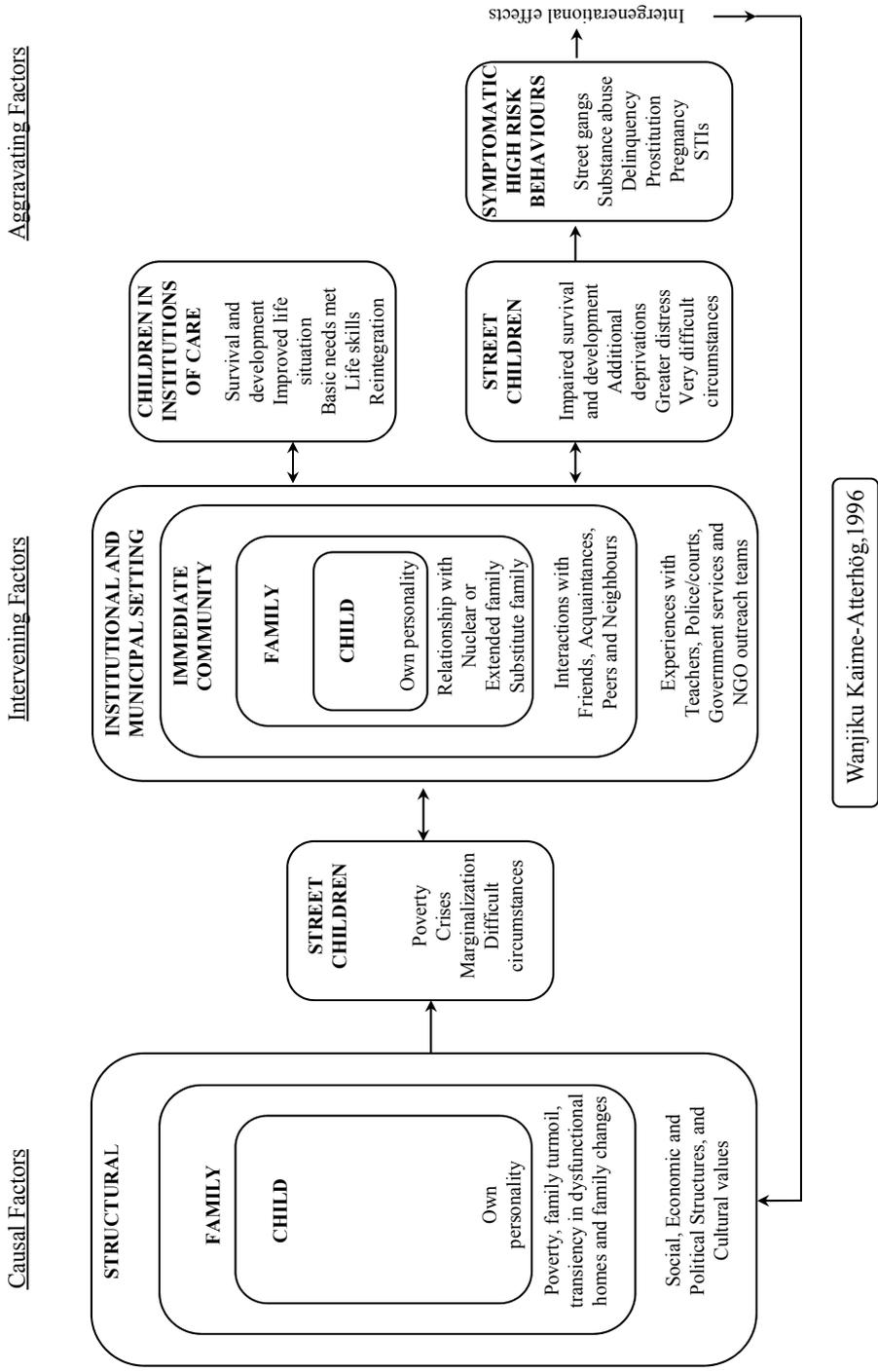
Kaime-Atterhög (1996) has developed a framework for understanding the street children phenomenon (Figure 1). It shows the complex and interlinked societal or structural factors that “push” children to the streets (causal factors) and those that “pull” or influence them to stay or leave the streets (intervening factors), including the interactions with caregivers. Those children that leave the streets and join institutions of care have their basic needs for shelter, education, and healthcare met which improves their health and well-being. The paradox here is that not all children leave the streets permanently to receive care at the institutions of care, although caregivers are described as “dedicated”. Many children are cared for by these institutions intermittently. Thus, in the studies included in this thesis, those factors that make children return to the streets, those factors that facilitate children to permanently leave the streets, and the nature of the interaction with the caregivers, were all elements of great interest. The high-risk behaviour in which children who remain on the streets engage and the resulting problems, further

worsen the situation for these children (aggravating factors). This cycle of gross disadvantage and exploitation continues through their offspring.

Theories of childhood are concerned with what a child is, the nature of childhood, the purpose or function of childhood, and how the notion of the child or childhood is used in society (James and Prout, 1997; Aubrey and Dahl, 2005). Much as society may want to protect, control, and regulate children's development or the services meant to support them, children are not passive in these activities. Children take agency in constructing and re-constructing meanings in overt and covert ways. It was seen as important in the conducting of the studies to adopt a child-centred approach and to see them as subjects rather than objects of the research, to listen to their perspectives and see them as change agents, as is also described in the theory of symbolic interactionism.

Symbolic interactionism, as founded by George Herbert Mead (1863-1931) but named and popularised by his student, Herbert Blumer (1969), is an approach to social psychology whose first principle is "that human beings act toward things on the basis of the meanings that these things have for them" (Blumer 1969: 2). In symbolic interactionism, the focus is on how we interpret our circumstances and choose one course or "line of action" over another. Individuals and society are in a constant state of flux as our definitions of each moment shift through the continuous dialectical process of interpretation and action. We learn to interpret and give meaning to the world through our interactions with others. The theory focuses attention on the way that people interact through symbols, including words, gestures, rules and roles. It is based on how humans develop a complex set of symbols to give meaning to the world. Meaning evolves or is created from our interactions in the environment and with other people and we act towards others based on the meaning that those other people have for us. It is through these interactions that humans develop a concept of larger social structures and also of self-concept. Society affects behavior and self-concept affects behavior. Thus, the most unique contribution of symbolic interactionism to our study on caregivers was that individuals develop both a concept of self and identity through social interaction and the decisions the children make to leave or stay on the streets are largely dependent on the nature of the interactions they have with their caregivers.

Figure 1. A framework for understanding the street children phenomenon



Thus, meaning-making is a social process. To define any particular situation we first put ourselves in the position of the other actors in the situation. This process of reflection on self and others accounts for both change and stability. Each reference group negotiates through daily interaction a shared repertoire of meanings or a shared perspective. As we take into account these shared meanings, our actions tend to be somewhat consistent over time and space.

This theory, in combination with an interpretive description approach, was found to be useful in understanding the interactions between the children and their caregivers and informing on the appropriate action for the children and their caregivers to take. Both symbolic interactionism and interpretive description share the fundamental premise that to understand how something works, you must examine its action in its naturalistic setting (Blumer, 1969; Thorne, 2008). According to Blumer, “Reality for empirical science exists only in the empirical world, can be sought only there, and can be verified only there” (Blumer: 21-22). Blumer’s view of empirical science appears similar to Thorne’s interpretive description, where data collection and analysis are a continuous process, with the researcher alternating between immersion in the data and the field, all the while asking “what is going on?” and “how does this relate to what else is known?”

Although interpretive description is more about the experiences of the researched than the theories of the researcher, it is very much grounded in the interpretivist idea, developed in symbolic interactionism. Interactive description reflects the symbolic position that individual meaning-making sheds light on the empirical “real world”. In symbolic interactionism, each person’s perspective tells something important about what is true (Charon, 2007). Where perspectives converge, they are more likely to reflect what is going on, and, more importantly, they are most likely to inform action. Interpretive description takes up these ideas and “explicitly locates itself within a philosophical tradition that tells us – at least in matters involving human experience – the more probable truths ... are those that we have arrived at using multiple angles of vision” (Thorne, 2008: 78).

The final theoretical framework that informed the research is Transformative Learning Theory (Mezirow 1978, 2000), an adult education-based theory that suggests ways in which adults make meaning of their lives. It looks at “deep learning”, not just content or process learning, as a critical factor of learning and examines the elements necessary for adults to move from a limited knowledge to knowing what they know without questioning (usually drawn from their cultures, families, organisations and society). It looks at what mechanisms are required for adults to identify, assess and evaluate alternative sources of information, often sources that may look at how adults can identify, assess and evaluate new information, and, in some cases, reframe their world-view through the incorporation of new knowledge or

information into their own world-view or belief system, as illustrated by Mezirow (2000; in Taylor and Cranton, 2012: 76):

Transformation theory's focus is on how we learn to negotiate and act on our own purposes, values, feelings, and meanings rather than those we have uncritically assimilated from others -- to gain greater control over our lives as socially responsible, clear thinking decision makers.

Ongoing work on transformative learning theory has broadened Mezirow's rational cognitive learning approach (1991a) to address affective, spiritual, ethical, and collaborative dimensions of the learning process (Dirkx, 1997; King and Wright, 2003; Taylor, 2000). Paradoxically, part of the debate has focused on the narrowing of focus to limit who is able to undergo the critically reflective process deemed essential for transformative learning. Mezirow (2000: 15) stated that preconditions required for such engagement include "elements of maturity, education, safety, health, economic security and emotional intelligence". However, several studies have challenged this epistemological assumption. In particular, Wright, Cranton and Quigley (2007) explored the learning journeys of adult literacy students who had little formal education. Their results revealed the possibility of transformative learning for marginalised adult learners and the central role the instructor played in its cultivation.

Transformative learning was used to help understand the changes that occurred in the caregivers that underwent a training programme developed as a result of the research documented in this thesis. The learners were a mixed group and included grassroots carers with little formal education. The main challenge was getting the caregivers to see the needs of the children they worked with in a different way. Study III had indicated that the caregivers had taken for granted that they cared for the children with dedication. They also thought they knew what type of care the children needed and the reasons why the children returned to the streets and rejected their care. They judged the children as being streetwise and incapable of resisting the "pull" of the streets to fully adjust to a structured, routine lifestyle away from the streets. I had made the same judgement myself about the five street boys in Nairobi. I had done an evaluation of their situation and decided what action was best for them and when they rejected my choice of action, I concluded that they were not interested in leaving the streets or changing to a stable lifestyle and I could do little to help them. Through the process of the research the children taught me that my judgement of their action was my own perspective which could be wrong when viewed instead from their own perspectives. Our social positions, personal and professional backgrounds, make us see others through our own mirrors. The training for the caregivers was designed to shift their gaze and enable them to see the perspectives of others, particularly those of the children they cared for.

Cranton and Wright (2008) argue that adult literacy educators foster transformative learning in their classroom when “People were listened to, respected, trusted, and heard. It was then that they could see the possibility that they could hold a different point of view, that they could learn” (2008: 44). Other studies have shown the importance of creating and sustaining a trusting and caring relationship with the students (Groen and Hyland-Russel, 2011). While instructor techniques of facilitative dialogue, gentle coaching, assertiveness in creating safe space, and engaging students in multiple, creative ways of learning are all important, these skills must be underpinned by instructors’ deep interest in their learners and a belief that they can learn and have much to contribute (Groen and Hyland-Russel, 2011).

Aim and objectives of the thesis

The overall aim of this thesis is to present the process and the interactive methods used to reach street children in Kenya in order to explore their situations and to investigate how caring institutions meet and care for these children.

The specific objectives are:

1. To explore the sexual and reproductive health (SRH) needs and care seeking behaviour of street children (Study I).
2. To explore and describe the daily life experiences of children on the street (Study II).
3. To explore the range of services available to street children and the experiences of the caregivers in providing services (Study III).
4. To describe a training programme and explore the transformative experiences of caregivers participating in the training developed based on results from objectives 1-3 above (Study IV).

Methodological Issues and the Research Process

The research design

A reflexive ethnographic approach (Hertz, 1997) was used in studies I and II to facilitate entry into the world of “street boys”, to gain an understanding of their life situation and contexts and to build and maintain trust with them (Fine and Sandstrom, 1988) and eventually to remove the youngest and most vulnerable boys from the streets. This approach (Hertz, 1997) was similarly used in studies III and IV with the caregivers to facilitate entry into their work contexts to gain a deeper understanding of the way they work and interact with the children on the streets and in institutions of care. The reflexive approach also helped me to reflect critically on myself – my previous experiences, values and my position as a middle-class educated researcher – allowing me to find “other ways of thinking” as argued by Lincoln and Guba (1985: 8-9; Guba and Lincoln, 1981) and Cohn (2003). As researchers who are also human beings, we have a particular window of insight through which we view phenomena (Beer, 1997). Among other things, our knowledge, theoretical backgrounds, institutional locations, and life histories shape the way we come to understand phenomena as I have described in the two episodes in the preface with the five street boys in Nairobi and girls involved in prostitution in Thailand. A reflexive stance during the research process helped illuminate the ways in which my understanding was both shaped and facilitated (Frank, 1997, quoted by Cohn, 2003).

The key method used to collect data was participant observation or “hanging around” (Whyte, 1993). As I built rapport with the children and their caregivers and had gained their trust, other issues emerged that demanded my attention but needed other methods to manage them effectively. For example, at the soup kitchen I started to see that I could revisit some of the issues that came up during observation and informal group discussions through in-depth interviews. Then, in study II when the children told me they were beaten and mistreated at institutions of care, I started to develop a keen interest in researching the contexts and experiences of the caregivers. When the findings pointed to the lack of professional knowledge and skills, a training programme specifically targeted at this group of carers was developed. This emergent, unplanned journey reflected how my own experiences as a researcher, increasingly involved with varied research participants, was an asset to the research. The benefit of a multi-method approach, the long

engagement with the children, and continuous immersion in the data resulted in thick description of the context and enhanced the study's reliability and validity or in qualitative research terminology, dependability, credibility and transferability.

An ethnographic approach was combined with the interpretive description approach (Thorne, 2008) because the fundamental point of the research was to understand the children's and the caregivers' experiences and to ultimately develop interventions that would inform on practice and enhance the well-being of the children. Interpretive description helped us to probe deeper into our interpretation of the data, seeking to discover associations, relationships and patterns rather than simply describing the phenomena.

As researchers we have an obligation to respect others and provide individuals with the right to exercise choice. Embedded in these values is the ever-present negotiation of power (Cohn, 2003). Both research approaches used in the research documented in this thesis did not only help me to understand the children's and the caregivers' perspectives and experiences, they also helped me to discover ways to honour those perspectives, create enabling conditions to promote empowerment and enhance their well-being.

Study settings

Except for study IV, which was comprised of participants from selected countries in Africa and South East Asia, the other three studies took place in Kenya. Kenya gained independence in 1963 and is one of the five countries forming the East African Community, the others being Uganda, Tanzania, Rwanda and Burundi. Kenya covers an area of approximately 224,960 square miles and lies almost exactly astride the equator. Kenya is bordered to the north by Sudan and Ethiopia, to the east by Somalia, to the west by Uganda, to the south by Tanzania, and to the southeast by the Indian Ocean. Much of the country, especially in the north and east, is arid or semi-arid. From the Indian Ocean the land rises gradually through dry savannah to the rich arable highlands. Kenya has a population of about 39 million people and 42 percent of the population now lives in urban areas (UNICEF, 2006, GOK 2010). Children comprise over half of Kenya's population (UNICEF, 2005). In the semi-arid north and northeast regions, population density hardly reaches 2 persons per square kilometre, whereas in the rich and fertile western regions, population density rises to 120 persons per square kilometre. In the well-endowed Rift Valley Province, of which Nakuru is the capital, population density varies from one area to another with an average of 13 inhabitants per square kilometre. This more concentrated distribution has had a serious effect on social and economic development. It has manifested an increase in unemployment, increased demand for agricultural land to support the people of the area, over-crowding of educational facilities and greater

demand for housing. In the low-income neighbourhoods, there is inadequate water supply, poor sanitation and garbage is rarely collected.

Nearly all 42 ethnic groups are represented in Nakuru County which has led to ethnic clashes over beliefs and resources in the past, resulting in families being broken. Some families that have remained intact have been forced to become nomadic in search of safety from ethnic clashes or to seek pasture or water, or they have been forced out of their lands and been resettled in other areas or in temporary camps. This pressure on families had contributed to the increase of children on the streets of Nakuru town, the fourth largest urban centre in Kenya after Nairobi, Mombasa and Kisumu, and the research site of most of the studies in this thesis. Nakuru County constitutes 6 constituencies (Naivasha, Nakuru town, Kuresoi, Molo, Rongai and Subukia) with a 2009 census population of 1,603,325 (GOK, 2010), covering an area of 7,242 square kilometres. It is an important transportation, commercial, and manufacturing centre for the highland region; products include processed food and textiles. Menengai Crater, just north of Nakuru town, Lake Nakuru and Lake Nakuru National Park, are important tourist attractions.

Data collection methods

As already indicated, the iterative process in this research also applied the triangulation of methods for data collection, including: observation, semi-structured interviews, group discussion, participatory workshops, and written narratives. Data were recorded through field notes, tape and video recording, and photography.

Data for study I were collected over a six-month period at a soup kitchen frequented by street children aged 5 to 18 years. Using participant observation (or, more specifically, what Whyte (1993) describes as “hanging around”) with 115 children; group discussions with 12 boys; in-depth interviews with 20 boys; 17 key informant interviews; two home visits; and the clinical records of five boys who had sexually transmitted infections. “Hanging around” the soup kitchen, as well as using key informants, enabled us to gain access to the children and their subculture.

The children at the soup kitchen initiated us to the streets, their working areas, and where we subsequently met other street children who did not frequent the soup kitchen. These places became the setting for study II for which data were collected over a period of eight months from three groups of street boys, including: 20 “market boys”; four “plastic bag sellers” and their group leader; and twelve “begging boys” and their group leader. The strategies used to collect data were “hanging around” or participant observation, informal interviews and group discussions. As in study I, key informants helped in gaining access to the three groups of street boys, by providing “insider information” about the boys and their contexts as well as in

building trust. Because “begging boys” were highly mobile and difficult to reach, a two-day participatory workshop was organised for them.

Study III comprised of 70 caregivers from 35 organisations in Nairobi, Nakuru and Muranga, identified through the snowball sampling method (Yoddumnern-Attig, Attig and Boonchalaksi 1991; Castillo 2009). The caregivers were interviewed at their places of work on the streets and at institutions of care where the observation method was also used. The interview guide developed for the caregivers was reflected on by street children from studies I and II, enabling modification of the interview and observation guides.

Study IV aimed to describe a Sida training programme for caregivers that was informed by the findings from the previous studies with street children in Kenya, sexually exploited children in Asia and their caregivers. Moreover, suggestions from senior caregivers from the government and civil society provided at planning workshops held prior to the training were incorporated into the training. As a result of this training, the content was directly related to the needs of children and caregivers. The training was aimed at changing attitudes and improving knowledge, skills and methods to enable the caregivers develop good working relationships with children and offer good quality care. The data for study IV were derived from the learners’ written and verbal evaluations as well as 30 written narratives; six from country teams and twenty- four from individual learners. The study participants were comprised of 93 learners (55 women and 38 men) that completed all five parts of the training between 2007 and 2011. They were aged between 24 and 60 years and came from selected countries in Africa and South East Asia.

Spaces for reaching the children

The initial plan of the studies was to reach children – both girls and boys – on the streets. However, this proved difficult for a number of reasons. Firstly, girls were not visible on the streets and, thus, were not possible to interview. We, however, were able to observe and carry out home visits to two girls that frequented the soup kitchen. Secondly, the boys had income-earning activities that presented different challenges for reaching them. Those earning an income from begging were, for example, highly mobile. It was thus difficult to follow-up the same children on the streets, to establish rapport and to interview them. Thirdly, due to lack of rapport and unfamiliarity with the street culture, approaching even those working boys who could be reached directly on the streets and asking them sensitive questions related to their sexuality and life situation on the streets proved challenging. Because of these challenges, I approached institutions providing services to street children in order to make contacts with the children. This

proved problematic as well, because the caregivers wanted to be present when I conducted the interviews with the children, making it difficult for the children to speak freely about the care they received. The only exception was the soup kitchen, where the coordinator, a former street child, welcomed us to participate in their day-to-day activities for a period of six months. The soup kitchen was, thus, an important entry point for reaching the boys and for understanding the ways by which they reason around their experiences of STIs and the ways in which they seek care, the focus for study I. The soup kitchen was the home of the “market boys” and it is there that they ate their lunch, relaxed, told stories and could behave like children again before going back to the “street jungle” to work. The children talked openly in this secure environment.

Once a relationship of trust had been established with the market boys, they easily introduced me to the streets and, with their presence, the streets became familiar and no longer threatening to me. After this introduction to the streets by the market boys, I was accompanied by Mike, my key informant. I was able to move with ease on the streets and began mapping the streets and establish the whereabouts and activities of the children that lived and worked there. On the streets, I met the other street boys that did not frequent the soup kitchen – the begging and plastic selling boys. Interviewing the begging boys on the streets, which was both their home and workplace, was challenging as they were easily distracted by passers-by from whom they wanted to beg money from. Thus, a 3-day participatory workshop away from the streets was a more suitable way to interview this group of children. In a playful environment, away from their busy street life, they were able to relax and share their stories openly. After three days’ participation, the boys refused to return to the streets.

The plastic bag sellers were reached at their “workplace” outside supermarkets where they waited for clients. Their group leader, who was well known to our key informant, Mike, facilitated this entrance and even helped correct information when the children lied to us about their family situation. In order to have them concentrate on the interviews, we compensated them for the time they spent with us away from their work.

Insiders as key informants

I gained access to and trust from the boys through key informants who had certain inside knowledge, but also by seeking approval from the group leaders, my persistent presence, and by keeping promises. My being an “outsider” ceased being an issue for the boys, an experience also reported by Whyte (1993) in his study of a slum community. As he says: “... I soon found that people were developing their own explanations about me: ... I found that my acceptance depended on the personal relationships I devel-

oped far more than upon any explanations I might give.” Douglas (1985) refers to this type of exchange as a “creative search for mutual understanding” (see also Hertz, 1995; Holstein and Gubrium, 1995).

The caregivers undergoing training started to see me as an insider for also having been involved in starting a group home together with the boys. During the training, I was able to draw from my experiences of interacting with the children on the streets and at the group home. In this way, we had similar experiences and journeys and they could laugh and learn from my mistakes and successes.

The insider-outsider stance in qualitative research is widely discussed in the literature and Hockey (1993) has reviewed some of the relevant literature to this debate. Many contemporary researchers (see Labaree, 2002) would argue that one can simultaneously be to some extent an insider and to some extent an outsider and Hellowell (2006) talks about a multiple series of parallels rather than one continuum within any given phenomenon. The ideal position of a researcher, according to Hellowell (2006: 487), “... is to be both inside and outside the perception of the ‘researched’.” That is to say, as Hammersley (1993) has implied, that both empathy and alienation are useful qualities for a researcher.

Through the research process presented in this thesis, I, as a researcher, occupied both spheres at the same time, participating in the lives of the street children within their world, while still maintaining links to my life outside in the world of “citizens”. I was an outsider to the extent that I was interviewing street children in an environment I was not familiar with. The boys made it clear that I was accepted because I was Mike’s sister and even if they knew my name they always referred to me as “sister Mike”. On the other hand, I was an insider as a Kenyan who had a lot of empathy for the grievances of the children and wanted to do something about them. The children later told me that if I was delayed in appearing on the streets in the mornings, they would ask each other, “Where is that mother of ours who cares for us so much?” This complex relationship I had with these children also presents a paradox because while the world of the street children is central to them and I (who usually occupy the centre of civilization) was on the periphery of their world (who usually are on the periphery of mine), they allowed me inside their world, thus I was positioned both inside and outside at the same time. This overlapping, mirroring and fragmenting of perception is indeed very interesting with some elements of insiderness on some dimensions of my research and some elements of outsiderness on other dimensions, each of which are important for this research and added a further depth of understanding to the findings.

Listening to the children, questioning the self and allowing the children to lead

Relatively early in the research, it became evidently clear that I did not understand the “street culture” or the “street language” and had to rely heavily on the children to occupy their world. Thorne (2008: 100-116) advised the researcher to “learn not to lead” (p. 110), and to “constrain your influence” (p. 116) to enable participants to fully express their views. For me, this was a learning experience as I first imposed myself on the children as the “expert” on what was appropriate to them but was humble enough to let go of this power of a researcher that I held, to learn from the children and allow them to lead as agents of change in their lives, as described in the following three incidences in the field:

1. The begging boys were the youngest, the poorest and the most vulnerable among children living and working on the streets in Nakuru town. The glue bottle never left the noses for some. Aware of the health implications of glue sniffing, I said I would not speak to any boy who sniffed glue. After two days, they all informed me they had stopped sniffing glue and I believed them. A few days later, as I crossed the road, the boys identified me from a distance and ran towards me. A glue bottle fell out of the pocket of one of the boys. I reacted by saying I had believed they no longer sniffed glue. They then looked at me as if to say, “How could you even have thought that?” One boy, speaking on behalf of the others, said, “If you want us to stop taking glue, then you have to remove us from the streets. We take glue to feel bolder when on the streets, not to be afraid of the police, to be able to snatch handbags, to get guts to beg and to sleep out on the streets, to keep warm, to forget problems and to feel happy. We also take glue to prevent sleep and dull hunger pangs.” After this episode, glue was never again raised as an issue for discussion as I realised how dependent they were on glue to cope with the challenges they faced on the streets. Removing them from the streets was the only solution for them to stop taking glue and other drugs.
2. On another occasion when I was to collect the begging boys who had agreed to attend a workshop, there was a new boy I had not seen before. He was sniffing a glue bottle; his eyes and lips were red, he had sores on his body and was scratching his body while talking to me, insisting that he, too, should be allowed to attend the workshop. He appeared beyond rehabilitation and I did not want to take him along with the other boys. When the other boys realised this, they said they would rather remain on the streets if

the new boy did not come along. There was little choice but to take them all. It became clear at the workshop that the new boy was a “victim” of sexual and substance abuse on the streets, and the other boys knew he would not survive much longer if left on the streets on his own. When Mike, the key informant, later joined the workshop and saw the new boy, he was glad and informed me, as the boys had, that the new boy would have died on the streets if we had left him there.

3. The last episode is the events following the three-day workshop with the begging boys. The boys refused to return to the streets at the end of the workshop, to which I suggested they should then return to their families or relatives. They refused, arguing that such an option would not work and that they would only return to the streets the following day. I then suggested they be attached to existing institutions serving street children in Nakuru, a suggestion they vehemently refused, explaining that they had been mistreated in those institutions, had been served uncooked food and had been overworked and beaten. The children suggested they wanted to stay with us because “... you treat us like human beings.” This suggestion caused a dilemma, particularly because I still firmly believed that such children should be rehabilitated within their own immediate or extended families or communities. Nonetheless, I listened to the boys and together with them planned an alternative group rehabilitation home, that we named the House of Plenty.

Adults often take it for granted that they know better than children and seek to solve their problems without reference to the children’s views and perspectives. They easily forget that children are persons, with their own experience and knowledge, individual feelings, preferences and choices about their lives. As persons, children have the right to their knowledge and preferences concerning their lives being taken seriously (Rurevo and Bourdillon, 2003).

Furthermore, organisations striving to provide for the needs of children – adequate shelter, food, protection, education, and adult care – emphasise children’s dependence on adults. Children are deemed incompetent in an adult sphere and in need of protection against abuse. This paradigm often conceals children’s competence within their own areas of interaction, particularly their ability to work out survival and coping strategies on the streets (Baker, 1998: 51).

Public reaction to street children often reflects the view that children are competent only for learning and play, under the control and care of adults. Where children work for an income, even if it is for the benefit of their fami-

lies, child labor is condemned. Poor and desperate children appearing on the streets spoil the illusion of a well-managed city, and the children are blamed. Little attention is paid to their personal circumstances or to the motives that drive them onto the streets. By way of contrast, much recent thinking on street children takes into account children's liberation from adult dominance, and recognises children as capable of responding to situations of adversity. Adults need to learn about and bolster street children's areas of competence. They need to respect the dignity of the children, the contributions they make to their families and communities, and their right and capacity to shape their own lives and participate in research and designing interventions meant for them. Adults need to listen to the children and understand their perspectives of their own situations. Such an approach protects the children in their locations and their occupations, and improves their skills for work in their environment. It treats all children with full respect for their rights, opinions, potential and individuality (Myers and Boyden, 1998).

Ethical considerations

Because street children are often involved in activities perceived by the public or law enforcers as criminal, such as prostitution, stealing and abusing drugs, they are often stigmatised and considered to be a vulnerable population. Their participation in research where they reveal their activities may place them at risk for harm and discrimination. Furthermore, their young age and low literacy levels may make it difficult to obtain true informed consent. As it was not possible to secure informed consent from the parents, it was important to use research approaches that involved minimal risk to the children. Because the study took place in Kenya, a research ethical application was submitted to the Office of the Vice President, in accordance with the Kenyan regulations, and the research was approved with permit Reference Number OP/13/001/19c 29, in 1997. Provincial Approval was also granted (Reference Number CORR.3/1 Vol.VI/81). In addition to seeking the official permission to conduct this research in Kenya, we also closely followed the ethical guidelines as outlined in the World Medical Association Declaration of Helsinki.

Moreover, letting the children lead the research and having a long and sustained period of engagement in the field ensured that the interests of the children and their caregivers were a priority in the various studies. As discussed in the preceding section, children are capable and competent enough to give clear informed consent and indeed describe their perspectives and views in ways that are clear. The problem is that we, as adults, often do not listen to them or provide space for this element within our research or interventions. All of the participants in each of the four studies were informed about the objectives, process and end-use of the research so that valid con-

sent to participation was obtained before data collection began and, as indicated, the Government was also informed and approved of these studies.

Anonymity was upheld in each of the four studies and the children and caregivers cannot be easily identified. Furthermore, all information, particularly that pertaining to the children's activities, such as past sexual and physical abuse, substance abuse, and stealing, was treated as confidential and has only been used within the studies and with the express consent of the participants. This particular information was not shared with the authorities except in the form of research articles as presented in this thesis.

Summary of Findings

This section presents a summary of the major findings from the four studies included in this thesis. It is presented in the form of the major themes that were developed from the data. We start with the way the boys described their SRH experiences and care seeking, and their lives on the streets, including their networks and survival strategies. This discussion is followed by the caregivers' experiences and the way they describe their work and challenges, followed by a summary of the transformation the caregivers experienced as learners.

Sexual practices and sexual partners

In study I the boys indicated that their sexual partners were not street girls but school-going girls from other neighbourhoods. Considering the discourses then on HIV and AIDS, it is surprising that only five of the 115 boys had STIs. Same-sex sexual encounters involving younger, but also older, boys were also reported. Younger boys were lured to have sex in exchange for glue and food. The findings also indicated that girls were involved in prostitution but were controlled by pimps and were thus invisible on the streets and were therefore not included in this study. The boys also had sex with older women for a fee. Condoms were reportedly used in planned sexual encounters; perhaps the reason why only five of the 115 included in the study had STIs during the research period.

Symptom identification and health care seeking

The boys said they could identify the symptoms of STIs as itching and a burning sensation in what they called the "centre bolt" (penis). Other symptoms included rashes, pimples and sores on the penis, discharge and pus and difficulties in walking. The boys sought care for the symptoms when they could afford to pay for the care. When symptoms, including rashes, pimples, itching and burning sensation first appeared, they sought care if they could afford it or they borrowed medication from others who had previously been diagnosed with STIs and had medicines left over. If they did not have money and could not borrow medicines from their friends, they waited until the

penis was “really burning” or when they had great difficulties in walking. If they still could not afford to purchase the medicine, they borrowed money from other street boys and sought care, or were referred to the soup kitchen for help.

The organisation of street boys in Nakuru

In study II, the street culture, indicating the location of the identities of the street children, how they are organised, their hierarchies and street socialization, patterns of substance use, home spaces on the streets and networks of support were explored.

There were diverse groups of children on the streets comprising “begging boys”, “market boys” and the “plastic bag sellers”. The youngest and most vulnerable of these groups were the begging boys aged under 15 years. The most lucrative of the income-earning activities on the streets was selling plastic bags, while begging was considered the lowest. The plastic bag sellers were, for example, found to look down on the begging boys whom they referred to as boys who “do not work”, “are lazy”, “only want to depend on others”, “are difficult to deal with”, “do not listen” and “cannot change”.

There were also clear patterns of substance use among the different groups of boys. The begging boys sniffed glue, the market boys used drugs in tablet form, while the plastic bag sellers smoked cigarettes. Their income, as well as the kind of work the boys did to earn their living, were the main reasons for the patterns observed. The begging boys earned money through begging from passers-by who took pity on the young and dirty-looking boys with glue bottles held to their noses. The market boys earned their income from helping buyers to carry heavy loads from the market and needed to look trustworthy. The plastic bag sellers, working in the most lucrative of street jobs, could afford to buy cigarettes.

The boys had different physical spaces where they converged for support, to relax and sleep. They referred to these spaces as their “base” or home. For the begging boys, the street was their home, while the market boys referred to the soup kitchen as their home. The plastic bag sellers lived together in a rental room in a low-income neighbourhood. The three groups had strong networks of support that they relied on when ill, for clothing, food, for security, recreation or work opportunities. In study I and II, the boys had expressed the view that the existing institution of care was not an option for them as the quality of care was poor. The next section thus looks at how the caregivers described their work with the street children.

The dedicated caregiver confronting street realities

The caregivers in study III described themselves as dedicated because they worked round the clock, lived with the street children, treating them as their own biological children, and used their own income and property to meet the children's basic needs. The motivation for working with the children was said to be not for payment, as many had low salaries, but instead to improve the lives of the children and a desire to be good role models to the children who often came from poor backgrounds. They needed to show that they, too, could overcome poverty.

In the soup kitchen for street children, the male social worker/manager was himself a former street child and appeared to understand the needs of the children better. We observed that a loving atmosphere had been created with the children being allowed to be themselves. Rules were implemented in a soft, gentle and friendly manner. Furthermore, the soup kitchen was a place where the children came to relax and exchange jokes with each other and with the caregivers. Hanging around there, we saw the children make fun of each other, share stories, laugh, receive counselling and advice and eat their lunch. The importance of the role that the soup kitchen plays in this culture is clear from the way the boys behaved because even when there was no food, which was common, they still came. It seemed as if the food itself was not the sole attraction.

The caregivers described their work to include outreach on the streets, initiation of residential care, rehabilitation and reintegration of the children into society through education and vocational training. The most crucial of the four areas of care was said to be the element of outreach, particularly because of the need to win the trust of the children in the streets. The outreach strategies described include: sharing food, an essential need for the street children; showing love and understanding of the children's situation; being consistent and keeping promises; showing concern about daily experiences, including abuse and police harassment; being conversant in street language; the ability to come down to a level where they can reach the children and create rapport, for example, through touch while talking to the children and using the street language commonly used by the children; and showing concern about the daily needs of the children, particularly food, shelter and health care and about the children's safety on the streets.

Although all caregivers described themselves as devoted to the children, we observed through hanging around that not all possessed the skills for winning trust or creating a loving atmosphere and establishing good rapport with the children.

Nonetheless, the goal of the outreach phase was described as to remove the children from the streets permanently by offering them attractive alternatives. When the outreach phase was successful, the children left the streets. They were then initiated into a home where the rehabilitation and reintegration

tion processes could begin. The goal of this second phase of care was described as to restore order and routine into the children's lives and to meet their basic needs. The strategies used during this phase similarly determined whether the children stayed or returned to the street. In the homes where caregivers made decisions without involving the children, the children returned to the streets for the slightest reason. In other cases, the children reported being disciplined through beating, long and hard work, and being fed on uncooked food. In one home, those children who were considered to be difficult were disciplined by being chained to a tree.

A male manager of a faith-based organisation in Nakuru said that when they failed to create rapport with the children, and depending on how the children in turn reacted, the organisation turned to the Remand home, a governmental correctional centre for children and youth who are in conflict with the law, as a strategy to deal with difficult cases.

Making a difference despite limitations

Health care provision was said to begin already on the streets when caregivers offered first aid, dealt with minor ailments, or accompanied children to health care centres in the case of major ailments. In the homes, health care provision was, however, said to depend on available resources. Ten homes had their own doctor and dentist to whom the children were referred. Two had their own clinics and in one home, a doctor provided free care. The other homes referred children to hospitals and clinics and paid for consultation fees and for medication. One organisation said they did not pay for the treatment of sexually transmitted infections (STIs) as a way of discouraging the children from becoming sexually active. Furthermore, STI treatment was also observed to be more expensive and a financial strain for organisations already struggling for funds.

In the homes visited, the social workers were responsible for counselling, although none had formal training in psychology or counselling in group or individual forms aimed at restoring a sense of value in the children and healing the traumas of abuse and neglect. The issues addressed in counselling were described as those related to shame, guilt, aggression, anger towards parents, drug abuse, sexual behaviour, depression, and fear. Counselling was said to be an ongoing but time-consuming and challenging process that differed from child to child. The outcome was, however, said to depend on how long the children had been on the streets, whether they had abused drugs, whether they had been sexually abused or exploited, previous experiences, and emotional support.

Furthermore, missed or interrupted childhood socialisation was mentioned as another complex and challenging problem in the rehabilitation process. The caregivers explained that the children had spent a great part of their lives

on the streets and had therefore missed an important stage of family socialisation. The lost childhood evident from the mismatch between the age of the children and their behaviour was said to be critical to the (re)habilitation process and when planning care and discipline for the children.

Caregivers also mentioned abuse, including sexual abuse on the streets and street life itself, as posing a challenge to the (re)habilitation process. The caregivers talked of the balancing they had to exercise in the caring process. Caring under these circumstances was said to be challenging, particularly because some children needed intensive care round the clock. The caregivers working directly with girls expressed additional challenges because of the risk of pregnancy and sexually-transmitted infections. The girls were described as having limited knowledge on sexual matters, and were also vulnerable to abuse and exploitation in the community. Moreover, the caregivers said they were not trained to teach the girls how to protect themselves from the risks associated with sexuality, or how to develop life skills that facilitate independent living. Some organisations made concerted efforts to respond to the unique needs of girls, such as providing special transportation to and from school and offering sexual education classes. Others had simply closed their doors to girls.

Education was described as being another concern which focused on assisting the children with school fees, uniforms, tutoring and tuition support to enter public schools and universities, and the organisations had different ways of achieving this. Two had their own schools where the children were enrolled, but those too old to join the formal education system were offered vocational training within or outside the home. Organisations assisted the children to secure identification papers, driving licences and employment after the training. Some organisations had on-site income-generating activities in which the youth learnt vocational skills, created products for consumption or for sale, and earned an income for themselves and their families. In some homes, children were provided with agricultural skills through dairy and poultry farming.

The children, according to the caregivers, did not only perform well in school, but also, and more significantly, their self-confidence and sense of self-worth was restored when they attended. The children were said to demonstrate an increased desire to excel in life, realise their life goals, dreams and potential, which, in turn, increased their self-esteem, taught them to communicate with and relate to others, and allowed them to gain an enhanced sense of worth and a longing to re-unite with their parents. In other words, they were clearly regaining their identity within society and becoming “citizens”. However, despite these milestones, it has been indicated above that many of the caregivers lacked the necessary caring skills, and their outreach and disciplining methods could, and indeed did, turn away the children they felt so dedicated to serving and changing. The next step in the research process was to investigate ways to facilitate the caregivers in ob-

taining new skills and the next section will discuss the transformation described by the caregivers after undergoing an adult education process.

Perspectives of caregivers on their transformative learning experiences

The caregivers, or learners, described in study IV how the training transformed them and how it enabled them to look at their work from a new frame of reference. They mentioned in particular four areas in which they had been transformed, namely, child participation, project development, the use of media, and care for caregivers.

In relation to child participation, a common view expressed was how the training had changed their attitudes towards how they viewed the children and taught them how to include child participation in every activity. Yet more others expressed how the training had broadened their knowledge on how to work with children and how it had completely changed the way they worked. Another area mentioned was project development where the training enabled them to broaden participation to include different stakeholders when developing proposals and activities. Learning how to work with the media was also mentioned as an important lesson, with one learner expressing how this knowledge had enabled him to spread the messages about adolescent sexual and reproductive health and rights within and outside the country.

During the taught period, the learners identified the lack of care or support for caregivers as one reason for poor care and high staff turnover at institutions of care. Having learnt about caregiving in depth, they realised the need for training other caregivers at the national level which resulted in learners developing national training to reach more caregivers with the knowledge they had gained. Apart from acquiring new knowledge and skills on how to care for themselves as caregivers, the learners also acquired confidence and better ways of advocating and lobbying the government for funds to train other caregivers.

Learners' perspectives of facilitators of transformation

The learners mentioned the composition of learners, the course organisation, course content and context and the use of varied methods, including study visits and the role of facilitators during the training, as significant elements of facilitating transformation. Learners representing different professional groups and organisations had been mixed during the training, although the importance of this was not understood from the beginning. However, as

learners interacted with each other, they recognised the significance of their inter-linkage and the importance of working together in addressing CEDC. Bringing different categories of learners in one space and combining this with participatory methods of learning also played a significant role in breaking various forms of boundaries. The participants could appreciate the experiences from each other which, when shared, helped them broaden their perspectives.

In particular, the learners reflected on the way the organisers responded to their suggestions to make changes to the training schedule and topics. Bringing the learners to Sweden and removing them from their normal work contexts was mentioned as having been an important aspect of facilitating learning. The concentration and focus it offered was said to greatly contribute to effective learning. Being exposed to a more developed country with different ways of working as well as the methods of facilitation used in the training were mentioned as offering cues to the learners to think differently. Although the facilitators had extensive theoretical and practical experience on their respective topics, they had been encouraged to use participatory teaching methods, drawing largely from the learners' experiences. Learners were quick to bring to my attention, as the main facilitator and researcher, when sessions were not participatory. These issues were resolved through dialogue with the respective facilitators immediately, thus making the learners feel that their contributions were valid and important.

My role as facilitator using my previous research knowledge and the methods gained while working among street children and sexually exploited children and their caregivers were described by the learners as a significant component of their transformation. Moreover, the inclusion of the former street children and their caregivers in facilitating the session on street children was said to have had a very strong impact. The learners could identify themselves with the changed children and, thereby, learn from my experiences. Other learners were inspired by the children as they visibly broke down in tears when the children shared their experiences of street life, their (re)habilitation and the citizens they had become. Many learners described this part of the programme as indeed the turning point in their careers or the way they viewed CEDC in general and street children in particular.

Discussion

Reflections on methods

The reflexive ethnographic approach and the inherent triangulation of data collection strategies and research participants helped in gaining access to the boys, in understanding their contexts, street culture, organisation and work. The study also used multiple theories, methods, and data sources to increase our depth and breadth of understanding of the research problem as was illustrated by the data gathered at the soup kitchen. The benefit of a multi-method approach is thus revealed in the emergent nature of the research as its purpose is to enhance the study's reliability (dependability) and validity (credibility and transferability).

Long engagement and hanging around the soup kitchen provided the space to observe and better understand the life situation of the boys. It enabled us to understand how the boys related to each other, how they openly and easily talked without embarrassment about their lives, and how they joked with each other in our presence. The children reacted to me as a Kenyan, middle-class female and not simply in my role as a university researcher, although they "sized me up" in order to decide whether I could be trusted or not by making appointments with me to see if I would show up or by requesting me to bring something they needed, like soap, for example, and waiting to see if I kept my promise or by making jokes about me on the streets to see my reaction. Dan Rose (2005) argues that researchers should learn how they are perceived by their research participants. He further advocates for the need to focus on the "unnamed space" where "our" study of "them" meets or clashes with "their" study of "us". The reflexive approach enabled me to question my position and power as a researcher. To establish the trusting relationship with the boys took time, but the information accessed and the ease with which the begging boys, whom even other street boys thought could not be changed, openly engaged in discussions suggested just how important it is for researchers to be reflexive and to question their positions as a way to humble themselves. On this power imbalance, Esterberg (2002: 48–9), argues that: "... researchers need to address the power relationships that are embedded in research. Researchers ... often tend to be of a higher social class than the research participants ... determine how the research is conducted ... set the agenda and determine what is important."

Similarly, Baron (2000) notes that listening to the voices of the youth makes them feel valued as contributing members of society.

Studies I and II perhaps increased our understanding that in order to overcome adult-centred interpretations and covert relations of power, it is essential to use methods that allow for listening to each other. It was clear from these studies that long engagement with the field and “hanging around” are two methods that enable the researcher to gain an insider perspective whilst developing the ability to be reflexive and to critically question the self. Moreover, the role of participatory methodologies, for example, the participatory workshop, the “hanging around” and the reflexive approaches or critical self-questioning used in the studies increased involvement and improved listening to and understanding each other, a finding which has also been observed by others (Alderson, 2001; Punch, 2002; Thomas and O’Kane, 2000). Combing the ethnographic with the interpretive description approach (Thorne, 2008) was useful, as this method helped to make deeper interpretation of the data to discover the associations, relationships and patterns described in the various studies rather than simply describing the phenomena. For example, the boys in study I openly discussed their sexual health, and how, due to their situation, their medication practices, particularly the sharing of medicines for STIs, could have consequences, not just on their own health, but for public health through transmission of STIs in the case of continued unprotected sex, and furthermore, on the development of STI strains and their resistance to available drugs. Such information is of practical use for health education and health services for the treatment of STIs.

A reflexive ethnographic approach was also used in study III with the inherent triangulation of data collection strategies and research participants and provided thick description and helped to gain access to the multiple perspectives of the caregivers and their work contexts. This study has contributed in helping us understand the importance of the initial interactions between the children and their caregivers in the children’s decisions to leave the streets, be initiated into residential care, and undergo rehabilitation and reintegration. We observed on the streets and at institutions of care how caregivers, who accepted the children as they were and used soft strategies in establishing rapport, encouraged the children to participate and had a positive impact on the children, while those that used punitive, controlling or judgmental strategies further alienated themselves from the very children they were trying to “save”. In study IV, this gap in the therapeutic relationship between the children and their caregivers is bridged by involving former street children as facilitators in the Sida training and by using reflexivity to help the caregivers to question their assumptions on caregiving and to enable them to see the perspectives of the children. The learning methods in the training helped the caregivers to realise that the way they provided services to the children and their attitudes toward them can be a critical factor in the children being able to change their negative lifestyles and improve their

health and well-being. Mixing learners, field trips, sharing of examples from participants' work and countries and work contexts and groups discussions and experiential learning were among the methods used to foster critical thinking in the learners and thereby encourage students to see themselves as key actors with the capacity to assess their own methods for change. This study has increased our understanding of how adult caregivers can be transformed in their perspectives, attitudes and methods of work by using methods which create a learning environment that is non-threatening and supportive.

Reflections on the findings

As indicated earlier, this thesis can be seen to consist of two sections: the first section, including studies I and II, focuses on the children's situation, their life on the streets, their sexual health and the way they are organised; while the second includes studies III and IV, which are aimed at increasing our understanding of the experiences of caregivers in their care of street children and how to improve their caring practices.

The perspectives of the street children

Contrary to prevailing discourses on sexual health of street children in the early 1990s, the finding in study I that only 5 of the 115 boys observed had STIs questions the assumptions about the sexual health of the children. These findings presented a similar picture to a study exploring street children's risk of HIV infection in Brazil, where the figures were similarly low (Raffaelli et al, 1993). The street youth in the study in Brazil displayed high-risk sexual behaviour and the explanation given for the low figures was that the data were collected at the early stage of the AIDS epidemic in that country. The incidence of HIV and AIDS among street youth in Brazil was expected to rise as the epidemic progressed. As indicated above, the boys reported engaging in vaginal intercourse for pleasure within their age group but had multiple sexual partners with some being school girls, revealing a link to the wider society. The exploitative and coercive sexual encounters involving younger and older street boys reported by the boys in this study are similar to those reported by Ramakrishna, Karott, and Murthy (2003) in India where older street boys force or entice young street boys into having sex, with protection, food, money, sniffing-solution, empty bottles for sale, or a visit to a movie.

Although the boys in our study said they used condoms for planned sexual encounters, they also mentioned that condom use was difficult for street girls in prostitution because they were controlled by pimps. There was a contradiction revealed with condom use between this study, where the boys

said they used the free condoms left in public places during planned sexual encounters, and other studies, where young people report that they do not use free condoms (Nzioka, 2000).

The sharing of drugs for the treatment of STIs described by the boys could, as previously indicated, have wider implications as this practice may result in inadequate treatment for individual boys and could lead to the evolution of STI strains resistant to existing drugs. Moreover, many of the boys delayed seeking care until the illness became severe which makes them more susceptible to HIV infection and could also lead to infertility (UNAIDS, 2006). The boys in this study identified their lack of access to healthcare due to the high costs as being a major problem of life on the streets. Most hospitals in Kenya do not provide free medical care to the general public due to the country's worsening economic situation that led to the introduction of cost sharing during the structural adjustment programmes. Those most affected are the poorest, including street children. Though not mentioned by the boys in this study, other studies have shown that street children's (Ennew, 1995) and young people's (Ahlberg et al, 2001) difficulties in accessing medical care may also have to do with their experience with the caregivers who they view as unfriendly. Additionally, the lack of access to health care is complicated by their situation; namely, missing out on sexual health education at school and being dependent on knowledge from peers on the streets which may be incorrect.

The sharing of drugs, but also the reporting of those who were sick to the research team or to the soup kitchen coordinator, indicates the importance of the networks of support among the children on the street. Such networks of support and caring relationships among street children have previously been reported in Kenya (Ayuku et al, 2004) and in Indonesia (Beazley, 2003). Ayuku et al (2004) note that each street child in a gang has a responsibility for meeting the needs of the others. Each has a specific role in the group's activities. Beazley (2003) observes that strong group solidarity and loyalty to one another is a response to alienation and rejection by mainstream society. In this way, the children reinforce their difference, strengthen their boundaries and produce a collective identity and sense of belonging. This sense of solidarity and the division of labour was evident among the boys in this study and the following section reports more closely on how the street children were organised.

A major finding reported earlier was the way in which the street boys were organised around three distinct groups based on age and how they earned their livelihood, namely, the "begging boys", the "plastic bag sellers" and the "market boys". These functioned as support groups for food, work, security, shelter and general welfare. A study by Kombarakaran (2004) among street boys in India found children to have similar support from peers and friendships they form on the streets. Children were categorised according to their activities on the streets and not to the categorisation of UNICEF.

The pattern of substance use appears, as described earlier, to have meaning within the specific group. Glue was cheap but visible and was therefore more acceptable for the younger begging boys who did not need to impress people, but still needed to induce sympathy in the same people. Tablets were inexpensive and could be used secretly, which was important because the market boys who used them, could be “high” but could at the same time retain their credibility and trust from the people they carried luggage for. Compared to tablets or the sniffing solvent, cigarettes were a status symbol as only the plastic bag sellers could afford them. Such collective consumption of drugs was observed by Beazley (2003) among Indonesian street children where the children are described as performing a kind of collective ritual of escapism. However, it is not only a form of escapism and diversion. As the boys in this thesis indicated, it is also a form of suppressing hunger and fear, of freeing inhibitions, a method of reducing anxiety, stress and depression and to help release anger, frustration and dissatisfaction with their marginalised position in society.

Substance abuse compromises the quality of life of street children as Jansen et al (1990) report. They observed that street children who were sniffing glue had multiple deficiencies, such as visual-spatial difficulties, visual scanning problems, language problems, motor coordination, and memory and concentration deficiencies. The children are also at risk of pedestrian traffic accidents, particularly after glue sniffing episodes (Donald and Swart-Kruger, 1994). Given the health implications of drugs, the observation regarding the patterns of drug use in this study are particularly important because they suggest how complex the reality of living on the streets can be. The findings also provide insights into the most effective method for initiating any control interventions. Discouraging the use of drugs forcibly without understanding their meaning or the collective consumption patterns, or their functions in relation to the survival strategies of diverse groups of street children, may be problematic. This study indicates the relevance of this understanding. The friendly and persuasive ways observed in the soup kitchen, where former street children were engaged, could be an appropriate way of working with street children. The issue of care for street children remains critical, as seen from their inability to access health care when needed, or just what the boys in papers I and II reported; that the care provided, including how they are met by the caregivers, is poor. The following section addresses the experiences of caregivers.

The caregivers’ descriptions of their caring experiences

The way in which the caregivers interacted with the children on the streets and in the care institutions was crucial in the (re)habilitation process. There were two sides to the care provided in the organisations visited – one was dedication, as expressed by the caregivers, and the other was the children’s

responses to that care. The caregivers listed numerous examples to show how dedicated they were, but they also highlighted challenges that tested their expressed dedication and the strategies they adopted to overcome these challenges. The caregivers said they spent countless hours creating, what they felt was, a loving atmosphere and providing care to the children on the streets and at the institutions. They expressed being dedicated to the children and the work in different ways. On the one side of the spectrum, some caregivers used soft strategies and encouraged the children to participate. On the other, the chaining of the children to trees or sending them to remand homes was used in some institutions so as to “save them”.

It can be argued that the children themselves were responsible for making the decision to change, but the role of the caregivers and the strategies they used in their daily interactions with the children were the bases on which the children made decisions. Stokholm (2009) made similar observation in her study of children in residential care in Denmark where the teacher had the task to “break the ice”; to get to know the child and slowly convince the child that the staff wanted to help the child towards another course of development.

The children in this study were observed to respond more positively to the caregivers who respected them as individuals and had a soft approach when establishing rapport with them. This entailed actions such as touching a child while talking to him, using the commonly-used street language, and making repeated visits on the streets. Thereafter, they could begin to encourage the children and provide inspiration for them to make a move. The co-ordinator of the soup kitchen, was, as described earlier, a former street child and the soup kitchen stood out as a place where the children felt at home and accepted in similar ways to those observed by Edney (1988b: 68 quoted in Karabanow, 2004) in her study of homeless teenagers, suggesting that positive experiences came from interactions “where they were listened to, respected and understood.”

Similarly, Bahay Tuluyan, an organisation serving street children in the Philippines, reported being successful in keeping children away from the streets because of the participatory approach used by the caregivers. With the motto, “If you give the children a chance, they can change”, the caregivers, together with the children, set up the programme direction and rules, and solved any problems arising at the centre together (Ramberg and Morling, 1997). In yet another study in the Philippines, street boys and girls described the type of caregivers who become important to them as those who are kind to them, give them love, attention and care, and set limits or discipline them fairly without degrading them (ICCB, 1995-1996). This element was also well captured in this study when caregivers mentioned the challenges they faced and the balancing they had to maintain to avoid degrading the children.

In study III, the manner in which the soup kitchen worked with the children was exemplary. The coordinator, being a former street child, was able to

reach out to the children under his care which helped the children to make positive decisions in respect to drugs, crime and other issues. This finding appears similar to what Fergusson and Heidemann (2009) noted in their study that when the staff members come from the surrounding community they are able to identify with the social problems experienced by the children. In this research, we have also shown that by using the reflexive ethnographic approach I was able to reach out to the children as they allowed me into their “world” despite not belonging to their world (as the soup kitchen coordinator was). Thus, while experience of the same cultural context is beneficial, it is not essential. The reflexive method I adopted also seems to be an effective tool that, if taught to the caregivers, in coordination with engagement with key contacts like the soup kitchen coordinator and the beneficiaries, can lead to caring for the children effectively.

From the symbolic interaction theory described earlier, a key concept is the interpretation attached to the actions of others as a basis for making decisions and emphasises the process that aids the decision or the actions taken by the people involved. In study III, children deliberate on their course of action based on the “cues” they get as they interact with their caregivers on the streets and in the institutions of care. It was evident from direct observations that leaving the streets or undergoing rehabilitation at the institutions of care did not merely occur – the caregivers’ actions or “cues” were of utmost importance in the children’s decisions. Children reacted positively to caregivers who treated them with respect and involved them in their decisions, but reacted negatively to authoritarian caregivers who used punitive measures.

However, due to the interrupted childhood socialisation, the caregivers described how challenging it was to gauge the needs of the child and therefore how to relate or communicate with them in a respectable manner. A child’s age and size was no indication of their level of maturity. A child with a twelve-year-old body could, for example, be, developmentally, similar to a five-year-old and may lack the capacity to read or understand the “cues” being given by the caregiver or have the ability to interpret the symbols used to communicate with them. The caregivers stressed, therefore, how challenged they were because they were not sure of “the entry point” to such children. Thus, in terms of the theory’s application to this study, it can be problematic because the child and the caregiver may not have a common level of knowing necessary to interpret the meaning of each other’s actions.

Despite having no specialised education on child development and counselling, many caregivers could identify the needs of the children, such as interrupted childhood socialisation, and tried to find ways to address them. Much can still be learned from their experiences, even though they recognised that they are limited in many ways. For example, the caregivers identified the specialised problems of girls and their lack of knowledge in address-

ing these problems. This specialised need had implications for the children because most organisations cared for boys only.

In study III, caregivers could identify the problems but needed assistance for working with girls and difficult children. These experiences of the caregivers suggested the need for a training that could address some of these experiences and this became the subject for study IV in this thesis, which is the subject of the following section.

Experiences of learners from the adult education process

Study IV focused on caregivers' experiences of the transformation they went through after participating in an adult education process. The caregivers, or learners, reported to have been transformed in their perspectives, attitudes and methods of work. From the findings, a learning environment that contributed to this transformation was fostered by the composition of the learners, course content, organisation, methods, and the discursive role of the researcher and main facilitator in the training.

Cranton (2002) argues that no particular teaching methods can guarantee transformative learning. However, she offers two basic assumptions that serve as a catalyst for transformation, including: a) exposing students to viewpoints that are different to their own; and b) providing opportunities for learners to reflect. The training described here had these two components. The training has been developed over time as described in the introductory section. From the research undertaken among street children (Kaime-Atterhög et al, 2007, 2008) and their caregivers (Kaime-Atterhög et al, 2011) it became evident that training had to be developed to enable caregivers to critically question their assumptions, beliefs and feelings and enable them to grow personally, professionally and intellectually. The training adopted a collaborative approach that combined different disciplines, professions as well as organisations (NGOs, CBOs, FBOs and government) in one training forum. Through previous research I had recognised the value of collaborative learning, a process that is described by Huzzard et al (2010) as "action research". They argue that action researchers play an important role in the social construction of collaboration aimed at transgressing organisational and professional boundaries. They further argue that the action researcher is not a passive, neutral discursive gatekeeper but rather, is an active constructor of the discourse shaping the collaboration.

Mixing learners provided them with the opportunity to cross boundaries and connect their own learning with life experiences from multiple perspectives, thus enabling them to think creatively (Bush-Gibson and Rinfret, 2011). One of the training modules focused on experiential learning where students are encouraged to study an issue at their workplace, district or country context, design a way to address it, implement and, finally, evaluate their actions. In this way, many countries have developed pilot projects focusing

on a district where a national team of trained caregivers work together to bring about change. These partnerships strengthen and enhance student learning through critical engagement as was in the case of Evergreen State College reported by Bush-Gibson and Rinfret (2011). Moreover, field trips, as well as participation of former street children and their caregivers in the training, provided learners with the opportunity to learn from real life experiences (Cranton, 2002). Many of the sessions included the sharing of examples from participants' own work and country contexts. All of these elements foster critical thinking (Cranton, 1994; King 1997, 2000). According to Clover (1995), it is teaching methods such as these that encourage students to see themselves as key actors with the capacity to assess their own methods for change.

The location of the training (some phases of the training took place in countries outside the participants' home and work contexts) exposed the participants to other ways of working. This element was said to be critical for transformation because it gave the learners new ideas and dreams. This seems to be the kind of context articulated by Brock (2010), that learning must take place in a context relevant for the learner to maximise the likelihood of experiencing transformation.

The facilitator/teacher's role in establishing an environment that builds trusting relationships and care among learners is a fundamental principle of fostering transformative learning (Taylor, 1998). According to Loughlin (1993: 320-321), it is the responsibility of the teacher to create a "community of knowers", or individuals "united in a shared experience of trying to make meaning of their life experience." As a member of that community, the teacher also sets the stage for transformative learning by serving as a role model and demonstrating a willingness to learn and change by expanding and deepening the understanding of and perspectives of both subject matter and teaching (Cranton, 1994). The learners described their relationship with me as that of a mentor; someone who supports and guides them to develop. They noted especially the value of the methods used in my research as well as being available for them. They also remarked on the supportive, non-threatening support that enhanced their confidence to move forward and to achieve. Moreover, by openly sharing the challenges I had encountered and what I had learned about myself through my research with street children and for being open to make changes suggested by the learners created a context for critical reflection.

Southern (2007) notes that openness creates a relationship of truthfulness and trust. Teachers as mentors should have the ability to connect their own life-world with the life-world of their students, creating opportunities to reinterpret life experience through an expanded horizon. She adds that transformative learning is a relational process and it is the nature of the student-teacher relationship that makes transformation possible. She further argues that the nature of the relationship can establish a context of openness and

trust that both challenges students and supports them when they become vulnerable and helps them to explore ways that create the possibility for transformative learning. In the care of street children, I and the children had created an open and trusting relationship which became an important catalyst in the transformation of the learners. When some of the learners broke down during sessions, for example, I was there to listen and provide support that helped them to reflect on their feelings.

Although it is difficult for transformative learning to occur without the teacher playing a key role, participants also have a responsibility for creating a learning environment. As a part of a community of knowers, learners share the responsibility for constructing and creating conditions under which transformative learning can occur. According to Mezirow (1991b), to progress toward a perspective transformation, the adult learner must act intentionally. The person has to make “a decision to negate an old perspective in favour of a new one or to make a synthesis of old and new” (Mezirow, 1991b: 161). This change was clear in the participants in study IV because they adopted new methods of work, took up new work tasks and new areas, such as child participation and logframe analysis, or changed jobs altogether. In changing their world-views, participants moved through the ten phases articulated in Mezirow’s transformative theory (Mezirow, 1991a, 2000) starting with the disorienting dilemma when they broke down in the classroom at the beginning of the training. Cranton and Carusetta (2006: 13) defined self-reflection as “...being aware and critical of our subjective perceptions of knowledge”. Furthermore, Snyder (2008) has noted that learners undergoing transformation become aware of their broadening perspective, and how that perspective is subjective, based on past and current context as well as future aims.

The curricular materials, learning context and my role as the main facilitator greatly facilitated this awareness in the learners but also helped them to explore options for new roles, acquire the knowledge and skills they needed and then apply these new roles in an attempt to test and validate new frames of reference. Participants felt confident to attempt “these first baby steps” as it was all done within the training, in consultation with other learners and with support from myself and other facilitators. After the official closure of the training, the African learners have continued to learn together through the network of caregivers they initiated in 2008 and launched in 2009. In 2012, the Asian caregivers are in the process of registering their network in Cambodia and support is being provided to them by the African network.

Study IV has highlighted the important role of relationships – between learners, teacher and other environments in the classroom and in the field – for transformative learning. Moreover, reflexivity is crucial for learners to question their assumptions on caregiving and to enable them to see the perspectives of the other person and begin negotiating with each other. The methods we have used in the training facilitated this. For example, the discrepancy between the children and the caregivers that was revealed through

research was bridged. Caregivers realised that the way they provided services to the children and their attitudes toward the children under their care can be a critical factor in the children changing their negative lifestyles and improve their health and well-being. This is a learning process dependent on the need for support, trust, friendship and intimacy. However, it does not happen automatically by providing training; although professional training helps by taking the learners away from their everyday experiences and life. More inputs, similar to those discussed in this study, are needed to make them begin to question themselves and their way of working as a basis for assuming new ways of being and working.

Reflection on policy and practical implications

This thesis contributes to understanding a complex issue of public health, namely, how to both study marginalised groups and meet their critical needs. This understanding has been made possible through the inclusion of a number of factors, including: a long engagement through which I was able to learn enough about the children and their caregivers; showing great sensitivity in working with street and sexually abused children; and adopting a reflexive approach to the research to engage effectively with the children, all of which enabled me to best understand what needed to be done. A further strategy was to tap into an existing training framework – Sida Advanced Training Programmes (ITP) – and to include not only the middle-level executives that the programme focuses on, but also the grassroots-level caregivers with little education; organising an adult education training that enabled the caregivers to cross their various boundaries to accommodate and share creatively from each other and gain new skills in working with children. The adult education process produced lasting changes, not just for individual caregivers, but also for them as a group, as is evident from the national, regional and international networks they have formed to continue supporting each other and providing good care, not only to the children but also to themselves as carers. In this way, the programme has gained momentum and perhaps a higher level of sustainability.

The flexibility shown by Sida by approving various adaptations to the framework included in other Sida ITPs, for example, accepting that the grassroots caregivers be included in the training, also provided the possibility to run the training in the adapted form described. Other aspects of Sida flexibility include the provision of the three-day planning workshop held prior to the training, funds for initial project support during the pilot project implementation and monitoring phases, computers and digital cameras to ease communication via Skype and documentation of work, as well as facilitating a network meeting after the official completion of the training. By documenting the process as an academic thesis while allowing the research to

take place in its natural setting, the role of the University in improving the quality of practice has been exemplary, as articulated in the way described in the interpretive description (Thorne, 2008).

Conclusion

In conclusion, this thesis has highlighted the need to understand the ways the street boys experience, reason and communicate their symptoms as well as their support networks, and has shown that this understanding is useful in the prevention of sexually transmitted infections and the promotion of their general health and well-being. Moreover, eliminating the barrier to health care is imperative for the sustainable provision of care for this vulnerable group of children (Study I). In study II, the findings showed that it is possible to change the seemingly unchangeable street children with methods that help establish dialogue with the children. To bring about this change in the children – from being children of the garbage bins to citizens – it is important to require a better understanding of their life situation, their complex organisation on the streets and daily life. Programmes aimed at developing these children into more successful adulthood will only work if they have this understanding as their starting point. Due to the important role played by the groups and friends on the streets, maintaining and supporting these structures may be a more appropriate way of assisting these children when designing interventions.

In study III, the findings suggested that caregivers' strategies were potential contributors to declining trends of the street children phenomenon as they influenced the children's decision to leave the streets and undergo rehabilitation at institutions of care. Thus, developing educational efforts that focus on helping caregivers develop healthy relationships and positive interactions with the children is important. Factors that are critical for adult learning and that need to be taken into account in the design and running of such educational efforts to ensure transformative learning include the composition of the learners, course content based on research and the caregivers' reflections, and the discursive role of researchers and facilitators. These factors were shown to induce disorienting dilemmas which are critical for change. When this took place in a safe and supportive environment, the learners thereafter gained confidence to transform the knowledge, skills and methods they acquired through classroom and workplace training into action for children. Not only did the learners in the training described in this thesis gain the knowledge of the issues facing CEDC, but they also acquired the skills, commitment, and confidence that has enabled them to act and protect children in their local settings. Thus, study IV has shown not only how training can be used creatively to enable caregivers to change their way of work, but also how to document the process in ways which are useful for practice as well as academia.

Acknowledgements

It would not have been possible to carry out the research on which this thesis is based without the help and support of the people around me, to only some of whom it is possible to give particular mention here.

Above all I would like to thank my husband Mikael and my son Joel for their support and great patience at all times. My family, especially my brother Mike and my sister Sarah, have given me their unequivocal support throughout, as always, for which my mere expression of thanks likewise does not suffice. Mike even acted as my key informant during data collection as he was well known to the children on the streets of Nakuru, thereby, giving me easy entry into the children's world.

This thesis would not have been possible without the help, support and patience of my principal supervisor, Professor Beth Maina Ahlberg not to mention her advice and unsurpassed knowledge of qualitative research methodologies. I am also grateful for the good advice of my second supervisor, Professor Lars-Åke Persson.

I also gratefully acknowledge the Watoto Soup Kitchen who permitted me to work at their site, the key informants who guided me into the world of street children and the boys who shared their stories with me. To the children of the House of Plenty in Nakuru I have no words but admiration for their determination and courage to have street life behind them. I am proud to be their extra "Mom". I am also most grateful to the friendship of the "students" that I have had the privilege to teach within the Sida Training Programmes since 1998, with whom we have become partners in our work with children globally through the network of caregivers they have formed nationally and regionally. I am deeply humbled by their courage to let go of old ways of working with children and to make way for new ways.

I would like to acknowledge the financial support from the former research department of the Swedish International Development Cooperation Agency (Sida/Sarec). Special thanks to Anna Runeborg and Gunilla Essner who saw the potential of my work, particularly with grassroots caregivers, and lobbied for the funding of the research (Anna) and of the training programme (Gunilla) within Sida. I would also like to acknowledge the support from SNV-Kenya's Street Children Programme (Netherlands Development Organization).

I also wish to thank International Maternal and Child Health Unit and its staff, particularly Karin Törnblom, for their academic and technical support ever since I joined the Unit in 1995. I am most grateful to Professor Mehari

Gebre-Medhin who, as the head of the Unit, showed flexibility and provided me with support to establish a platform for research on Children in Especially Difficult Circumstances and their caregivers.

Special thanks to all my fellow postgraduate students at the International Maternal and Child Health Unit for the effort to create a stimulating and welcoming academic and social environment.

Lastly but not the least I cannot forget my friends spread all over the globe for their support and encouragement throughout my research.

For any errors or inadequacies that may remain in this work, of course, the responsibility is entirely my own.

References

- Abdelgalil, S., Gurgel, R.G., Theobald, S., and Cuevas, L.E. (2004). Household and family characteristics of street children in Aracaju, Brazil. *Archives of Disease in Childhood*, 89(9), 817-820.
- Agrawal, R. (1999). *Street Children*. Delhi: Shipra Publications.
- Ahlberg, B., Jylkäs, E., and Krantz, I. (2001). Gendered construction of sexual risks: Implications for safer sex among young people in Kenya and Sweden. *Reproductive Health Matters*, 9(17), 26-36.
- Alderson, P. (2001). Research by children. *International Journal of Social Research Methodology: Theory and Practice*, 4(2), 139-153.
- Ali, M., Shahab, S., Ushijima, H., and de Muynck, A. (2004). Street children in Pakistan: A situational analysis of social conditions and nutritional status. *Social science and medicine*, 59(8), 1707-1717.
- Aptekar, L. (1999). Street Children in Nairobi: Gender Differences in Mental Health. *New Directions for Child and Adolescent Development*, 85, pp. 35-46.
- Ard-an, O. and Sethaput, C. (1994). Children Prostitution in Thailand. Institute for Population and Social Research, Mahidol University. Publication 177.
- Aubrey, C., and Dahl, S. (2005). Children's voices: The views of vulnerable children in their service providers and relevance of services they receive. *British Journal of Social Work*, (36), 21-39.
- Ayuku, D. O., Kaplan, C., Baars, H., and de Vries, D. (2004). Characteristics and personal social networks of the on-the street, of-the-street, shelter and school children in Eldoret, Kenya. *International Social Work*, 47(3), 293-311.
- Ayuku, D.O. (2004). *Street Children: Their Social, Physical and Mental Health An Intensive Comparative Field Study in Eldoret, Kenya*. Maastricht: Universitaire Pers Maastricht.
- Baker, R. (1998). Runaway Street Children in Nepal: Social Competence Away from Home. In Hutchby, I. and J. Moran-Ellis, eds. *Children and Social Competence: Areas of Action*. London: Falmer Press, 46-63.
- Baron, C.C. (2000). *Giving youth a voice: A basis for rethinking adolescent violence*. Halifax, NY: Fernwood Publishing.

- Beazley, H. (2003). Voices from the margins: Street children's subcultures in Indonesia. *Children's Geographies*, 1(2), 181–200.
- Beer, R.D. (1997). Dynamical Systems and Embedded Cognition. In: *The Cambridge Handbook of Artificial Intelligence*, Cambridge University Press.
- Beers, H. van (1996). A plea for a child centred approach in research with street children: Childhood. *Children out of Place: Special Issue on Street and Working Children*, 3(2), 195-202.
- Birch, A. (2000). Guatemala's street children: Forging survival paths. *Development*, 43(1), 55-59.
- Blumer, Herbert. 1969. *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
- Brock (2010), Measuring the Importance of Precursor Steps to Transformative Learning. *Adult Education Quarterly*, February 2010 60, 122-142.
- Bush- Gibson and Rinfret (2011). Environmental Adult Learning and Transformation in Formal and Nonformal Settings. *Journal of Transformative Education*, April 2010, 8(2), 71-88.
- Butler, U. and I. Rizzini (2003) —Young People Living and Working on the Streets of Brazil: Revisiting the Literature. *Children, Youth and Environments*, 13(1).
- Castillo, J. (2009). *Snowball sampling*. Experiment Resources.com, <http://www.experiment-resources.com/snowball-sampling.html> (accessed 30 August 2011).
- Charon, J.M. (2007). *Symbolic Interactionism: An Introduction, An Interpretation, Integration*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Chhan K. (2012). Personal Communication. Senior Officer, Government of Cambodia.
- Clover E.E. (1995). Gender Transformative Learning and Environmental Action. *Gender and Education*, 7(3):1, 243-258
- Cohn, E. (2003). The Perils of Power in Interpretive Research. *American Journal of Occupational Therapy*, 57, 40-48.
- Cranton, P. (1994). *Understanding and Promoting Transformative Learning: A Guide for Educators of Adults*. San Francisco: Jossey-Bass.
- Cranton, P. (2002). *Teaching for Transformation*. *New Directions for Adult and Continuing Education*, 2002: 63–72. doi: 10.1002/ace.50
- Cranton, P. and Carusetta, E. (2006). Developing Authenticity as a Transformative Process. *Journal of Transformative Education*, 2(4), 276-293.
- Cranton P. and Wright B. (2008). The transformative educator as learning companion. *Journal of Transformative Education*. 6, 33–47.
- Dirkx, J. (1997). Nurturing Soul in Adult Learning. *New Directions for Adult and Continuing Education*, 1997(74), 79-88.

- Donald, D. and Swart-Kruger, J. (1994). The South African street child: Developmental implications. *South African Journal of Psychology*, 24(4), 169–174.
- Douglas, J. (1985). *Creative interviewing*. Beverly Hills: Sage Publications California.
- Drane, M. (2010) Street Children As Unaccompanied Minors With Specialized Needs: Deserving Recognition As A Particular Social Group, *New England Law Review*, Summer 2010.
- Droz, Y. (2006). Street children and the work ethic: New policy for an old moral, Nairobi (Kenya). *Childhood*, 13(3), 349–363.
- Ennew, J. (1995). Outside childhood: Street children's rights. In B. Franklin (Ed.), *The Handbook of Children's Rights: Comparative Policy and Practice* (pp. 201–215). London: Routledge.
- Ennew, J. and J. Swart-Kruger (2003). Introduction: Homes, Places and Spaces in the Construction of Street Children and Street Youth. *Children, Youth and Environments*, 13(1).
- Esterberg, K. G. (2002). *Qualitative methods in social research*. New York: McGraw Hill.
- Ferguson, K.M., Dabir, N., Dortzbach, K., Dyrness, G. and Spruijt-Metz, D. (2006). Comparative analysis of faith-based programs serving homeless and street-living youth in Los Angeles, Mumbai and Nairobi, *Children and Youth Services Review* 28 (12), 1512–1527.
- Ferguson, K.M. and Heidemann, G. 2009. Organizational strengths and challenges of Kenyan NGOs serving orphans and vulnerable children: a template analysis. *International Journal of Social Welfare*, 18, 354–364.
- Fine, G. A., and Sandstrom, L. (1988). Knowing children: Participant observation with minors. *Qualitative Research Methods*, 15.
- Government of Kenya (GOK), (2001). *Children's Bill*. Government of Kenya. Nairobi, Kenya.
- Government of Kenya (GOK), (2010). *2009 Population and Housing Census Results, August 2010*. Kenya Census 2009, Government of Kenya, Minister of State for Planning, National Development and Vision 2030.
- Government of Kenya (GOK) and UNICEF (1992). *Situational analysis of children and women in Kenya*. UNICEF.
- Groen J. and Hyland-Russel T. (2011). Humanities Professors on the Margins: Creating the Possibility for Transformative Learning. *Journal of Transformative Education*, 9(4), 223-245.
- Guba, E. G., and Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco, CA: Jossey-Bass.

- Hammersley, M. (1993). On the teacher as researcher, in: M. Hammersley (Ed.) *Educational research: current issues*. London: Paul Chapman Publishing.
- Hellawell, D. (2006). Inside-out: analysis of the insider-outsider concept as a heuristic device to develop reflexivity in students doing qualitative research. *Teaching in Higher Education*, 11(4), 483-494.
- Hertz, R. (1995). Separate but simultaneous interviewing of husbands and wives: Making sense of their stories. *Qualitative Inquiry*, 1(4), 429-451.
- Hertz, R. (1997). *Reflexivity and voice*. California: Sage Publications.
- Hockey, J. (1993) Research methods: researching peers and familiar settings. *Research Papers in Education*, 8(2), 199-225.
- Holstein, J. and Gubrium, J. (1995). *The active interview*. California: Sage Publications.
- Huzzard, T. et al (2010). "Constructing Interorganisational Collaboration: The Action Researcher as a Boundary Subject". *Action Research*. London: Sage Publication, 8:293.
- ICCB - International Catholic Child Bureau (1995-1996). *A Research and Intervention Programme to Create a Child Focused Environment for Children in Prostitution*. ICCB, Metro Manila.
- James, A. and Prout, A. (1997). A new paradigm for the sociology of childhood? Provenance, promise and problems. In A. James and A. Prout (Eds.), *Constructing and reconstructing childhood* (pp. 7-33). London: Falmer Press.
- Jansen, P., Richer, L. M., Griesel, R. D. and Joubert, J. (1990). Glue sniffing: A description of social, psychological and neuropsychological factors in a group of South African street children. *South African Journal of Psychology*, 20(3), 150-158.
- Jones et al., (2007). Tears, Trauma and Suicide: Everyday Violence Among Street Youth in Puebla, Mexico. *Bulletin of Latin American Research*, 26(4):462-79.
- Kaime-Atterhög, W. (1996). Street children and prostitution: The situation in Kenya. NU, News on Health Care in Developing Countries, (pp. 27-32, vol. 10(2)). Sweden: International Maternal and Child Health, Uppsala University.
- Kaime-Atterhög, W., Lindmark, G., Persson, L.-Å., and Ahlberg, B. M. (2007). Burning "centre bolt": Experiences of sexually transmitted infections and health care seeking behaviour described by street boys in urban Kenya. *Children and Youth Services Review*, 29(5), 600-617.
- Kaime-Atterhög, W. et al., (2008). Are street children beyond rehabilitation? Understanding the life situation of street boys through ethnographic methods in Nakuru, Kenya. *Children and Youth Services Review*, 30 (2008) 1345-1354.

- Kaime-Atterhög et al., (2011). “With an Open Heart we Receive the Children”: Caregivers’ Perspectives on their Provision of Care to Street Children in Kenya. Unpublished article.
- Kaime-Atterhög et al., (2012). “The training was an Eye-opener...”: Transformative Experiences of Caregivers from an Adult Education on Medical and Psychosocial Care of Children in Especially Difficult Circumstances.
- Kamusi, 2008. Internet Living Swahili Dictionaries and the Internet Living Swahili Dictionary Project database, World Language Documentation Centre.
- Kapadia, K. (1997). Children at Risk in Urban Areas in India: a review. *SCARO Briefing paper No.6*, Kathmandu. Save the Children (UK) South and Central Asia Regional Office.
- Karabanow, J. (2004) *Being young and homeless: Understanding how youth enter and exit street life*. New York: Peter Lang.
- Kidd, S. and Carroll, M. (2007) Coping and suicidality among homeless youth. *Journal of Adolescence*, 30(2) 283-296.
- King K. and Wright L. (2003). New perspectives on gains in the ABE classroom: Transformational learning results considered. *Adult Basic Education*, 13, 100–123.
- King, K. P. (1997). Examining learning activities and transformational learning. *International Journal of University Adult Education*, 36(3), 23-37.
- King, K. (2000). The Adult ESL experiences: Facilitating perspective transformation in the classroom. *Adult Basic Education*, 10 (1), 69-89.
- Kombarakaran, F.A. (2004). Street children of Bombay: their stresses and strategies of coping. *Children and Youth Services Review*, 26, 853–871.
- Kwankye, S.O., Anarfi, J.K., Tagoe, C.A. and Castaldo, A. (2009) *Independent North-South Child Migration in Ghana: The Decision Making Process Working Paper T-29*. Brighton: University of Ghana and Development Research Centre on Migration, Globalisation and Poverty, Sussex University.
- Kwankye, S.O., Anarfi, J.K., Tagoe, C.A. and Castaldo, A. (2007) *Coping Strategies of Independent Child Migrants from Northern Ghana to Southern Cities Working Paper T-23*. Brighton: University of Ghana and Development Research Centre on Migration, Globalisation and Poverty, Sussex University.
- Labaree, R.V. (2002). The risk of ‘going observationalist’: negotiating the hidden dilemmas of being an insider participant observer. *Qualitative Research*, 2(1), 97-101.
- Lincoln Y. and Guba E. (1985) *Naturalistic Inquiry*. Sage, Beverley Hills, California.
- Loughlin, K.A.1993. *Women’s perceptions of transformative learning experiences within consciousness-raising*. San Francisco, CA: Mellen Research University Press.

- Löw U. (1998). A World of Violence: The daily battles of Nairobi's street children. In: Habitat debate, theme on men and violence. http://www.unhabitat.org/mdg/documents/africa/vol4_no1_nairobi_battles.doc. (online cited 10 July 2010).
- McAlpine, K., Henley, R., Mueller, M. and Vetter, S. (2009). A Survey of Street Children in Northern Tanzania: How Abuse or Support Factors May Influence Migration to the Street. *Community Mental Health Journal*, DOI 10.1007/s10597-009-9196-5.
- Mead, C.H. (1932). *The Philosophy of the Present*. Prometheus Books.
- Mercer, T. (2009). *Family Voices: An Ethnographic Study of Family Characteristics and Caregiver Perspectives on Street Children in Eldoret, Kenya*. Unpublished Thesis.
- Mezirow, J. (1978). *Education for perspective transformation*. New York: Teachers College, Columbia University.
- Mezirow, J. (1991a). *Transformative dimensions of adult learning*. San Francisco: Jossey-Bass.
- Mezirow, J. (1991b). Transformation theory and cultural context: A reply to Clark and Wilson. *Adult Education Quarterly*, 41(3), 188-192.
- Mezirow, J. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco: Jossey-Bass.
- Muhindi, M. (2007). Personal communication. National Coordinator, Street Families Rehabilitation, Ministry of Local Government, Kenya.
- Mwangosi, P. et al (1991). *A Report on Research on Street Children*. Department of Social Welfare, Ministry of Labour and Youth, Dar es Salaam, Tanzania.
- Myers, W. E. and J. Boyden (1998). *Child Labor: Promoting the Best Interests of Working Children*. Save the Children.
- Nzioka, C. (2000). *The impact of HIV/AIDS on the University of Nairobi*. Nairobi, Kenya: Department of Sociology, University of Nairobi.
- O'Connor, W. and D. Molloy (2001) '*Hidden in Plain Sight: Homelessness Amongst Lesbian and Gay Youth*', November, 2001, UK National Centre for Social Research.
- Oxford English Dictionary, <http://oxforddictionaries.com/> (online cited 20 February 2012).
- Patel, N.B. and Bansal R.K. (2010). STI Profile and Treatment Seeking Behaviour of Street Children in Surat. *National Journal of Community Medicine*, 1(1).
- Panther-Brick, C. (2002). Street children, human rights, and public health: A critique and future directions. *Annual Review of Anthropology*, 31, 147-171.

- Plummer, M., Kudrati, M., and Yousif, N. (2007). Beginning street life: Factors contributing to children working and living on the streets of Khartoum, Sudan. *Children and Youth Services Review*, 29 (12), 1520-1536.
- Punch, S. (2002). Research with children: The same or different from research with adults? *Childhood*, 9(3), 321–341.
- Raffaelli et al., (1993). Sexual Practices and Attitudes of Street Youth in Belo Horizonte, Brazil. *Social Science and Medicine*, 37(5), 661-670.
- Ramakrishna, J., Karott, M., and Murthy, R.S. (2003). Experiences of sexual coercion among street boys in Bangalore, India. In S. Bott, S. J. Jejeebhoy, I. Shah and C. Puri (Eds.), *Towards adulthood: Exploring the sexual and reproductive health of adolescents in Asia* (pp. 95–98). Geneva: World Health Organization.
- Ramberg and Morling, 1997. *Children in Especially Difficult Circumstances and Existing Interventions in Metro Manila, Philippines. A study of health consequences, existing health interventions and other services. A Report from a Minor Field Study*, IMCH, Uppsala University, Uppsala.
- Rede Rio Criança (2007) *Criança, Rua e ONG's: Quem Faz e o que faz? Mapeamento de Ações Das ONG's Junto às Crianças e adolescentes em situação de rua no município do RJ* [Childhood, Street and NGOs: Who are they and what do they do? Mapping of NGO Activities working with children and adolescents in street situations in the municipality of Rio de Janeiro] Criação Gráfica: Rio de Janeiro.
- Rose, D. (2005). *Living the ethnographic life (qualitative research methods)*. Newbury Park, CA: Sage Publications, Inc.
- Rurevo, R. and Bourdillon, M. (2003). Girls: The Less Visible Street Children of Zimbabwe. *Children, Youth and Environments*, 13(1) Spring.
- Silungwe, N. and Bandawe, C. (2011). Implementing a Dynamic Street Children's Program: Successes and Challenges. *Malawi Medical Journal*; 23(3), 78-84.
- Smeaton, E. (2005). *Living on the Edge: The Experiences of Detached Young Runaways*. London: The Children's Society
- Smeaton, E. (2009). *Off the Radar: Children and Young People on the Streets in the UK*. Sandbach: Railway Children.
- Snyder, C. (2008). Grabbing hold of a moving target: identifying and measuring the transformative learning process. *Journal of Transformative Learning*, 6, 159-181.
- Southern, N. L. (2007). Mentoring for transformative learning: The importance of relationships in creating learning communities of care. *Journal of Transformative Education*, 5, 329-338.
- Stokholm, A. (2009). Forming Identities in Residential Care for Children: Manoeuvring Between Social Work and Peer Groups. *Childhood*, 16:553.

- Strehl, T. (2010). *Street-Working and Street-Living Children in Peru: Conditions and Current Interventions*. Foundation for International Research on Working Children (IREWOC).
- Suda, C. (1997). Street Children in Nairobi and the African Cultural Ideology of Kin-Based Support System: Change and Challenge. *Child Abuse Review*, 6, 199-217.
- Taçon, P. (1991). *Protection, respect and opportunity for the street children of Ethiopia*. Unpublished consultant's report to representative of UNICEF in Ethiopia. New York: UNICEF.
- Taylor, E. and Cranton, P. (2012). *The Handbook of Transformative Learning: Theory, Research and Practice*. London: Wiley Publishers.
- Taylor, E. (1998). *The theory and practice of transformative learning: A critical review*. Columbus, OH: ERIC Clearinghouse on Adult, Career, and Vocational Education. (ERIC Document Reproduction Service No. 423 422).
- Taylor, E. W., (2000). Building the Theoretical Debate: A Critical Review of the Empirical Studies of Mezirow's Transformative Learning Theory. *Adult Education Quarterly*, Fall 48(1), 34-59.
- Terres des Hommes (2010). Children in Street Situations - Sectoral policy – January 2010.
- Thomas, N., and O'Kane, C. (2000). Discovering what children think: Connections between research and practice. *British Journal of Social Work*, 30(8), 17–33.
- Thorne (2008). *Interpretive Description*. California: Left Coast Press.
- UNAIDS. (2006). Sexually transmitted infections.
http://www.unaids.org/en/issues/prevention_treatment/sexually_transmitted_infections.asp (online cited, 10 May 2006).
- UNICEF (1988). A Background Paper on Street Children. Submitted at the National Workshop on Street Children, 29-30 August, New Delhi.
- UNICEF (1986). Children in especially difficult circumstances. E/ICEF1986L.3 New York: UNICEF.
- UNICEF (1996). *Medium-Term Plan for the Period 1996-1999. Children in need of special protection measures*. New York: UNICEF.
- UNICEF (2004). *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. New York, NY: UNICEF.
 Download: http://www.unicef.org/aids/files/Framework_English.pdf
- UNICEF (2005). *The state of the world's children: Invisible and excluded children*. New York, NY: UNICEF.
- UNICEF (2006). *The State of the World's Children 2007: Women and Children*. New York, NY: UNICEF.

- UNICEF, UNAIDS and USAID (2005). *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. New York: UNICEF.
- United Nations (1989). *The convention on the rights of the child*. Geneva: United Nations.
- Valentin, K. (1999). *Notions of Risk Applied to Urban Children in Nepal*. ETNO-FOOR XIII:89-99.
- Ward, C. L and J. R Seager (2010). South African street children: A survey and recommendations for services. *Development Southern Africa*, March, 27(1), 85-100.
- Whyte, W. F. (1993). *Street corner society: The social structure of an Italian slum* (4th ed.). Chicago: Chicago Press.
- Wongkhomthong, S., Kaime-Atterhög, W. and Ono, K. (1995). AIDS in the Developing World: A Case of Thailand. *ASEAN Institute for Health Development*, Mahidol University, Thailand. Holistic Publishers.
- World Bank (2005). *Orphans and Vulnerable Children (OVC) – Toolkit for Sub-Saharan Africa*. World Bank OVC Thematic Group.
- Wright, B., Cranton, P., and Quigley, B.A. (2007). *Literacy Educators' Perspectives on Transformation and Authenticity*. Accessed online (20 July 2012): http://www.adulterc.org/Proceedings/2007/Proceedings/Wright_etal.pdf
- Yoddumnern-Attig, B., Attig, G. A., and Boonchalaksi,W. (Eds.) (1991). *A field manual on selected qualitative research methods* (2nd ed.). Salaya, Thailand: Institute for Population and Social Research, Mahidol University.

Acta Universitatis Upsaliensis

*Digital Comprehensive Summaries of Uppsala Dissertations
from the Faculty of Medicine 790*

Editor: The Dean of the Faculty of Medicine

A doctoral dissertation from the Faculty of Medicine, Uppsala University, is usually a summary of a number of papers. A few copies of the complete dissertation are kept at major Swedish research libraries, while the summary alone is distributed internationally through the series Digital Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine.

Distribution: publications.uu.se
urn:nbn:se:uu:diva-178166



ACTA
UNIVERSITATIS
UPSALIENSIS
UPPSALA
2012