

Introduction

In 1997 the Romanian National Authority for the Protection of Child Rights (NAPCR) began to make changes to the way they dealt with 100 000 abandoned and institutionalised children. Children are being returned to the county of their birth in hope of reuniting them with their biological families, if this is not possible they are adopted by other Romanian families, placed in foster care or in small family sized houses set up to provide the care individual children require. The infamous Romanian orphanages are beginning to disappear. In most cases, a much improved lifestyle has been attained. However, many young people who have fallen through the net, like the young people who are now living and/or working on the streets (YPLWS) of Romania's cities.

HIV/AIDS in Romania

Although the economical situation in Romania is rapidly improving, the long term health impacts of her ever distancing past remain. One consequence of the institutionalisation of children is the demographic spread of HIV/AIDS. Romania has, according to the latest survey published by the National multisectoral commission for the surveillance, control and prevention of HIV/AIDS casesⁱ (CNMS), seen a cumulative total of 14 387 HIV/AIDS cases. 10278 people are living with HIV/AIDS of which 7537 (73%) individuals are under the age of 19, a further 4679 patients are currently living with AIDS of which 3667 are under the age of 19.

The World Health Organisation (WHO) reports a low prevalence (0.04%) but nosocomial transmission in the childcare system between 1989 and 1991ⁱⁱ accounts for the highest infection rate amongst children in Europe. The WHO in Europe questions the reliability of reported prevalence rates; two major studies have outlines irregularity in past infection records and new presentations of HIV infection still arise in young people infected between 1989 and 1990ⁱⁱⁱ. Romania is described as having an intermediate risk of an HIV/AIDS epidemic³ but with rapid epidemic progression in the nearby Ukraine and Russian federation^{iv}, this risk is being taken seriously by the state.

To prevent an epidemic key groups identified by UNAIDS are being targeted. One group for whom surveillance and prevention strategies may be inadequate is the street child population.

Street children

Vulnerable children living on the streets is an international problem, but Romania's history and current politics has created a unique cohort of vulnerable young people.

The street child phenomenon did not, officially, exist prior to 1990 and the fall of the totalitarian state^v. High rates of child abandonment^{vi} and failed social re-integration policies^{vii} have caused the situation to worsen.

The exact number of street children is unknown and estimations vary greatly. The dynamic nature of this group means that 17 years after the fall of communism no national monitoring system exists⁵. In 2005 UNICEF reported the population in Bucharest at approximately 2000, 500 of these residing permanently on the street and 1500 working the streets.^{viii} No mention was made to how a street child was defined and whether those over the age of 18 were included, this is significant as thousands of the children born during Ceausescu's reign are now young adults. The European federation of national organisations working with the homeless reported that official figures showed 15 000 homeless adults on the street of Bucharest during the winter of 2006.^{ix}

This is not to say that the state has not made attempts to resolve this problem, the NAPCR outline street children as a vulnerable group that needed to be addressed prior to accession into the EU on the 1st January this 2007. Attempts to re-house the population have been numerous and continuing with varying degrees of enthusiasm.^x Despite attempts by authorities the problem is one which is unlikely to be resolved immediately.

Many street children at one time of another have been returned to the county of birth, to institutions, to their biological parents or passed in and out of NGO organised programs including family type care but so often the pull of the street dwelling culture sees their return 'home'.

Classifying YPLWS

A study published by Asociatia Sprijinirea Integrării Sociale and the consortium for street children classified the population into four groups⁵, seen, with the addition of transient street children in the table below.

Classification table

Class 1
A child who works and lives full time on the street a) True b) Transient
Class 2
A child who works the street during the day but link with their family by evening (this may be due to overcrowded at home, the desire to pass time or lucrative street activities)
Class 3
A youth that lives on the street – a former street child whom social re-integration has failed. Legally not seen as children but incorporated into the street child category. a) true b) transient
Class 4
A child who lives with parents on the street this includes those whose parents are <i>Class 3</i>

Restructuring the child care system has resulted in a rise in the transient street child. A transient street child will be defined as one remaining on the streets for a period of less than 6 months. Sending children away from institutions and returning them, to either biological family or to alternative family type care, is in principle the most suitable arrangement, every child needs a stable and loving home^{xi}. However, the re-accommodation of 100 000 individuals, has seen many end up in unsuitable new homes and subsequently the street. In many incidences there are social workers from state or non governmental organisations who have prior relationships with these children who are able to assist in the re-housing of these children.

One must consider those leaving state care at the age of 18 or when their formal schooling finishes. At this point the state is no longer has responsibility for them and without the support of a family options are limited. Despite attempts by caring members of the local authorities many are, left to fend for themselves. This would be less concerning if it weren't for public's negative perception of institutionalised children and the problem this provides in career prospects. Of these young people those with Roma origin face particular difficulty. This minority community has historically been a discriminated against by the Romanian society^{xii}, for an institutionalised Roma adolescent employment opportunities are sparse. Further to

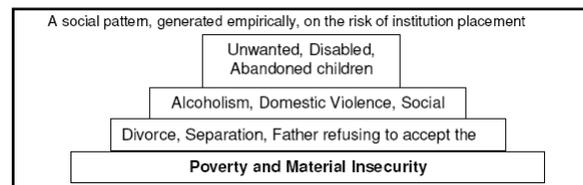
this, they are less likely to find support with their biological families; children who have not grown up within the gypsy community are too often rejected for not suiting this culture.

Child abandonment today

Despite much effort, the high rate of child abandonment in Romania has not altered in the last three decades.^{xiii} When in 1966 Ceausescu was concerned by the rate of population growth he passed a decree to encourage child birth. Restrictions continued to be passed, severely constraining the use of contraception and abortion, until 1985^{xiv}; subsequently a dramatic rise in birth rates was seen. In a setting with strong social traditions, anxious mothers left illegitimate or unwanted children on maternity wards across the country, slowly creating a society in which abandoning a child is still not uncommon today.

Birth was not the only time at which children were abandoned, poverty exacerbated the problems of alcoholism, domestic violence and marital unrest; unwanted or disabled children made these situations worse. Many parents simply left children in public places or the children themselves ran away.

*UNICEF highlighted the following as key reasons for the high levels of child abandonment.*⁶



Today approximately 35 000 children remain in institutions and many more remain under the care of NAPCR. The street child problem is being addressed with a rapid intervention unit¹, but this requires good cooperation between the police and the legal system, themselves undergoing substantial reform. The number of YPLWS is becoming less pronounced but the problem is not going to disappear over night.

HIV/AIDS - A Problem for YPLWS?

The 2004-2007 report from the CMNS¹ reviewed street youths as one of Romania's 8 high risk groups.

Groups outlined as high risk

- Young people
- Commercial sex
- IDU
- Prisoners
- MSM
- Street youth
- New Mothers and their children
- Roma population

This report described no national level analysis of HIV/AIDS in the street youth population but also no record of HIV/AIDS and STI cases. It observes the Romanian Association against AIDS report, in Bucharest 2004, screening 1103 street youths (including those under the age of 18) for syphilis. This showed an infection rate of if 5.7% in girls and 5.6% in boys.

Risk behaviours

Amongst the general population the dominant route for infection is sexual transmission. This is greatest in young people between 15 and 29¹. Despite public health efforts, the average age of first intercourse is decreasing with no significant rise in condom use,⁷ a national survey shows 50% of men and 20% of women have had more than two sexual partners in the past three months.^{xv} Considering that the nosocomial incidence of HIV/AIDS is most pronounced in those born between 1989 and 1990, it is concerning that a report published in the Lancet 2006 discusses HIV positive status being withheld from 20% of those under the age of 18 known to be infected.^{xvi} In both YPLWS and general population analysis of syphilis infection has been conducted. In the general population, the increase in of HIV infection rates correlates with the increase in syphilis transmission³. Similar patterns may be seen in the street child population, in both groups 5% of the population are infected with syphilis.¹

The most common reason for YPLWS is abuse. The WHO's Report on Violence and Health declares nearly half of Romanian parents admitted to 'regularly' beating their children, 9.1% of Romanian children have been sexually abused^{xvii} and 1.1% of girls have been raped^{xviii}. This will,

considering the psychological impact of institutionalisation or abuse in the home, exaggerated risk behaviours and add to the complexity of sexual contact histories for YPLWS^{17, xix, xx},

Labour forms

YPLWS tend to operate as part of a group with hierarchal dynamics. A group leader assigned due to experience, size and aggression will encourage members to utilise their skills for greatest benefit of a group. Leadership leads to considerable gain; be this financial, sexual or status-linked.⁷

The main source of income for the street youths varies, the ILO rapid assessment 2002 highlighted the various job types.⁷

- Begging
- Car washing
- House work
- Loading and unloading goods
- Selling goods
- Collecting waste materials
- Prostitution
- Theft

Analysis of the juvenile justice system in 2003 identified significant labour related risks including that of HIV/AIDS. The most significant risks are seen in prostitution and drug trafficking although short duration of ILO assessment hindered the analysis of these. Research conducted by Save the Children in 1997 reported that 35% of female street children had engaged in survival sex^{xxi} and 20% of male street children had been subjected to paedophilia at least once.²¹

Drug use

Drug use is a substantial problem; the inhalation of paint thinner fumes has become a large part in street youth culture. There is anecdotal evidence that the use of intravenous drug use is becoming more prevalent^{xxii} this is unsurprising given the high level of heroin use in the general population. Heroin is the most frequently abused drug in Bucharest, a dramatic increase between 1998 and 2004 sees an estimated 24 000 injecting heroin users^{xxiii} 80% of these users are aged 16 to 29 of which 70% are unemployed^{xxiv}. There is significant evidence that substance abuse amongst young people with behavioural problems increases the risk of HIV/AIDS substantially.^{xxv-28} If anecdotal evidence of heroin use reflects the reality this risk increases further.

Judicial system

Possible involvement in illicit labour places young people on the street in actual/perceived conflict with the law. YPLWS rarely have identity documentation and so suspicious police all too often arrest and arrest them.⁵ Save the Children reported a low level of education in the SC group 45% dropped out of school by the age of 10 with a further 20% having never been to school.²¹ This in combination with limited access to information means the vast majority do not know the rights they are entitled to or are properly aware of the consequences to their actions.⁵

Globally UNAIDS place prisoners in the four most at risk populations.^{29xxvi} In Romania the occupation rate of penitentiaries is between 150% and 700%; 14% of prisoners share beds. Here CMNS outlined unprotected sex as the primary cause of transmission, noting the prohibition of marital visits and that 67% declared never to have used condoms. Low hygiene levels, common razor use, tattooing and self mutilation are reported as high risk factors for HIV AIDS in prison. One street youth interviewed described self mutilation as a custody escape mechanism; cutting his arms on route to the police station meant he was released 'because it makes to much paperwork'. The number of children in conflict with the law correlates with the explosion of the street youth culture after 1989. Today there is significant concern for high rates, increased gravity and organisation of youth crime.⁵

Conclusion and recommendations

Officially the problem of HIV/AIDS does not exist in YPLWS of Romania's cities. However the group has been outlined as a high risk group. This report presented information which highlights the complex nature of YPLWS and how their behaviour as a cohort interacts with many of the high risk groups highlighted by the CMNS report.

It is possible that classification in an alternative group may offer an explanation for the apparent non-existence of HIV/AIDS infection in YPLWS.

An interview with a voluntary worker at victor Babes hospital for children with HIV/AIDS highlighted a problem that had arisen in the previous month. An institutionalized, HIV positive, youth had been returned to his parents, abused and was subsequently living on the streets. The volunteer was unaware of shelters for his care and due to his asymptomatic state was unable to have him admitted to a ward. Fortunately after waiting a few days the wounds given by his drunken father became infected. He was admitted.

This transient street child is outside of the scope of other CMNS high risk groups and infected with HIV/AIDS.

Fear of stigmatisation may influence YPLWS being tested for HIV/AIDS. Stigmatization of the institutional child and those with Roma origins has been discussed; homelessness itself will present further stigmatization, these combined with an HIV positive status would make life very difficult. There is significant stigma attached to HIV positive status in Romania^{12 16}

As a group YPLWS are highly dynamic, monitoring a continually changing group is clearly difficult. A national monitoring centre pulling together the resources and knowledge from both NGO's working with vulnerable young people and the state could dramatically improve this. By monitoring and intervening where appropriate, any epidemic to which the YPLWS are clearly at risk will be better controlled. Clearer communication on a national level will ensure that the sub-human living conditions, the lack of basic medicine and access to sanitary conditions which have not been explored in this review can be addressed. These vulnerable young people may then have a chance to integrate into the society from which they are outcast.

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