

Reaching Sexually Exploited Children Under Age 16

By Milagros Tan and Leona D'Agnes

In the Philippines, some 100,000 to 500,000 minors younger than 18 are estimated to be involved in the sex industry. Studies undertaken by PATH (Program for Appropriate Technology in Health) and partner NGOs (nongovernmental organizations) in urban sex areas show that prostituted children are at high risk of contracting sexually transmitted infections (STIs) and HIV because of low awareness of STIs and HIV, risky sex, drug-injecting practices, and minors' limited access to preventive measures and services at government social hygiene clinics.

In response to this serious problem, PATH/Philippines manages the education component of the AIDS Surveillance and Education Project (ASEP) in cooperation with the Philippines Department of Health and the US Agency for International Development (USAID). Its primary objective is to prevent a rapid increase of HIV/AIDS among the population by encouraging vulnerable groups to adopt preventive practices. Target groups for the project include female and male sex workers, men who have sex with men, customers of sex workers and, in some cities, users of injected drugs. An external assessment of the project, organized by USAID in 1997, urged ASEP to extend its preventive education and outreach services to sexually exploited children under age 16 (referred to as SECUS*).

ASEP's outreach component offers preventive education to SECUS in six urban centers that have thriving sex sectors. These include Angeles City in Luzon; Cebu and Ilo-

ilo in Central Visayas; and Zamboanga, Davao and General Santos in Mindanao. Trained peer educators learn to counsel about prevention methods, guide group interactions, and participate in skills-train-

alogues and scripts to fit their own lives and situations. Facilitators process the experience at the end of the session, opening up avenues of discussion for the more reticent participants.



Boys singing their HIV/AIDS prevention messages

ing workshops. These efforts were successful with adult outreach programs; topics and approaches were modified to suit the SECUS target group.

Strategic Approach: Getting Young People to Talk (GYPTT)

One of the innovative methods used to engage SECUS was developed specifically for ASEP. Getting Young People to Talk (GYPTT) is a communication tool based on dialogues and scripts taken from the actual experience of children involved in sex work. These dialogues and scripts were documented as life stories by ASEP and form a basis for GYPTT. GYPTT is used by both the SECUS and adult outreach teams for eliciting issues and providing a safe, nonjudgmental forum for sharing. This method is effective because it provides a direct and realistic experience within a controlled environment. Participants are given guidance in revising and altering di-

The most commonly cited problem in two years of implementing SECUS outreach services is the lack of medical treatment for children who have STIs. Children with STIs face greater constraints when seeking treatment than do adult sex workers. NGOs without clinical support are dependent on the government's social hygiene clinics to provide treatment. Unfortunately, however, some localities discriminate against minors, and the government clinics, in general, lack

supplies of appropriate STI drugs and personnel with experience in managing adolescent reproductive health problems. Moreover, feedback about the quality of STI care at the government clinics has not always been positive. NGOs have also developed a referral system with other NGOs and medical services, but continue to acknowledge the dearth of child- and adolescent-friendly services. A lack of national guidelines for treatment of childhood STI cases is yet another constraint that NGO clinicians face.

Examples of Lessons Learned

A pilot program in Cebu City addressed policy issues affecting sexual exploitation of children. Spearheaded by one NGO, the idea was to increase community officials' awareness of national laws and local ordinances that protect children from sexual exploitation and STIs/HIV/AIDS. The project team held intense information sessions with community leaders, parents and

*ASEP uses the term *child* for those young people under 16; FOCUS' work includes young people ages 10-19.

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other interested parties to discuss the laws that protect children and how to implement these laws more effectively. As a result, in one year, recruitment of children into the sex industry and child abuse cases in five selected *barangays* (municipal communities) decreased. The initiative’s success is being replicated in four other cities for ASEP’s 2000–2002 project cycle.

Preliminary evaluation of behavior change shows that SECUS outreach activities have made strides against sexual exploitation in the communities. Children are more aware of lifestyle risk factors; they are learning how to negotiate condom use with their sexual partners; and, with the help of NGOs, street children have been successfully organized into associations to give them a voice in their communities. NGOs have strengthened their capacity to identify and manage children with genital discharge and other STI syndromes. In one city alone (Cebu), over 900 high-risk children were screened and positive cases were managed at the point of first contact using prepackaged “STI syndrome selective (SSS) kits” provided by PATH. However, these activities must be further evaluated to measure their impact.

Factors for Successful Health Projects for Children

- ASEP asserts that peer education is both cost-effective and efficient in providing access to children and adolescents involved in the sex industry. A child is more likely to listen to someone close to his or her age and will be less suspicious of a peer’s motives than an adult’s. It is also helpful to find a peer educator consid-

ered to be a leader in a gang or clique. His or her influence on other group members is invaluable.

- Information, Education, and Communication materials and training modules should be reevaluated for their “child-friendliness.” Most people do not enjoy sitting in lectures, and this is especially true of children and adolescents. The time needed to train and impart information in an appealing manner is a worthwhile investment to improve the chances that the first encounter with the client will be successful and will lead to further sessions. ASEP’s success in using theater as a vehicle for peer education training and outreach is one example of child-friendly education methods.
- Providing a safe place where children can play and feel less inhibited leads to successful outreach. Sites at which a room was made available for children during the daytime attracted more clients than sites at which outreach was attempted on the street or in communities. These rooms don’t have to be fancy, but a few toys and a place to rest give the child a feeling of refuge against hostile elements.

As ASEP moves toward the next stage, SECUS will take a larger role in developing outreach education strategies. PATH plans to integrate ASEP into a larger reproductive health model to improve the chances of sustaining the community-based intervention, through promotion of ownership by the local government and the NGOs that collaborate with ASEP on AIDS prevention.

Teens in youth camp creating art (May 2001)

