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From Substance Abuse to Unsafe Sexual Behavior at an Early Age: Maladies of Street Children of Kathmandu City, Nepal

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Abstract

Background: Street children are a marginalized group considered the most at-risk population (MARPs). Because of their substance abuse practice, ranging from glue sniffing to injecting drugs and unsafe sexual behavior, they are vulnerable to transmitting HIV and other blood-borne diseases. Numerous studies have been conducted on street children in Kathmandu. However, there are gaps in studying hardcore substance abuse and unsafe sexual behavior.

Objectives: This study aims to assess the state of substance abuse and practice of unsafe sexual behavior among the street children of Kathmandu city.

Methods: This research applied both exploratory and descriptive study designs. Using the non-probability sampling of snowball sampling technique, we interviewed 50 respondents (including six females) from purposively selected three location clusters, i.e., New-road, Thamel and Gaushala/Pashupati Temple area of Kathmandu) have been interviewed. We used both open-ended and close-ended questions to collect data.

Results: The findings of the study disclosed that substance abuse transitioned from solvent use in the earlier ages of 11 to 13 years to the progress towards injecting drugs as they grow older, 14 to 16 years old. Of the total, 14% of the respondents sharing the needle/syringe with others while injecting drugs. Likewise, 88% of the male respondents have reported practicing unsafe sexual behavior, with their friends, in exchange for food and money.

Conclusions: The street children of Kathmandu are living a risky life. Substance abuse and unsafe sexual activities are the most high-risk behavior, making them vulnerable to transmission of HIV, HCV, HBV and STIs. However, the policies to respond to the issue of street children in Nepal are simply inadequate and ineffective.

Paper Types: Research Paper

Keywords: High-risk behavior, Injecting drug use, Sexually Transmitted Infections, Substance abuse, Unsafe sexual behavior

Introduction

The number of street children has been growing in urban areas of developing countries. UNICEF said in 2007 that it is impossible to identify the exact number of street children, but the estimated number is almost tens of millions across the world (Benitez, 2007). (Shrivastava et al. (2016) estimated more than 150 million children are on the streets, and the major causes recognized are but not limited to war, disaster, family breakdown and poor socio-economic household conditions. However, there is no exact data on the problems street children face. Dutta (2018) identified street children as vulnerable to various risks and hazards, whether with their families or on their own. Poverty is the leading cause of children moving to the streets. A previous study estimated approximately 1200 to 1500 street children in Kathmandu Valley (Shrestha & Shrestha, 2014). The evidence indicates differences in the state of street children around the world (Alaye, 2021).

The United Nations Convention on the Rights of the Child 1990 (CRC), ratified by 192 member countries (Phelivanli, 2008), defines a child as someone under 18. However, in Nepal, the Children's Act 1992 defines a child as a minor not having completed the age of 16 years (The Children's Act, 1992). In this context, a street child refers to any girl or boy for whom the street has become the habitual residence or a source of living (Ahmad et al., 2014; Benitez, 2007). Some street children may work on the street only in the daytime and return home to their families at night. However, many remain on the streets as they are homeless. UNICEF (1996) defines street children as boys and girls below 18 who live in the street - which includes vacated sites and for whom the street functions as a source of subsistence and survival. In the context of Nepal, no formal document defines a street child. For this study, we define a street child as someone who is yet to be 16 and who lives on the streets, performs his/her activities and considers the street as his/her home.

Problem Statement

Street children are insecure and are at high risk of vulnerability to various forms such as exploitation and abuse, on the one hand, and are exposed to alcohol, drugs and tobacco at an early age (Sharma, 2020). Injecting drug use is a significant public health concern since it causes high morbidity and mortality owing to the risk of drug overdose and blood-borne infections, mainly HIV and Hepatitis B (HBV) and Hepatitis C (HCV), as well as they practice unsafe sexual relations (Karmacharya et al., 2012; Pachau et al., 2022). Estimating the exact number of street children is problematic since UNICEF has projected it to be tens of millions worldwide (UNICEF, 2005). The risk of infections of various transmitting diseases from the injecting drug user is very high. The UNODC (2022) reported that of the 284 million people aged 15-64 worldwide who used drugs in 2020, 11.2 million use injecting drugs, and half of them are living with Hepatitis C, 1.4 million are living with HIV, and 1.2 million are living with both HCV and HIV. The report of the National Centre for AIDS and STD Control, Nepal, states that among the 1205 HIV-infected children under 18 years of age, the Government of Nepal supports 656 males and 549 females in collaboration with Save the Children (NCASC, 2022). There is no clear data on such infections among street children, however.

Adolescent street children in Brazil tend to have more unprotected sex with many partners and substance abuse (Hartmann et al., 2021). Similarly, the probability of contracting the Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Diseases (STDs) is more significant among street children, mainly due to unprotected sex and substance abuse (Boyer et al., 2017). The prevalence of HIV among people living on the street in the U.S. is estimated to be two to ten times higher than among young people with stable homes because of unprotected sex with many partners and substance abuse (Hsu et al., 2018). Despite the literature abroad showing an increase in the prevalence of high-risk behavior,

such as substance abuse and unsafe sexual behavior among street children, Nepal demonstrates inadequate studies in this area. In this regard, this study aimed to provide information on triggering factors and practices related to substance abuse and unsafe sexual behavior among the street children of Kathmandu city and answer the following research questions:

- How are the street children of Kathmandu involved in substance abuse and unsafe sexual behavior?
- What types of drugs the street children are using?
- What is the state of vulnerability of street children of Kathmandu towards the transmission of HIV, STIs, HCB and HCV?

By answering the research questions stated above, this study sets its objective to assess the state of substance abuse and the practice of unsafe sexual behavior among the street children of Kathmandu.

Scope of the study

The findings of this study would be helpful for researchers, students, and teachers to understand the state of street children in a mega city like Kathmandu. On the other hand, the findings of this research will be valuable for policymakers and other stakeholders to design intervention policies and programs.

Structure of the paper

To communicate the findings of this research through this paper, we divided this paper into six sections. Section One introduces the research theme and gaps; Section Two illustrates the coverage of the issue in the literature, followed by a presentation of the methodology adopted in Section Three. Furthermore, Section Four presents the results and the findings discussed in Section Five concerning the adopted conceptual framework and existing knowledge. The paper ends with providing concluding statements at last.

Underpinning the issue of Children on the Street

This section briefly presents the state of knowledge that street children build across the globe. The study sees street children from a sociological perspective, particularly from the functionalist and interactionist theories. These theories refer to the problems and their high-risk behavior as the factors leading them to the street. Malik and Malik (2022), from the functionalism of Durkheim, see society as a human entity that consists of different organs: religion, education, politics, judiciary, and family are mutually dependent; a failure of any of these organs to perform specified function leads to failure of functioning of the organism as a whole. On the other hand, the Interactionist Perspective of Sutherland (1939) emphasizes the requirement of looking towards specific behaviors and norms of groups in contact since deviance is learned from the people who already engaged in deviant behavior. The street children of Kathmandu demonstrate deviant behavior like abuse of substances and practice unsafe sexual behavior. They might have learned these deviant behaviors from the others already involved in such activities. The social interaction theory indicates peer pressure as the most destructive factor that forces street children to hook up into substance abuse and unsafe sexual behavior. We hereunder briefly present the findings of previous studies to justify these theoretical premises.

Scholars often argue that various factors bring children to the streets. Studies show that children of single-parent families (female), coupled with poverty, are more likely to produce children on the street (Abdelgalil et al., 2004). In many cases, children of broken-up families, due to death (HIV/AIDS), separation or divorce and war, go to the street to seek survival options (Veal & Dona, 2003). Others found that the lack of parental care can cause emotional and psychological divergence in children, triggering them to run away from home (Ribeiro & Trench, 2001). Conticini and Hulme (2007) identified physical punishment by their parents and elders, which is accepted and adopted in most of the African and South Asian cultural practices of personal and social control send children on the streets. Wakatama (2009) have seen poverty, HIV/AIDS, broken homes, single-parent families, and crisis from natural disasters to ethnoreligious war appearing to be major factors causing children on the

street. The children of the streets of Kathmandu might have also arrived on the streets due to similar causes.

Problems of street children

Various factors are associated with the risk of and to street children as they are the marginalized and rejected section of the population. Street children are a hidden vulnerable population and a global public health issue, although very little is known about their mental, physical, and psychological well-being (Dankyi & Huang, 2022). Kebede (2015) illustrates that once children are on the streets, they get absorbed in the big bad world of urbanism, they get introduced to substance use, start getting engaged in diligent behaviors, and get pushed by their peers or experience pressure from the gangs to get involved in criminal activities. Furthermore, they also face different challenges in meeting their necessities, such as food, cloth and shelter. They also experience vulnerability to disease, depression and other psychological issues, as well as social problems of abuse (Yacob, 2018). Birhanu (2019) reported numerous problems, ranging from sexual abuse, verbal and physical abuse, engagement in drug use, prostitution, and experience of discrimination to different health challenges by street children of Ambo Town, Ethiopia, because of their living conditions and inaccessibility to medical services. Similarly, Fikre (2016) states that street children are underprivileged in social relations, access to resources and enjoying human rights. The previous research works reviewed here indicated peer pressure as one of the major factors contributing to street children facing hazardous situations.

High-Risk Behavior among the Street Children

Studies have shown that street children practice several high-risk behaviours, sometimes voluntarily, other times forcefully. The risk of HIV infection among children and adolescents, especially those living on the streets, may be high due to their marginalized social and economic situations, as well as the existence of commercial sex and sex in exchange for food, shelter and other needs. Intravenous drug use and other high-risk behaviors in this population are also high. Abate et al. (2022) reported that forced sex has contributed to the poor health status of Harar, Eastern Ethiopia street children. Also, in the city of Mumbai, India, younger boys exchange sexual favors for protection, food and movie tickets (Kombarakaran, 2004), and the majority number of street children use drugs and engage in survival sex as coping mechanisms in Lahore, Pakistan (Sherman et al., 2005). In Nepal, Injecting Drug Users are vulnerable to transmission of HIV and HCV (Kakchapati et al., 2017). Ewunetie et al. (2022) found that most street youths of East Gojjam Town, Ethiopia were sexually active and involved in unsafe sexual practices, which exposed them to sexually transmitted infections, leading to unplanned pregnancies and abortions.

Substance Abuse and Unsafe sexual Behavior

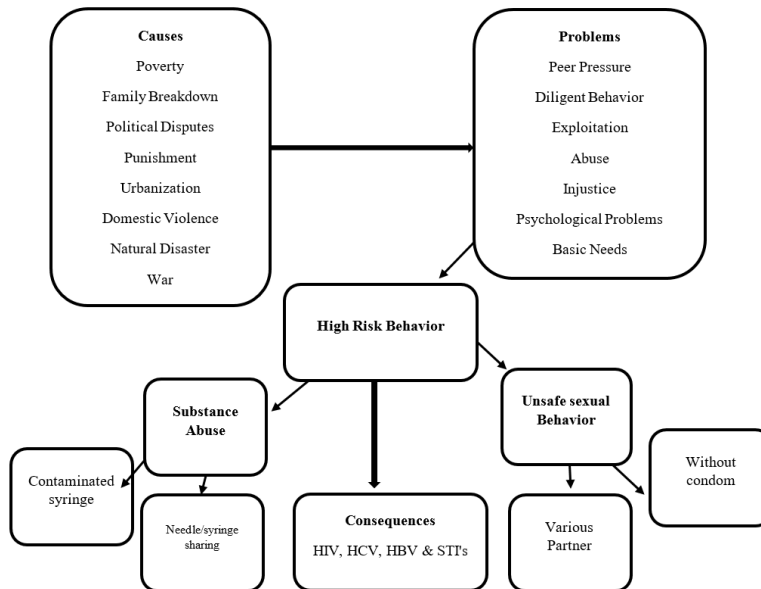
The use of any substance that affects our nervous system through intoxication produced by its repeated or chronic use changes our mood, perception, and sensation is substance abuse (WHO, 2001). A substantial number of People Who Inject Drugs (PWIDs) are living with HIV and HCV and are exposed to multiple adversities, and live in risky environments that increase health harm globally (Louisa et al., 2017). An estimated 15.6 million people in the world who inject drugs (PWID) are at risk of acquiring blood-borne infections, particularly hepatitis C Virus (HCV) and HIV, through the sharing of needles/ syringes or other drug preparation equipment (Degenhardt et al., 2017). In Nepal, the estimated number of Drug users is 130,424, with over 90% being males (Ministry of Home Affairs, 2020).

As such, to be concluded through the literature review above, most street children are vulnerable to HIV and STIs because of unsafe sexual behavior. Based on the understanding constructed through the literature review, we plotted the mechanism of high-risk behavior in street children and the interplay among them in a schematic diagram that is recognized as the conceptual framework of this study, which guides this research further.

Conceptual Framework

This research is based on the conceptual framework designed here (figure 1). This conceptual framework consists of four major dimensions: Causes, Problems, High-Risk Behavior, and Consequences.

Figure 1 Conceptual Framework of the Study



The figure represents the overall idea of the study. Various reasons, such as poverty, family breakdown or conflicts, urbanization, and war, force children to become street children. After living on the streets, they face different types of problems. Peer pressure, diligent behavior, exploitation, abuses, and difficulties in meeting their survival needs further trigger them to be involved in high-risk behavior.

For this study, substance abuse and unsafe sexual behavior are the two major variables taken for analysis. Regarding substance abuse, this study analyzed whether street children inject or take drugs orally or through the nasal canal. In addition, concerning unsafe sexual behavior, we studied whether they had intercourse with many partners, with or without protective options such as condoms. Based on the findings, we provided a general conclusion that if respondents are using drugs through injection and practice sexual intercourse with many partners without protective initiatives, such as condoms, they might be vulnerable to the transmission of HIV, HCV, HBV and STIs, although a study of the prevalence of these diseases is beyond the scope of the present study.

Research Methodology

Study Area

This study was conducted in Kathmandu, considering the high prevalence of street children in the city. As the capital city, Kathmandu exhibits nexus among urban environmental elements, including street children. The hubs of shoppers and tourists, such as Thamel, New Road, and Gaushala (Pashupati) areas, were the study sites.

Data collection techniques

The essential information for the study has been accumulated mainly by adopting two different approaches. Primary data were collected from the questionnaire survey interviewing the street children sampled using non-probability sampling, i.e., snowball sampling. The study employed a semi-structured interview that included both open-ended and close-ended questions. Both qualitative and quantitative data were collected. As the sample was taken from non-probability sampling, the study's sample size was 50 respondents, including six girls. The children of age 16 years or below have been focused as respondents.

Finding the respondents was challenging because most street children, particularly those abusing substances, often hide themselves from the public, mostly during the daylight. Furthermore, due to the security concerns of stigma and discrimination, they hesitate to interact openly with the general people. Consequently, the sample size was reduced to 50 from the initial target of 70 respondents since it took more than six months to find 50 respondents and interview them.

Results

Demographic Characteristics of the Respondents

This section provides a demographic overview of a sample population. The interviewed street children have come to the streets of Kathmandu from many parts of the country, with dominating number being from the districts surrounding Kathmandu, such as Dhading, Dolakha, Kavre, Nuwakot, Ramechhap and Sindupalchok. A few respondents were also from Tanahau, Palpa, Morang, Sunsari, Kathmandu, Lalitpur and Bhaktapur districts.

Table 1 Demographic profile of the respondents by Age, Ethnicity, Education and Gender.

		Frequency	Percentage
Age	8-12	12	24
	13-14	18	36
	15-16	20	40
	Total	50	100
Ethnicity	Ethnic Group	22	44
	Brahmin	8	16
	Chhetri	15	30
	Others	5	10
	Total	50	100
Education	Illiterate	8	16
	Primary (1-5)	34	68
	Lower Secondary (6-8)	8	16
	Total	50	100
Gender	Male	44	88
	Female	6	12
	Total	50	100

Source: Field Survey, 2017

Table 1 presents the demographic profile of the respondents. Of the total, 24% of respondents were aged between 8-12 years, 36% belonged to the age group between 13-14 years, and 40% were from the age group of 15-16 years. Likewise, 44% of the respondents belonged to different ethnic groups, followed by 30% from Chhetri and 30% from the Brahmin community. The rest of the 10% of respondents were others, including from the Dalit community. Furthermore, 16% of respondents have never attended school, 68% have studied up to primary level, and 16% have attended 6 to 8 grades, although they dropped out before completing primary education. This indicates that most street children are just literate or have hardly studied only up to the primary level. The share of female respondents is notably low, possibly because of their hiding nature in daylight.

Initial age of Substance Abuse and types of drugs intake

In this section, we present the data on street children concerning their age while they had started using illicit drugs.

Table 2 The respondents' initial age of substance abuse and types of drugs use.

	Frequency	Percentage
Early Age of Substance Abuse	Below 10 years of age	16
	11-12	30
	13-14	24
	15-16	30
	Total	50
Types of Drugs	Glue Sniffing/ Dendrite	64
	Injecting Drugs	14
	Others (Ganja)	22
	Total	50

Source: Field Survey, 2017

Table 2 demonstrates that 16% of the respondents started using drugs before they reached ten years of age. By the age of 11-12 years, 30% of the respondents started using drugs, 24% of the respondents have experienced first-time drug intake within 13-14 years, and simultaneously, 30% of the respondents reported their first drug use by the age of 15-16 years. Likewise, it has been identified that the majority of the respondents. i.e., 64% of the respondents out of 50 used Glue or Dendrite Sniffing, while 14% were practicing Injecting Drugs. The remaining 22% of the respondents used marijuana.

The family background plays a crucial role in determining the environment for drug use at an early age. In most cases, respondents use drugs at an early age because of their parental habits of using cigarettes, tobacco and alcohol. Elkoussi and Bakheet (2011) state the age of initiation of using drugs was between 10 and 13 years for street children of Upper Egypt. In Nepal, the use of alcohol at an early age is culturally accepted in many ethnic groups. There is no strict restriction to access alcohol or tobacco to minors as they can buy it freely, and shopkeepers do not think it immoral to sell these elements to children. In this regard, one of the participants shared his experience of using drugs at an early age:

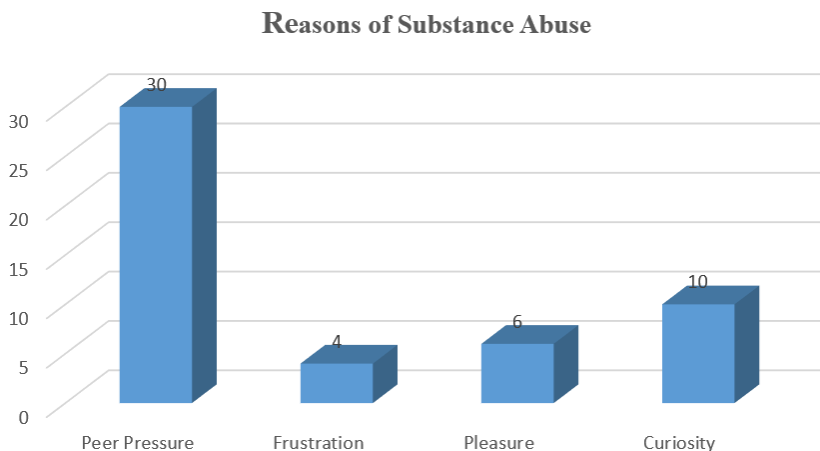
I was nine when I started smoking cigarettes and drinking alcohol. I saw my father, relatives and most of my elder family members smoking and drinking. There was no exact time for drinking and smoking. They used to drink whenever they wanted. As such was the home environment, I gradually learned to drink and smoke, which became a habit quickly. As I came to the streets, I started smoking marijuana and sniffing dendrite. At 14, I started injecting drugs with my friend on the streets (Respondent 4).

The above experience revealed that the nature of addiction has grown since childhood. When children cannot live in a proper environment, there is always a big chance to develop diligent behavior or an addictive personality. This study found that street children learned to use drugs from their family members' smoking and drinking habits since smoking and drinking were usual activities.

Reason for Using Drugs

There are various reasons for using drugs.

Figure 2 Reason for Substance Abuse



Source: Field Survey, 2017

Figure 2 demonstrates that 60% of the respondents started using drugs due to peer pressure. In contrast, 20% of the respondents mentioned taking drugs due to curiosity. Furthermore, 12% of the respondents mentioned that using drugs gives some pleasure, so they started, while 8% stated that frustration led them to create drugs.

The finding of this study revealed that peer pressure played a vital role in forcing street children to use drugs. The majority of respondents use drugs through peer influence or pressure. Bronfenbrenner's Ecological Theory also supports this finding that children from 10-17 years are easily influenced by their surrounding environment (Bronfenbrenner, 1986). As stated by Shahabudin and Low (2013), street children spend more time with peers; thus, being exposed to peer pressure and peer conformity is high. In this concern, one of the respondents shared his experience of using drugs from peer pressure:

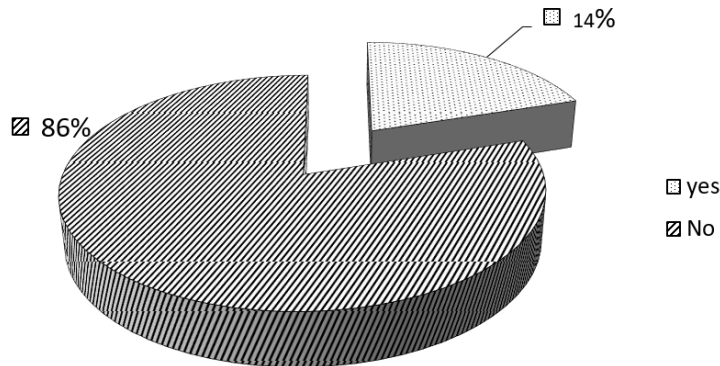
Before I came to the streets, I smoked cigarettes and drank alcohol occasionally. However, afterwards, I met many friends on the streets. First time I took drugs from my friends. To live in the circle, sometimes I have to use drugs. Peer pressure is always in my life on the street. When I do accordingly, as my friends suggested, they will accept me easily in their circle. Otherwise, I may be rejected. Therefore, the fear of insecurity of rejection, which often leads to being attacked by other gangs and friends, triggered me to accept drugs. At present, I am living my life in drug addiction (Respondent 12):

The narrative shared above revealed that peer pressure is the declaration of their rules and roles for street children. On the one hand, peer pressure protects their lives, although often it may lead to a negative outcome in the life of street children. This finding reveals that most of the respondents of the present study started using drugs of peer pressure, which can be termed 'Streetism', meaning that gang behavior prevails in streets that influence street children.

Sharing of Needle/Syringe

We analyzed the data on the use of injecting drugs to understand the risk of being with various blood-transmitted diseases among street children. The prevalence rate of HIV, HCV & HBV is alarming because of the sharing of needles/syringes and the use of contaminated ones.

Figure 3 Sharing of Needle/Syringe



Source: Field survey, 2017

This study found that 86% of the respondents did not exchange syringes, but the remaining 14% did with friends. Respondents in the younger ages, 11 to 13 years, reported only sniffing glue. However, when they grow older, they start injecting drugs. Most did at the age of 14-16. As they get older, the frequency and intensity of the use of drugs also increase. They change the types of drugs from sniffing dendrite (soft) to injecting drugs (hard). This study identified that 14% of the respondents share their needles/syringes while injecting drugs. The population of street children, particularly in developing countries, are vulnerable to adverse health and risk behaviours of substance abuse (Embleton et al., 2013). Chettiar et al. (2010), on the other hand, stated that risky sexual behaviors are also associated with substance use, including survival sex in order to obtain drugs and unsafe sex under the influence of substances. Substance use, if involving injecting, is also associated with HIV transmission among street children globally. In this regard, one of the respondents shared his experience during a one-to-one interview:

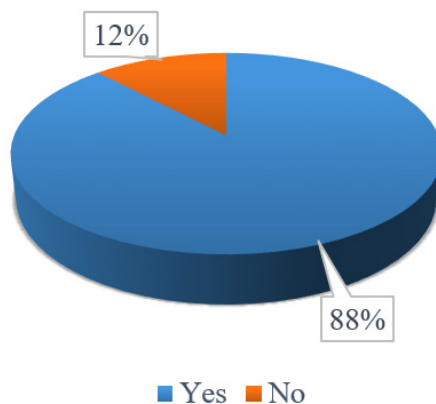
As an injecting drug user, it is really hard for me to access a new syringe. I cannot keep syringes in my pocket and roam wherever I want because of police harassment. Thus, it is really a risky job. If police find me with a syringe, there is no chance of escaping. The fear of custody also drove me to use old and contaminated syringes, sometimes sharing with others while injecting drugs. (Respondent 23)

This respondent's experience indicates that injecting drugs is the ultimate destination of drug abusers after experiencing numerous drugs. Sharing needles/syringes with other users becomes common when a drug user injects drugs. This leads to a high risk of transmission of diseases such as HIV, HCV and HBV.

Unsafe Sexual Behavior

The unsafe sexual behavior of respondents may increase the risk of getting STIs and other severe health problems. In high-risk behavior practices, unsafe sexual behavior is one of the key indicators to assess the problem faced by street children. This study was conducted to understand the sexual health situations of substance-abusing street children.

Figure 4 Unsafe Sexual Behavior



Source: Field survey, 2017

This study showed children getting experience of sexual activities at quite an early age. Of the total, 88% of respondent children reported that they had sexual contact with others despite the age of sampled children being below 16 years; however, they practice unsafe sex.

We did not ask female respondents about their sexual behavior to maintain a comfortable interview environment. However, street children are also exposed to risks when interacting with the public. There were cases of children who were sold to strangers and forced to beg on the streets, and girls were the easy targets of sexual assaults and abuse (Bukoye, 2015), showing the fact that female street children are more at risk from every angle in the street than those of their male counterparts.

According to the respondents, there were various reasons for not using condoms, like they felt shy to get a condom and did not have sufficient time to get a condom when the environment favours them to have sex. In this regard, due to unsafe sexual behavior, street life increases risky behavior. Similarly, there is a lack of knowledge on safe sex, and there is no easy access to condoms due to discrimination, poverty and vulnerability among street children (Kakchapati et al., 2018). Concerning risky sex, respondents who slept at night on the streets were twice as likely to have had risky sex. In this regard, one of the respondents shared his experience during an interview.

In the street, there is no fixed sexual partner in my life. I had sex with many friends without using condoms. The majority of our friends practice the same sexual pattern. It is really difficult for me to share all of my unsafe sexual experiences, but in gist, one can understand that I have had unsafe sexual practices many times. I did such high-risk behavior for my survival. Most of the time, I had unsafe sex with friends for money and food. (Respondent 31)

The case presented above indicates that sex at a young age was risky as children had significantly lower levels of knowledge about reproductive health and HIV. However, they do not know about safety measures. When asked about whom they usually had sex, they reported having sex mainly with friends in exchange for food and money. Furthermore, street children received degrading and humiliating maltreatment from the police, peers and the general public.

Discussion

People living on the streets are marginalized and vulnerable to transmission of HIV, STIs and other blood-borne diseases. Although there were various causes for being on the streets, broken families and poverty were the major causes. Street children faced various problems like psychological trauma, physical abuse and exploitation, peer pressure and social injustice. In this regard, as Dutta (2018) states, street children, whether with their families or on their own, are especially vulnerable to the

dangers of society, whereas poverty is seen to be the leading cause of their being on the streets. This study, too, presented common findings.

There were various causes for street children being involved in high-risk behavior. Involvement in substance abuse and unsafe sexual behavior were the major high-risk behavior identified. Sharma (2022) stated that high-risk behavior and various forms of vulnerability, including exploitation and abuse, lead to the use of drugs and alcohol among street children.

This study identified that 16% of the respondents use drugs before age ten or earlier, while most use drugs from 11 to 16. This finding is more or less consistent with the findings of Elkoussi and Bakheet (2011) who found early stage of substance abuse among the street children of Egypt aged 10 to 13 years. Glue and dendrite sniffing were the most commonly used drugs by the street children of Kathmandu. In addition, 22% of the respondents use marijuana, and 14% are Injecting Drug Users. Similarly, a study from West Africa Gambia discovered that street children mostly used marijuana, and some of them had experienced using hashish, heroin and cocaine (Bah, 2018).

This study found that peer influence plays a vital role among street children since over three-fifths of respondents started substance abuse to peer pressure. This finding is consistent with the finding of Shahabudin and Low (2013), who found that street children depend on peers and spend most of their time with peers, which determines their behavior. Thus, peer pressure is always influencing the life of street children for their existence. In addition, curiosity, pleasure, and forgetting the pain and frustration also led street children towards substance abuse.

Injecting drug use, sharing needles/syringes and using contaminated syringes were other risky behavior for the street children of Kathmandu. Such high-risk behaviour is key in transmitting HIV, HCV and HBV among street children. Although we do not know the infection of such disease among the street children of Kathmandu; however, almost 20% of respondents use injecting drugs, share syringes and use contaminated syringes repeatedly. This behavior indicates that injecting drug use is a serious public health concern since it promotes the transmission of blood-borne infections, mainly HIV, HCV and HCB (Pachua et al., 2022). The results of this study are consistent with the findings of Degenhardt et al. (2017), who found that the People Who Inject Drugs (PWIDs) were the most at risk population for transmitting HIV, HCV and HBV. Likewise, in most countries, there is a significant increase in PWID living with HIV and HCV, and they are exposed to multiple adverse risk environments that increase health harm (Louisa et al., 2017). Therefore, the findings of this study clearly identified that street children are vulnerable to transmission of HIV and related blood-borne diseases in Kathmandu as well.

The findings of this study show that 88% of the respondents (all males) involved in unsafe sexual behavior. The practice of using condoms was very low, and numerous sexual partners increased the risk of transmission of HIV and STIs among these children. Cutuli (2018) stated that street children faced various psychological, physical and sexual health problems due to adverse situations. Karmacharya et al. (2012) believed that most street children are at high risk of transmitting HIV and STIs due to unsafe sexual practices. The findings of the present study are fairly consistent with existing literature. Furthermore, the exchange of sex for food, money and survival (to be safe in the gang) was the primary reason behind having various partners and practicing unsafe sex. There is always a high chance of sexual abuse for street children, especially females, at night. This indicates that sexual abuse, exploitation, deprived of their rights are the common maladies of street children of Kathmandu.

The findings of this study are consistent with the designed conceptual framework, so it contributes to the theory-building process. We used two theories to analyze the causes of children being on the street and the reason for their involvement in high-risk behavior. The functionalist theory explains that the causes of being on the streets were mostly family breakdown. It is consistent with the findings of this study and Shrivastava et al. (2016). Likewise, as Sutherland's (1939) Interactionist theory explains, peer influence is the cause of engaging in high-risk behavior, which correctly coincides with the present study's finding.

The study was limited to 50 respondents. The research used mixed methods qualitative and quantitative, to analyze the collected data. Therefore, the researcher used semi-structured in-depth interviews and direct observation. Similarly, the collected data represents the high-risk behavior by substance abuse and unsafe sexual behavior. Kathmandu City was chosen as the capital city, and shopping and tourist hubs such as Thamel, Newroad and Gaushala (Pashupati area) were the study cluster where the street children were identified and interviewed. However, the generalization should be made carefully considering the small sample size and the study conducted only in Kathmandu.

Conclusions

Street children living on the streets of cities are the most at-risk group in society. Family disintegration, domestic violence, lack of awareness among parents, lack of proper child-centered interventions, a weak education system, poor economic conditions, and peer influence in ever-growing urban areas are pulling children to the streets of Kathmandu. Therefore, the fundamental argument made in this study is that street children are Most at Risk Populations (MARPs) who are at risk of STI, HIV and other blood-borne diseases like HCV, and HCB because they are living in an environment where risks (criminal activities, peer-influenced, immoral or unsocial activities) are concentrated. Furthermore, they are deprived of their rights but are exploited, abused, and tortured. They live on the streets, resulting in psychological, physical, and sexual health problems.

On the basis of the findings presented and discussed above, there is indeed a need for changes in the policies and programs directly related to the life of street children so it could be improvised. Coordination and collaboration are required between the Government, INGOs, NGOs, various stakeholders, community organizations and the academic sector to bring an enabling environment in the life of street children. Nevertheless, the concerned authorities should design and implement effective social policies to address the causes that are leading children on the streets before addressing the issues of street children. Furthermore, as the street children of Kathmandu Valley are practicing high-risk behavior, this study recommends further study of street children on the prevalence of the transmission of HIV, HCV, HBV and STIs using a clinical approach.

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