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Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
at the  
Second International Conference on Street Youth

Rio de Janeiro, Brazil  
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**Executive Director of the United Nations Children's Fund (UNICEF)**  
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I feel privileged to be in the company of so many individuals who sincerely care about the children whom society has cast aside. Your presence and participation in this important conference identifies you as people committed to nurturing, protecting, healing and empowering the broken bodies and broken spirits of our children who have suffered from neglect, abuse, abandonment, and exploitation. You have come, not only in your roles as health professionals, educators or social workers, but also as individuals who find it personally unacceptable, ethically unthinkable, that on the eve of the 21st century, children and youth, by the tens of millions, should have to call the streets their homes.

What is it that transforms a child -- a child like any other, filled with life, intelligence, energy and potential -- into a "street child"? There is, of course, no single answer to this question, as your discussions here this week have made abundantly clear; the circumstances vary from region to region, country to country, city to city, family to family and individual to individual. That is why there is no single, universally-applicable formula for solving the problem.

Certainly, the proximate causes are almost always to be found in the family -- or rather, in the dysfunction and breakdown of families under stress. But the chain of events and the diverse social, economic and cultural forces coming together to push a child onto the streets go far beyond the family: more often than not, they reflect models of development that simply do not work for entire sectors of the population, an urbanization process that has shattered traditional structures, an increasingly degraded and unliveable natural environment, and inadequate or nonexistent social safety nets. Lines of causality can even be drawn connecting the street child to an international economic system that has accelerated impoverishment and stalled development in much of the Third World.

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Brazil is a particularly appropriate place for this meeting, because the problem of street children is far more acute here than in most other countries. Thus, when we look at Brazil over the past 30 years, we see a country that has urbanized more rapidly than virtually any other large country in the world -- from 45% urban in 1960 to over 75% today. Brazil also has far greater income disparity than most countries, with the top 20% of the population earning some 25 times as much as the bottom 20% by the late 1980s. This compares with the five-to-one or six-to-one ratios in such countries as Japan, Korea, China, Taiwan and Singapore, and the ten-to-one ratio of the United States. For many years, Brazil had a series of authoritarian regimes that stifled protests over the inequities of this pattern of development. And finally, the international economic system, by its inflexible approach to the debt crisis, has encouraged what we call adjustment without a human face, making it even harder for poor families to protect and support their children. Similar patterns can be found in many countries.

For these and other reasons, our advocacy on behalf of street children must address a wide range of issues, forcing us to act in a variety of arenas and with a variety of sectors and partners. What is clear is that we will never succeed if we limit ourselves to working with the children who are already in the streets, as important as that work is; we must focus, first and foremost, and over the long haul, on prevention, by strengthening families and community support structures and services so that children and youth do not see the streets as their only alternative for survival.

#### A higher priority for children

Fortunately, the world is beginning to pay greater attention to the needs of children. The aura of inevitability that used to surround mass child death and disability is beginning to dissipate, as our capacity to prevent and relieve suffering grows and it becomes patently immoral not to do what we know how to do. Over the past few years, in step with the sweeping political and economic changes that have transformed international life almost overnight, we have seen the plight of children raised higher on most countries' political agendas. Thus, in Brazil, with the advent of democracy, we see a new constitution that pioneers in its affirmation of the rights of children, and now there are children's councils at the city, state and -- soon -- the national level, with representation of both government and NGOs concerned with children's well-being. Similar promising developments can be seen in many countries.

In fact, beginning with the critical year 1990, this decade is shaping up as a once-in-a-century opportunity to radically improve the lives of children everywhere -- including, of course, street children.

### The convention on the rights of the child

It was in 1990 that the Convention on the Rights of the Child entered into force as international law. To date, a total of 122 countries have ratified this "Magna Carta", this "Bill of Rights" for the world's young. This represents an extraordinary legal and ethical breakthrough. After all, not very long ago children were considered to have no inherent rights, and the notion that the State has a legal obligation to protect the young and help parents and communities provide for their well-being is a significant step forward.

The Convention recognizes the particular vulnerability of children and covers four broad areas : survival rights, which include the rights to adequate living standards and access to health services; development rights, which include education, access to information, play and leisure, cultural activities and the rights to freedom of thought, conscience and religion; protection rights, which embrace all of the above, but also cover all forms of exploitation and cruelty, arbitrary separation from family and abuses in the criminal justice system; and lastly, participation rights, which recognize children's right to express their own opinions and have a say in matters affecting their own lives.

The principles and provisions of the Convention are particularly relevant to street youth, whose situation at the margins of society effectively strips them of most of the rights most children are able to enjoy. In essence, the Convention holds adult society legally accountable for meeting street children's basic needs. Governments that accept the Convention as binding commit themselves, first, to ensure that their laws are up to the standards set by the Convention and second, to progressively carry out the measures and establish the services it recommends. Once national legislation comes into line with the provisions of the Convention, governments can require their observance by private institutions and individuals; by the same token, private institutions and individuals can invoke the laws to ensure compliance on the part of State agencies.

Every two years governments must submit progress reports to the Committee on the Rights of the Child, the United Nations body charged with monitoring compliance. The first cycle of reporting begins this month, with 57 countries scheduled to submit reports by the end of 1992, and it is expected that the Committee will also take into account documentation submitted by non-governmental organizations. What we are hoping is that the Convention and the process surrounding it will serve as an agent for profound social change and that the plight of street children will be one of the areas most subject to scrutiny and remedial action. People like yourselves can use the Convention as a powerful instrument for seeing to it that all children receive the care and protection they

need to enjoy a happy childhood and grow into healthy, educated, and productive adults.

A few months ago, when I was here in Rio for UNCED -- the Earth Summit -- I visited with street children on two occasions. I shared a few moments with them on the sidewalks of Cinelandia as they were waking up one morning and later joined them for breakfast with other street children who had spent the night at a drop-in centre run by the Sao Martinho Foundation. I am told that in Rio de Janeiro alone, on an average night one can find about 900 children sleeping on the streets, living completely on their own. Talking with them, I learned that they live in constant fear of being rejected, robbed, beaten, of being sexually abused, picked up by police, even killed, as they struggle to eke out a living -- if only to satisfy their hunger pangs by begging or offering small services to passersby. They make up only a small part of the estimated 800,000 children and youth who walk and work the streets of this city and other urban centres of Brazil while maintaining some links to their families.

Like street children in other cities of industrial and developing countries alike, all of them -- those living with their families and those living on their own -- face multiple risks and dangers inherent to being on the streets at such vulnerable ages, risks that come with being poorly fed and poorly educated, risks they face especially if they become involved in drugs or in sex for money.

Today, as you know, HIV-infection and AIDS is among the gravest dangers faced by street youth. It is now pandemic among youth, with some regions registering HIV infection rates as high as 50% among youth 10-24 years old. Street children are among the highest-risk groups -- together with children and youths who regularly use drugs, alcohol and other harmful substances; children who are sexually exploited or abused; institutionalized children and youth, be they in residential care, detention centres, or prisons.

Ensuring the health of children and youth, and in particular, protecting them from HIV infection and AIDS means seriously implementing key provisions of the Convention, specifically those pertaining to their rights to access to appropriate information; access to basic education and life skills; access to health and medical services; protection from abuse and neglect; protection against economic and sexual exploitation; and their right to participation.

#### Access to appropriate information

Adolescence is a time marked by developmental stages when lifestyles, roles, and sexual and risk behaviors are still being formed and may be influenced more easily than later on. The AIDS

pandemic requires us to ensure that youth have access to accurate, understandable information about the transmission of HIV/AIDS and its prevention. But that access should also extend to information on all aspects of reproductive health including pregnancy, transmission and prevention of sexually-transmitted diseases, and about the risks related to drug, alcohol, and other substance abuse. They must be helped to avoid getting hooked on smoking and one way to do that is to ban cigarette ads that target children and youth -- the "Joe Camel" ad campaign being the most notorious. Young people must know what types of behavior put them at risk. They must know where and when they should seek information, counselling and services, and be comfortable about doing so.

#### Access to education and life skills

But even when armed with the most persuasive, up-to-date information about the dangers of a given risk behavior, change does not automatically follow. Young people have to want to change and must decide to change. We must create a pro-active environment in which youth are empowered to make decisions and take actions which promote their own health. We must help youth develop skills in decision-making, problem-solving, communicating and negotiating, skills for home-making and earning an income. These life skills are necessary to help them establish lifelong health-promoting behavior patterns, and to avoid behavior that places them at risk.

These skills include:

-- the ability to understand and cope with their personal physical and emotional development, with the rapid changes taking place in their bodies, and with their feelings;

-- the ability to recognize and establish positive relationships with their peers, with family, with others in the community;

-- the ability to make informed decisions about alcohol/drug/substance use, sexual relations, pregnancy, and prevention of sexually-transmitted diseases and HIV infection, by examining several courses of action, some safer than others, and evaluating these in terms of the consequences on their health and well-being;

-- and lastly, the ability to think about how they will handle situations that are likely to put them at high risk.

Access to education and life skills is especially important for girls and female adolescents, who face numerous special obstacles and dangers resulting from gender discrimination and male-dominated environments. They increase girls' self-esteem and help them make informed decisions about early sexual activity, choosing their partners, getting pregnant, caring for their health,

continuing their education, and planning for their future.

### Importance of Peer Education

Studies and experience indicate that youth seek and receive most of their information about sex from other youth, and that peer influence becomes increasingly important as adolescence progresses. Peers are vital, because the peer group often provides a substitute for family, especially among street children. Peer teaching contributes to effective learning.

### Access to health and social services

We must ensure that health and social services are made accessible to youth to prevent and control STDs, to ensure adolescents' reproductive health. We must see to it that these services are provided at times and in places appropriate for these young people, in an environment that welcomes them and makes them comfortable. In this respect our greatest challenge is to overcome the stigmatization of street children and to break down the barriers that the health sector, like most other social service sectors, put up to exclude these disenfranchised youth.

### Protection against abuse and neglect

As health professionals and persons working directly with street children, we must do everything that is in our power to spare them further abuse or neglect. Options include supporting citizens' watchdog groups, establishing protection and crisis intervention centres, reorienting the police and the juvenile justice systems, and strengthening other family and community support services.

We must be particularly vigilant about protecting children and youth from sexual abuse and exploitation. Sexual abuse that takes place in the family often leads young people to leave home, and once on the street, it seems they are particularly vulnerable to even more sexual exploitation. They frequently fall prey to so-called "protectors" or "recruiters" -- whether their peers or adults -- who exploit them physically and economically, and in the most extreme cases, they suffer virtual enslavement. Children and youth in institutions, including prisons, detention and rehabilitation centers, are also often subject to physical and sexual abuse. Those who exploit and abuse vulnerable children and youth must be put on notice that they are subject to severe penalties and that society as a whole rejects their behaviour as abhorrent and unacceptable.

### Protection against economic exploitation

And because the problems and risks which street children face stem mostly from their and their families' poverty and marginalization, we must also promote their economic security and protect them from exploitive and dangerous work. Ideally, society should provide poor families with the help they need so their children do not have to work and can spend their childhood learning and playing. But where the reality is such that children simply must work and contribute to their own and their families' survival, labour laws governing the conditions under which children may work need to be rigorously enforced. Special attention must be paid to the occupational hazards and health problems of young people. On the broader societal level, of course, we must address the larger issues of poverty and inequity, of environmental degradation, of low investment in human development, and how these impact on children and engender serious risks to their health.

### Participation

Street children have demonstrated that they are able to identify their needs, to suggest solutions, and to work closely with adults who seek to help them. They have proven to be most effective as health promoters among their peers, especially with respect to drug and alcohol use, and prevention of sexually-transmitted diseases, AIDS, and unwanted pregnancy. More importantly, they have organized themselves to articulate their needs and rights, to demand that these be recognized and respected, and have indicated how they, in turn, can contribute to their own development and to the development of the rest of society. They have learned to speak and negotiate with government officials in public fora, to communicate to community elders through folk theater and dances, to establish ties of solidarity with other organizations of street children in other parts of the world. We need to encourage the exercise of their right to participation, for in the long run, this is how change and progress happen.

### What Works

From your own work with street youth, from the experience of others, from the children themselves, we have begun to learn what works for street children and others facing serious health risks.

What works are programmes that provide a range of services, recognizing that a single intervention cannot combat a comprehensive range of problems. We have found that we have to address children's basic survival needs -- provide food, a safe place to sleep at night, protection from bodily harm -- before he or she can benefit from an educational or an AIDS prevention program. A fifteen year old Guatemalan street youth was quoted as saying: "Why should I care about AIDS? If I get infected today, I may die in seven years. So what? I could die tomorrow just from



being on the street!" A young Filipina sex worker explained the link between health and economics in equally stark terms: "AIDS might make me sick one day, but if I don't work my family would not eat and we would all be sick anyway."

What works are programmes that are flexible, with services based on understanding the specific needs of individuals. What works are staff who care about, respect, and earn the trust of the children. What works are services that are coherent, easy-to-use, have continuity, are offered at times and places appropriate for young people, and are not crippled by bureaucratic obstacles.

Most important of all, what works is an approach that respects children for what they are, treats them as responsible people, recognizes their strengths, builds on their self-esteem and resourcefulness to make progressively better choices for the present and future.

Among the many examples of successful programmes for street children discussed during this conference, we've been most impressed by the Undugu Society in Kenya and Proyecto Alternativas in Honduras.

The Undugu Society offers integrated services for street youth and the poor population at large in Nairobi's slum areas, including: housing, scholarships for children, vocational education, health education and services, counselling, and shelters for street children. Services for street children include a skills training program which pairs street youth with local artisans and teaches them basic business skills. Among those who have benefited are 30 adolescent girls previously engaged in prostitution and are now working in areas such as auto mechanics, dress-making, carpentry, metalwork, computers, hairstyling and traditional dancing. Undugu has trained community health workers to work in urban slum communities, provides health referral services, and continuous health education activities. They also provide health services for adolescent mothers and counselling services for street girls and their mothers.

Proyecto Alternativas is an integrated health education and health services programme that reaches street and working children in the market areas of Tegucigalpa, the Honduran capital. Street educators work with children in the market and on the street, providing an array of health education, health services, and recreational activities around such themes as basic nutrition, hygiene, sex education, drug abuse, cholera, and AIDS prevention. The project cites as its main success, the fact that children who previously had no access to health services are now receiving them, primarily because the project accepts children in whatever state they are in, for example, even under the influence of glue-sniffing. Several programmes right here in Brazil demonstrate the

same multi-pronged approach to promoting the health of street youth.

These programmes demonstrate that among the range of interventions, the most critical for health promotion and HIV/AIDS prevention among street children are education and strong basic "life" skills; jobs, work-related skills building, and work exposure; a range of non-academic opportunities for success; family life education and planning; comprehensive adolescent health services -- all within a national and community climate that makes youth development a leading priority.

### Building Alliances

The task is so great and so complex that we need to join forces -- among ourselves, and with other sectors. We must bring together all sectors striving to promote and protect child health, starting with child health and child development professionals like yourselves. We must tap and strengthen youth organizations and make them even more effective in mobilizing other young people. We must seek the support of community leaders, local officials and decision-makers. We must build alliances with the media, school systems, as well as traditional communication channels such as theater and artists groups to get our messages out concerning child health and child rights.

We must build on the work already being done by many non-governmental organizations that are on the frontline valiantly working with and among street children and other at-risk youth, usually with very limited resources but with boundless energy and commitment. We must look to religious leaders and institutions for the sense of community and spiritual fulfillment they provide for youth and the special role they play in shaping norms and values.

We must intensify our work with lawmakers and law enforcement agencies -- including police and juvenile courts -- to ensure that children's rights are protected first and foremost by them. In our struggle for children's rights, we should make common cause with movements defending the rights of women, of exploited labour, of indigenous groups, of families displaced by armed conflict, and all other peoples suffering from social injustice.

Building these alliances is crucial because the task of promoting health -- and particularly, preventing transmission of HIV infection -- among youth requires a balance between "medically-focused" interventions and "society-focused" interventions. The medically-focused interventions, such as the promotion of protected sexual activity and control of sexually-transmitted diseases, must be complemented by "society-focused" interventions aimed at promoting mutual fidelity and responsible sexual behavior, reducing gender disparities, improving the socio-economic status of women, and reducing the vulnerability of youths

to sexual and other forms of exploitation.

We are dealing here with fundamental values and value systems and societal norms. We are dealing with sexuality, a subject traditionally not open for discussion, and with gender and power relations. We are talking about the need for changes in behaviour and lifestyle that can only come about through fundamental changes in perceptions, attitudes, and values in people concerning themselves and others. We are speaking of relationships of love, trust, of giving and receiving.

All of this represents a new kind of challenge to public health. In the past, most of these things were left up to individuals and families to deal with -- or not deal with -- in the home. But changing circumstances and the qualitatively new health threats we face now require a public health offensive and a supportive response from society as a whole.

Earlier I spoke of 1990 as a critical year for children. In addition to the Convention's entry into force, 1990 saw the World Summit for Children -- the first-ever gathering of heads of state and government from North and South, East and West. What the world's leaders did two years ago this month was to set in motion a global process that can -- that must -- greatly assist us in our work on behalf of street children. At that meeting, they essentially did two important things:

\* First, they agreed on the principle that children's basic needs must be given a "first call" or priority on society's resources, in good or bad times, in war or peace. This is a remarkable principle when we consider that children are powerless and do not vote, and that they are routinely the first to suffer when there is a downturn in the economy or any other sort of crisis.

\* Secondly, the world leaders agreed on a strategy for making this principle operative, complete with measurable goals, a timetable for achieving them and mechanisms to monitor progress along the way. They committed themselves to meet 27 goals by the year 2000, an agenda for action that we estimate will save the lives of no fewer than 50 million children and help hundreds of millions more -- including street children -- to live significantly better, healthier lives.

Over 135 countries have either completed or are now drafting National Programmes of Action to translate the goals and strategies approved at the World Summit for Children into "doable" propositions on the national and local levels. Advocates for the health and well-being of street children have an opportunity now to see to it that your concerns are properly reflected in these critically important documents and if they are, that they are turned into increased support for preventive and remedial action.

Even street children accustomed to the indifference or hostility of adults expect a great deal from those of us who are participating in this conference, because we say we care. Certainly at this conference we have heard them speak, loudly and clearly, with great dignity, of their lives, their health, their rights. They have shared with us their innermost fears and their deepest longings to be loved, to belong, to be protected from harm. I will take their message with me and personally transmit it to the International Pediatrics Congress which opens tomorrow. I will ask the pediatricians of the world to frame their discussions about child health within the context of the urgent need -- the moral imperative -- to work together to reach those who will never visit their offices -- the majority of the world's children, including street children.

For the first time since the dawn of history, humankind is engaged in long-term planning, on a global scale, to improve the lives of its children. It remains to be seen, of course, if the great promises of 1990 will be kept, if rhetoric is matched by action, if priorities are reordered and budgets restructured to really put children first. But we have a decent chance, a real opportunity, to make it happen, if people everywhere -- if all of us together -- decide to make it happen. What happens to street children over this critical decade will be a measure not only of progress toward reaching the broader goals of the World Summit for Children, but of civilization's readiness to tackle the new challenges of the 21st century.