

Experiences of vulnerable urban youth under covid-19: the case of street-connected youth and young people involved in commercial sex work

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Introduction

Ethiopia declared the first case of coronavirus on 13 March 2020, and while numbers of confirmed cases initially remained low, by late July 2020 the number of confirmed cases had exceeded 15,000, with more than 200 deaths. Across the globe, countries are reporting multi-dimensional health, economic and social effects of covid-19 and the ensuing policy responses to contain the disease. The situation is expected to be potentially more challenging in low-income countries like Ethiopia where there is a weak health system, compounded by recurrent political unrest. The outbreak of covid-19 is expected to put women, girls and young people at heightened risk, given that containment measures to slow the pandemic including lockdowns and disruption of basic services are already being seen to compound existing economic and social inequalities (UN, 2020). Emerging evidence suggests that resources are being diverted from routine health services, further reducing the already limited access of many girls and young women to sexual and reproductive health services. Rapid virtual research by GAGE has highlighted the challenges that young people are facing in rural communities in Afar, Amhara and Oromia, and in Dire Dawa city (Jones et al., 2020a, b), but as yet very little is known about the specific



experiences of vulnerable urban youth. This brief focuses on youth (aged 14–24 years) who are street connected or involved in commercial sex work, and is part of a series exploring the impacts of covid-19 and the ensuing government policy response on vulnerable urban youth in Ethiopia.

Overview of street-connected youth and young people involved in commercial sex work

Ethiopia's urban areas are home to hundreds of thousands of youth who live and work on the streets – out of whom many adolescent girls end up being sexually exploited and many more young women opting to engage in commercial sex work due to limited options and more lucrative income in the sector. While estimates vary, it is believed that up to 600,000 children across the country – and perhaps as many as 100,000 in Addis Ababa alone – are street connected (Chimdessa and Cheire, 2018; Habtamu and Adamu, 2013). Across locations, the majority of street-connected children are boys (ranging from 63% to 92%), though over time it appears that the proportion of girls has risen (Habtamu and Adamu, 2013; Alem and Laha, 2016). Children primarily end up on the streets in middle adolescence, after migrating to urban areas in search of work, to escape abusive homes, after the death of a parent or to flee a child marriage (in the case of girls) (Habtamu and Adamu, 2013; Erulkar et al., 2017; Alem and Laha, 2016). Boys and young men mostly work as daily labourers, parking attendants, porting goods and washing cars, while girls and young women work as messengers, vendors, parking attendants – and engage in commercial sex work (Habtamu and Adamu, 2013). Estimates suggest that 65% of street children and adolescents lack access to social services, and face heightened risk of involvement in transactional sex, substance abuse and exposure to sexual assault (Demelash and Addisie, 2014).

There are approximately 210,967 female sex workers in Ethiopia according to recent estimates (FHAPCO, 2020:26). An estimated 14% of all young people involved in commercial sex work are under the age of 18, while nearly 45% of street-connected girls in Addis Ababa engage in sex for payment (Habtamu and Adamu, 2013), approximately one-third of whom had been placed by a broker (Erulkar et al., 2017). Research with street-connected adolescents in a variety of Ethiopia's urban centres has found that they are highly vulnerable to verbal, physical and sexual violence (Habtamu and Adamu, 2013; Erulkar et al., 2017; Chimdessa and Cheire, 2018). They are also food insecure, have high rates of both substance abuse and depression, and are extremely likely to engage in risky sex (Habtamu and Adamu, 2013; Erulkar et al., 2017; CSA and ICF, 2018; Chimdessa and Cheire, 2018; Worku et al., 2019). In one study with boys in Addis Ababa, 10% reported having tested positive for HIV – remarkable given a national incidence rate of 0.2% (for the same age group) (Workneh, 2014) and still less than half the incidence rate for female sex workers (24%) (UNAIDS, 2019).

Research methodology

The findings in this brief are based on qualitative research interviews carried out by phone in June 2020 with vulnerable urban youth in local languages. The youth were residents of the major urban centres of the three largest regional states in Ethiopia: Adama, (Oromia region), Bahir Dar, (Amhara region) and Hawassa (Southern Nations, Nationalities and Peoples region) as well as Addis Ababa, the federal capital. The sample of young people was drawn from a combination of beneficiaries of UNFPA-funded NGO programmes in the four locations and purposely sampled adolescents who belonged to specific socially vulnerable categories. Young people were included from two age cohorts – 15–19 years and 20–24 years. In total, 154 youth were included in the research, of whom 100 were female and 54 were male; 79 aged 15–19 years and 75 aged 20–24 years. Among these, 27 were street-connected youth (see Table 1 for the sample details) and 20 were youth involved in commercial sex work (see Table 2 for the sample details). Among the adolescent girls and young women engaged in sex work, our sample included both those working on the streets and those affiliated with bars and hotels. A total of 19 key informants from the city bureaus of health, labour and social affairs, women, children and youth affairs as well as NGOs working with vulnerable urban youth in each city were also interviewed virtually.

Table 1: Research sample of street-connected youth by location, gender, age and marital status

		Addis Ababa	Adama	Bahir Dar	Hawassa	Total
Sex	Female	4	3	4	4	15
	Male	3	3	3	3	12
Marital status	Never married	4	6	6	6	22
	Married	1	-	1	1	3
	Divorced	2	-	-	-	2
	Total	7	6	7	7	27
Age	15-19	1	5	7	5	18
	20-24	6	1	-	2	9
	Total	7	6	7	7	27

Table 2: Research sample of youth engaged in commercial sex work by location, gender, age and marital status

		Addis Ababa	Adama	Bahir Dar	Hawassa	Total
Sex	Female	5	5	5	5	20
	Male	-	-	-	-	-
Marital status	Never married	5	4	5	4	18
	Married	-	-	-	-	0
	Divorced	-	1	-	1	2
	Total	5	5	5	5	20
Age	15-19	2	2	3	3	10
	20-24	3	3	2	2	10
	Total	5	5	5	5	20

Findings

While there are many cross-cutting themes in the experiences of street-connected youth and those involved in commercial sex work during the covid-19 pandemic, our findings also point to a number of important differences. Here we reflect on the similarities and differences between these two groups of highly disadvantaged young people, as well as differences based on gender, age and location where relevant.



▶ I give my clients a ‘use and throw’ mask if they are not already wearing one.

(An 18-year-old adolescent girl engaged in commercial sex work in Bahir Dar)

Covid-19 knowledge and practice

Our findings point to considerable differences between street-connected youth and those involved in commercial sex work in terms of their knowledge and practice regarding covid-19. In general street-connected young people reported that they had limited information about the pandemic due to a lack of mobile phones and digital connectivity on account of economic poverty, and that they relied primarily on word of mouth among their street-connected peers and announcements made by local government on vehicles fitted with megaphones driving through the streets. By contrast, adolescent girls and young women involved in commercial sex work who had links to NGO programming had good knowledge about the pandemic and protective measures.

In terms of practice, street-connected youth highlighted that economic constraints prevented many of them from adhering to robust hygiene measures – although some used either local hotel and restaurant bathrooms or jerry cans and water tanks stationed in front of buildings purposely for covid-19 containment to wash their hands. Social distancing was also challenging. One adolescent boy from Addis Ababa for example explained that it was impossible to social distance when sharing a blanket among three or four peers to sleep under at night. Some adolescents involved in shoe-shining on the streets mentioned that they used masks and hand sanitiser given the proximity to clients, but others explained that due to declining income during covid-19 that this was often not possible. Street-connected youth who live in rented accommodation as a group also reported that they could not implement social distancing guidance given their crowded living arrangements. Interestingly, adolescent girls and young women involved in commercial sex work discussed the ways in which they are negotiating the use of masks with clients and the fact that many clients comply. As an 18-year-old adolescent girl engaged in commercial sex work in Bahir Dar explained: *‘I give my clients a “use and throw” mask if they are not already wearing one.’*



Access to sexual and reproductive health services and supplies

In the area of sexual and reproductive health services, our findings again painted a somewhat divergent picture for street-connected youth and those involved in commercial sex work – at least for those who are linked to NGO programming – and between male and female youth. In general, street-connected youth, especially males, in our sample did not have strong linkages to NGO-programming and were not accessing SRH services at all, including testing for HIV and STIs.

Indeed, many migrant youth working on the street consider themselves alien to the city and do not know that they have the right to access SRH services in government health institutions. The exceptions were several adolescent girls living on the streets and who had either current or past boyfriends or who had learned from *‘the mistakes’* of their friends who had become pregnant or HIV positive, and who now regularly avail themselves of SRH services. These young people noted that they got tested regularly for HIV and used injectable contraceptives, and that this practice was continuing during the pandemic. Similarly, many girls and young women involved in commercial sex work spoke of strong links to SRH programmes and counsellors or *‘condom mothers’* from whom they accessed regular HIV and STI tests, condoms and, more recently, face masks. However, some were also having to purchase condoms themselves as many NGO centres were temporarily closed in some urban centres during the covid-19 period. As an 18-year-old girl involved in commercial sex work living in Bahir Dar noted: *‘I used to get condoms from Wise-Up [an NGO] for free, but now I have to purchase them from the kiosk.’*

In terms of condom use, while some respondents emphasised that they insisted on condom use with clients, several noted that they did not, especially if they could receive a higher payment for their services by not using condoms. Due to a decline in demand in most locations during the covid-19 crisis, and especially for those who seek clients directly on the streets rather than in bars or restaurants, some female sex workers noted that the ability to negotiate is reduced as a result of economic poverty. As a 22-year-old women involved in sex work from Hawassa noted: *‘Previously, I used to make 1,000 birr per day, but now, it is not even possible to make that money in a week.’*





Adolescent girls selling food in Ethiopia © Nathalie Bertrams/GAGE 2020



Vulnerability to violence

Both cohorts emphasised that their vulnerability to violence had increased significantly since covid-19, particularly physical and sexual violence and threats by police. Both male and female youth emphasised that especially during the initial lockdowns they were particularly at risk of police brutality. An 18-year-old girl involved in commercial sex work in Hawassa explained the challenges as follows: *'[Street gangs] mug, they assault and they kill and even the police are afraid of them. It is us who are the punching bags of the police.'* Another 18-year-old girl also from Hawassa emphasised that *'I have been arrested so many times. I have also been flogged by the police so many times ... Since corona there are times that we sleep in tunnels to hide from the police.'* Similarly, an 18-year-old street-connected female from Adama noted: *'We cope with police brutality by praying, hiding and running.'* Moreover, whereas prior to the pandemic they may have been able to negotiate with police, now they are often subject to harsh beatings and in the case of female youth sometimes sexually assaulted or raped. An 18-year-old adolescent girl involved in commercial sex work in Hawassa explained her case as follows: *'The policemen threaten us with their gun to sleep with them. When we are walking in [a group of] five, they choose one or two girls and they take us with them. After raping us, they give us money. They don't use a condom.'* Because of the stigma around sex work, girls explained that they do not report these violations. Some youth also reported that they were asked for bribes to avoid violent treatment.

In addition to police violence, some youth were also facing heightened risks from other youth in the streets who are becoming increasingly economically desperate as a result of the pandemic. As a 15-year-old street-connected boy from Bahir Dar explained: *'It is quite challenging to sleep on the street at the moment as we are facing beatings from policemen and other street youths and even robbery from street youths since they don't have income due to lack of job opportunity.'* Female youth also highlighted that sexual assault was a constant worry. An 18-year-old street-connected adolescent girl from Adama said: *'When you are on the street and on top of that you are a woman, you face many challenges. You get raped. What can I tell you? There are the guys around you and other people. I try to keep myself safe by putting stones on the plastic bag I sleep in.'*

► When you are on the street and on top of that you are a woman, you face many challenges. You get raped. What can I tell you? I try to keep myself safe by putting stones on the plastic bag I sleep in.

(An 18-year-old street-connected adolescent girl from Adama)

► What is the relevance of staying healthy if hunger is going to kill you any day? ... If corona kills me, it would be a relief from this life, I just feel sorry for my son.

(An 18-year-old street-connected adolescent mother from Hawassa)



Psychosocial impacts of the pandemic

Our findings highlighted a number of key stressors related to the pandemic that were negatively affecting the psychosocial well-being of these already highly disadvantaged groups of youth. Many young people emphasised that they were very anxious about contracting the coronavirus, especially because they often lacked family and peer support networks. Some female youth involved in commercial sex work reported that they had either stopped sex work due to fears of the disease or were planning to exit from the sector and return to their rural communities given these fears.

While key informants noted that both the city Bureaus of Labour and Social Affairs and the Bureaus of Women, Children and Youth were investing considerable resources in efforts to rehabilitate street-connected youth given the health and economic risks brought about by covid-19, only two in our sample had benefitted from these rehabilitation efforts. Many others emphasised that they were very anxious about the decline in their access to income from street vending, begging or charity during the covid-19 outbreak and underscored the severity of the food insecurity that they are now facing. As an 18-year-old street-connected youth from Adama explained: *'People treat us like trash. No one comes to us as if corona is found in us.'* Similarly, an 18-year-old street-connected adolescent mother from Hawassa noted: *'What is the relevance of staying healthy if hunger is going to kill you any day? ... If corona kills me, it would be a relief from this life, I just feel sorry for my son.'*

Some youth also spoke about feeling depressed because of the increased stigma they were now facing from the community because of their street-connected existence. An 18-year-old street-connected mother of two living in Addis Ababa noted: *'It is like with HIV/AIDS. There is discrimination. Because you go out to work, people who stay at home fear you bring the disease.'* Many street-connected youth also talked about the disruption to their social networks due to covid-19. An 18-year-old street-connected adolescent boy in Addis Ababa explained: *'I have stopped all my communications with my friends. Covid disrupts my communication with friends. We communicate only through telephone.'*

As a result of the worsening living circumstances that many street-connected youth and commercial sex workers are facing, they also reported that they were relying increasingly on chewing khat and drinking alcohol as a coping mechanism. An 18-year-old street connected girl from Bahir Dar admitted that she was spending scarce resources on substance use because of her despondence about her life. *'I am tired of life on the streets. I am tired of the rain at night. I am tired of the hunger and thirst. I am not also in good terms with my boyfriend. So I just want to go back to my hometown. That's why I am asking for people's help in contributing some money for me so that I can be able to go to my family.'* A 22-year-old woman involved in sex work from Hawassa noted: *'My highest spending is sustaining my addiction. I chew khat, I smoke cigarettes and I drink alcohol. Regardless of how much money I make, that leaves me with an empty pocket. Because I drink till I finish all the money I have.'*



Economic impacts and access to social protection

The economic impacts of the covid-19 pandemic and ensuing containment measures have had a very serious impact on street-connected youth in particular, but also on youth involved in the commercial sex industry. Food insecurity was a theme that resonated across the interviews with street-connected youth, with many having lost sources of support that previously helped them to meet their daily subsistence needs. Hotels and restaurants that had previously provided street-connected young people with leftover food were either closed or had less business and thus less to hand out, and some charitable feeding schemes, for example at private schools, had also been suspended during the state of emergency. As an 18-year-old street-connected adolescent boy living in Bahir Dar noted: *'The amount of leftover food that we get from the hotels has tremendously decreased due to corona. We were starved for 15 days during the lockdown.'* Others emphasised that the frequency and variety of food that they were able to consume had declined markedly. One 20-year-old street-connected male youth in Addis Ababa explained: *'Due to lack of income arising from covid, I could not get enough food every day. Sometimes, I eat only biscuits for my breakfast and lunch and then eat my dinner ... Before covid, I could eat a variety of food but now it is impossible ... I have not eaten any meat during covid.'*

► I do not feel happy taking money from people. I prefer to work on my own. It is all because of my children. I feel like a thief.

(A street-connected 22-year-old mother of two living in Addis Ababa)

Multiple young people in our sample also reported a loss of jobs as a result of covid-19. Several street-connected adolescent girls had formerly worked as domestic workers and had been let go as a result of the pandemic, and street vendors also reported that it was harder to sustain their businesses because of falling numbers of clientele; as a result some had been forced to turn to begging. As a street-connected 22-year-old mother of two living in Addis Ababa who had previously sold vegetables on the street explained: *'I do not feel happy taking money from people. I prefer to work on my own. It is all because of my children. I feel like a thief; my body shivers whenever I think what I am doing.'*

A downturn in business was also a common complaint among youth involved in commercial sex work. An 18-year-old adolescent girl in Bahir Dar explained: *'Our clients have decreased due to covid-19 because they are afraid we might expose them.'* Despite the extreme vulnerability that many street-connected youth and commercial sex workers are facing in the context of the pandemic, very few respondents had accessed any form of governmental social protection, for example, the urban Productive Safety Net Programme. While some youth reported that they had been registered by the city administration for possible support, to date this had not been forthcoming, and many respondents were simply unaware that such programmes existed. Many also lack an identity card to prove that they meet the eligibility criteria. More concerning still, some street-connected youth were unaware that they had the right to seek public support because they were migrants to the city in which they were now living. Instead many of these highly vulnerable youth emphasised that they were dependent on individual charity and that while some had identified supportive neighbours to whom they could turn or made ends meet collectively with a small group of peers, in general charitable donations had also declined during the pandemic due to the partial lockdown and social distancing guidance.



Conclusions and implications for policy and programming

Our findings highlight the extreme vulnerability of street-connected youth and those involved in commercial sex work in the context of covid-19. While a number of policy measures have been undertaken, including pilot initiatives to support street-connected children and youth in rehabilitation centres when the pandemic broke out, our research underscores that many young people remain excluded from any kind of social safety net and are at very high risk of food insecurity, mental ill-health and violence. Here we highlight priority actions to address these risks:

1. **Scale up distribution of prevention information, hygiene kits, masks and blankets to street-connected youth**

While many street-connected youth and those in the commercial sex industry have good awareness about masks and handwashing measures, street-connected youth in particular are frequently unable to comply with the guidance due to poverty. Some youth are receiving support through rehabilitation centres, but provision of information, hygiene kits, face masks and blankets (so that they can socially distance from peers while sleeping) urgently needs to be scaled up across cities for these vulnerable populations.



2. **Ensure sexual and reproductive health services are maintained and scaled up**

While adolescents linked to some NGO programmes are continuing to receive good access to condoms, HIV and STI tests even during the covid-19 context, many are excluded from these services and thus it is essential that existing services are not only maintained but also rapidly scaled up. It is also critical that investments in SRH services prioritise vulnerable groups of young people, especially because many young people are facing increasingly vulnerable situations in which the risk of sexually transmitted infections will be heightened during the pandemic. One possibility to alleviate the burden on over-stretched health services during covid-19 would be to provide youth-friendly SRH services at urban youth centres.

3. **Tackle physical and sexual abuse perpetrated by police and male peers**

Many street-connected youth, and especially commercial sex workers, reported a high risk of verbal, sexual and physical abuse from police and male peers that has been unleashed by the covid-19 crisis. Awareness-raising and positive policing practices should be urgently provided to urban police to tackle this problem, and vulnerable youth provided with information and support regarding their rights and how to report abuse. It is also critical for the justice offices and police commissions to design and implement a strategy on how to protect street-connected youth and young women involved in sex work from sexual and physical abuse and robbery by street gangs.

4. **Invest in psychosocial support services, including through social workers and youth volunteers**

In many cases, the vulnerabilities of street-connected youth and those involved in commercial sex work stem from traumatic family backgrounds characterised by the death of parents, domestic violence, extreme poverty and/or family separation. These psycho-emotional stressors are often compounded by the stigma surrounding their current situation, and are for many being exacerbated further under covid-19. Accordingly, access to social workers and psychosocial counselling should be prioritised, including as part of a broader package of social protection support by government and development partners. Psychological first aid approaches could also be considered, potentially delivered through trained youth volunteers, who could then provide peer-to-peer support, drawing on learning from other LMICs.

5. **Rapidly scale up the urban PSNP and ensure that vulnerable youth living alone are targeted**

Given the dire economic situation of street-connected youth and many girls involved in the commercial sex industry, it is critical to rapidly scale up the urban PSNP across cities (e.g. in our research sites there is no urban PSNP in Bahir Dar to date) and ensure that youth living alone – including street-connected youth and young women involved in sex work – are eligible for support and proactively targeted.

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Endnote

- 1 Suggested citation: Amdeselassie, T., Emirie, G., Iyasu, A., Gezahegne, K., Jones, N., Mitiku, E., Negussie, M., Presler-Marshall, E., Tilahun, K., Workneh, F. and Yadete, W. (2020) 'Experiences of vulnerable urban youth under covid-19: the case of street- connected youth and young people involved in commercial sex work.' Policy brief. London: Gender and Adolescence: Global Evidence.

The research for this brief was generously funded by UNFPA Ethiopia and by UK Aid. We have listed authors alphabetically to reflect equal contribution to this research output. We thank Anna Andreoli for editing and formatting support.