BACKGROUND AND OBJECTIVE

Female sex workers (FSWs) and injection drug users (IDUs) are often categorized as two of the four populations “most-at-risk” for becoming infected with HIV due to behaviors that heighten their vulnerability to the virus. According to UNAIDS, the term “most-at-risk populations” refers to men who have sex with men, injection drug users, sex workers and their clients. Injecting drugs with non-sterile needles and unsafe sex between male couples and sex workers and clients are believed to drive the HIV epidemics in Western countries, former Soviet republics, and Asia. Interventions for most-at-risk populations tend to focus on the needs of adults with the objective of reducing their risk for HIV through prevention and behavior-change education and risk-reduction strategies. But, to date, little attention has been paid in the published literature to the vulnerabilities faced by their children or to interventions focused on keeping these potentially vulnerable families together, improving the wellbeing of both parents and children, and reducing the risk of both generations for becoming infected with or transmitting HIV.

This technical brief sets out to begin to answer four research questions:

1. What are the vulnerabilities faced by the children of IDU and FSW?
2. What are their sources of resilience?
3. Are there interventions that have focused on mitigating the vulnerability and fulfilling the needs of these families?
4. What do we know about the effectiveness or impact of these interventions?

Why is Documentation and Program Evaluation Useful?

First, attention needs to be drawn to the reality that FSWs and IDUs are often parents whose children potentially face vulnerabilities unique to their family situation. Second, understanding the needs of these children is necessary for creating relevant, evidence-based interventions focused on supporting their families. Finally, little is known about interventions already in place for the children of IDUs and FSWs in low and middle-income countries. Documenting the types of care that do exist and assessing their effectiveness is critical for scaling up and adapting successful interventions to new contexts.

VULNERABILITY AND RESILIENCE

Drug Users: Research on the children of drug users in general focuses on their vulnerability to numerous forms of deprivation and abuse. A review of key articles from the last two decades yields a relatively long list of possible negative outcomes for children ranging from cognitive developmental delays to neglect and abuse as a result of pre- and post-natal exposure to parental addiction. However, research findings on the determinants of these various risks tend to be inconclusive, with family and community support networks, parental physical health, and mental health, and other socioeconomic and environmental factors mediating child development and resilience. Research on the families of drug users is almost completely based in North America; therefore, its generalizability to low and middle-income countries is unknown.

Sex Workers: The literature on the children of sex workers, by contrast, is very small, largely qualitative and ethnographic, and focused on South Asia. Specific vulnerabilities that have been documented affecting children of sex workers include: separation from parents, sexual abuse, early sexual debut, introduction to sex work as adolescents, low school enrolment, witnessing mother’s sexual interactions with clients, and social marginalization. The research on sex workers and their families tends to have a particular focus on girls and their potential for sexual abuse, early sexual debut, witnessing adult sexual activity, grooming to enter the trade, and trafficking. Sex work is often handed on from parent to child, as the family trade in some cases or out of a real or perceived lack of other options. None of the studies we found looked at sources of resilience.
FAMILY-CENTERED MODELS OF CARE

Drug Users: An addicted mother’s interest in her baby is often the healthiest part of her life. But this interest is a double-edged sword that can exacerbate feelings of failure as much as it can provide a positive impetus to begin methadone maintenance or enter a rehabilitation program. In the US, drug rehabilitation programs traditionally focused on the needs of men and did not accommodate a mother’s reluctance to leave her child in order to enter residential treatment programs. This started to change in the US in the 1990s with the development of outpatient family-focused treatment integrating screening of mothers during pregnancy for addiction and drug rehabilitation counseling, with primary health care for her and her children, legal assistance, food assistance, housing, etc.

MAMA+ for IDU in Ukraine is the single program for which we were able to find solid, if limited information. The integrated, family-centered, “one-stop shopping” model of care offered by MAMA+ is similar to that pioneered in the US by Zuckerman and others during the 1990s. The model has networks of service providers specializing in early identification of HIV+ pregnant women and those at risk of abandoning infants; providing comprehensive antenatal and post-delivery health care and referrals to harm reduction, as well as conducting home visits. The program also provides various psychosocial support interventions, including peer network and support groups and child development consultations.

Sex Workers: We found information on 18 organizations providing care for the children of sex workers in Bangladesh, Cote d’Ivoire, Kenya, India, Nepal, Vietnam, and Zambia. The information available on the programs was largely gleaned from internet searching as well as correspondence and phone interviews with program implementers. It is, therefore, limited in terms of programmatic detail, information about the population served, and data on effectiveness or long-term impact. The interventions identified tend to provide multifaceted assistance to mothers and children across several categories, providing children with educational opportunities and a safe place to play, study, or sleep when their mothers are working. Likewise, the same programs provide vocational training and alternative income-generation opportunities to mothers who want to leave sex work or reduce the number of clients they need to entertain in order to provide for their families. Other types of assistance they provide include peer support, nutrition, housing, and health care.

TASINTA (meaning ‘We Have Changed’), is the program for which we were able to gather the most comprehensive information. TASINTA started as a program to help female sex workers protect themselves from HIV, but input from the women themselves made it clear that a more broadly based, family-centered approach was necessary. The program provides rehabilitation and vocational training for mothers, day care and residential care for young children and infants, and education and vocational training for older children.

CONCLUSIONS

Eight key findings summarize this review of the vulnerabilities faced by children of IDUs and FSWs, their sources of resilience, and promising models of care:
1. Many drug users and sex workers are parents;
2. Their children can face a variety of vulnerabilities as a result of their parents’ addiction or profession;
3. Potential vulnerability can be mediated by numerous potential sources of resilience connected to support networks, parent health, parent-child bonding, education, economic situation, and other environmental factors;
4. Because their parents’ drug use or sex work is often illegal and hidden, identifying these children can be difficult and even increase their vulnerability and marginalization;
5. Measuring the magnitude of child vulnerability derived from parental sex work or drug use is difficult and, in some instances, likely not possible;
6. Interventions tend to focus on the needs of at-risk adults without addressing their families, particularly their children;
7. Some interventions have been implemented in low and middle-income countries to assist these families, but they tend to be small, piecemeal, and struggling to meet demand;
8. Most interventions have not been evaluated for short-term effectiveness or long-term impact.

**NEXT STEPS**

- Researchers: Reach out to program implementers to encourage them to highlight services provided to the children of sex workers and drug users, as these services are sometimes seen as side projects;
- Program implementers, researchers, and donors: Cultivate partnerships to document and evaluate current interventions;
- Program implementers, researchers, and donors: Work together to ensure that evidence of both effective and ineffective strategies is widely disseminated to raise awareness about the vulnerabilities and sources of resilience of these children and their families, and to provide organizations doing this work with strategies for improving and scaling up services.

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