

From Horror to Hope: Working with Street Kids in Ecuador

by Katherine Schlaefel, M.P.H. '05

“The street is my home. It’s my worst addiction and my only family. I try to leave it, to change my life, but [the street] pulls me back . . . I love it and hate it the same way it loves me and hates me.”

These sentiments are common utterances from the most vulnerable group on the streets in Ecuador: hard-core street youth. Ecuador, a country slightly larger than Colorado, with an estimated two-thirds of the population living below the poverty line, is home to the largest percentage of working street youth in all of Latin America.

In contrast to the more than 100,000 working youth and 10,000 shelter-based youth, the estimated 1,000 hard-core street youth eat, sleep, work, play, and survive on the street without the support of family, shelters, or adult supervision. The family that should love them, abuses them, physically and sexually. Parents who should raise them, sell or abandon them. The authorities who should protect them, rob, beat, and humiliate them. The social services that should help them, deny them services, compassion, and dignity, and the communities that should include them, alienate, objectify, and defile them.

I first came into contact with the children of the street in Ecuador while volunteering at Proyecto Salesiano in Guayaquil, the largest city in the country. For years, I had worked with underprivileged, at-risk and HIV-affected children in the United States, and in 2001, I decided to couple my interest in working with disadvantaged kids with my quest to learn Spanish. After spending a year in the shelter, on the streets, in the schools, and at the children’s homes, I learned not only the language, but also



Katherine Schlaefel (above, center) conducted health and medical outreach to street kids in Guayaquil, Ecuador.

the social and political structures that lead to the existence of street kids.

Resources were so scarce that for many kids—especially the hard-core group in the streets—I was the first and only line of care for illness and injury. As I administered treatment for sexually transmitted diseases to children between the ages of 8 and 15 and learned more about their lifestyles at home and on the streets, I worried that HIV may be as great a threat to their health as violence, illiteracy, malnutrition, and other infectious diseases.

When I began the study of public health nearly two years ago, I was determined to find ways to help the kids back in

Ecuador. Facing a dearth of data on the health indicators of the population, I conducted a pilot study for my summer internship; I investigated the health behaviors of the hard-core street youth, a group often neglected in other research due to their transience and volatility.

After spending three months in the streets interviewing more than 275 street youth—260 males and 15 females between the ages of 8 and 24 years—I found the situation to be graver than I had imagined. All but one were sexually active. All of the females and one-third of the males were sexually abused in their homes and on the streets. All but nine had been raped at least once in their lives. All but one engaged in sex



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exchange. More than three-fourths of the youth older than 14 had parented a child, and some had as many as six children. All of the 190 kids ever tested for an STD had tested positive. All but six were using crack, inhalants, and cigarettes on a daily basis. Two-thirds cut themselves regularly to deal with the “pain of their pasts” or the “withdrawal from drugs.”

While I conducted interviews in the streets, the staff at shelters reported a

sudden influx of kids testing positive for HIV. Over this past winter break, I trained staff, who were perplexed and paralyzed by the disease, in HIV education and prevention. Upon finishing my master’s at the School of Public Health, where I learned about the interplay between politics, social systems, and health, I will return to Ecuador and continue working with the children of the street on advocacy, harm-reduction, and HIV-prevention initiatives.

Through their daily struggle to survive, the resilience, resourcefulness, and hope exuded by street kids motivate me to listen, to care, and to help them transition to healthier lifestyles. As they strain to kick their addiction to the street, I strive to find ways to fulfill my addiction to working with them in the pursuit of health and justice. 🌟

— Katherine Schlaefer is the 2005 recipient of the UC Berkeley School of Public Health’s Henrik L. Blum Award for Distinguished Social Action. She will be returning to Ecuador this summer with a fellowship from the UC Berkeley Human Rights Center, and then again in September with a Fulbright grant from the U.S. Department of State & J. William Fulbright Foreign Scholarship Board.