

## Health Problems of Street Children

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### Abstract

*The present study is aimed to examine the "Health Problems of Street Children". In the present study sample consisted of 50 street children age range from 6 to 15 years, selected from Mathura and Vrindavan. Out of these there were some who live with their parents, spend maximum time of the day on the street and working or just idling. Distribution of street children was done on the basis of "living patterns" and "activity wise". An equal number of control group normal home based children were also taken from Mathura and Vrindavan's school where children from families of lower class and low income group were studying. PGI Health Questionnaire N-1 by Verma, Wig & Prasad (1985) was used for measuring the general health problems of street children and non-street children. Results indicated that street children and non-street children significantly differed with each other in their general health problems.*

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### **Introduction**

Street children is a term used to refer to children who live on the streets of a city. They are basically deprived of family care and protection. Most children on the street are between the age of about 5 to 17 years old, and their population between different cities is varied.

The broadest definition of a street child is "any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/ or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults. The UNICEF (2004) definition of street children provides additional clarity by creating three classifications: Candidates for the street, Children on the street, and Children of the street. Children on the street are those with a tendency of working on the streets during the day and returning to a home at night. They have no home to return to, and lack of family protection or supervision.

Some street children are 'on the street,' which means that they still see their families regularly and may even return every night to sleep in their family homes. They maintain quite good family contact, often returning home each night. They may be on the streets to work, have fun, to pass time, or due to overcrowding in their homes which may provide little more than a place to sleep. In some countries, these are the majority of street children. Children 'of the streets,' on the other hand, have no home but the streets. Even if they occasionally spend time in institutions for children or youths, they consider the streets to be their home. In this document, the term

Street children are subject to malnutrition, hunger, health problems, substance abuse, theft, commercial sexual exploitation of children, harassment by the city police and railway authorities, as well as physical and sexual abuse, although the government of India has taken some correction measures and declared child labor illegal. (Page, 1993)

The health condition of street children is generally poor. Many suffer from chronic diseases like TB, leprosy, typhoid, malaria, and jaundice and liver/kidney disorders. Venereal disease is rampant among older ones (14yrs+). Scabies, gangrene, broken limbs and epilepsy are common. HIV & AIDS cases are now widely seen. Most street children are exposed to dirt, smoke and other environmental hazards. They are constantly exposed to intense sun, rain and cold. (Freeman and Thom 2006).

In a subsequent cohort, mental health problems among street children and their mother were strongly associated with poor family and social support network. (Vostains, 2001).

Homeless street children are more likely to experience chronic health problems than are housed children. They are four times more likely to need extended health care immediately post-birth. Sixteen percent of older homeless children, versus nine percent of housed children, have one or more chronic health problems, such as cardiac disease, peripheral vascular disease, and endocrine dysfunction, or neurological disorders. Homeless children between the ages of 6 and 17 have very high rates of mental disorders compared to their peers.

Asthma is also found to be very common among street children and children living in poor quality housing. When street children with asthma get sick with other ailments, their symptoms generally are more pronounced than those in housed children. Homeless children also are more apt to test positive for lead poisoning, with more severe symptoms. The symptoms of lead poisoning can include abdominal pain, constipation, fatigue, anemia, nerve damage, and altered brain functions. Lead poisoning's effect on the brain can cause seizures; coma and even death in severe cases, and long term exposure can lead to kidney, brain, and reproductive organ damage.

## **Method**

**Aim:** A comparative analysis of the psychosocial problems of street children vis-à-vis their normal counterparts.

**Objectives:** To compare the general health problems of street children with their normal counterparts.

**Hypothesis:** There exists no significant difference in the general health problems of street children with their normal counterparts.

**Sample:** The total sample for the study consisted of 50 street children, age range from 6 to 15 years living in Mathura, Vrindavan and Agra. Out of these there were some who live with their parents, spend maximum time of the day on the street, and working or just idling.. Purposive sampling technique was used. An equal number of control group of normal home based children was also taken from Mathura and Vrindavan's school where children from families of lower class and low income group were studying. Distribution of street children was done on the basis of "living patterns" and "activity-wise".

**Living Pattern:** (1) Living with parents, (n=25)  
(2) Living alone, (n=25)

**Activity wise:** (1) Rag pickers, (n=20) (2) Shoes shine boys, (n=16) (3) Children idling on the street. (n=14)

**Design:** Matched group design was used.

## **Measures**

**?** For measuring general health problems of street children **PGI Health Questionnaire N-1 by Verma, Wig & Prasad (1985)** was used.

This test is useful not only for clinical work in screening and assessing the progress of treatment but has a larger utility in clinical psychiatric research. It is a short, simple test with low difficulty value for items and it can be used with illiterate, unsophisticated population also. Higher score usually indicates greater chances of developing psychiatric symptoms.

**Reliability:** Reliability of the test was examined using 'test-retest' and 'split-half' method and was found to be significantly high (0.88 & 0.86 respectively).

**Validity:** Validity of PGI HQ N-1 was established administering other well-known test of neuroticism concomitantly. It was found that the total score of the PGI HQ N-1 was highly correlates with similar traits of other scale. Separate scores of section "A" and "B" were found relatively lower correlation (though still significant) with measures of neuroticism on other tests. This confirms that a combined of physical and psychological scores constitutes a better measure of neuroticism. If one obtains

**Statistical Analysis:** Mann Whitney U test was used to compare the psycho-social problems of street children with their normal counterparts.

**Results and their Interpretation**

**Table-1 Showing the result of Mann Whitney 'U' test for PGI**

GROUPS	M	N	ZU	LEVEL OF SIGNIFICANCE	CRITICAL VALUE
Group-1 Street Children	13.54	50	7.05	.01	2.56  P<.01
Group-2 Non street children	5.94	50			

high scores only on one of the two sections, then there are relatively less chances of his being a case of neurosis. The test was cross validated on fresh sample from Chandigarh. Ahmadabad and Rohtak. It was found that mean scores of male & female psychiatric patients were comparable but were markedly distinct from normal.

Mean health score of Group-1 and Group-2 is 13.54 and 5.94 respectively. The calculated Zu value is 7.05 which is significant at .01 level, indicating that both the groups differed at high risk of chronic health problems as compared to normal ones.

**Table- 2 Showing the result of Mann Whitney 'U' test for PGI (Street children living with parents and living without parents)**

GROUPS	MEAN	N	ZU	LEVEL OF SIGNIFICANCE	CRITICAL VALUE
Group-1 Street children living with parents	13.24	25	0.18	.05	1.96
Group-2 Street children living without parents	13.84	25			p>.05

Table-4 shows that the difference between general health problems of street children living with parents and living without parents is not statistically significant. The zu value is 0.18, which is not significant even at .05 level, indicating that street children living with parents and living without parents did not differ with each other their general health problems.

#### **Findings and Discussion**

Significant differences have been found in the general health problems of street children with their normal counterparts (Zu= 7.05, p<.01). Therefore, the 2<sup>nd</sup> hypothesis was rejected because there are significant differences in the health status between street children and their normal counterparts. The mean value of street group (M= 13.54) is greater than the mean value of non street group (M= 5.94). Thus it has been concluded that high score of street children shows a propensity to develop neurotic symptoms under stress.

These finding are also in agreement with the study made by Abu and Al-Nasr (1992) who suggested that street children always at high risk of chronic health problems such as respiratory diseases, parasitic infestations, skin infection, substance abuse and other related health problems, as well as exposure to a wide range of other diseases. These illnesses increase the nutritional needs of street children and in turn, lower their immunity and create a vicious circle. The unhealthy environment in which street children live and the lack of availability and under-utilization of health services are also contributing factors in causing malnutrition among street children. Another contributing factor is the lack of positive attachments, which often leads to emotional and social deprivation, resulting in a failure to thrive.

On the other hand, no significant difference has been found when this comparison was made among the street group.

The mean value of those street children who living alone is slightly higher (M= 13.84) than the mean value of those street children who live with their parents, (M= 13.24). Both the street group did not differ statistically (Zu value= 0.18 p>.05) with each other.

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