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Background: This was a 2-year interventional prospective study aimed at determining the frequency and pattern of musculoskeletal disability among beggars of the streets of Addis Ababa. It was part of a continuous multidisciplinary study that was trying to assess causes of street begging and looked for ways to stop it or at least bring it to 'tolerable' proportions. This part of the study mainly focused on treatable/correctable musculoskeletal disabilities leading to begging on streets in the city. It also assessed the degree, duration and reasons for street begging and determined whether correcting treatable musculoskeletal disabilities stopped beggars from begging or not. The study setting was in Addis Ababa city, in collaboration with C.A.R.D.O.S. Ethiopia.

Methods: This was an interventional prospective follow-up study on beggars of the streets of Addis Ababa who claimed musculoskeletal disability as their main cause for begging. A location in a sub city was selected for a reason of hosting the largest number of beggars. In collaboration with the local administrator a clinic was opened amidst the busy street and volunteer street beggars with musculoskeletal disability were recruited for the study. Surgical procedures were performed in 61 'patients' and were followed for two years, from April 2007- April 2009. Some beggars refused a clearly beneficial surgery

Results: Our survey revealed there are 1,237 street beggars including the outskirts of 'Entoto' mountain. Nearly two-third of the street beggars were males and age ranged from a week to 90. Of the 204 beggars with musculoskeletal disability, 118 were evaluated to clearly benefit from a successful surgical procedure. The commonest diagnosis was leprosy with its complications recorded in 47 of the 204, followed by bone and joint infections, 13.2 % (27/204) and complex, unclear congenital anomalies ranked third. Neglected dislocations, mal-united of non-united fractures were observed in twenty (9.8%) of the street beggars. Iatrogenic cause was discovered as a cause of disability in six beggars. Sixty one beggars were operated. The ages for operated cases ranged from 12 to 78 years. The duration of begging in beggars selected for surgery was from 4.5 to 56 years. Corrective amputation, Bone grafting and Sequestrectomy were the commonest procedures in respected order. One patient died due to concomitant cardiac illness. From the whole group 68 patients went back to begging while from the operated group only a single patient recently was found begging in one of the streets in Addis.

Conclusion: Musculoskeletal disability may lead to begging. Well-funded, multi-sectoral long-term campaign on begging will possibly reduce it to a 'tolerable' level.

Introduction

Beggary has been with mankind since antiquity- anywhere in any city. Stories of disabled people begging on streets were read since the Bible chapters of Old Testament; and were not a problem when at a 'tolerable' levels ¹. Street begging becomes a problem when it becomes massive, lucrative, a busyness/profession for livelihood, habit and finally a culture. Disability is simply a gap between what a person wants to do and can do. Normally 10% of prevalence of disability in

a society is tolerable. Developing countries carry the largest burden of disability as a result of civil war, poverty, and poor access to health, bad traditional practices and natural disasters. It is not surprise if cities in developing countries shelter large number of street beggars, which is also encountered, even though in an insignificant proportion, in very modernized developed cities too².

Addis Ababa (Amharic equivalent for 'New Flower'), a city founded over hundred years back (1886) by Emperor Menelik-II as a permanent capital, is an important political-economic center of Africa & is in a rapid development phase. Addis is a seat for African Union headquarters and is African Capital celebrating its millennium. According to a measurement taken in 1994, Addis is a large city currently covering about 600 k.m² (a size of Singapore or half of Hong Kong) It is a home for over 3 million inhabitants and nearly half (47 %) of its population are migrants. Just a decade back its size was half, 224 k.m². It has over 300 'kebeles' - the smallest administrative units³. It is sad to read/hear internet stories or newspapers written about the extent of street beggary in such potentially rising city of the African Millennium⁴. The administrative statistics revealed that, in Addis alone there are between 48,000- 54,000 physically disabled people mainly from the protracted civil war & most of them beg on the streets. This fact was the rationale to obtain a loan from World Bank & construct the NRC (National Rehabilitation Centre) in the vicinity of the Medical Faculty. Addis is rapidly urbanizing. Out of Ethiopia's estimated 10 million urban populations, 30% lives in Addis and according to U.N this figure will be 50 % by 2020. Government office statistics repeatedly indicated that the income, housing, unemployment, land access, sanitation, water & waste disposal and poverty conditions in the city are drastically far from the acceptable standards². The City's administration enumerated that there are over 90, 000 beggars in the different streets of the city and UNICEF reported that of the 150,000 street children in Ethiopia about 100,000 (67%) live in Addis and most are street beggars⁵. Life on streets is horrible especially for females and children. In such set-ups prostitution, rape & HIV, drug smuggling, robbery and joblessness will complete the vicious cycle of protracted poverty. Hence dedicated, well-planned and funded, strategic multi-disciplinary approach to alleviate urban poverty with its consequences remains to be the urgent call of the citizens, government and concerned partners of Ethiopia. It is clear that the government of Ethiopia has long ago pointed that begging is a national treat and our number one enemy is poverty⁶.

Methods:

This is an ongoing interventional prospective follow-up study started on April 2007 on beggars on the streets of Addis Ababa, with musculoskeletal disability as the main cause for begging. A most populous location (Kebele -23 including 'Shiromeda' and outskirts of Mount Entoto) in a sub city (Gulele) was selected for a reason of hosting the largest number of beggars. In collaboration with the local administrators a 'clinic' was opened amidst the busy street and Volunteer Street beggars with musculoskeletal disability were recruited for the study. Every week 48(12 new cases) seen at the clinic. The research team is multidisciplinary and consists of an orthopedic surgeon, an NGO manager, a psychiatrist, a psychologist, a sociologist, a lawyer, Nurses, Physiotherapists, a registrar and trained guards.

Of the 1,237 street beggars known by the administrators of this small location, 204 had musculoskeletal disability as a primary cause for begging and these were included in our interventional follow-up. Surgically assessed, 118 of these beggars can significantly benefit from surgery and so far major surgical procedures were performed in 61 'patients' and were followed for the two year period. Some beggars refused a clearly beneficiary surgery and some are waiting on the list. In addition to the corrective surgeries, the beggars constantly received a series of health education, physiotherapy and civic education. They were given regular and substantial financial support and were engaged in income generating activities.

Strict follow-ups, documentations by questionnaires, video recordings, interviews by tape-recording were done by the registrars and trained security guards. Beggars who committed to be included in the study and stop begging but found to be engaged back in street begging were automatically dropped out from the study. All the treatment and follow-up casts were covered by C.A.R.D.O.S. (Center for Applied Research and Development Oriented Services) - Ethiopia.

Results

Our study has revealed surprising results. Average number of street beggars known at the location is 1,237 (Addis has over 300 such locations). Most of the recruits were found on the streets around religious institutions and their number is highest during a special feasts. Total number of patients/beggars with musculo-skeletal problems at our 'clinic' is 204. Leprosy with its sequel was the leading primary musculo-skeletal problem encountered and the distribution of the rest musculo-skeletal conditions is shown on Table 1. Total number of patients/beggars with possibly operable musculo-skeletal disability is 118. Total number of patients that refused a clearly helpful surgery and kept on begging is 12. (The issue of lucrative begging is not the scope of this paper and will be published by a separated paper). Total number of patients operated & followed for at least a year is 61. The surgeries performed spanned from simple excision of a soft tissue tumor to angle plating and bone grafting, distribution of procedures done is shown on Table 2. Ages of operated cases ranged from 12 to 78 years. The duration of begging in this group varied between 4.5 and 56 years. Nearly two third of them were males. None of the selectively operated patients went back to begging but from the whole group 68 beggars were reported be back on street begging. One elderly patient died suddenly seven months post-operatively while he was in a city-bus. The cause of death may have been the underlying cardiac illness he is known to have had. Beggars who postoperatively were well-followed up and given incentives kept engaged in income generating activities and except one all are not found currently begging.

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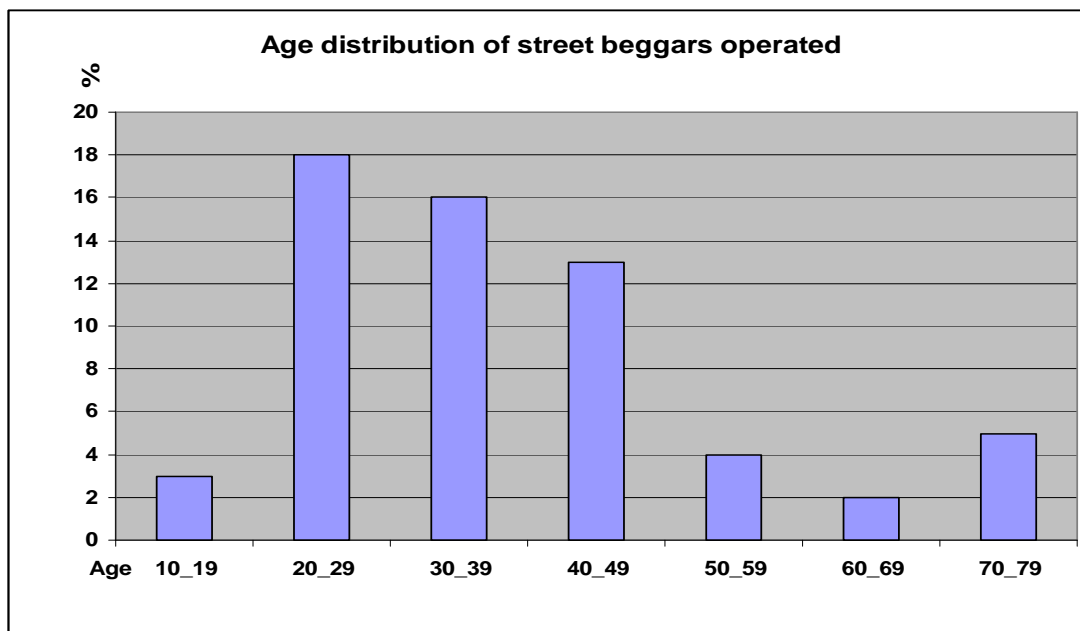
Table 1. Distribution of Orthopedic Problems in The Beggars of Addis Ababa, ETHIOPIA

Diagnoses	No
Leprosy with its sequel	47
Cerebral palsy with mental retardation	14
Complex Cong. musculoskeletal problems	23
Non & Mal-unions	12
Bone & joint infections +Madura	27
Neglected dislocations	7
Post-polio deformity	13
Huge tumors	10
Spinal problems	9
Amputations needing corrections	8
Neglected congenital talipes equinovarus (CTEV)	2
Unclear, multiple musculoskeletal problems	26
Burn contractures	6
TOTAL	204

Table 2. Distribution of Type of Surgeries Done on the Selected Street Beggars in Addis_

Procedures	No
Sequestrectomy	8
Arthrodeses	5
Plating & grafting	7
Tendon lengthening	6
Contracture release	3
Ulcer debridement	9
Corrective amputations	8
Postero-medial release and joint fusion	2
Osteotomies	4
Tumor excision	4
Limb amputations	3
Multiple procedures	2
Total	<u>61</u>

Figure 1. Age distribution of Street beggars (operated) in Addis Ababa.



Discussion

According to a survey conducted by Elshadai Relief and Development Association (ERDA)⁷ there are 50,000 people in Ethiopia who have land, property, enough means of living and are healthy but are involved in begging. And there are about 4,321 people (679 of them in Addis Ababa) who do not want to work at all but have chosen to make a living on alms. The total number of beggars in Addis Ababa including mentioned above, is 93,239. About 4 percent of these are disabled and 5 percent are too old and have nobody to take care of them. Over 50 percent of these are healthy and strong farmers who own farm lands in the country. In our study it is sad to see young males with minor correctible physical problems begging on streets.

Ministry of Labor and Social Affairs (MoLSA) of Ethiopia has been conducting research and preparing an action plan to replicate the good practice of ERDA to 'solve' the mendicant problem. Thursday evening, August 2, 2007 at a Hilton Addis a national action plan was presented. Currently, the number of people in Ethiopia engaged in begging is believed to exceed

180,000, according to another study presented on this meeting. Amazingly, about 95% of these are capable of being engaged in jobs to earn a living.⁷

After a long deliberation has been held on the problems of street begging at the national level, the repatriation of 90 thousand people from streets, mosques and churches in Addis Ababa to their birthplaces is underway since last September 2007. Eventhough 'lucrative- begging' is not the scope of this paper, the figures quoted by ERDA are also witnessed by this paper. Disability as a primary cause for begging shares a significant portion and it is sad to know that some of these disabilities are musculo-skeletal and correctable⁸. Street begging is a problem even in bigger cities. In some cities it is a recordable offence resulting in higher-level fines (up to 1000 pounds) for harassment or arrest by the police⁹. The street begging in developing countries is totally different from those in developed nations in many ways. Two outstanding reasons being urban poverty of different causes and the large number of beggars. Protracted civil war, cultural and religious backgrounds are contributory too. Sometimes conferring with the poor at the orthodox religious ceremonial days in Addis Ababa is a hard task to perform¹⁰. Hence, strategies designed by these two different set-ups are different in many ways too. Our small-scale interventional study has shown that education, selective surgical intervention, supervised incentives and engaging the beggars in income generation activities will gradually stop the beggars from begging on the streets.

We found no passage in the Bible that says Jesus gave money to beggars. He healed a couple of beggars who were so because they were blind (John 9; Mark 10:46-52). But no mention is made of him giving, or telling others to give, to beggars. He did advocate giving to the poor (Matthew 19:21). He would necessarily advocate that as it was a part of the Law of Moses and giving to charity is considered one of the most important parts of Judaism. But giving to the poor is not the same as giving to beggars. The poor are those whose circumstances are less fortunate than the giver, but who are still trying to make a living through other means than begging. It is entirely possible that beggars were included among the poor, but many would consider that they should not be. The scriptures just don't say¹¹. Christianity encourages hard work and prospering in the right way! Church should teach on hard work and should always fight laziness! Anyone who claims Jesus gave money to beggars should be able to prove their claim or lose their credibility. We just don't see how they can prove such a claim from the Bible.

If cash is what a person needs the most (besides salvation), then cash should be given. But will giving small money to the homeless change their situation? Would it not be better to give them shelter, training, treatment if necessary, and hope? Money in their hands will give them none of these things, unless it is substantial enough for them to purchase shelter, training, and treatment. Giving cash without these other things, and self respect, will not improve their situation. We know of no charity with sufficient funds to give that much money to every homeless person in streets. What Jesus gave the beggars that we know about was not money, but the ability to make a living without begging¹¹. The researchers are not opposing co-operations, support and help. We are objecting unnecessary and lucrative begging while somebody can work and help himself.

Ethiopia is in the right track of development and the government is committed to creating jobs. Booming constructions from boarder to boarder, factories built, multitude investment projects and rural development programs are vivid evidences for this. It is our feeling that God's will, in the very near future the country succeed in significantly reducing beggary!

Conclusion

Simple surgical procedures on selected cases, augmented by psychosocial support, may help a street beggar stop unnecessary begging and engage in income generating activities to help himself.

Recommendations

- Well-funded, multi-sectoral and centralized long-term campaign on street begging will possibly reduce it to a 'tolerable' level in a nation.
- While keeping up the multitude of job opportunities open, the government of Ethiopia should further strongly discourage begging as a means of living.
- Programmed surgical campaigns should be organized to screen operable disabilities on street beggars in a larger scale.
- All Ethiopians especially Addis Ababaians and religious organizations should discourage unnecessary street begging in a coordinated, careful and organized way. In so doing, those who really need help should not be neglected.

Acknowledgments

We acknowledge C.A.R.D.O.S- Ethiopia for letting us publish this data from their main project. We appreciate the huge responsibility the government of ETHIOPIA is shouldering in addressing and solving ancient problems layer by layer. We are grateful for the collaboration we received from Addis Ababa city administration. We got huge prayer support from our group. We dedicate this paper to our children. As a family & parents we'll show them to work hard and we pray that they see a developed Ethiopia, free from street beggars.

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