

Original article

Health and social problems of street children

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Abstract: As there is no documented information on street children in Ethiopia, a cross sectional survey was conducted in Nazareth town, South Eastern Ethiopia, in December 1994. The purpose of the survey was to describe the health and social problems of the street children. By means of a systematic sampling method, based on a census registration, 597 subjects, 526(88.1%) males and 71(11.9%) females, were recruited for the study. Four hundred and one (67.2%) of the children reported eating at least twice daily. One hundred and six (14.6%) of the children reported the use of habit forming substances. Three hundred and sixty eight (61.6%) of the children reported an illness during the survey. The major health complaints were abdominal pain, cough and headache. Substance use, arrest by police, current sexual activity and STDs were reported more frequently among the "off" the street children. Improving access to existing social services and exploration of possibilities to rejoin the street children with their families are recommended. [*Ethiop. J. Health Dev.* 1998;12(1):51-55]

Introduction

Many factors are known to have contributed to the health problems of street/homeless persons. The list includes: exposure to adverse weather, crime, overcrowding in shelters, unusual sleeping accommodations, poor hygiene and nutritional status, alcoholism and drug abuse. Due to those exposures homeless children were reported to have high rates of developmental, emotional and nutritional problems(1-5).

Because of the many problems they encountered at early ages, street children are bound to remain disadvantaged throughout their life-time due to lack of life experience in an organized family. They also lack basic education and vocational training opportunities. Girls in particular are also exposed to sexual exploitation, rape, and prostitution(6,7).

Access to health care is very much limited for homeless families. There is no real opportunity for the street children to develop an ongoing relationship with a health care provider since they are highly mobile and health is a lower priority, as they struggle to meet the daily demands for food and shelter.

They may only get episodic and fragmented health care when they are confronted with an acute and severe illness(4,8).

The complex confluence of family, economic, and social problems have made the task of intervention seem overwhelming. However, there are encouraging reports of interventions on similarly high risk and impoverished families which showed that comprehensive interventions, well oriented to the problems of the children, can significantly improve the situation(9-12).

Though the magnitude of the problem is not fully researched in Ethiopia, it is believed that the problem is ever growing as elsewhere in the developing world(13,14). Therefore, this study was carried out with the purpose of describing the health and social situations of street children in the Ethiopian context with the hope that it may facilitate the planning and implementation of effective interventions to improve the life of street children.

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Methods

The study utilized a cross-sectional, descriptive design based on the census registration to assess the social and health problems of street children in Nazareth town in December 1994. The town is

located 100 kilometres south east of Addis Ababa, the capital of Ethiopia, and has an estimated population of 150,000. The town is a major transit location for the traffic coming from Asab and Djibouti Sea Ports.

A sample of 600 street children was required for the study based on the following conservative assumptions: a 50% prevalence of health problems, with 95% certainty and an expected difference of ± 4 prevalence between the sample and the total population. The study population was identified during a census registration and study subjects enrolled systematically after a random start. The census was conducted in one night with the help of the local Ministry of Labour and Social Affairs(MOLSA) staff and the leaders of the street children. A total of 5,138 children were registered in the census. All street children up to the age of 18 years were considered for inclusion in the study.

A uniform and pretested questionnaire was used to collect data from the street children on their health and social problems by trained health assistants. The interviews were conducted for one week in December 1994 at the health centre located in the town. Supervision was made by a nurse coordinator and the principal investigator who is a physician. A social worker from the local MOLSA office helped in building good rapport with the street children. The social worker has been in contact with the street children previously and was familiar to most of the children.

An informed consent was obtained from all study subjects. Children who reported health problems were given free treatment depending on the nature of their illness at the health centre and the local hospital. Lost work hours were also compensated.

Data were processed using Epi Info statistical package. Frequencies, rates, rate ratios with 95% confidence intervals were used to present the results.

Result

A total of 597 subjects, of which 526(88.1%) were males, were enrolled for the study. The dominant age group was 10-14 years accounting for 52.8% of the study population. The age ranges from 5 to 18 years, with a mean age of 12.9(SD= 3.16). Three hundred and forty two (57.3%) of the children had four or more siblings. Four hundred and forty seven (74.9%) of the children had a birth order below three. One hundred and eighty three (30.7%) were separated from their families in early childhood, before their 4th birthday. Three hundred and sixty six (61.3%) of the street children had primary school education.

Table 1: Living conditions of street children, Nazareth, 1994.

Variables	"On" street	"off" street	X ²	P-value
Body washing				
Never Wash	227	205		
Once/15 Days	82	42		
Occasionally	17	24	10.4	.006
Cloth Washing				
Wash	274	120		
Don't wash	52	151	102.5	.0001
Income (Birr)/day				
0-0.99	123	128 109		
1-1.99	29	12		
2-2.99	62	10		
3-3.99	50	4		
4-4.99	16			
≥ 5.00	46	8	136.9	.001
Meals				
As Available	103	30		

Once/day	53	10		
Twice/day	15	118		
Three/day	155	113	149.7	.001
Financial Saving				
Yes	26	16		
No	300	255	0.68	.4

The street children were classified during analysis into two groups as "on" and "off" street children. Three hundred and twenty six (54.6%) were "on" the street type and the rest 271(45.4%) were "off" the street type. Children "on" the street had a house to sleep in at night whereas "off" the street children are completely homeless and had no contact with their families.

Two hundred three(34%) of the children reported that they do not have the habit of washing their clothes at all. One hundred thirty three (22.3%) of the children reported that they eat meals according to their income(as available), 63(10.6%) eat once daily, and the rest 401(67.2%) reported to eat at least twice daily. Only very few, 42 (7%), of the children save money from whatever they earned for emergency purposes. Washing habits and earnings were significantly better among the "on" the street children. But children "off" the street reported to have been eating more meals per day compared to the "on" the street children (Table 1).

Table 2: **Substance use and sexual practice among street children, Nazareth, 1994.**

Variables	On" street"	"off Street	Or (95% CI)
Substance Use			
Yes	21	85	1.00
No	305	186	0.15(0.09,0.26)
Police Arrest			
Yes	4	36	1.00
No	322	235	0.08(0.02,0.24)
Ever had Sexual Intercourse	11	82	1.00
Yes	315	189	0.08(0.04,0.16)
No			
History of STD	9	27	1.00
Yes	317	244	0.26(0.11,0.58)
No	21	85	1.00

Four hundred ninty one (82.2%) of the children reported that they never used any of the three of the habit forming substances (cigarette, alcohol and chat). The rest 106 (17.8%) reported the use of at least one of these substances. Fourty(6.7%) reported that they were arrested by the police at least once. The majority(84.4%) of the children reported that they are not yet sexually active while 15.6% of them reported that they had sexual intercourse already. Few (1%) said they started sexual intercourse when they were between the ages of 5 and 9 years. Sexually transmitted diseases were reported by 36(38.7%) of the sexually active street children. Substance use, arrest by police, sexual experience, and STDs were reported less frequently among the "on" the street children, the differences were statistically significant at $P < 0.05$.

Three hundred and sixty eight (61.6%) of the street children reported health problems during the survey time. Abdominal pain, cough and chest pain, eye and ear problems, headache, and leg ulcer were the major complaints (Table 3). Children over ten years of age were more likely to be ill than the younger children, a statistically significant finding. All other variables studied which include: number of sibling, child's education, status of parents(alive or dead), family support, age of the child at leaving the family and current school attendance did not show statistically significant association with current illness (Table 4).

Table 3: Frequency of reported health problems among street children in Nazareth, 1994.

	Frequency	Percent
No complaint	229	38.4
Abdominal Pain	95	15.9
Cough & Chest Pain	59	9.9
Headache	53	8.9
Leg Ulcer	49	8.2
Eye & Ear Problems	38	6.4
Fever	34	5.7
STDs	16	2.7
Others	24	4.0
Total	597	100%

Discussion

This study utilized a probability sampling technique to select the study subjects, trained interviewers who used a standard and pretested questionnaire, and applied a strong supervision system. Therefore the design and implementation of the study are believed to minimize bias, which could possibly distort the results.

Although most children claimed to eat at least twice daily, the safety of the food is believed to be very poor. Some of the children salvage their food from a public garbage basket. The feeding habit of the children, in general, is believed to have exposed them to various kinds of food borne infectious diseases(8).

Personal hygiene was observed to be very poor which could be mainly due to the unavailability or the less access of the facilities for washing, which is yet another reflection of their standard of living. Substance use (16.8%) in this population seems to be low, when considering their exposure to such environment and the lack of any parental supervision and guidance. However, it was higher than the figure reported for high school students in Addis Ababa which was 9.2%(15). It is also worth noting that those who reported the use of substances do so when they were very young, which may put them at a higher risk of developing complications from the use of these substances and may make them suffer a high degree of dependence. Substance use would also increase their demand for more money, which in turn may force them to get involved in anti-social activities such as robbery.

Table 4: Bivariate analysis of selected factors affecting the health of street children, Nazareth, 1994.

Variable	ILL	Not ILL	OR(95%CI)
Age			
5-9	42	42	1.00
10-14	199	116	1.72(1.03,2.87)
>14	127	71	1.79(1.03,3.10)
Siblings number			
0-3	164	191	1.00
4-7	190	119	1.86(1.35,2.57)
>7	14	19	0.86(0.39,1.86)
Child's Education			
Illiterate	127	37	1.00
Read and Write	27	13	0.61(0.27,1.38)
Primary	199	167	0.35(0.22,0.54)
Secondary	15	11	0.40(0.16,1.02)
Alive Parents			
Both parents	234	157	1.00
Father alive	23	16	0.96(0.47,1.98)
Mother alive	70	36	1.30(0.81,2.10)

Both Dead	32	15	1.43(0.72,2.87)
Don't Know	12	3	2.6890.69,12.18)
amily Support			
Yes	47	42	1.00
No	321	187	0.65(0.40,1.05)
ge when leaving family			
0-4	114	69	1.00
5-9	73	56	0.79(0.49,1.28)
10-14	160	86	1.13(0.74,1.71)
15-19	21	18	0.71(0.33,1.50)
urrent school Attendance			
Yes	69	40	0.92(0.58,1.44)
No	299	189	1.00

Though it may be an under estimate, 15.6% of the surveyed children reported that they have had sexual intercourse already. The risk of acquiring STDs, particularly HIV, and unwanted pregnancy with their complications are eminent since preventive behaviours are generally lacking.

Higher rates of substance use, arrest by police and sexually transmitted diseases are observed among the "off" street children. This could be the reflection of the degree to which the children are affected from the loss of family and cultural values. The 6.7% reported rate of arrest by the police was comparable to a study in Brazil which was 4% and very low as compared to an Indian study which was 39%(16).

Over 60% of the street children reported at least one symptom of a disease during the time of the survey. Considering their exposure to the harsh environment in the street, it may not be surprising, but could be seen as one of the manifestations of the agony of street life. The major health complaints were almost similar to what have been reported elsewhere(16), and are related more or less to their living conditions. This was substantiated by the fact that the "off" the street children were the ones who reported health problems more than the "on" the street children. It is worth noting that although the health care facilities are readily available physically in the town, the street children's access to them is limited by their status and economic constraints.

In conclusion, the findings indicated that the street children are exposed to complex social and health problems- for example, they suffer from lack of suitable shelter, use of substances and lack of basic health services. Therefore, comprehensive health and social interventions need to be designed and implemented in order to improve the conditions of the children. Interventions may include: making the existing social services accessible to them, exploring possibilities to rehabilitate and rejoin them with their families, and exploring possibilities for providing street-based health education in a way that is acceptable to them.

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