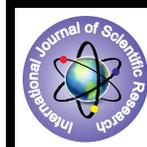


Health Profile of Street Children in India



Social Science

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ABSTRACT

India with its fast paced urbanization faces the challenge of increasing number of people living on the streets and children are part of this section. There are social and institutional factors that serve to sustain their presence. They are a result of increasing poverty, increased migration of families, broken families, neglect, abuse, riots and violence, natural disasters, decreasing resources in rural areas, and the attraction of cities. Children are the future of a country and health is an important part of their physical, mental and social well-being. Street children lack access to basic health services so their healthy growth and development is at stake. This paper is aimed at sharing information in the context of health problems of street children and emphasizes in providing a comprehensive health care to street children and eradicating the root cause of it.

HEALTH PROFILE OF STREET CHILDREN IN INDIA

Street and working children are the biggest group of urban poor which is growing rapidly in the big cities. Either they have a home or are homeless. Rubenson (2005) points out that among the urban poor, this group is the most serious and vulnerable. Their reasons to be on the street could range from just being runaways as a result of disturbed families and thus end up being attracted by the big cities; to search for better opportunities for work and livelihood etc. Both developing and developed countries face the growing problem of street children and this is a global situation as well. We know that the most important asset of a nation is considered to be its children and adolescents. Hence, the street children having no access to basic amenities, healthcare etc., in such a situation is certainly one of the most serious problems to be tackled in India.

Who are Street Children?

The term 'street children' should refer to all children of 5- 15 years of age who work in the streets of urban areas without reference to the time they spend there or the reasons for being there. Nobody can identify the term by any precise scientific criterion. 'Children without families', 'high risk children', 'abandoned children, etc all these terms are overlapping so it's particularly difficult to draw any rigid lines between them. The UNICEF has called them 'children in difficult circumstances'. UNICEF has defined street children as, "those for whom the street, more than their family, has become their real home, a situation in which there is no protection, supervision or direction from responsible adults.

UNICEF'S Definition

UNICEF confirms the number since 25% of working children in India are street children. Studies in some major cities indicate that the street children in India suffer from various chronic diseases and are undernourished. Also, they do not enjoy a healthy life and are mostly of a moderate health status. Nigam (1994) posited that not only this, they are deprived of all health programs, however, when in urgent need, they seek healthcare from government hospitals.

In developing countries, the number of children dying every day is as high as 40,000 and 25% of them are in India (UNICEF 2007). The number of child workers in India is about 10% of the labour force (Human Development Report, UNDP 2002). The largest number of non-school going children workers in the world is also in India. The employment of children below the age of 14 years in factories, mines or hazardous occupations is prohibited by the Constitution of India. UNICEF (2007) differentiates between child work and child labour.

Number of street children

The complex situation of street children makes it difficult to get an accurate number of street child populations. In India, there

have been various estimates of street children population. The 1991 Census recorded 18 million children. The United Nations High Commissioner for Human Rights (UNHCHR) in 1993 had reported that India had the largest population of street children in the world. A recent publication has reported 47 million homeless and runaway adolescents roaming on the streets of our country.

The Genesis of Street Children

These children were mainly on the streets due to their families. Rubenson (2005) points out other factors for them to be on the street like marital disharmony, separation/divorces, family tensions, death of parents, ill-treatment by step parents, selling of children as bonded labourers.

The reason for being on the street and working is due to their family pressure for extra income. It was difficult for his family having many members to survive without another member of the family (i.e. him) earning. Broken marriage was the case in some cases whereas death of the poor parent was another cause in one case. In addition, urbanization and migration were another which are also attributes of poverty, displacement and unemployment and are inter-related. The reasons for being on the street vary but poverty is the root cause as cited in many studies (Aptekar 1988). So, in general, poverty and family pressure were the root causes.

Poverty dumps a crowd of problems onto a child. Not only do these problems cause suffering, but they also conspire to keep the child poor throughout his/her life. In order to survive, a poor child in India will probably be forced to sacrifice education and training; without skills the child will, as an adult, remain at the bottom of the economic heap. The root causes of poverty are beyond a single NGO's power to change. Deshraj - 5 years old, when asked what he dreams of for his future: "I have no dream. I must eat today... that's all." (Clark, R. Shane) They need to earn money either to take home to their families or to support themselves. The root causes that keep them hungry, illiterate, exploited and abused are causes like gender, caste, livelihoods and displacement.

Where do they work?

Mostly, street children survive by doing mobile street work such as washing and parking cars, begging, scavenging, hawking (Swart-Kruger & Richter 1997), cleaning gutters, picking rags, shoe-shining and so on. Street children contribute to the 'un-organized sector' by working in hotels, roadside stalls (e.g. tea/food stalls), repair shops, petrol pumps, motor, scooter garages. This group could be termed as street children or working street children. Mostly, they are subject to maltreatment by their adult supervisors which may result in beatings if they commit faults or errors. These children are also highly vulnerable to many adverse health outcomes due to their living style of extreme per-

sonal and high-risk behaviour (Ribeiro&Ciampone 2001). Since they move frequently, they are susceptible as they do not enjoy stable housing, formal education, or accessible health care services.

Living Conditions

Street children in India generally live in locations including streets, pavements, under and over the bridges, railway platforms, rooftops, sheds, booths, alcoves, beaches, markets, trains and places of worship. Street children live in physical surroundings that are unhygienic and dirty. Majority of them do not have access to bathing and toilet facilities. They are constantly exposed to sun, rain, cold, dirt, smoke, harmful waste and other environmental hazards. Though a section of street children live with their families, their essential needs are not met mainly due to extreme conditions of poverty and neglect. These family environments are functionally inadequate and therefore, the children are functionally homeless. Some families are also found to be abusive. Most street children consume food found on the street, in garbage bins, and at cheap roadside stalls. Sometimes they eat food that is given away as charity in places of worship. The streets offer them a sense of freedom rarely experienced in the confines of a family. In a sense, street life grows on them and after a certain period of time; they find it very difficult to give it up. It becomes a 'culture', a 'lifestyle'; one that defines them and becomes a part of their identity.

Health hazards

Street children were also subjected to physical health hazards. According to W.H.O., street children suffer from social, physical and mental hazards as a consequence of being working on the street, they were also subjected to misuse, addiction and torture. Physical health hazards covered the effect of extremes of temperature, noise pollution, air pollution and lack of proper diet. There is a strong association between the physical health hazards and duration of work on the street. It showed that the effect of continuous sun exposure had significant relationship with the duration of work on street in years. Due to continuous sun exposure most of the children develop headache and some suffer from vertigo and a minor proportion suffered from hyper pyrexia. Similar results were obtained for the bad effects of continuous smoke exposure with the duration on street in years. Due to continuous exposure to smoke, some of them complained of cough and some difficulty in breathing.

It was due to their profession on the street, they were subjected to a number of accidents in which most of them suffered from scratches and some with injuries like fracture and loss of the limbs due on busy roads.

Street children experience high rates of physical, mental and emotional health problems. It is generally reported that street children are susceptible to cuts, injuries, dog and rat bites, skin infections, malnutrition, fevers, respiratory problems, and other infections. Studies show that most street children do not consume adequate food, and the quality of the food they eat is very poor. Majority of them suffer from protein deficiency and chronic diseases like asthma and dysentery.

With limited economic options, engaging in survival sex is common among both boys and girls as this may be the only commodity they have to sell. It is reported that they often trade sex for money, food, drugs or a place to stay. Using safety methods in this survival sex has also been found to be limited. As one street youth asserted "why should I care about dying ten years from now when I do not know where I will sleep and how I will get food tomorrow?"

Factors Influencing Accessibility to Health Services

These children do not have awareness about their health and they have no idea about health services available to them. Their daily schedule of work do not allow for long waiting hours at government hospitals. This factor is obviously restricting since they work daily to make a living for themselves and their families and this waiting would lead to a loss of time or working hours. As they earn meager amounts or spend most of it on immediate needs and wants they are left with no or little resources for accessing medical care facilities at private hospitals in times of emergencies.

Though government and municipal hospitals are present in most cities in India, they have remained inaccessible due to various reasons. One of the reasons is that they are being ill-treated or less seriously and disrespectfully treated by healthcare providers. Due to that they felt, the doctors would compromise on the quality of health care given to them considering them as an inferior group. Another obstacle in accessing public hospitals is that ill children requiring hospitalization are expected to have an attendant for 24 hours. This rule is difficult to comply with since the street child is either living alone on the street or does not have adequate family or other support system.

The gap in public health services for street children forces most NGOs to take on the responsibility of providing health services. There have been attempts made by some NGOs to run mobile health vans and paraprofessional and children's health training programmes, which have proved to be useful and successful. However, such health programmes depend on the resources available to the NGOs and these vary from time to time.

Government run children's home is giving shelter and protection to orphan and vulnerable children. Henry opines that there are no more than 50 NGOs working for the 500,000 children who work and live on the streets. Few organizations are there to help the working street children. No such holistic and integrated program could wipe out this problem in our society.

It is concluded that street children were facing all the three dimensions of health hazards i.e., physical, mental and social. Poverty is the root cause of the street children phenomenon. And that government budgets practically exclude street and working children. So the government must take appropriate steps to prevent this problem by eradicating poverty. Because poverty is root cause of all kinds of social evils. These working street children do suffer from health problems, which, if ignored for a long time, could lead to serious consequences. Perhaps, the only thing that needs to be there is realization of the intensity of their problems.

Literature Cited

- Aptekar L. (1988). *Street Children of Cali*. London, UK. Duke University Press.
- Clark, R. Shane. *When I Grow Up: Street Children of India*. Positive Press International, p 43.
- D'Souza b. Castelino I., Madangopal D. (2002). *A Demographic Profile of Street Children in Mumbai*, Shelter Don Bosco Research And Documentation Center. Mumbai.
- Nigam S. (1994). *Street Children of India: A Glimpse*. *J Health Management*; Jan-Jun; 7(1):63-7
- Rubenson B. (2005). *Working Children's Experiences and Their Right to Health and Well being*. Amsterdam. Royal Tropical Institute Library.

Swart Kruger, Richter M. (1997). AIDS Related Knowledge, Attitudes and Behaviour of South

African Street Youth. *Social Science and Medicine*, 45, 957-960.

United Nations Development Programme (UNDP). (1993). *Human Development Report, 1993*, New York, Oxford University Press.