

# Study on Health, Nutrition and Educational Status of Institutionalized Street Children



## Home Science

**KEYWORDS :** Background subtraction, boundary detection, centroid, partition of image, segmentation, SVM classification, feature vector extraction.

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### ABSTRACT

*The present study was taken up to investigate into the health, nutritional and educational status of street children in Tirupati. A sample of 35 children were randomly selected for the study. Questionnaire, interview schedules were used to collect information regarding their health, nutrition and education. The data was tabulated and results discussed.*

### INTRODUCTION

Children's rights are the [human rights](#) of [children](#) with particular attention to the rights of special protection and care afforded to minors. This includes their right to association with both [parents](#), [human identity](#) as well as the basic needs for food, universal state-paid education, health care and criminal laws appropriate for the age and development of the child, equal protection of the child's [civil rights](#), and freedom from [discrimination](#) on the basis of the child's [race](#), [gender](#), [sexual orientation](#), [gender identity](#), [national origin](#), [religion](#), [disability](#), [color](#), [ethnicity](#), or other characteristics. Street children are minors who live and survive on the streets. They often grow up in public landfills, train stations, or under the bridges of the world's major cities. Because of conflicts with their family, these children don't want to or can't return home. The phenomenon of street children is multifaceted. The combination of familial, economic, social, and political factors play an important role in their situation. It is therefore very difficult to single out one or more causes. Street children often don't have access to a healthy and sufficient diet. Sometimes they don't even have food, because living on the streets, they don't produce any and don't have money to buy. The health of children growing up on the streets is strongly compromised. In fact, they don't have access to sanitary facilities. Also, because of their lack of hygiene, street children are exposed to different diseases. Their health is often troubling. Without a family to take care of them, these youth must take care of themselves

**OBJECTIVE :** To study the health, nutrition and educational status of institutionalized street children

**LOCALE OF THE STUDY :** The study was conducted in Tirupati urban mandal with sample of thirty five children

**TOOLS:** Questionnaire, interview schedule

### HEALTH AND NUTRITION PROFILE OF STREET CHILDREN

Street children suffers from numerous health problems such as cold, lough, fever, allergies, head ache, eye problems, stomach aqhe etc. These health problems may be due to lack of a clean safe residence to take rest and attend to call of nature.

### Health problems of Street children

The prevalence of health problems and their frequency of occurrence was collected as shown in the Table – 1

**Table – 1**  
**Distribution of street children according to their health problems**

S. No.	Age in years	No. of children	Percentage
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1.	Daily	3	8.6
2.	Weekly	2	5.8
3.	Monthly	8	22.8
4.	Occasionally	22	62.8
Total		35	100

This indicates that a good percentage of children suffered from health problems every month and 62.8 percent of children are occasionally suffered from health problems.

### Type of Health Problems

Health problems of street children during years.

Almost all the children had all the health problems, listed in the table no.5, besides these health problems, almost all the subjects suffered from other problems like cults, wounds mouth boils, briquices, camps, amcbiasives least motions, constipation etc.

This shows that street children regularly suffer from minor or major ailments, which may affect their health status. During sickness the street children get help from their friends. They can help the non govt/government health service are help of these children.Others include hepatitis A and C, dysentery, cholera and typhoid fever. Lack of clean water and sanitation is also associated with helminth infection.

### Impact on the health of children:

Many of the diseases that can be prevents through use of safe water are the same as those that can be transmitted by contaminated water.The most important among them is diarrhoea, the second largest child killer in the world, diarrahoea is estimated to cause 1-3 million child deaths per year about 12.1 of the total deaths among children under five in developing countries other infections diseases with similar patterns of transmission include hepatitis A and E, dysentery, cholera and typhoid fever. Lack of household water security is also associated with skin and eye infections including trachoma, which may results from poor personal hygiene. Some chemical that have the potential to harm people's health can be found in drinking water. For ex an excess of fluoride in drinking water is associated with crippling skeletal fluorosis, in countries where high levels of arsenic are found in drinking water the symptoms of arsenicosis are sometimes seen amongst young children.

### Quality of food consumed by the street children was gathered

The response indicated that 69 percent consumed fresh food daily, only 31 percent consumed fresh food occasionally. It was also found that 14.2 percent consumed stale food, followed by 14.2 percent consuming plate waste. This data reflects that notable percentage of children are consuming stale food and plate waste. The reason for consuming poor quality of food are inability to get food due to ill health (14.2) percent lack of money to purchase food 69 percentage lack of availability of food due to

strikes / bandh.

### HYGIENE AND SANITATION AMONG STREET CHILDREN

Hygienic practices both at work and personal levels are necessary for good health the street children have a greatest problem in keeping themselves hygienically the kind of work they engage in and the lack of minimum facilities to keep clean makes them unclean. An attempt was made to know the levels of hygiene among street children through observations and interview method.

#### Hygiene at Work place

The level of hygiene was rated as a three points scale as poor, average and good cleanliness at workspot. A 42.8 percent of street children were rated as good, 31.4 percent was rated as average and 25.2 percent were rated as poor with regard to cleanliness at workspot. Cleanliness of clothes worn by the street child or 22.8 percent were rated as average and 57.1 percent were rated as poor with regard to cleanliness of clothe worn by the street child. They clean their hands by rubbing on the wet ground and then rinsing. One study found that 61 percent of the rural population in India uses water with ash or mud to clean hands, 24% wash with water only, and only 14% wash with soap and water.

#### Personal Levels of Hygiene among Street children:

Cleanliness of hair; a 42.8 percent of children were rated as good 31.4 percent were rated as average and 25.2 percent were rated as poor with regard to cleanliness of hair. Cleanliness of nails , 22.8 percent of children were rated as good, 57.1 percent were rated as average and 20 percent were rated as poor with regard to cleanliness of nails.

The data on the personal chores of street children with regard to hygiene and cleanliness was gathered which showed that 11.4 percent of children take bath everyday 74.2 percent take bath, once in two day's and 14.2 percent take bath once in a week.

### EDUCATION AND VOCATIONAL INTEREST OF STREET CHILDREN:

Table – 2

#### Educational and vocational interests of street children

S. No.	Type of education	No. of children	Percentage
1.	Formal schooling	6	17.2
2.	Vocational education	20	57.2
3.	Non formal education	4	11.4
4.	Any other	5	14.2
Total		35	100

The street children interests in education and vocational training was collected which showed that 57.2 percent wanted to have vocational education 17.2 percent wanted to join formal education. A 11.4 percent showed interest in non-formal education and 14.2 percent children are willing to continue their education through child labour schools.

#### Type of vocation

Table – 3

#### Distribution of street children according to their educational and vocational interests

S. No.	Types of vocation	No. of children	Percentage
1.	Electric work	8	22.9
2.	Mechanical work	16	45.8
3.	Tailoring	2	5.8
4.	Food and cookery	3	8.5
5.	Printing and binding	3	8.5
Total		35	100

The vocational interest of street children are as shown in table no.5 which indicate that 22.9 percent showed interest in learning electrical works, 45.8 percent wanted to learn mechanical work 5.8 percent preferred tailoring where as 8.5 percent showed interest in cookery and bakery and 8.5 percent wanted to learn printing and binding works.

### WORK AND WORKING CONDITIONS OF STREET CHILDREN

Table – 4

#### Distribution of street children according to their working conditions

S. No	The nature of work	No. of children	Percentage
1.	Manual work	10	28.6
2.	Skilled work	13	37.2
3.	Around work	4	11.4
4.	Any other	8	22.8
Total		35	100

All the street children do work for their living the nature work done by street children is given in table No. 6 which indicates that 28.6 percent of street children are doing manual work, 37.2 percent of are engaged in skilled work, 11.4 percent do errand work and 22.8 percent do any work depending on availability they are not specifically engaged in one type of work.

### INCOME AND SAVINGS

Table – 5

#### Distribution of street children according to their income

S. No.	Income saving	No. of children	Percentage
1.	<150	2	5.8
2.	151 – 300	8	22.8
3.	301 – 450	14	40
4.	< 450	11	31.4
Total		35	100

The street children are also child laborers as they make a living for themselves by working. The money earned by these children are not safe generated for use of non-work days. Mainly due to lack of safe place to keep the income to further lack of proper address and identify deprives the from using available safe saving services such as post office, bank, etc.

The monthly income of street children was less than 150 Rs per month. This income is also not consistent. Almost all the children saved some money, which they keep it with a person know to them. But these savings are not regular the saving are done for a week or so and then used none of the children had accounts in bank or post offices. But they showed interest in saving in post offices.

### RECREATION

In response to “ a question what mess ages have you leant from television and films” the response were as under Recreation is the only source of happiness and relief for street children. Almost all the street children watch movies, television.

Table – 6

#### Distribution of street children according to their Recreation

S.No.	Do you watch TV	No. of children	Percentage
1.	One hour	2	5.8
2.	Two hour	6	17.2
3.	Three hours	22	62.8
4.	Four hours	5	14.2
Total		35	100

Shows that 62.8 percent of street children watch television for 3 hours, 17.2 percent of street children watch television for 2 hours, 14.2 percent of street children watch television for 4 hours, 5.8 percent of street children watch television for 1 hour. All the street children watch films every week. The street children learn most of the things from films street children knowledge of streetism.

### CONCLUSION:

The present study allows to conclude that the services provided by the institutions of street children are inadequate, they are not designed to meet the social, psychological, educational and vocational needs of street children. The very basic physical need like food, health, shelter and other amenities are also inadequate. The institutions for street children rely on staff who are

also not much committed to the cause. The street children need regular and consistent institutionalized services, which provides them safety and security from exploitation, a clean shelter to keep themselves hygienic and to rest. In addition the institutions should be able to provide education, vocational training and other facilities to improve their skills to increase their livelihood opportunities in near future. The involvement of local community, public and government departments as stakeholders of these institutionalized services is also necessary. Such an effort makes the communities and government committed to the cause of street children

## REFERENCE

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