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Research Article

Study of health status of street children in Khammam City of Andhra Pradesh

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ABSTRACT

Background: The objective was to study the health status of the street children in Khammam city and to study the socio-cultural environment of the street children in Khammam city.
Methods: Type of study: A prospective and descriptive study. Study Population: All the street children in the city who are less than 18 years of age. 3Sample size: out of total 384 street children in the city, 150 were included in the study. Selection criteria: Children in different age groups of both sexes were selected. A total of 150 street children were included in the study. Data regarding socio-cultural environment and health status was collected by using pretested structured questionnaire after obtaining proper consent.
Results: A total of 150 street children were interviewed (Males 86 and females 64). The mean duration of stay on street was 5.31 years. Nearly 10% of children were illiterate. The overall personal hygiene of the children was very bad. 97 (64.7%) children were malnourished. 6.7% of children had scabies. 30.66% children were anaemic. 46% children had Vit A deficiency. 17.33% children had Vit B deficiency. 34.7% children had visual problems. 18.66% children had ear and hearing problems. 60.66% of children had dental problems. 5.3% children had some psychiatric problems. 42.66% children had various addictions.
Conclusion: There is an urgent need of coordination among development agents working for the rights of street children and information sharing among all stakeholders to enhance implementation strategies.

Keywords: Street children, Health status, Socio-cultural environment

INTRODUCTION

Street children are the children below 18 years of age, boys or girls, who are experiencing homelessness and primarily reside on the streets of the city. The place of their abode is the street, railway station, bus station, bridges, beneath the flyover, temples and dargahs. They grow up on the margins of the society without love, care, protection, supervision or direction by responsible adults. They take the full responsibility of caring for themselves and protecting themselves. They are deprived of their basic rights of survival, protection, development and participation. UNICEF has estimated that about 100 to 150 million children are growing up on the streets around the world. In India, it is about 8 lakhs.[1]

UNICEF has defined three types of street children.[2]

- Street living children: children who ran away form their families and live alone in the streets.
- Street working children: Children who spend most of their time on the streets, fending for themselves but return home on a regular basis.
- Street family children: Children who live on the streets with their families.

Street children are dirty, scared, bitter, worn-out and helpless. They are deprived of education, sanitation, nutrition and medical care. They grow up much too soon and die much too young. Street children have reported all types of abuse-general health, verbal, physical,

psychological and sexual. They are often self employed and their common job is rag picking. Malnutrition and hunger is widespread among them. Poor health is a chronic problem of street children. They are underweight and stunted. Civic amenities like latrine and bathing facilities are beyond their reach. They are not vaccinated. They are at high risk of communicable diseases including STIs and HIV/AIDS. They are often habituated to smoking alcoholism, chewing tobacco, drug abuse, etc. Thus their problems are multifaceted.

Objectives

To study the health status of the street children in Khammam city.

To study the socio-cultural environment of the street children in Khammam city.

METHODS

The town of Khammam in the state of Andhra Pradesh, India has a highly volatile position with regard to the children in need of care and protection, specially the 'children on the street'. While 70% of the 'children on the street'belong to the socio-economically backward tribal communities surrounding the town, other children hail from other parts of the state and quite a few from the neighboring state who are denied the basic right to participation so that they are 'empowered'. The town of Khammam also enjoins the major railway link between Vijayawada to Hyderabad. Addiction to street life, falling prey to the petty gangs operating across the town, prostitution and above all child trafficking, are some of the grave concerns and primary targets. The total children 'on the street' during the year 2010 are 384.[3]

Type of study: A prospective and descriptive study.

Study Population: All the street children in the city who are less than 18 years of age. [3]

Sample size: out of total 384 street children in the city, 150 were included in the study.

Selection criteria: Children in different age groups of both sexes were selected. Children who did not cooperate, did not give consent or were missing for follow up were excluded from the study. A total of 150 street children were included in the study. Data regarding socio-cultural environment and health status was collected by using pretested structured questionnaire after obtaining proper consent. General physical examination of the children, anthropometry and health check up was done taking help of doctors from Community Medicine department following the standard methods. Those children who require specialist services and investigations were taken to Mamata Medical College. Any disease identified was appropriately managed absolutely free of cost. Proper consent was obtained before any procedure. At least 20% of the questionnaires were cross checked by the study guide or senior faculty to ensure the quality of data. Data thus collected was analyzed in the Department of Community Medicine using SPSS software.

RESULTS

1. Age Distribution

Age Group (yrs)	Frequency	Percentage
1. 4-7	49	32.7
2. 8-10	55	36.7
3. 11- 14	38	25.3
4. 15-18	8	5.3
Total	150	100

Mean 9.74, Median- 9.50, Mode-7.0 SD 3.46

2. SEX Distribution

Sex	Frequency	Percentage
1. Male	86	57.3
2. Female	64	42.7
Total	150	100

3. Duration of Stay on Street

Duration in years	Frequency	Percentage
1. 1-2	19	12.7
2. 2-4	39	26
3. 4-6	52	34.7
4. 6-8	21	14
5. >8	19	12.7
Total	150	100

Mean -5.31, Median -5.0, Mode-5.0 SD -2.45

4. Level of Education

Level of education	Frequency	Percentage
1. Illiterate	15	10
2. Primary	100	66.7
3. Middle	26	17.3

4. High School	8	5.3
5. Any Other	0	0
6. Not Applicable	1	0.7
Total	150	100

5. Body Mass Index

BMI	Frequency	Percentage
1. <18.5	97	64.7
2. 18.5-24.9	50	33.3
3. 3.>25	3	2
Total	150	100

6. Health problems among street children

Health Problems	Frequency	% (n=150)
Anaemia	46	30.66
Vit A Deficiency	69	46
Vitamin B Deficiency	26	17.33
Skin Problems	85	56.66
Eye and Visual Problems	52	34.66
Ear and Hearing Problems	28	18.66
Dental Problems	91	60.66
Psychiatric and Behavioural Problems	08	5.33
Addictions	64	42.66
Injuries	62	41.33
Systemic Problems (CVS RS, CNS, GIT, UT)	123	82

DISCUSSION

A total of 150 street children were interviewed (Males 86 and females 64). The mean duration of stay on street was 5.31 years. Nearly 10% of children were illiterate. The overall personal hygiene of the children was very bad. 97 (64.7%) children were malnourished. 6.7% of children had scabies. 30.66% children were anaemic. 46% children had Vit A deficiency. 17.33% children had Vit B deficiency. 34.7% children had visual problems. 18.66% children had ear and hearing problems. 60.66% of children had dental problems. 5.3% children had some psychiatric problems. 42.66% children had various addictions.

Street children in India face additional vulnerability because of their lack of access to nutritious food, sanitation, and medical care.[6,9] Street children *lack access to nutritious food* because many are dependent on leftovers from small restaurants or hotels, food stalls, or garbage bins.[6] Lack of sanitation in bathing, toilets, and water also contributes to poor health. In the same study of street children in Bombay, 29.6 percent of children reported bathing in the sea and 11.5 percent reported bathing in pipes, wells, or canals. Street children also lack restroom facilities, demonstrated by the fact that 26.4 percent of the children used the roadside or railwayline for their toilet. For water, the children reported asking restaurants or hotels for water (69.1 percent) or using pipes and water taps (15.6 percent).[9]

Most of the street children in India also lack access to medical care, which is especially detrimental during times of illness or injury.[6] The study of street children in Bombay found that 34.9 percent had an injury and 18.9 percent had a fever in the past three months.[9] Only about a third of the children received any help with their illness or injury, though some were able to receive help at a government clinic.[9]

Other studies have found that many illnesses are very prevalent among street children. A study conducted in 2002 on the street children in Kolkata found that six in every 554 street children from ages five to fourteen are HIV positive.[5] In Bangor Basti, 98 percent of children are estimated to have dental caries.[5] Additionally, most street children do not have winter clothing, leaving them more vulnerable to illness during the winter.[6]

CONCLUSION

Most street children are among the poorest of the poor who have migrated to urban centers as a survival strategy. Children should be facilitated in getting identity proof, which the government accepts as an entitlement document, and enables them to get admitted in schools. It is essential to increase the number of shelters, not only night but also day shelters for street children. It is essential for the government and NGOs to pay more attention to girls and Night classes and other service-deliveries can be also centered around such places. Such places can provide the children some identification and address proof. Interventions are needed in rural areas to reduce migration of young children from rural to urban areas. There is an urgent need of coordination among development agents working for the rights of street children and information sharing among all stakeholders to enhance implementation strategies. As most of the children are not in school, there is an urgent need to provide appropriate education, both formal schooling and skill training, for these children. Employment possibilities for adults should be increased dramatically in those rural areas from which large-scale out-migration is taking place.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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