

A Study on Health Problems Specially Related to Paediatrics and Orthopaedic Components of Street Children of a District of Central Uttar Pradesh

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Received: 07/04/2016

Revised: 13/04/2016

Accepted: 15/04/2016

ABSTRACT

Background: Street children are a term used to refer to children who live on the streets of a city. They are basically deprived of family care and protection. Most children on the streets are between the ages of about 5 and 17 years old and their population between different cities is varied. Street children live in abandoned buildings, cardboard boxes, and park or on the street itself. While 18 million children work on the streets of India, It is estimated that only 2-20 percent of them are truly homeless and disconnected from their families because the street children in India have unique vulnerabilities the amount of time they spend on the street, their livelihood depending on the street, and their lack of protection and care from adults-they are a subgroup of Indian population that deserve specific attention in order to ensure that their needs are known.

Methodology: The present study was conducted by department of Paediatrics and department of orthopaedics combined, Major S.D. Singh Medical College, Farrukhabad. It was a cross sectional study among street children of Farrukhabad district. The study was conducted from 1st January, 2014 to 31st December, 2014. The study population was street children who gave consent and were ready to participate in the study. Simple random sampling techniques were used for selection of sample. Farrukhabad district was selected purposively. 80 street children aged 10-12 years were selected for the study purpose.

Results: In the present study 43.75% street children were having the height of 120-130 cms., 50% were having weight of 25-30 kg. Out of 80 children, 92.50% children were suffering from hunger, 90% were from anaemia, 95% were malnourished 22% having rickets and other skeletal deformities and 100% were found suffering from growth stunt. In the present study all of the street children were begging due to poverty and lack of education.

Keywords: Street children, Begging, Poverty, Hunger, musculoskeletal problems.

INTRODUCTION

Street children are a term used to refer to children who live on the streets of a city. They are basically deprived of family care and protection. Most children on the streets are between the ages of about 5 and 17 years old and their population between different cities is varied. Street children live

in abandoned buildings, cardboard boxes, and park or on the street itself.

Mark W. Lusk a prominent researcher of street children, developed four categories of children on the street from his research: children who work on the street but return to their families at night, children who work on street but whose family ties

are dwindling children who live and work with their families on the street and children who work and live on their own on the street. The term "Street Child" has come to refer only to the last group. It is important to distinguish the group of children that live on their own on the streets because their lives very greatly from those of children who simply work on the streets, they thus have different needs and required targeted attention.

While 18 million children work on the streets of India, It is estimated that only 2-20 percent of them are truly homeless and disconnected from their families because the street children in India have unique vulnerabilities the amount of time they spend on the street, their livelihood depending on the street, and their lack of protection and care from adults-they are a subgroup of Indian population that deserve specific attention in order to ensure that their needs are known.

While street children receive national and international public attention, the attention has been focused largely on the social economic and health problems of the children-poverty, lack of education, AIDS, restitution and substance abuse.

In India other are 11 million street children. Why are these children and youth on the streets? The interweaving political, economic, and psychological conditions that drive children to the streets are too complex to give a simple explanation for this worldwide phenomenon. Poverty, like the kind spawned by the political and socio economic conditions in many developing countries is the most commonly cited leading causes. Most children of poor families are forced to stop going to school and instead go to the streets to earn. However beyond poverty on suspects that the breakdown of traditional family and community values and structures serves as a major factor in the increase of children on the streets.

The percentage of substance abusers among street children varies greatly. Studies in the different parts of the world indicate

that between 25% to 90% of street children abuse psychoactive and harmful substances. The street children in India choose to leave their families and homes for strategic reasons. Three hypotheses have been put forth in an attempt to explain their choices: Urban poverty (aberrant) families, and urbanization. Evidence can to some degree support all three of these hypotheses. In one study on 1000 street children living in Bombay conducted in 1990,39,1 percent of street children said they left home because of problems and fights with family, 20.9 percent said they left because of family poverty, and 3.6 percent said that they wanted to see the city. [1] Poor health is a chronic problem for street children. Half of all children in India are malnourished, but for street children the proportion higher. These are not only underweight, but their growth has often been stunted with musculoskeletal problems.

Keeping the above facts, present study was planned with the following objectives-

1. To study the family background of street children.
2. To know the health status and health problems of street children.
3. To find out the causes of begging among the street children.
4. To compare the causes of begging among the street children between various group of study.

METHODOLOGY

The present study was conducted by department of Paediatrics and department of orthopaedics combined, Major S.D. Singh Medical College, Farrukhabad. It was a cross sectional study among street children of Farrukhabad district. The study was conducted from 1st January, 2014 to 31st December, 2014. The study population was street children who gave consent and were ready to participate in the study. Simple random sampling techniques were used for selection of sample. Farrukhabad district was selected purposively. 80 street children

aged 10-12 years were selected for the study purpose.

The investigator used questioner schedule for the study. The schedule consisted of three parts -

- (1) General Information about street children and their families.
- (2) Anthropometric Measurements and health problems of street children. This part consisted of 22 positive and negative questions.
- (3) Causes of street children aged 10-12 years. This part consisted of 15 positive and negative questions.

The questioner was filled by the investigator himself. The collected data was analysed using various statistical tests.

RESULTS

The present study was conducted by the department of Paediatrics and orthopaedics, Major S.D. Singh, Medical College, Farrukhabad for a period of one year. Ethical clearance was taken from the institutional Ethical committee.

A total of 80 street children aged 10-12 years of Farrukhabad district were formed the sample for the study.

Table-1 shows demographic profile of street children. Out of total 80 children majority were male (71.25%) of 11 years old (43.75%), just literate (62.50%), Hindu (87.50%) and having family monthly income between Rs.10000-20000 (57.50%).

Table-1: Demographic profile of street children (n=80)

Parameter	Children	
	Number	Percentage
Sex		
Male	57	71.25
Female	23	28.75
Age (years)		
10	19	23.75
11	35	43.75
12	26	32.50
Education		
Illiterate	15	18.75
Just Literate	50	62.50
Primary	15	18.75
Religion		
Hindu	70	87.50
Muslim	10	12.50
Family Monthly Income (Rs.)		
0-10000	30	37.50
10000-20000	46	57.50
>20000	04	05.00

Table-2 shows distribution of street children according to their height and weight. Out of 80 children majority of them (43.75%) were having height between 121-130cm followed by 20.00% each having the height of 101-110cm and 111-120cm. 40 children were having weight between 26-30 kg (50.00%) followed by 36.25% having weight between 31-35 kg.

Table-2: Distribution of children according to their height and weight

Parameter	Children	
	No.	%
Height (cms)		
90-100	07	08.75
101-110	16	20.00
111-120	16	20.00
121-130	37	43.75
131-140	04	05.00
Weight (kg)		
20-25	11	13.75
26-30	40	50.00
31-35	29	36.25

Table-3 shows distribution of children according to health problems. Out of 80 children 92.50% children were suffering from hunger, 90.00% were having anaemia, 95.00% were malnourished, and all were stunted. 83.75% children were found suffering from Boils and pimples, 95.00% children were found suffering from injury, 93.75% were suffering from headache, 73.25% children were suffering from muscles and bone afflictions including various skeletal problems barring rickets, 100.00% were found suffering from hairline and exhaustion, 73.75% children were suffering from nausea and vomiting, 16.25% were suffering from severe rickets, 48.75% children were suffering from typhoid, 35.00% were suffering from diarrhoea, 17.50% children were suffering from tuberculosis and only 16.25% were found suffering from cholera.

Table4 shows distribution of children according to causes of begging. Out of 80 children, 100.00% children were begging due to poverty. 100.00% children were begging due to lack of education, 46.25% children were addicted Gutkha, 66.25% children were stealing, 72.50% were belonging backward, 93.75%

children's parents were alive, 16.25% begging due to handicapped because of musculoskeletal deformities and rickets, 32.50% were suffering from natural manmade disasters famine, 80.00% children's parents beating physically,

65.00% children were exploiting, 42.75% children were migrated, 76% children were suffering from sexual abuse, 66.28% children's parents were suffering from diseases.

Table-3: Distribution of children according to health problems (n=80)

Sl. No.	Health Problems	Children			
		Yes		No	
		No	%	No	%
1	Hunger	74	92.50	6	7.50
2	Anaemia	72	90.00	8	10.00
3	Malnutrition	76	95.00	4	5.00
4	Underweight	80	100.00	0	0.00
5	Growth Stunt	76	95.00	4	5.00
6	Boils and Pimples	67	83.75	13	16.25
7	Injury	76	95.00	4	5.00
8	Headache	75	93.75	5	6.25
9	Muscle and bone Affliction barring rickets	76	95.00	4	5.00
10	Illnesses	76	95.00	4	5.00
11	Hair Lice	80	100.00	0	0.00
12	Exhaustion	80	100.00	0	0.00
13	Vaccinated	56	70.00	24	30.00
14	Weakness	72	90.00	8	10.00
15	Nausea and vomiting	59	73.75	21	24.25
16	Cholera	13	16.25	67	83.75
17	Diarrhoea	28	35.00	62	77.50
18	Jaundice	18	22.50	62	77.50
19	Diphtheria	2	2.50	78	97.50
20	Rickets	13	16.25	67	83.75
21	Typhoid	39	48.75	41	51.25
22	Dysentery	53	66.25	27	33.75
23	Tuberculosis	14	17.50	66	82.50

Table-4: Distribution of children according to causes of begging

Sl. No.	Causes of Begging	Children			
		Yes		No	
		No	%	No	%
1	Are you begging due to poverty?	80	100.00	0	0.00
2	Are you begging due to lack of education?	80	100.00	0	0.00
3a	Are you addicted to smoking?	14	17.50	66	82.50
3b	Are you addicted to tobacco?	29	36.25	51	63.75
3c	Are you addicted to alcohol?	0	0.00	80	100.00
3d	Are you addicted to guthka?	37	46.25	43	53.75
4	Have you ever steal anything?	53	66.25	27	33.75
5	Are you belonging to backward?	58	72.50	22	27.50
6	Is your both parents alive?	75	93.75	5	6.25
7	Are you handicapped due to musculoskeletal problems?	13	16.25	67	83.75
8	Have you suffering from natural/ manmade disasters famine?	26	32.50	54	67.50
9	Are your parents beating physically?	64	80.00	16	20.00
10	Are your family members exploiting you?	52	65.00	28	35.00
11	Have you migrated from rural and urban?	35	43.75	45	56.25
12	Have you lost your parents in disaster famine?	3	3.75	77	96.25
13	Are your family members disinheritance from the property?	0	0.00	80	100.00
14	Are you suffering from sexual abuse?	61	76.25	19	23.75
15	Are your parents suffering from any disease?	53	66.25	27	33.15

Table-5: Mean scores of causes among children according to sex

Sex	Children	Scores of Causes		Statistical Value	
	No.	Mean	SD	t	p
Male	57	9.51	1.45	4.813	<0.05
Female	23	7.96	0.81		
Total	80	9.06	1.48		

Table 5 shows mean scores of causes among street children according to sex. The mean score of causes was found to be 9.06 which were more among male children (9.51) as compared to female children (7.96). Statistically, significant difference in

mean score of causes was observed between male and female children ($p < 0.05$).

DISCUSSION

Agarwal, et.al (2006) ^[2] conducted a study on large numbers of street children in Kanpur Nagar (Uttar Pradesh), India and observed that 67.0% boys and 84.0% girls were abusing drugs, Thapa, et.al (2009) ^[3] showed that 95.8% of the children were males. Veale and Dona (2003) found that street children in Rwanda were predominantly adolescent boys. Owaje, Adebisi and Asuzu (2008) ^[4] observed that majority of the street children were more males (58.3%) than females (41.7%). Yilmaz, HaticeBal, Dulgerler and Seyda (2011) ^[5] found that the majority of the children were boys (90.2%). Senaratna, Et.al. (2012) ^[6] found that majority of street children were boys. UNICEF (1989) ^[7] found that 72% of the street children were aged 6-12 and 13% were under 6 years of age. Thapa, et.al (2009) ^[3] showed that 68.8% of the street children were between 11-15 years of age. Owaje, Adebisi and Asuzu (2008) ^[4] observed that majority of the street children (88.9%) were within the age group 15-17 years. Yilmaz, HaticeBal, Dulgerler and Seyda (2011) ^[5] found that the average age 10.35 ± 2.21 who worked 6.8 ± 2.11 hours per day. Senaratna, et.al (2012) ^[6] found that majority of street children were of 14 years or less. Owaje, Adebisi and Asuzu (2008) ^[4] observed that majority of the street children 64.7% had attained secondary level education while only 3.9% had no formal education. A high percentage, (61.4%) were still attending school and 15.8% had no work. Aneci Rosa, et.al. (1992) ^[8] found that more than a third were not attending school and among them 87% had left school after going 'on' the street. Singh and Dhanda (2009) ^[9] indicated that majority of the respondents (78%) were Hindu. Singh and Dhanda (2009) ^[9] indicated that majority of the respondents (78%) were in low income group and living in a kaccha house with large family.

Ayana and Esamai (2001) ^[10] found that the most common symptom was cough (28.9%) while frequent diagnosis was upper respiratory tract infection (URTI) (12.1%) followed by skin disease (50.9%) as the leading disease category. The malnutrition rate was high with 31.1% and 41.9% of the children being stunted having musculoskeletal problems some having rickets and underweight respectively. Solomon, et.al (2002) ^[11] found that 47.6% of the respondents have had meals as available and 58.0% were homeless. 55.3% of the street children reported one or more previous health problems. Malaria like febrile illnesses (42.6%), followed by respiratory tract illnesses (31.1%) and diarrhoeal diseases (4.5%) were the major health problems reported. Thapa, et.al (2009) ^[3] revealed that 100% of the subjects had at least one or more health problems and majority 87.5% had the habit of cigarette smoking, 50% had habit of consuming alcohol and 72.9% had the habit of taking drug. Njord, et.al (2008) ^[12] found that the most frequently occurring health problems was coughing, followed by fever, dyspnoea, diarrhoea, and then blood in the stools.

Rani, et.al (2003) found that 30% of the population 15 years or older 47% men and 14% of women either smoked or chewed tobacco, which translates to almost 195 million people, 154 million men and 41 million women in India. Yilmaz, Hatice Bal, Dulgerler and Seyda (2011) ^[5] found that frequent problems in the children's families include poverty, unemployment, poor education, having a large family, poor family functioning migration, limited possibilities of shelter, and domestic violence, including the beating of wives and children.

CONCLUSION

In the present study 43.75% street children were having the height of 120-130 cms, 50% were having weight of 25-30 kg. Out of 80 children, 92.50% children were suffering from hunger, 90% were from

anaemia, 95% were malnourished and 100% were found suffering from growth stunt and 13% suffering from musculoskeletal problems in the present study all of the street children were begging due to poverty and lack of education and musculoskeletal problem like rickets etc.

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How to cite this article: Sood A, Sood A. A study on health problems specially related to paediatrics and orthopaedic components of street children of a district of central Uttar Pradesh. Int J Res Rev. 2016; 3(4):25-30.
