

Health Status and Health Seeking Behaviour of Street Children in Peshawar

Saadia Ahsan¹, Abdullah Ahmad Orakzai², Hamid Hussain¹,
Muhammad Ahmad Orakzai³, Nuzhat Huma⁴

ABSTRACT

Background: The street children are exposed to many hazards and are prone to ill-health due to unhygienic and harsh living conditions; they suffer from a wide range of diseases, ranging from common illnesses to growth and nutritional disorders and even life threatening conditions.

Objective: This study was conducted to assess the common health problems and health status of street children and to determine the health seeking behaviour of street children in Peshawar.

Materials and methods: This was a cross sectional study conducted on 385 street children in Peshawar. Study duration was six months. Non probability, snowball sampling technique was used. Semi structured questionnaire was used as data collection tool.

Results: Respiratory tract illnesses were the most common illness followed by fever and body-aches. 67% of street children were aware of tertiary hospitals. 92.2% of the street children preferred going to Local Health Care worker (LHCW) for their health issues. 30% of the street children had never visited a tertiary hospital. 21 % complained that the cost of health care was high. 13.3% of the street children reported that the health care centres were overcrowded, 12% complained about long waiting period. 7% of the street children complained about the bad attitude of health care workers.

Conclusion: The street children suffered from a wide range of ailments. Majority of street children were aware of tertiary hospitals, yet an overwhelming majority of the street children preferred going to Local Health Care worker (LHCW) for their health issues.

Key words: Street children, Health status, Health seeking behaviour.

This article may be cited as: Ahsan S, Orakzai AA, Hussan H, Orakzai MA, Huma N.
Health Status and Health Seeking Behaviour of Street Children in Peshawar. J Saidu Med Coll Swat 2021;11(2):78-83

INTRODUCTION

Street children have been defined by the United Nations as "Any boy or girl, for whom the street, in the widest sense of the word, has become his or her habitual abode or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults"¹.

The street children have been further categorized as "children on the street" and "children of the street". Children on the street are those who spend the day on the street to earn a livelihood and return home at night. Children of the street are those homeless children who permanently take the streets as their homes without any family network¹.

The number of street children worldwide is estimated to run in tens of millions. In 2005 there were an estimated 70,000 street children in Pakistan, which at present has surged to around 1.5 million. The number of street children in Peshawar was estimated to be 5000 in 2005, which is estimated to have raised manifold now².

1. Kabir Medical College Peshawar, Gandhara University Peshawar.

2. Khyber Teaching Hospital, Peshawar.

3. Sardar Begum Dental College Peshawar, Gandhara University Peshawar.

4. Kabir Institute of Public Health, Gandhara University Peshawar.

Correspondence: Dr. Abdullah Ahmad Orakzai

Khyber Teaching Hospital.

Email: abdullah.orakzai360@gmail.com

Received: June 10, 2020 Accepted: January 20, 2021

Pakistan is the 6th most populous country of the world and is expected to become the 4th by 2050. 54% of the population lives below poverty line in Pakistan³. These two factors are the key players in giving rise to the phenomenon of street children⁴. The street children usually start their street life between the ages of 9-12. These children are forced to earn a living by begging, scavenging or by doing menial jobs. The street children are often exposed to many hazards⁴. They are prone to ill-health due to unhygienic and harsh living condition, malnutrition, lack of safe drinking water and basic health care. These children thus are liable to suffer from a wide range of diseases, ranging from common illnesses to growth and nutritional disorders and even life threatening conditions^{5,6}.

Street children are maltreated and prone to behavioural problems. It was reported by a study that the street children demonstrated hostility and feelings of anger and had low self-esteem. The physical, mental, social and emotional health of street children suffers because of the difficult circumstances in which they have to live⁷.

Street children serve as a compelling example of the global disparity in child health. Health is not a priority for these children because of several factors among which economic reasons are at the forefront. They usually seek medical attention only when they encounter a severe illness⁸. Studies have shown that the health condition of street

children usually is not satisfactory and they face many obstacles while accessing health care services. Apart from the factors of affordability, accessibility of health care; the attitude of health care providers is not supportive. The lack of attention and proper treatment from health care providers drives these children towards self-medication and they prefer alternate practices⁹.

The health of street children is a neglected issue. The street children suffer from various acute and chronic illnesses. If left untreated, this will add to the burden on the already overloaded health services. Already the infections present in these children are adding to the reinfections of diseases like dengue, polio and other preventable diseases.

The purpose of the present study is to find out the health status and the common health problems faced by the street children and to determine the health seeking behaviour of street children.

MATERIALS AND METHODS

This was a Cross sectional study. A sample of 385 street children was collected from the street children roaming in the streets of Peshawar, the capital city of Khyber Pakhtunkhwa. Children working on the streets in Saddar, University town and Hayatabad areas of Peshawar were selected. Street children between the ages of 7 and 15 of both genders, working on the streets for the last 60 days were included in the study. Non-probability, Snowball technique was used as the sampling technique. The study participants were asked to identify other participants and encourage others to come forward and participate in the study. A well designed semi structured questionnaire was used. Quantitative data was collected as such and summarised into suitable categories. Qualitative data like gender, presence or absence of illnesses was summarised by showing frequencies and percentages and the results were shown in the form of tables, pie charts and bar charts. Data collected was analysed by SPSS version 16. Participation was entirely voluntary. Confidentiality of the information was ensured.

RESULTS

In this study Quantitative data was collected as such and summarised into suitable categories. Qualitative data like gender, presence or absence of illnesses was summarised by showing frequencies and percentages and the results were shown in the form of tables, pie charts and bar

charts. Data collected was analysed by SPSS version 16.

In this study 281 (73 %) street children were Afghanis, only 104 (27%) street children were Pakistani. Among them 351 (91.16%) of street children were males, while 34 (8.84%) were females. The majority of street children belonged to the age groups of 10 to 12 years old. The street children started their street life as early as 5 years old.

In this study 267 (69.4%) street children had never attended school. None of the street children had reached primary level school. 337 (87.5%) the street children reported that they were working on the streets to augment their family income. 48 (12.5%) said they were working on the streets on their own free will to live an independent life. The street children belonged to families with a large number of family members. 177 (46%) of them had 7-9 family members. In this study 120 (31%) of the street children were beggars, 110 (28.6 %) street children earned their livelihood by scavenging, and 96 (25%) street children sold different items on the streets while 59 (15.4%) did odd jobs. 170 (44%) of the street children had a daily earning of Rupees 300. In this study 165 (42.8%) street children spent from 9 to 10 hours on the streets. 192 (49.8%) street children had been working on the streets for the last 2 years while 49 (12.7%) of the children had been working on the streets for more than 4 years.

In this study 125(32.4%) street children complained of body aches and headaches. 69(18%) reported suffering from respiratory tract illnesses in the last six months. 44 (11.4%) said they had suffered from fever in the last six months. 14 (3.6%) street children reported suffering serious injuries. 11 (3%) complained of diarrhoea. 12 (3.1%) of the street children complained of ear infections in the last six months; 8 (2%) of them complained of eyesight problems. 102 (26.5%) street children said they had not suffered from any illness in the last six months.

In this study 258 (67%) of street children were aware of Tertiary Health Care Facilities/hospitals while 12 (3%) of the street children were aware of Basic Health Units but rarely visited them and that too only in cases of emergencies. 115 (30 %) of the street children were not aware of a tertiary health care facility/hospital.

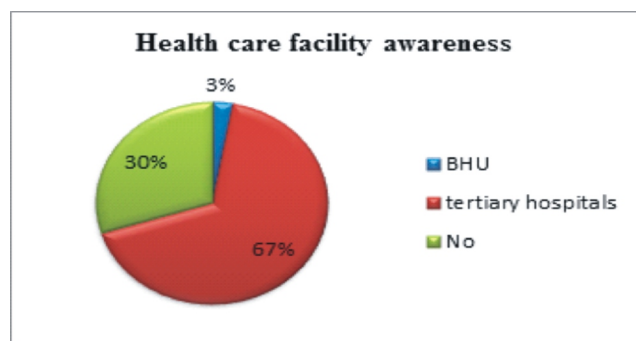
Table 1: Recent Illnesses suffered by the street children. (Past 6 months)

Illness in the past 6 months	Frequency	Percentage
eye problems	8	2
Diarrhoea	11	3
ear infections	12	3.1
injuries	14	3.6
Fever	44	11.4
respiratory infections	69	18
Body aches/headaches	125	32.4
None	102	26.5
Total	385	100

Table 2: Problems Faced In Health Care Facilities

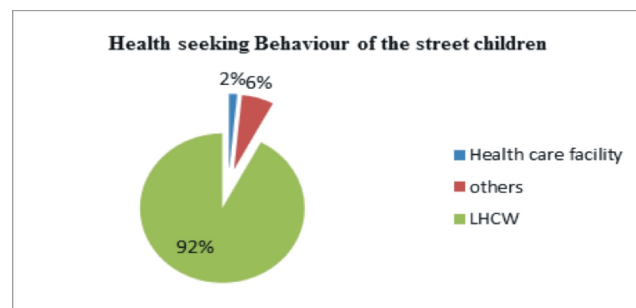
Problems In HCF	Frequency	Percentage
Bad attitude of HCW	27	7
Long waiting period	46	12
Overcrowded	51	13.3
Expensive	80	21
None	181	47
Total	385	100

Fig.1. Health care facility awareness



In this study 355 (92.2%) of the street children usually preferred going to Local Health Care worker (LHCW) for their health issues. 23 (6%) of the children resorted to self-treatment or sought peer advice while 7 (1.8%) disclosed they used other sources which included hakeems and peers for their ailments.

Fig.2. Health seeking behaviour of street children.



The street children were unable to tell if the local health care workers (they preferred visiting) were MBBS doctors or quacks. The reasons the street children gave for not visiting Health care facilities/hospitals were preference to go to LHCW, others said that they could not afford health care and had to resort to self-treatment and seek peer advice others preferred going to hakeems and peers.

In this study 181 (47%) street children reported they faced no problems while going to health care facilities but a visit to a health care facility meant loss of daily wages. 80 (21%) complained that the cost of health care was high. 51 (13.3%) street children reported that the health care centres were overcrowded, 46 (12%) complained about long waiting period. 27 (7%) street children complained about the bad attitude of health care workers, they said they were treated badly and not seen properly.

DISCUSSION

This was a study on the health status and health seeking behaviour of street children. The study was conducted to assess the health status and the common health problems faced by the street children and to determine the health seeking behaviour of street children in Peshawar.

In this study conducted on street children, (73%) of street children were Afghanis, only (27%) were Pakistanis. In this study (91.16%) of the street children were males, while (8.8%) were females. A study from India noted that the males constituted 73.52% of the street children and females girls were 26.47%¹⁰. According to a study in Bangladesh an estimated 66% of the street children were males and 33% were females⁹. The situation however is different in the developed countries; the male /female ratio was not much different¹¹.

The majority of street children in this study belonged to the age groups of 8 and 12 years old. The street children start their street life as early as 5 years old. Studies conducted in India had similar results^{5,6,12}. Another study carried out in Bangladesh reported that the majority of children were between the ages of 10-15⁹.

The majority of street children in this study had never attended school (69.4%). None of the street children had reached primary level school. Another study carried out in Pakistan had similar results⁴. In a study carried out in India it was noted that 80% of the street children had no education and only 20% had attended some form of an educational institution⁶.

In this study 31% of the street children were beggars, 28.6% earned their livelihood by scavenging while 25% street children sold different items on the streets, 15.4% did odd jobs. The majority of street children (42.8%) spent from 9 to 10 hours on the streets and had been working on the streets for the last 2 to 3 years; 12.7% of the street children had been working on the streets for more than 4 years. A study in Iran noted that the street children spent on an average 10-11 hours working on the streets, their means of earning included vending goods, begging, scavenging, shoe polishing and cleaning cars on roads¹³. According to a study conducted in Bangladesh majority of the children were involved in vending goods or had odd jobs, few were involved in begging⁹.

In this study 87.5% of the street children reported that they were working on the streets to augment their family income, 12.5% said they were working on the streets by their own free will to live an independent life, studies from different countries had similar results with poverty being the reason for these children to be on the street^{5,14,15}.

In this study 32.4% of the street children complained of body aches and headaches. 18% reported suffering from respiratory tract illnesses in the last six months. 11.4% said they had suffered from fever in the last six months. 3.6% street children reported suffering from injuries. 3% complained of diarrhoea. 3.1% of the street children complained of ear infections in the last six months; 2% of them complained of eyesight problems. 26.5% street children said they had not suffered from any illness in the last six months.

Several studies conducted in Pakistan reported that street children often suffered from respiratory and dermatological infections. A study noted that the street children involved in scavenging were vulnerable to contracting life threatening diseases like Hepatitis B and Hepatitis C as well as AIDS^{4,16}.

Other studies had similar results; the street children are prone to infectious illnesses and growth disorders¹⁷⁻¹⁹.

In this study many children gave history of contracting communicable diseases like malaria, measles, dengue and typhoid in the past. 13.8% of the children gave a history of respiratory tract infections in the past. 33.5% children said they did not suffer from any illness.

A study conducted in India noted that the majority of children had respiratory infections. Others reported injuries, wounds, aches and pains at different sites in the body, dermatological problems and parasitic infections. Some children were found to be suffering from Tuberculosis (TB).

In this study 70% of street children were aware of tertiary hospitals, 30% of the street children had never visited a tertiary hospital. 92.2% of the street children preferred going to Local Health Care worker (LHCW) for their health issues. The street children were unable to tell if the local health care worker were MBBS doctors or quacks.

47% street children reported they faced no problems while going to health care facility but a visit to a health care facility meant loss of daily wage. 21% complained that the cost of health care was high. 13.3% of the street children reported that the health care centres were overcrowded, 12% complained about long waiting period. 7% of the street children complained about the bad attitude of health care workers, they said they were treated badly and not seen properly.

Another study carried out in Pakistan had similar results and noted that the perception of the severity of the health issues was low and the children neglected minor health problems. The street children underutilized the health care services; the reasons the children cited for abstaining from going to a health care facility were inability to afford the expenses of the treatment, loss of daily wages, prolonged waiting periods at the health care facilities, low perception of the complexity of the disease, They sought medical advice only when facing an emergency or when all else failed¹⁶.

Another study in Pakistan had similar results. The street children did not lay emphasis on health. Some of the barriers of health care utilization include financial constraints, lack of awareness of the disease, cultural restraints¹¹.

Several studies carried out in India have concluded that the street children do not seek advice of health care providers even though they suffer from a multitude of health problems. The street children preferred self-treatment or home remedies and sought advice of their peers¹⁷.

Another study in India found out that although the street children approached the government health care facilities when they encountered an emergency, they were not included in any health projects or government health programmes⁵.

A study carried out in Bangladesh had similar results. Street children had their own mechanism of handling health issues, the street children disregard their ailments which leads to worsening of the issue. Monetary factors, time consumed awareness of whereabouts of health facility, facilities and unsupportive attitude of health care workers were some of the considerations that affect health seeking behaviour. Many street children were apprehensive of health care workers and suffer from anxiety in health care facilities. Some were even mistreated by doctors. The majority of the street children went to drug stores to treat their ailments. 28% visited health care centres for their health problems. Some street children preferred alternate practices and sought the help of traditional healers and homeopathy⁹.

CONCLUSION

The street children suffered from a wide range of ailments. Majority of street children were aware of tertiary hospitals yet an overwhelming majority of the street children preferred going to Local Health Care worker (LHCW) for their health issues.

REFERENCES

1. Scanlon TJ, Tomkins A, Lynch MA, Scanlon F. Street children in Latin America. *BMJ*. 1998 May; 316: 1596-1600.
2. Iqbal S. Street Children: An Overlooked Issue in Pakistan. *Child Abuse Review*. 2008; 17 (1):201-209.
3. Tariq M, Idrees A, Abid M. Rationale effects of poverty in Pakistan. *International Journal of Research in Business Management*. 2014; 2(6):1-12.
4. Ali R, Ali M. Street Life in Pakistan: Causes and Challenges. *Middle-East Journal of Scientific Research*. 2015; 23 (1): 77-87.
5. Gupta A. Social determinants of health-street children at crossroads. *Health*. 2012; 4(9):634-643.
6. Sehra RN, Bairwa A, Khatri PC. A study of nutritional status and common health problems of street children in Bikaner, Rajasthan, India. *Int J Community Med Public Health*. 2016; 3(11):3040-3044.
7. Crombach A, Bambonyé M, Elbert T. A study on reintegration of street children in Burundi: experienced violence and maltreatment are associated with mental health impairments and impeded educational progress. *Frontiers in Psychology*. 2014; 5:144-147.
8. Fiasorgbor DA, Fiasorgbor EK. Street children: our health and coping strategies when we are sick. *Journal of Health, Medicine and Nursing*. 2015; 15: 45-50.
9. Eshita IR. Health problems and health care seeking behaviour of street children in Dhaka city. *MOJ Cell Sci Rep*. 2018; 5(1):9-13.
10. Mohammad S, Singh V. A study on street children in Bikaner city. *International Journal of Humanities and Social Sciences (IJHSS)*. 2015; 4(2): 93-102.
11. Ali M, Shahab S. Street Children in Pakistan: A situational Analysis of Social Conditions and Nutritional status. *Social Science & Medicine*. 2004; 59 (1): 1707-1717.
12. Berad AS, Momula S, Kumar R. Study of health status of street children in Khammam City of Andhra Pradesh. *International Journal of Research in Medical Sciences*. 2014; 2 (4):1500-1503.
13. Asante KO, Weitz AM, Petersen I. Substance use and risky sexual behaviours among street connected children and youth in Accra, Ghana. *Substance Abuse Treatment, Prevention, and Policy*. BMC. 2014; 9: 45-57.
14. Senaratna CV, Wijewardana N. Street children in Colombo: What brings them to and sustains them on the streets? *Sri Lanka Journal of Child Health*, 2013;42:70-75.
15. Cumber SN, Tsoka-Gwegweni JM. The Health Profile of Street Children in Africa: A Literature Review. *Journal of Public Health in Africa*. 2015; 6(2): 85-90.
16. Neelam R, Priya W. Assessment of Nutritional Status of Street Children in Selected Wards of an Urban Area, *International Journal of Interdisciplinary and Multidisciplinary Studies*. 2014; 1: 136-143.
17. Dutta N. Street children in India: A study on their access to health and education. *International Journal of Child, Youth and Family Studies*. 2018; 9(1): 69-82.

18. Kerfoot M, Koshyl V, Roganov O, The health and well-being of neglected, abused and exploited children: The Kyiv Street Children Project. Child Abuse Neglect 2007; 31: 27-37.
19. Hakim A, Kamruzzaman M. Nutritional Status of Central Bangladesh Street Children. American Journal of Food Science and Nutrition Research 2015; 2(5): 133-137.

DATA SHARING STATEMENT: The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

CONFLICT OF INTEREST: Authors declared no conflict of interest.

GRANTED SUPPORT AND FINANCIAL DISCLOSURE:
Nil

AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under

Ahsan S, Huma N: Concept and design of study, Collection of data, statistical analysis

Orakzai AA: Writing of manuscript, critical review of manuscript

Orakzai MA: Analysis and interpretation of data, statistical analysis

Hussain H: Data collection, bibliography

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.