Health Status and Health Seeking Behaviour of Street Children in Peshawar

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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.

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.

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 conditions⁵,⁶.

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

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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 reinfecions 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 Afghans, 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.
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.

| 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        |

| 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        |

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

Table 2: Problems Faced In Health Care Facilities
In this study conducted on street children, (73%) of street children were Afghans, 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%. According to a study in Bangladesh an estimated 66% of the street children were males and 33% were females. The situation however is different in the developed countries; the male /female ratio was not much different.

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. Another study carried out in Bangladesh reported that the majority of children were between the ages of 10-15.

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 results. 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 institution.

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 roads. According to a study conducted in Bangladesh majority of the children were involved in vending goods or had odd jobs, few were involved in begging.

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.

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.

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

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 healthcare 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 failed.

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 restraints.

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 peers.

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 programmes. 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. Monitory 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 homeopathy.

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.

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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.