

## Street children in India

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■ **ABSTRACT** : Street children are the most vulnerable group in any society and their problem is a global one and exists in both, the developed as well as developing countries though differing in size and magnitude. Street and working children are a universal sight in industrial and cosmopolitan cities and they have been accepted as a necessary evil and the product of urban poverty, overpopulation and breakdown of family system and are labeled as Children in difficult circumstances by UNICEF. Issue of street children has become a serious social problem. If proper steps are not taken, one day social stability will be at stake. Thus, the paper highlights an overview of street children in India. Street children are deprived from basic minimal facilities in life. As a result, they develop a negative attitude towards existing social system and structure.

■ **KEY WORDS** : Street children, Vulnerable population, Abuse

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Street children may be found in a large majority of the world's cities, but the phenomenon of street children is more prevalent in densely populated urban hubs of developing or economically unstable countries such as India, China, Russia, and countries in Africa. According to a report from the Consortium for Street Children, a United Kingdom-based consortium of related NGOs, UNICEF estimated 100 million children were growing up on urban streets around the world and it is likely that the numbers are increasing (UNICEF 2008). According to UNICEF (1996) street children are those for whom the street (in the widest sense of the word, *i.e.* unoccupied dwellings, wasteland, etc.) more than their family has become their real home, a situation in which there is no protection, supervision or direction from responsible adults.

India has the largest number of street children in the world. Proportion of street children is increasing rapidly in the metropolitan cities in India bearing a history of illegitimate extra-marital sexual act, vagrant parents, maltreatment, family violence, breakdown of rural economy and urbanization. There are major difficulties in trying to estimate the number of street children and the magnitude of difficulties they experience as these populations are not adequately covered by national

census, educational and health data (Deb, 2006). With a population of 1.22 billion people, India is the second most populous nation in the world and various reports including that of UNICEF, estimates that there are about 11 million street children in India. Metropolitan cities like Mumbai, Delhi, Chennai, Bangalore and Hyderabad alone contribute about 40 per cent of these children (Steelguru, 2012).

The term street children was introduced in the 1980s to refer to children who live or spend significant amount of time on the street or urban areas to fend for themselves and/or their families through various occupations. Government of India uses the term working child as a street child (Deb, 2006). However, UNICEF (1988) distinguishes between the three categories of street children, namely; Children on the street: who are home based children who are economically engaged in street life but they have families, either they live with them or have continuous contact with them, Children of the street: who are home based children but spend most days and nights on the street and are functionally without family support and Abandoned children: those children who have cut off all ties with their biological families and are completely on their own. They include orphans, runaways and lost or destitute children (Maraichelvi and Jayapoorani, 2007).

Street children are deprived of family care and protection. They often lack necessities of living conditions such as housing, sanitation, water and electricity supply. In their families, children and parents express love and anger towards each other. Love is expressed by them mostly by behaviour/action such as taking care, helping, being obedient and solving mutual problems. Parents express anger towards children by beating and scolding while children express their anger by behaviour/action towards parents. It was also seen that they share their problems and leisure times and help each other in household chores and earning activities. Street children start working from very early age and they work for long hours. Most of the children get share of their earning, while some of them are exploited by their parents, who beat/scold them for not earning much (Supriya, 1994). Street children spend most of their earnings on food and recreation. Gambling, watching films and television; smoking and drinking, and taking drugs were common modes of entertainment and relaxation for these children (Mathur and Monica, 2009). Their parents because of low education level are either unemployed or employed in unskilled occupations and their social environment has adult males involved in drinking and gambling and in other anti-social, unhealthy practices (Ali *et al.*, 2008). Maximum of the street children in Jaipur have been reported to be working on the street but lived with their family or had occasional contact with their families and those who had no contact with their family were found to be at maximum risk. It has been reported that 90 per cent of street children are working children with regular family ties who live with their families in India, but are on the streets due to poverty and their parents' unemployment. The remaining ten per cent are either working children with few family ties who view the streets as their homes or abandoned and neglected children with no family ties (Nigam, 1994; Chandra, 2006).

The reasons for being a street child are varied and many a times a mix of push and pull factors. Poverty clearly is an important factor for the children to be on streets and the majority of the children move to the street to augment family income. The specific factors which mostly push children to the streets include family discord, domestic abuse, abandonment, eviction and poverty – driven prostitution (Mitra and Deb, 2004). Incidence of child ragpickers in slums revealed that more than two-thirds of the children had chosen the work due to economic conditions of their family, about 10.67 per cent chose their work when they became free from parental supervision/control due to parental conflicts/separation while 9.33 per cent of the children joined ragpicking after the death or disease of their parents/earning members in the family. However, a few of them joined the profession either due to their friends/neighbours (who had already joined the present occupation) or by their own interest (Singh, 1999; Aderinto, 2000). Similarly, Deb and Mitra (2002) also found that the factors which mostly pushed children to street, half-drug

pavements, railway platforms include influence of step-parents, death of either or both parents, ill-treatment of grandparents, family disintegration, gender bias of parents, effect of poverty and/or unemployment, deviant behaviour of parents, parental carelessness and environmental influence. From such stressful experience these children also developed some future aspiration like other children living in normal family environment. Extensive researches have shown that the income generating activities of street children originate because of poverty and accompanying social disorganization. Hence, it is evident that economic conditions force children to seek work outside home (Vohra, 2006).

Issues associated with migration in India – the causes, its impact on children and intervention efforts examined by Saini and Vakil (2001) revealed that some of these migrated children spend their childhood years working and living on the streets and have no opportunities for play or school. Contrary to perceptions that only a small number of minors live on the street without any adult supervision or support. A significant and growing number of adolescents separate early from their families and become homeless. These youths are heterogeneous in terms of gender, race, ethnicity and socio-economic status, but the majority comes from families that have been disruptive or dysfunctional in some way. Homeless adolescents are vulnerable to a variety of physical and psychological problems related not only to their family histories but to the stressful environments in which they try to survive. Most of them leave home because their parents fail to provide a safe, nurturing, and affective environment. Many children also report sexual or physical abuse and use of drugs at home as reasons for leaving home (Koller *et al.*, 1996; Rew, 2002).

Perceptions of street children regarding their health, illness, healthcare seeking behaviour and the obstacles to healthcare service use highlight that the working street children are prone to many illnesses and negative health outcomes as a result of their conditions. Their health and medical problems range from minor problems such as cough, cold and fever to major ones such as injuries, diarrhoea, high grade fever, accidents, skin wounds and chest pain etc. Respiratory and skin infections, and injuries incurred in traffic accidents have been reported to be the main causes of morbidity. Usually they prefer informal health providers if self-medication fails. The obstacles to healthcare service use are perceived to be logistical and financial in addition to apprehension of ill-treatment from service providers owing to their substandard status in society (Senanayake *et al.*, 1998; Nanda, 2008).

Resiliency, well being and future life planning studied in the lives of school and non-school going street/working children revealed the role of the school in overcoming and empowering the children against the risk factors which they witness due to poor economic conditions. Results of all the

three variables (resiliency, well being and future life planning) have been noted to be high for the school going children as compared to non school going children and children enrolled with non-formal education system (Garg, 2007). School has been seen as one of the most important social agency fostering self-esteem in the child. It helps in reduction of the mental and physical disturbances, hence promoting the ability to plan for future and set goals which will be of value for the child.

The daily life activities in the physical and social milieu of street children reveal that activities of household chores, leisure and eating showed differences across gender and living conditions affected the number and type of personal care, household and leisure activities undertaken. Basic activities of daily hygiene such as brushing teeth, combing hair and bathing were not reported to be done daily (Bhan, 1994). Chatting, roaming around and playing games with friends emerged as the predominant leisure time activities while leisure activities in public places, commuting, earning, eating outside home are predominantly reported to be done with friends and siblings. The important issues of street children were found to be parental exploitation, police harassment, abuse, and the impact of other street peers in their lives and majority of the street children work as petty hawkers, shoeshine boys or even thieves and street prostitution (Bhan, 1994).

The associated factors with the nature and type of abuse among the street and slum dwellers in different parts of the country include non-obedience to complete the work, mistakes committed by the children in performing the work assigned to them, stealing or due to undesirable social activities (*e.g.*, drugs, smoking, etc.). A few of them became the victims due to the result of alcohol intake by the parents (Banerjee, 2001). Although abusive family origins contribute directly to depressive symptoms, there are indirect effects of family abuse and early independence through social support networks. Family abuse and early independence drive homeless adolescents to rely on peers for social support. While support from friends on the street reduces depression, however, association with deviant peers increases depression (Bao *et al.*, 2000). By the nature of their work and lives, they are on their own largely unprotected by adults and become vulnerable to many dangers and abuses. If a street child cannot live on earnings from working or begging, then he or she turns to other means of survival like theft, acts of violence, prostitution and drug peddling and other vices (Teuns, 1990; Thilangaraj and Priyamvaha, 2000). According to a study conducted by the Ministry of Women and Child Development, the overall incidence of physical abuse among street children was 66.8 per cent and the majority of the street children facing physical abuse were in the age group of 5-12 years (Times of India 2010). Sometimes children are harassed by policeman/estate officer. Mcara and Mcvie (2012) explores children's experience of policing, police may be unfairly targeting certain categories of young people but evidence is presented on the

ways in which police working rules (relating to suspiciousness) serve to construct a population of permanent suspects among children. While street-life places youngsters at greater risk of adversarial contact, 'availability' by itself, cannot explain this aspect of policing practice. The police appear to make distinctions about the respectable and unrespectable children who can be accorded leniency and those who cannot; distinctions which are based as much on socio-economic status as serious and persistent offending. Police act less as legal subjects and more as class subjects in their interactions with young people. With regards to stresses and coping strategies of street children, it has been investigated that children face several challenges in their search for food, safety, employment, shelter and medical care (Kombarakaran, 2004). They commonly depend on their peers, non-governmental agencies, and their own resourcefulness to survive on the streets. While the majority uses positive mechanisms to cope with their daily stresses, some children also employ maladaptive strategies such as using alcohol, drugs and visiting prostitutes. The study also reveals that these 'children of the street' are not entirely on their own but depend on various connections with substitute family members and/or their peers to cope with life. The stresses and coping strategies of the 'children of the street' are similar to those of other street children who live with their families and work on the streets. Street children invariably become victims of abuse, violence and exploitation by older children, adults and police (Kombarakaran, 2004). Coping strategies and preference for social support in daily life stressful situation by children and adolescents on the street reveal that in coping with stressors at place of work and with parental punishment, the children use emotion-focused coping which is representative of their escape-avoidance strategies, withdrawal tendencies and self-control. When confronted with problems related to peers and siblings, the children tend to use problem oriented coping styles which are indicative of the use of abusive language, aggression and vengeful behaviour. In case of preference for social support children indicated their desire to be alone in situations related to their work place, peers and in dealing with parental punishment. Out of the parents, the children prefer maternal support in contrast to that of father especially when they are in need of money and at the time of conflict with siblings. Children seek support of grandparents, relative and neighbours only at the time of parental conflict and also they like to be with their peers on a holiday and with sibling while doing the household chores (Gupta, 1995).

The life on the streets represents a constant source of risk to children and adolescents. Their safety and survival demand energy and coping strategies to confront the daily risks. Conflicts between gangs, police harassment, and adult street dweller physical abuse are some examples of daily violence that street children have to deal with successfully to

stay safe. Cold weather, lack of food and shelter, traffic accidents, untreated injuries and illnesses, exposure to drugs and unprotected sexual activities are also important risks to their health and physical integrity. It has been observed that some children have the ability to reorganize their lives on the streets, in spite of their risky conditions and their life histories. Under extreme poverty, children can do better alone than with their parents', and challenged the assumption 'that all street children are pitiful, pale and thin, malnourished children (Donald and Swart Kruger, 1994) .

### Interventions :

Combating street children requires a multiplicity of strategies (Anandraj, 2007), which must be carried out by many factors such as :

- Rapport building focusing on meeting the child on the street/the work places/shelters etc, interacting with them, empathizing with them, advocating for them and providing access to medical care, basic amenities, education, food and clothing, etc.
- Need assessment including evaluation of the child's situation, his needs and possible future.
- Referral services based on the need assessment, the child can be assisted or directed to specific services or other supportive system for further follow up.
- Shelter the first and foremost goal would be to restore children to their families. However, the family settings, environment, etc. would have to be verified before sending a child back home. This is important to ensure that the child does not run away from home again once restored.
- Educational and vocational training including access to formal/non-formal school should be facilitated to ensure that the children have adequate opportunities for earning a living.
- Networking as no single organization could provide all the services to respond to a child's need, networking is an integral part of holistic interventions for street children.
- Counseling which forms an integral part of any intervention with children. Through counseling services providers explore the problems faced by the child and the circumstances in which he/she is currently living/has lived. This helped them recommend suitable options for the rehabilitation of the child.

### Conclusion :

Improving the quality of life of street children is a difficult and challenging task, as they live in a transitory lifestyle. However, these children should survive in modern world. Children usually transfer their lives to the streets through a gradual process; they may at first only stay on the street a night or two. Gradually they will spend more time away from home until they do not return. Once on the streets, children sometimes find that their living conditions and physical and

mental health is better than at home; however, this fact speaks to the poor conditions of their homes rather than good conditions in the street. Street conditions are far from child-friendly. The endurance of street children means obtaining food, clothing and shelter and protecting themselves against violence and other forms of abuse which depends on support mechanism, chance factors, peer groups and personal strength of the children.

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