

**Original Article****Psychosomatic Assessment of Street Children: A Gorakhpur Experience**

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Email: [25anitamehta@gmail.com](mailto:25anitamehta@gmail.com), Contact number-9450883855**Abstract****Introduction:** The aim of this cross-sectional study was to assess the socio-demographic profile, psychosomatic disorders, nutritional status and health related problems of street children in Gorakhpur region.**Methodology:** By universal sampling method, 70 children residing in a shelter home of Gorakhpur city were studied by using questionnaire, Child Behavior Check List, anthropometry and clinical examination. Data was interpreted using percentages and proportions.**Result:** Majority of the street children were within the age group of 13-14 years, coming from Bihar(25.7%) and were Hindus(67.1%). Most common cause of runaway of these street children from their home was poverty along with physical abuse. Substance abuse was seen in 78.6% cases and out of these, 25.7% children were using tobacco. Psychosomatic disorder was seen in 32.8% children. These children were showing multiple vitamin deficiency, 20% children were found to be underweight and 25.7% were short stature. Sexually 32.8% children were found to be active.**Conclusion:** Poverty and unhealthy atmosphere at home is responsible for these children to run away from their homes to find better life outside, but they caught up in various types of abuse and developed psychosomatic and nutritional disorders.**Keywords-** Street children, Socio-demographic characteristics, Psychosomatic disorders.**Introduction**

Street children are not unique to any country. Street children are found in majority of the world's cities, but are more prevalent in densely populated urban hubs of developing or economically unstable regions, such as countries in Africa, Eastern Europe,

and Southeast Asia.<sup>[1]</sup> Street children is a big problem to India also, particularly poor states like Uttar Pradesh, Bihar and Rajasthan. This problem is increasing due to rapid urbanization and large scale migration to cities. An estimated 31 million children in India, aged 0-17 years, are orphaned and

abandoned according to the most recent statistics from UNICEF<sup>[2]</sup>

The most common definition of a street child or youth is “any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults”<sup>[3]</sup>

UNICEF decided to distinguish between “children on the street” and “children of the street”<sup>[4]</sup>. This categorization is based on the level of contact the children have with their families. The first category (on the streets) consists of children who take to the streets for a livelihood, but who return home to their families and contribute to the household income; the latter (of the streets) refers to children without family support and who have come to depend entirely on the streets for survival (usually run-away children). This distinction is important because children of the street lack emotional and psychological support of a family. In our study we conducted work on “of the streets” children.

India has an estimated more than a million street children in each of the following cities: New Delhi, Kolkata, and Mumbai.<sup>..[5]</sup>

Realizing the need for assessment of the problems of street children in Gorakhpur, where children are coming from adjoining area also, the present study was undertaken with the following objectives:

1. To study the socio-demographic profile of street children.
2. To find out psychological and behavioral problems in street children.
3. To find out the health and nutritional status of the street children.

### Materials and Methods

This is a cross-sectional study in which the street children of Gorakhpur city were studied with the help of NGO “children of mother earth”. This NGO is doing rehabilitation work for these street children who are less than 18 years of age, and keeping them in shelter home “APNA GHAR”.

The study was conducted during May 2005 to October 2006. A total of 82 children which includes only boys and belonging to adolescent age group i.e. from 8 years to less than 18 years were enrolled.

The following children were excluded:

- Participants who had spent <3 months in shelter home.
- Those having cognitive impairment (difficulty understanding questions) and auditory or verbal dysfunction (difficulty in communicating)
- Children in a state of severe drug intoxication.

Data was collected by conducting face to face interview with these children by using pre-designed semi-structured questionnaire. Help of a counselor was taken during interview with these children, and 3 to 4 sitting were required before we gained complete information from these children. Age of the child was taken from official records. Detailed information regarding socio-demographic characteristics, duration of street life, reason of run away from home and substance abuse was collected using this semi-structured questionnaire. A thorough medical history was taken and complete physical examination was done to know their health status. Anthropometric assessment was done to know their nutritional status, for which Height/age and Body Mass Index/Age was taken and analyzed on CDC growth Chart. For the assessment of psychological and behavior problems of these children, “Child Behavior Checklist” was used.<sup>..[6]</sup> Scores were considered as normal below 95 percentile, clinically significant above 98 percentile and borderline between 95 to 98 percentiles. Informed consent was taken from the shelter homes before start of the study. After that, these children were informed the purpose of the study and their clear consent was also taken to participate in the study.

Data was compiled and tabulated and presented in percentages & proportions.

### Result and Discussion

A total of 82 children were enrolled, out of which 3 were severely intoxicated, 3 have severe cognitive

impairment and 1 child have auditory and verbal dysfunction, and therefore they were excluded from study. Shelter home authorities were advised to refer these children to “Specialized Centre” for their special care. Five children refused to participate in the study, and therefore assessment was done on 70 street children. Majority of the street children were within the age group of 13-14 years (n=24, 34.28%), followed by 15-16 years (n=23, 32.8%). In the Lusaka study, the proportion of street children between the ages of 12 and 16 years was 60%.<sup>[7]</sup>

Maximum number of children (n=24, 34.2%) were from Bihar, 18(25.7%) were from Gorakhpur and adjoining area and 4 (5.7%) children were from Nepal. Nepal is 110 Km away from Gorakhpur and there is no restriction for movement across the country and therefore few children had come from Nepal. Thirteen children (18.6%) could not tell their birth place. Rest of the children came from Jharkhand, Delhi, Assam and Hyderabad.

**Table 1-Age and Religion wise distribution of Street Children**

Street children		No. of street children (Total no=70)	Percentage (%)
Age group ( in years)	8-10	04	5.70
	11-12	09	12.85
	13-14	24	34.28
	15-16	23	32.85
	17-18	01	1.40
Religion	Hindu	47	67.1
	Muslim	10	14.3
	Not known	13	18.6

**Table 2- Causes of Runaway of Street Children**

S.No.	Causes of runaway	No. of street children (Total no=70)	Percentage (%)
1	Poverty	19	27.1
2	Poverty, Alcoholic father and child abuse	16	22.86
3	Quarrel in school	9	12.85
4	In friendship	8	11.43
5	Feeling of not loved by family	8	11.43
6	Abused by one of the parent/ elder brother	3	4.28
7	Expired one of the parent	2	2.85
8	Disabled parents	2	2.85
9	Missed during migration	2	2.85
10	Earth quack sufferer	1	1.42

Forty seven children (67.1%) were Hindu, 10 (14.3%) were Muslim and 13 (18.6%) children do not know their religion. Perhaps life's hardship and stress on street make these children to remain reluctant about their religion.

Parents particularly fathers of majority of street children were employed in unorganized sector and mostly unskilled workers with low income e.g. Farmers (n=23, 32.9%), Dhabaman (n=8, 11.4%), Truck Driver (7, 10%) and Laborer (6, 8.6%).

Factors responsible for runaway of these street children from their homes are shown in Table 2. In

majority of street children (n=19, 27.1%), the cause for runaway was poverty and in 16 (22.86%) children apart from poverty father was alcoholic and physically abusing them. Moazzam Alia et al<sup>[8]</sup> and B.O. Olley<sup>[9]</sup> have also reported that poverty is a major cause of runaway of these children from their homes. During 2011-2012, in India 21.92% and in Uttar Pradesh 29.4% population were living below poverty line<sup>[10]</sup> and children of these families runaway to urban area for better earning, attracted by glamour of cities or had faced traumatic experiences at their homes. In our study we found

other reasons responsible for this were, quarrel in school, in friendship, feeling of not loved by family, physically abused by one of the parent or elder brother, expired one of the parent, disabled parents missed during migration and earth quack sufferer. In 2007 MWCD (Ministry of Women and Child Development) data showing that in India 66.8% children are victim of child abuse, majority by their father. In our study also, one fourth of children reported excessive drinking by the father, after which they used to beat their children badly and asked them to leave the home. A few children hated their fathers to the extent that they were using abusive words during conversation. In few cases step mother was abusing their children. It was not only the ill-treatment and painful physical punishment that affected these children, but also the lack of loving relationship and caring atmosphere was also responsible to find better life outside. Agnelli S<sup>[11]</sup> observed in his study that all the children on the street can be described as “Victim of the crises of family”.

Substance abuse by street children is shown in Table 3. In our study, a total of 55 (78.6%) children admitted to substance abuse which is higher than described in street children of Delhi<sup>[12]</sup> (57.4%) and in street children of Mumbai<sup>[5]</sup> (44.23%). The mean age of substance abuse was 12.5 years. Vivek Benegal et al<sup>[13]</sup> and Kipke MD<sup>[14]</sup> have also reported substance abuse in 70% and 71% street children respectively. Amongst these 55 children, the most common substance used was tobacco (n=18, 32.7%). Other substances used were gutkha only (n=14, 25.45%), cigarette and gutkha (n=8, 14.54%), furniture varnish (n=8, 14.54%), cigarette only (n=3, 5.45%), adhesive solution (n=3, 5.45%) and alcohol in one child (1.81%). These children have to face many challenges to cope with their daily stresses, some children employ maladaptive strategies such as using alcohol, drugs<sup>[15]</sup> and some developed psychiatric problems. The most common reason for initiation of substance use was peer pressure, followed by curiosity and pressure by relatives<sup>[16]</sup> [5]

**Table 3-** Substance abuse in Street Children

S No.	Street children		No. of street children (n=55)	Percentage (%)
A.	Types of substance abuse			
	1	Tobacco	18	32.7
	2	Gutkha only	14	25.45
	3	Cigarette and Gutkha	8	14.54
	4	Furniture varnish	8	14.54
	5	Cigarette only	3	5.45
	6	Adhesive solution	3	5.45
	7	Alcohol	1	1.81
	Total children of substance abuse		55	78.6
B.	No substance abuse		15	21.4
	Total		70	100.0

Psychosomatic disorders in street children were shown in Table 4. Twenty children (32.8%) were suffering from some form of psychosomatic disorders. Out of these 20 children, Conduct disorder and Conversion reaction were seen in 4 children (20.0%). Childhood onset schizophrenia, Sleep disorder and Enuresis, each were seen in 2 (10.0%) children. Other disorders seen were Bipolar disorder, Major depression, Hypochondriasis, ADHD, Social phobia and Stuttering, each in one (5.0%) children.

Table 5 showing nutrition and health related problems in street children. Clinical signs of vitamin A deficiency, vitamin C deficiency, vitamin B deficiency, anemia, hair changes, skin lesions and dental caries were seen in 43(61.4%), 4(5.7%), 5(7.14%), 22(31.4%), 46(65.7%), 11(15.7%) and 22(31.4%) children respectively. Corneal xerosis was seen in 3(4.3%) children. Nutritional assessment of street children was done by CDC growth charts e.g. Height/Age and BMI/Age charts. In our study fourteen children (20%) were found to

be underweight (<5th percentile) and one child was having overweight (>85th percentile). Eighteen children (25.7%) were found to be short stature (<5th percentile). Moazzam Alia et al<sup>[8]</sup> in their study, has shown that 20% street children were stunted and 12% were wasted. Mercy Sosanya and

Adamu Ibrahim<sup>[17]</sup> have shown that 24.8% were moderately and 13.3% were severely stunted. Mild, moderate and severe underweight was found in 36.2%, 22.9% and 18.1% of street children respectively in their study.

**Table 4-** Psychosomatic disorders in Street Children

S No.	Street children		No. of street children (n=20)	Percentage (%)
A.	Types of Psychosomatic disorders			
	1	Conduct disorder	4	20.0
	2	Conversion reaction	4	20.0
	3	Childhood onset schizophrenia	2	10.0
	4	Sleep disorder	2	10.0
	5	Enuresis	2	10.0
	6	Bipolar disorder	1	5.0
	7	Major depression	1	5.0
	8	Hypochondriasis	1	5.0
	9	ADHD	1	5.0
	10	Social phobia	1	5.0
	11	Stuttering	1	5.0
	Total children of psychosomatic disorders		20	32.8
B.	Normal children		50	71.4
	Total		70	100.0

**Table 5–** Nutritional and Health Status of Street Children

S no.	Street children			No. of street children (Total no=70)	Percentage (%)	
A	Health Problems					
	1	Skin lesion		11	15.7	
	2	Dental caries		22	31.4	
B	Nutritional Deficiency Diseases					
	1	Vitamin A deficiency		43	61.4	
	2	Vitamin C deficiency		4	5.7	
	3	Vitamin B deficiency		5	7.14	
	4	Anemia		22	31.4	
	5	Hair changes		46	65.7	
C	Anthropometry					
	I	Stature-For-Age				
		1	Normal children		52	74.2
		2	Short Stature		18	25.7
	II	BMI-For-Age				
		1	Normal children		55	58.6
		2	Overweight		1	1.4
		3	Underweight		14	20

In the present study 23 children (32.8%) were found to be sexually active. Out of these 23 children, 9 children (12.8%) were habitual and 14 children (20%) had sex one or two times. Most of the children started sex after the age of 14 years. Fifteen percent children accepted that they were masturbating. Rest of the children were not able to communicate the sex related questionnaire.

### Acknowledgements

The authors wish to thank Shelter home “APNA GHAR” and “children of mother earth”, a non-governmental organizations working for the welfare of street children in Gorakhpur city, India, in assisting and providing support to carry out this research work.



Sources of support in the form of grants: None

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