

OCCUPATIONAL HEALTH HAZARDS AMONG STREET CHILDREN

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This study was performed to find out the physical, mental and social health problems of street children. Five main roundabouts of Karachi, from May 2006 to September 2006. A questionnaire was designed consisting of 20 different close ended questions covering all the three parameters of health i.e., physical, mental and social regarding street children. Variables for physical health hazards were the effect of extremes of temperature, noise pollution, air pollution and lack of proper diet. Variables for mental health hazards were compulsion for work, kidnapped and lack of rest. Social health hazards were indulgence in substance use and sexual abuse. The bad effect of continuous sun exposure had significant relationship with the duration of work on street in years (p -value = 0.0000). Similar result was obtained for the bad effect of continuous smoke exposure with the duration of work in years (p -value = 0.000). Twenty-three children out of 50 (46%) were injured while working on the street. Thirty percent children became addicted to chalya followed by 8% children addicted to niswar. Sixteen percent of street children were subjected to torture in the form scolding or beaten by other beggars followed by 8% children beaten by police. Street children were facing physical, mental and social health hazards.

According to ODCCP (United Nations Office for Drug and Crime Prevention) street children are defined as children less than 18 years of age (based on how childhood is legally defined in that country) males or females who spend all or most of their time on the street, lack supervision, protection or guidance which make them vulnerable to a wide range of health and psychological hazards.¹ Internationally, an estimated 1.2 million children are on the streets of major cities and urban centers, these include “runaway” children who lived or worked on the street plus those who returned to the family.^{2,3} According to the United Nation's office on drugs and crime (UNODC) survey 7.2% of working children do not have contact with the family.⁴ Children who work on the street may become involve in scavenging, begging, hawking, prostitution or theft to aid their basic survival.³ Additionally, there is a tendency to view street children as criminals, victims, or as free spirits.⁵

Quoting the NGO's statistics, the news reported that 54% Karachi's street children leave their home between the ages of 10 and 12 years of age. Forty five % of them are involved in criminal activities, while 49% are at high risk of HIV / AIDS through drug and sexual abuse.⁶ The foundation has also organized a 3 days exhibition of over 70 photographs highlighting the issue of street-children in the Sadequain galleries. A majority of children are Bengalis and Burmese, while other ethnic groups included Punjabis, Balochis, Urdu speaking

etc. Nearly 90% of them used various drugs while 65% inhaled the vapors of various adhesive material (containing chemicals).⁷

These children beg and scavenge around rubbish dumps or industrial waste sites or take on menial jobs as cart pushers working 12-15 hours a day to earn around 75 rupees or US dollars 1.25 enough to buy a meal if they are fortunate.⁸ Most survive by prostituting themselves, stealing or smuggling, making them vulnerable to contracting sexually transmitted infections, HIV / AIDS, T.B, jaundice and liver or kidney disorders. A large proportion sniffs cheap, readily available solvents to starve off hunger, loneliness and fear.⁹

Street children are pray to criminal compulsion by gangs and find it difficult to safely save money. They are subjected to physical, sexual abuse, harassment by the police, substance abuse (cigarettes, alcohol, solvents, marijuana and occasionally crack) and high risk of acquiring STDs and HIV.¹⁰ Poverty and domestic physical and mental abuse “are the key factors that lead children to begin a life on the street,” said Farah Iqbal, the NGO's research head and trained psychologist at Karachi University.¹¹

Whether there are economic or social factors, street children leave their homes for an uncertain future. Many find work like collecting the waste papers, cleaning cars or working as shoe shiners. Some fall back on begging, pick- pocketing or offer himself or herself to sex perverts while others end

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up as drug addicts. They use inhalants that are cheap and easily available but cause irreversible brain damage furthermore they have no access to basic amenities such as health, education or food.¹² Distribution of height-for-age relative to national center for health statistic reference standard showed that 20% were stunted and 12% wasted.¹³

SUBJECTS AND METHODS

This descriptive cross-sectional study was conducted on five main roundabouts of Karachi. Those were Water-pump, Hasan Square, NIPA, Gulshan and Hydari Market's roundabouts. The objective was to list physical, mental and social health hazards on street children. Six months were spent in the whole study to be completed. A total of 50 street children (below 18 years of age and of both the sexes) were conveniently being selected. A questionnaire was designed consisting of 20 different closed ended questions covering all the three parameters of health i.e., physical, mental and social focusing street children. Physical health hazards covered the effect of extremes of temperature, noise pollution, air pollution and lack of proper diet. Mental health hazards were compulsion for work, kidnapped and lack of rest. Social hazards were indulgence in substance use and sexual abuse. A verbal consent was taken and all the names and addresses were kept confidential. Pre-testing was done on 5 street children. Data was collected on Fridays only between 8:00 a.m. to 1:00 p.m. by the researchers themselves. Approximately 15 street children were interviewed each day of data collection. Data was analysed by SPSS version. Frequencies of different variables were calculated. Different variables were cross-matched. P value was calculated for significance.

RESULTS

Table 1 showed that 54% of the children (27/50) were found to be in the age range of 5 to 10 years followed by 46% (23/50) children in the age range of 11 to 15 years. Ninety percent (45/50) of street children were males while 10% were females.

Physical Health Hazards:

Table 2 revealed that 46% (23/50) were injured while working on the street and 30% (15/50) did not get treatment of their injuries. Same table showed that 88% (44/50) were not allowed to take rest while working on the street and only 42% (21/50) did not get adequate meal that affected their health. Twenty two % (11/50) were guilty of their profession. Four % (2/50) revealed that their body was misused.

Table 1: Demographic profile of street children.

Variable	Frequency (n = 50)	%
Age group in years		
5 – 10	27	54
11 – 15	23	46
16 – 18	0	0
Gender		
Male	45	90
Female	5	10

Table 2: Physical and mental health hazards of street children.

Variable (n = 50)	Yes	No
Adequate daily meal	26 (52%)	24 (48%)
Injury while on the road	23 (46%)	27 (54%)
Treatment of injury	35 (70%)	15 (30%)
Allowed to take rest while on the road	6 (12%)	44 (88%)
Guilty of profession	11 (22%)	44 (88%)
Misuse of body of children	2 (4%)	48 (96%)
Want to get rid of profession	10 (20%)	40 (80%)

Table 3 revealed a strong association between the physical health hazards and duration of work on the street. It showed that the effect of continuous sun exposure had significant relationship with the duration of work on street in years (p-value = 0.0000). Similar results were obtained for the bad effects of continuous smoke exposure with the duration on street in years (p-value = 0.000). The association between noise pollution and duration was not found to be significant (p-value = 0.526).

Social Health Hazards:

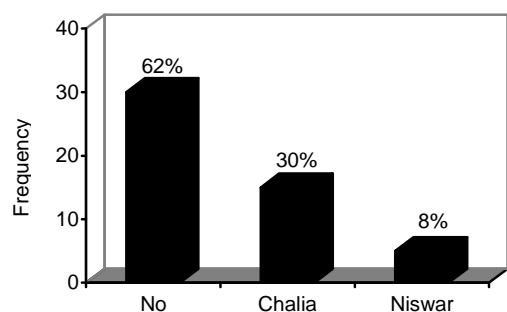
Figure 1 showed that 30% (15/50) of street children became addict to chaliya followed by 8% (4/50) who became addict to niswar. Figure 2 showed that 40% (20/50) of street children were car cleaners followed by 16% beggars (8/50) and 14% garbage collector (7/50).

Mental Health Hazards:

Table 2 revealed that 22% (11/50) of street children were guilty of their profession. Twenty % (10/50) wanted to get rid of profession while 12% (6/50) children were not allowed to take rest while working on road. Figure 3 (Pie chart) showed that 16% (8/50) of street children were subjected to torture in the form scolding or beating by other beggars followed by 8% (4/50) children beaten by police and 6% (3/50) were scolded by police.

Table 3: Association between duration of profession in years with continuous sun exposure, noise pollution and smoke.

Variable	Duration in (years)				%	P-value
	< 1/2	1/2 -1	1 1/2 -2	> 2		
Effects of continuous sun exposure						
No	1	1	1	1	8	0.000
Headache	2	2	1	1	12	
Vertigo	1	3	3	1	16	
Hyper pyrexia	1	1	1	1	8	
Fainting	1	2	3	4	20	
Blurred vision	1	1	5	2	18	
Vomiting	1	1	1	6	18	
Effects continuous noise pollution						
No	1	1	1	1	8	0.526
Headache	6	9	11	9	70	
Tinnitus	1	2	1	1	10	
Hearing impairment	1	1	2	2	12	
Effects of continuous smoke exposure						
No	2	1	1	1	10	0.000
Cough	3	5	1	2	22	
Difficulty in breathing	3	5	1	2	26	
Eye irritation	1	3	8	9	46	

**Fig. 1:** Addiction by street children.

DISCUSSION

A similar study was carried out on the street children in Delhi it showed that majority of street children were rag pickers and their age ranged from 10 to 12 years.¹⁴ According to an NGO report, in Karachi most of street children were in age group between 10 and 12 years.¹⁵ Same results were found in our study. According to W.H.O., street children suffer from social, physical and mental hazards as a consequence of being working on the street, they were also subjected to misuse, addiction and torture.¹⁶ According to a NGO's research, most of the children were addicted to cigarettes followed by glue sniffing than drugs¹⁷. However in our research,

ch, the most common agent consumed by them was Chalia followed by Niswar. According to ODC-CP-Cairo research, street children were tortured by police¹⁸, that was similar to our study. Street children were also subjected to physical health hazards as a consequence of their exposure to the environmental agents and among them most of the children develop headache due to continuous sun exposure and some suffer from vertigo and a minor proportion suffered from hyper pyrexia.¹⁸ Due to noise pollution most of them suffered from headache and hearing impairment.¹⁸ Due to continuous exposure to smoke, some of them complained of cough and some difficulty in breathing. Almost same were the results in our study.

It was due to their profession on the street, they were subjected to a number of accidents in which most of them suffered from scratches and some with injuries like fracture and loss of the limbs due on busy roads.¹⁷ Almost half percentage of the children did not get adequate meal.¹⁷

It is **concluded** that street children were facing all the three dimensions of health hazards i.e., physical, mental and social.

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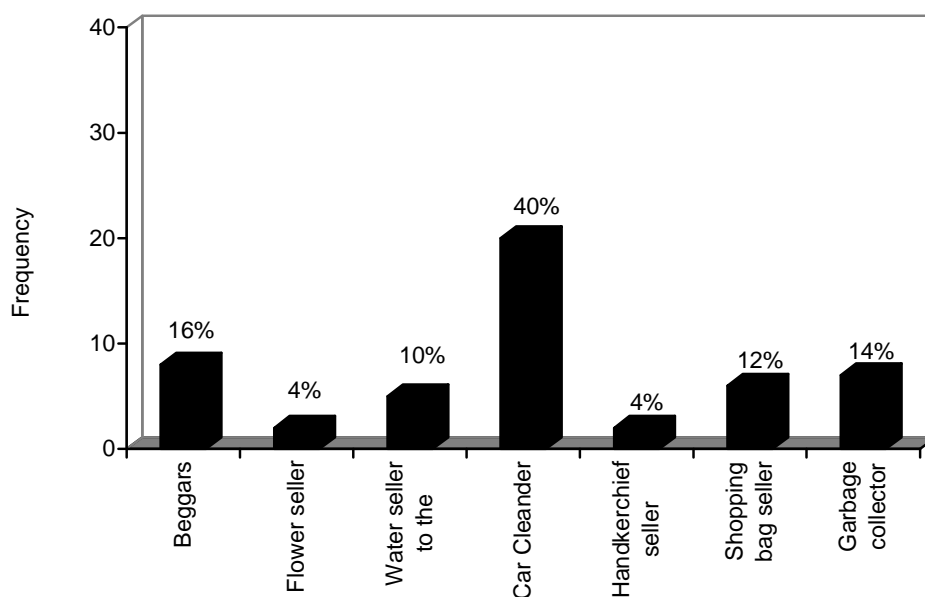


Fig. 2: Profession of the child.

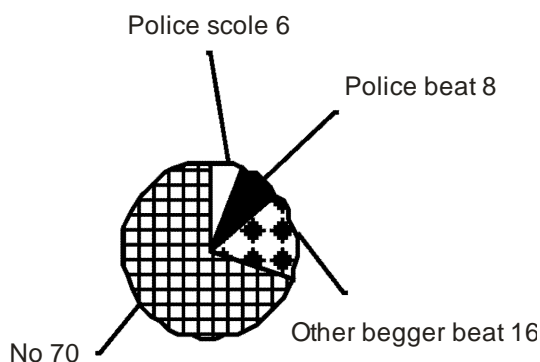


Fig. 3: Torture on child by any person.

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