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Health status of street children in Bhubaneswar, capital city of Odisha—A study

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Abstract

Street children are categorized into three major groups namely children on the street, of the street and abandoned/neglected children. The problem of street children is a global one and Odisha is no exception in the list. There hasn't been any motivated effort ever made to widely discuss the matter of "street children" and also there is no well-managed, well-coordinated, detailed research and study ever conducted to discuss this issue of prime importance. The harsh reality of Odisha presents the pale pictures of ignored and neglected children thus resulting these disadvantaged people in the state today. They are deprived of educational and mental development. Economic pressure mounted on them so much that compels them coming to the street. This research work may be the small step towards providing a reference point for discussion and influencing the direction of policy and programming on street children in Odisha

Keywords: Street children, hygiene, labor, demographic, Odisha

1. Introduction

According to UNICEF, a street child is someone for whom the street (in the widest sense of the word, including un-occupied dwellings, wasteland etc.) has become his or habitual abode and / or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults. UNICEF called them "*children in difficult circumstances*". The problem of street children is global one and need to be discussed critically by all state heads.

Street children are categorized into three major groups. They are:

- Children on the street in which the children live with their families and often work on the street. Very few of them attend formal or non-formal educational institutions. They have a sense of belongingness to their own family or community.
- Children of the street: children in this category consider the street as their home. Mostly they are found in railway platform, incomplete buildings, garage, hotel, market complex premises and abandoned houses. They keep very less contact with their families. They earn for themselves and occasionally give some part of their income to their family members during their infrequent visits.
- Abandoned / Neglected children-These children are the extension of the second category. But the situation of these children is more serious as they are either abandoned by their parents or are orphans. Most of the street children in India are boys, UNICEF presents approximately 72 percent of street children are aged between 6-12 years and 13 percent are below 6 years of age in India.

2. Survival condition of street children in Odisha

In spite of advances in the field medicines and expansion in health services, street children in Odisha are deprived from the universal immunization programme because most of the programs hardly cover the child on the street who has no shelter, no association with any settlement. They are outside the reach of many health services. These children are constantly exposed to sun and rain, their health condition is poor and many suffer from chronic diseases. They are deprived from public properties and they don't have even proper toilet facilities. Odisha State Commission for Protection of Child Rights (OSCPCR) in 2017 said "children in street situations are not there due to their own will but some situations or other forced them to be there.

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They are undoubtedly deprived of education and health and become victim of various kinds of harassment". Children in street situation includes those who are seen begging at traffic signals, rag pickers, child labor venders selling items on the roads, children performing entertainment on the street.

3. Objectives of the study

- 1) To study the health status of the street children in Bhubaneswar, capital city of Odisha.
- 2) To suggest some measures for their well-being.

4. Methodology

This study is conducted in Bhubaneswar, Capital city of Odisha and it is based on both primary and secondary data. The main tool of data collection was the interview schedule which included prerecorded alternatives as well as open end questions. Other important tool was clinical observations method. 150 number of street children of both sexes were selected on the basis of simple random sampling procedure in the age group of 7 to 15 years.

5. Results and Discussion

The following analysis represents a status of their health status along with some glimpses towards their daily hygiene routine. This research work may be the small step towards providing a reference point for discussion and influencing the direction of policy and programming on street children in Odisha.

5.1. Hygiene Practices

Patterns	No. of Respondents	Percentage
Brushing teeth daily		
Yes	89	59.33
No	61	40.66
Daily bath taken		
Yes	102	68.0
No	48	32.0
Hand washing before eating		
Yes	62	41.33
No	88	58.66
Using proper toilets for urination and defecation		
Yes	95	63.33
No	55	36.66

5.2. Types of Health Problem among street children (N=150)

Health Problems	Frequency	Percentage
Digestive infection	38	25.33
Skin problems	96	64.0
Dental problems	98	65.33
Injuries	78	52.0
Eye and visual problem	48	32.0
Hearing problem	22	14.66

5.3. Distribution of Street children availing Medical treatment

Availing Medical treatment	Frequency	Percentage
Yes	118	78.66
No	32	21.33
Total	150	100

5.4 Types of Medical treatment availed by street children (N=118)

Types of Treatment	Frequency	Percentage
Naturopathy	18	15.25
Homoeopathy	54	45.76
Ayurveda	14	11.86
Allopathy	32	27.11
Total	118	100

5.5 Distributions street children on the basis of Immunization

Immunized	Frequency	Percentage
Yes	108	72
No	15	10
Don't know	27	18
Total	150	100

5.6 Types of immunization taken by the street children (N=108)

Type of Vaccine	Frequency	Percentage
DPT	76	70.37
BCG	87	80.55
Measles	4	3.70
Polio	89	82.40
Hepatitis B	0	0

6. Discussion

A total number of 150 street children of both sexes in the age of 7 to 15 years were selected. Children who did not cooperate, or missing for follow up or having psychiatric and behavioral problems were excluded from the study. Street children in Bhubaneswar are exposed to unhygienic practices. Study shows 40.66 percent children do not brush their teeth regularly and 32 percent do not take bath daily 68percent percent reported bathing in open civic water pipes, wells or canals. 36.66 percentage of children use the road side or railway line for their toilet. (Table 6.1) Attempts were made to know the types of health problems they suffer. Data collected on the subject in table no 6.2 signifies that maximum percentage of the sample i.e. 65.33 percent and 64 percent suffer from dental problems and skin diseases respectively. 32 percent children have visual problems followed by 14.66 percent as hearing ailments. 58 percent suffer from digestive infections and 52 percent children have injuries in the different parts of their body. Table 6.3 represents maximum 78.66 percent children avail medical treatment when they face different health problems and the rest 21.33 percent children do not go for any medical treatment. Maximum children i.e. 45.76 percent prefer homoeopathy treatment followed by 27.11 percent allopathy treatment (table 6.4). For any kind of treatment they usually prefer go to the govt. hospital.

The achievement of immunization programmes seems to be not effective in present study as table 6.5 shows still 10percent children are not immunized and 18 percent do not know whether they have taken any immunization or not. Further findings from table-6.6 shows maximum 82.4 percent street children are immunized with polio vaccine followed by 87percent with BCG vaccine and 70.37percent are immunized with DPT. No case was found to be immunized with hepatitis B through it is a recent immunization programme and was found to be cost effective.

7. Conclusion

The harsh reality of Odisha presents the pale pictures of ignored and neglected children thus resulting these disadvantaged people in the state today. They are deprived of educational and mental development. Economic pressure mounted on them so much that compels them coming to the street. National family planning measures should be implemented with utmost sincerity to minimize over migration of rural children to different developing urban centers. The poorest of the poor or “At Risk” children must be covered under universalization of formal education. Traditional teaching methods should be replaced by modern methods, seeking maximum encouragement and involvement of street children in the learning process. Extensive use of mass media, i.e. press, television and radio would help creating public awareness about the problems of street children which can be solved by effective co-ordination between Govt. and Non Govt. Organization. Medical services should be provided at the door step of each and every slum dweller at least once in a week through public health check up camps.

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