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Sanitation practices & health issues in street children in urban area

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Abstract

All children have the right to survive and thrive. Yet, children and adolescents still face significant challenges surviving past infancy and developing to their full potential. More than half of these early child deaths were due to conditions that could be prevented or treated with access to simple, affordable interventions. Leading causes of death in the world in under-five children are pneumonia, diarrhea and malnutrition. About one-third of all deaths of children are linked to malnutrition. Many of street children suffering from repeated diarrhea, worm infestation, skin infections and chronically challenged immune system as a result of their unsanitary surroundings. The effect can be long term and may include both physical & mental stunting. Lack access to adequate and affordable basic water supply and sanitation services, lack adequate housing and have limited or no access to other basic sanitary infrastructure and services such as solid waste, drainage, street lighting, roads and toilet facilities. Poverty is one of the main reasons for the poor sanitation and affects health standards of the urban poor. The urban slums are very compact and scanty in resource utilizing and allocation. There are lack of awareness about hygiene & sanitation in street children. There have no services provided by government due to they don't have any id proof or permanent living place. Water, sanitation & hygiene (WASH) investments are widely seen as essential for improving health in early childhood. Many health care & nutrition program are being run by government for street children should also benefit from all programs. Awareness programs should be conducted for sanitation practices.

Keywords: Street children, hygiene, sanitation, awareness, urban poor, health issues

Introduction

The term 'street children' describes any girl or boy for whom the street (in the broadest sense of the world, including unoccupied dwellings, wasteland etc.) has become his or her habitual abode and or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults. UNICEF however, gives the following definition: Street children are immediate communities before they are sixteen years of age, and have drifted into a nomadic street life. Street children live, grow up and work on the margins of the society in a state of neglect and deprivation. They lack protection, education, affection, care and proper guidance from adults. Every street children has a reason for being on the streets. Children leave their homes and come on to the streets because of the inter connection and relationship of three reasons: poverty, family violence and allure of modernity, which have destabilized the traditional family structures, whose consequence is broken families and child abuse. The Bengali term of street children in 'pathshishu' and informally people used 'Tokai' to address them. 'Tokai' means rag pickers who use to collect waste paper, bottle, shoes and other item from road and dustbin. These floating children are also named as disadvantaged children, hard to reach children, urban working children and children at risk or in need of special protection to associate them support and reintegration. Street children generally sleep at footpaths, railway stations, bus stations and in other public places at night are found in district and sub district headquarters. Even though many street children can usually get some amount of food to eat, they do not have nutritious or balanced diets. Malnutrition results from a combination of causes or factors and conditions. Low birth weight arises from poor maternal nutrition, early marriages, repeated pregnancies, short birth intervals apart from other factors. Globally, street children experience poor health because of their life style and often fall sick due to such ailments as malaria like febrile illnesses, respiratory tract illness diarrheal diseases, headaches,

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chest pain, abdominal colic, renal colic back pain, blood in the urine, coughing, wounds, bruises, diarrhea, dental problems, fever, intestinal parasites, anemia, tonsillitis, otitis media, hair lice, skin abscesses, skin diseases, HIV/AIDS and malnutrition.

An Overview of the Situation

Although Insufficient and unsafe water supplies and sanitation affect people of all ages, the well-being of young children is particularly compromised. Approximately 84 per cent of the global burden of diarrhoeal disease (still a major cause of death and illness in all age groups) affects children aged under five; 74 per cent of the burden from helminth (worm) infections affects children aged between five and fourteen. Urban children have long been considered better off in terms of health and survival, but this urban advantage has declined in some areas and is increasingly being called into question. Those living in poor urban settlements face some of the most difficult environmental conditions, and investigations into health differentials show that child mortality and morbidity rates in these settlements equal or exceed those in rural areas. Research from five communities in the Republic of Congo, for example, found the prevalence of diarrhea was 3.5 times greater for urban than for rural children – and that the rural–urban variable was more significant than socioeconomic, demographic or behavioral factors. High concentrations of people and wastes in urban areas create more opportunities for exposure to pathogens, and a correspondingly greater need for the levels of hygiene that adequate water and sanitation make possible.

The Health Burden for Street Children

Although Significant Progress has been made in recent decades, between 1 and 2 million street children still die each year from diseases directly related to water and sanitation. These diseases, especially combined with under nutrition, can so weaken the body's defenses that they contribute to other causes of death as well, such as measles and pneumonia. Hundreds of millions more children, because of poor provision, are debilitated by illness, pain and discomfort, primarily from diarrhoeal diseases but also from other waterborne diseases such as cholera and enteric fevers, from schistosomiasis and guinea worm, from heavy intestinal worm burdens, and from various skin and eye diseases and infections such as scabies and trachoma. In the poorest countries and neighborhoods, unsanitary living conditions probably account for at least half of the total burden of ill health. The water and sanitation-related health burden for children under the age of five in India, for instance, is up to 240 times higher than it is in high-income nations.

The links between unsanitary conditions and malnutrition

Diarrhoea and intestinal parasites, along with the poor water and sanitation provision that promotes them, have complex and reciprocal links to malnutrition in children. Malnutrition weakens the body's defences and makes children more vulnerable to disease. At the same time, diarrhea and intestinal parasites contribute to malnutrition by causing decreased food intake, impaired nutrient Absorption and direct nutrient losses. Even a relatively mild infestation of parasites can consume 10 per cent of a child's total energy intake as well as interfering with digestion and absorption. Unsanitary environments also contribute to malnutrition by challenging children's immune systems; nutrients that would otherwise support growth go instead towards supporting the

immune response. Data from 84 countries indicate that the best predictor of nutritional status, next to sufficient funds for food, is the level of access to water. The case is often made that the effects of diarrhoea on growth are transient and that children generally catch up quickly. This appears to be true if they have stretches of diarrhoea-free time but, for many children, diarrhoea in the early years may be too severe or too frequent to allow for catch-up growth, and it is associated with continued underweight or substantial shortfalls in growth when children are older. Poor provision can affect growth in other ways too; when water is at a distance, this can contribute to heavy workloads for older children, causing them to burn calories they depend on for adequate nutrition. Carrying overly heavy containers can even contribute to deformities in bone growth.

Children's higher vulnerability to pathogens

Children's vulnerability to pathogens is related both to their exposure and to their level of immunity. Small children have a drive to play and explore, they are in close contact with the ground and they have little appreciation of hygiene; they are more likely to come into contact with excreta, the primary source of diarrhoeal disease and intestinal parasites, as well as other pathogens. Before they are mobile, infants are relatively protected from exposure to pathogens, especially those being breastfed. But because their immune systems are not well developed, they are still highly susceptible. Bottle-fed infants are at especially high risk. Without clean water and hygienic conditions, bottles cannot be sterilized and formula cannot be mixed safely. A survey of the milk fed to 149 6–24-month-olds in a slum settlement in Varanasi, India, found that 53 per cent of the samples were contaminated by bacteria. The odds of contamination were 25 times higher when feeding utensils were not properly cleaned. Although HIV-positive mothers are warned about the possibility of transmitting the virus to their infants through breastfeeding, the reality is that many of these infants, if bottle-fed in environments that do not support adequate hygiene, are at even higher risk of death from diarrhoeal disease than from AIDS. Children being weaned from the breast are also at high risk, as they first encounter the pathogens in a contaminated environment. A prospective study in the Philippines found that even small amounts of contaminated water nearly doubled the risk of diarrhoea for breastfed infants. Children in child care centres and other institutions may also be more vulnerable to diarrhoea, as demonstrated in several studies from urban areas in Latin America. Possibilities for disease transmission are always higher when a number of children are together, and inadequate toilets or hand-washing facilities may allow parasites or disease to spread quickly from child to child and from there through the community.

What Level of Provision do Children Need?

Poor Provision Violates children's rights – not only to survival and health but also to optimal development and a decent standard of living. But what should reasonably be considered adequate provision? Recent assessments indicate that over three quarters of the world's population have access to safe water and over half to proper sanitation. In urban areas, these figures rise to over 90 per cent and 80 per cent, respectively. This looks impressive; however, it does not mean that all these people are supplied in ways that ensure children's well-being or that take into account the realities of life for those who care for young children.

Current standards, as defined by the World Health Organization and UNICEF, describe reasonable access to an “improved” water supply as the availability of at least 20 litres per person, per day, from a safe source no more than one kilometre from the dwelling. Piped systems are considered acceptable if they operate at 50 per cent of capacity; hand pumps if they operate for 70 per cent of the time. For sanitation, “improved” provision includes connections to a public sewer or a septic system; also pour-flush latrines, ventilated improved pit latrines and simple pit latrines. Public latrines are not considered to provide proper access, but shared latrines are. These standards raise the bar in terms of overall quality of provision globally. But the needs of young children and those who care for them are not adequately reflected here. It is worth looking more closely at how provision affects them in their daily lives.

Storing water

No matter how close the source, if water is not piped directly into a house or yard, it must be stored in containers. Even when water is piped to the house, if the flow is not regular it will have to be stored. This provides a number of opportunities for contamination. It is a particular problem in households with young children, who may dip dirty hands into a storage bucket or leave water scoops on the floor, contributing to contamination. The prevalence of diarrhoea in small boys in Ethiopia was found to be associated significantly with drinking water obtained by dipping into storage containers; by contrast, the water source and amount of water consumed were not significant risk factors. In a poor neighbourhood of Abidjan, Côte d’Ivoire, where drinking water is stored in most households, *E. coli* was found in 1 per cent of source water samples, but in 41 per cent of stored water samples. In a slum settlement in Nairobi, uncovered water containers were the most significant factor influencing children’s recovery from diarrhoea. In peri-urban Peru, children in households with water stored in containers without a faucet were twice as likely to have a high incidence of diarrhoea as those who used containers with faucets. By contrast, in a refugee camp in Malawi, when water was stored in containers with a cover and a spout, there was a 69 per cent reduction in faecal coliform levels in the water and 31 per cent less diarrhoea in children under five. An appealing feature of having water piped regularly and directly into the house is that there is no need for a storage tank, and those using the water cannot inadvertently contaminate the supply.

Sanitation

Problems posed by inadequate water supplies are further complicated by poor sanitation, which can cause water to become contaminated and which greatly heightens the need for hygiene. Where infants and small children are concerned, the only safe sanitation methods are those that eliminate all possibility of contact with excreta. Safe stool disposal is far more effective as a safeguard against disease than any amount of hand-washing. Yet almost half the world’s households lack a sanitary means of disposing of human waste. In urban areas, many low-income settlements are served, at best, by filthy, crowded public latrines that are distant from many of the dwellings they serve, causing many people to defecate in the open. Such arrangements are particularly challenging for young children and their caregivers. Taking a young child any distance for toileting is impractical, especially when there is likely to be a queue at the latrine. Even shared toilets, approved by WHO and UNICEF can present problems for

young children. Maintenance frequently becomes an issue; neighbours resent it when children leave things dirty, and children themselves are at higher risk of faecal contact than they would be with private facilities. Pit latrines present a particular problem. The darkness, smelliness and large openings make their use unpleasant and even frightening for young children.

Drainage and waste collection

Problems with sanitation are intensified when there is inadequate drainage and waste removal. Where sanitation is poor, many people must defecate in the open, or into plastic bags or paper thrown out with the household garbage. Excreta can accumulate rapidly in open areas and on garbage piles. Uncollected garbage is also frequently dumped in drainage ways, which quickly become clogged. When wastewater and storm water cannot be easily drained, flooding spreads waste and excreta widely throughout the surrounding area. Inadequate drainage and waste collection pose particular problems for children, who tend to play wherever there are interesting opportunities for exploration and who may be drawn to wade or play in standing water and drainage ditches or to scavenge in piles of garbage. In many communities, it is impossible for children to play outdoors and avoid these hazards (Box 2). Children between 5 and 14, for instance, are disproportionately affected by helminthes and by such water-based diseases as bilharzia.

Alternatives to Provision

a. Why not just treat disease when it occurs?

Given The Cost of solutions involving infrastructure, curative approaches such as antibiotics and oral rehydration therapy are often viewed as more reasonable. Without these measures, millions more lives would be lost. But medical treatment is not a justifiable alternative to an adequate provision of water and sanitation. Curative responses do not prevent re-infection nor do they eliminate days lost to illness, with the accompanying setbacks for children’s overall health and development. A focus on medical solutions to water and sanitation-related problems also ignores the many no health implications of poor provision – the time burdens for caregivers, the constraints on play for children and the insult to human dignity. Finally, many health care responses require the intervention of trained medical personnel and present a continual burden for already overtaxed health services. Adequate provision of water and sanitation, by preventing a significant proportion of disease in low-income settlements, would increase the capacity of health services to manage other pressing health problems.

b. What about hygiene education?

The key to children’s environmental health problems is often assumed to lie in the education of caregivers in hygiene and other protective measures. Practices such as hand-washing have been shown to result in impressive reductions in disease. Experience also shows that, in the absence of good hygiene, improved provision may have a minimal effect on health. However, it is still unclear how changes in health behavior are best effected. A number of studies have shown that information alone does not reliably change behaviour, and that efforts to improve hygiene through education may have little effect in the absence of supportive provision. In a Lima shanty town, for instance, where knowledge of the importance of hygiene practices was high, only 13 per cent of “faecal contamination episodes” were found to be interrupted by

washing. Researchers concluded that, where water is scarce, education is unlikely to change hygiene practices. In Burkina Faso, research on factors influencing hygiene behaviour found that the location of water sources was more important than health education, income, maternal education or culture. In Sri Lanka, a case control study concluded that latrine ownership may be a necessary condition for improving safe stool disposal. Beliefs that run counter to formal biomedical knowledge may be quite resistant to change. In urban Karachi, for instance, infant diarrhoea is frequently considered a “normal” event related to teething or the weather. Curtis and colleagues point out that simply telling people about the likely health benefits of a given practice is not likely to provide the motivation to change lifelong habits. When mothers believe that diarrhoea is the result of teething or of sitting on damp ground, explanations involving microbes are unlikely to have a great impact. But non-compliance with hygienic practice is not always a question of conflicting beliefs. It may be a matter of time and energy – as in Malawi, where water use increased significantly only when supplies were brought very close to the house; or the Dominican Republic, where mothers revealed that in many cases they were simply “too tired to boil water”. WHO and UNICEF remind us that “...the simple act of washing hands with soap and water can reduce diarrhoeal disease transmission by one-third.” Such statements tend to overlook the fact that keeping two- and three-year-olds clean in a contaminated environment is far from “simple”. It can call for constant vigilance and even for unrealistic restrictions on children’s play and socialization. Another critical consideration is the fact that caregivers seldom face these problems one at a time; environmental risk factors generally exist in clusters. It might be possible for caregivers to respond effectively to any one of them, but coping hygienically with daily challenges in the absence of reasonable provision can mean a number of time-consuming tasks, including:

- Obtaining sufficient supplies of water for hygienic living;
- Ensuring that stored water does not become contaminated;
- Washing potties or nappies and/or disposing safely of small children’s stools (often loose stools, and often those of more than one child);
- Ensuring that latrines are kept clean;
- Ensuring that hands (and often the body) are washed every time a small child defecates or eats; and
- Keeping small children away from local sources of contamination as they play.

In addition, measures must be taken to avoid the contamination of food. When these challenges are compounded by crowded and unfinished housing, an absence of safe play space, long distances to work and services, and a lack of child care, the difficulties can become overwhelming and unmanageable. It becomes far-fetched to assume in these complex situations that children’s health can reasonably be protected by health information in the absence of appropriate provision.

Conclusion

Diarrhoea and Intestinal parasites still kill, sicken and weaken high numbers of children every year. They contribute also to the malnutrition and stunting that continue to affect over one third of the world’s children and that compromise their capacity to realize their potential and to contribute fully to their societies. These health problems and their wider

implications are related to inadequacies in the provision of water and sanitation, which may fail in critical ways to meet the needs of young children and those who care for them, even when officially deemed to be “adequate” or “improved”. The crisis is especially severe in poor urban settlements, where concentrations of people and wastes create environments that undermine health and human dignity and add considerably to the challenges of daily survival. Any attempt to find cost-effective solutions to this problem must consider not only the direct but also the indirect costs of poor provision – and not only the immediate but also the long-term outcomes of its absence. It is impossible to separate the development of low-income countries from the health and development of their children. The cost to the world of ensuring the kind of provision that actually meets children’s right to a clean, supportive environment is considerable – but it is unquestionably a thrifty move when it is balanced against the cost of neglecting to do so. There have no services provided by government due to they don’t have any id proof or permanent living place. Water, sanitation & hygiene (WASH) investments are widely seen as essential for improving health in early childhood. Many health care & nutrition program are being run by government for street children should also benefit from all programs. Awareness programs should be conducted for sanitation practices.

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health surveys held in 53 different nations between 1986 and 1998 has also shown increasing under-five mortality rates in urban areas in some countries – for instance, in Madagascar when comparing 1992 and 1997, in Mali when comparing 1987 and 1995, in Zambia when comparing 1992 and 1996, and in Zimbabwe when comparing 1988 and 1992.