

Original Research Article

An assessment of the psychosocial distress and problems faced by street children living in Kolkata city: a cross-sectional study

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ABSTRACT

Background: Street children constitute a marginalized group in most societies. These children experience social and behavioural problems resulting from their environmental influences, school and peer interactions, home and family settings, or any combination of these. Keeping in view the prevalence of psychosocial distress among street children, this study was undertaken to assess the levels of psychosocial distress and problems faced by orphan and vulnerable children (OVC) living in Kolkata city.

Methods: This was a cross sectional analytical study. A total of 127 children were interviewed with the help of pre-validated semi-structured questionnaire. GHQ-12 scale was used to measure the symptoms of the psychosocial distress. Bivariate analysis with the help of Chi-square test was done to determine variations in the psychosocial distress experienced by OVC by age, gender, duration of stay on streets, education.

Results: The mean age of the study participants was 15±2 years. About one third of the children showed symptoms of severe psycho-social distress with 30% of children showing signs of intentional self-harm. Age, education and duration of living on the streets were some of the factors that showed significant correlation with the levels of psychosocial distress.

Conclusions: The study concludes that although institutional care and support from NGOs takes care of basic amenities such as shelter, food and education, there is a need to address the psychological needs of the children through teacher sensitization programmes. A well-informed caregiver would be able to address the needs of children under his supervision and care.

Keywords: Orphan and vulnerable children, Street children, GHQ-12, Psychosocial distress

INTRODUCTION

Street children constitute a marginalized group in most societies. They do not have what society considers appropriate relationships with major institutions of childhood such as family, education and health. Recent estimates from United Nations international children's emergency fund (UNICEF) show that there are 140 million

children worldwide who have lost one or both parents. India is home to 30 million orphan and vulnerable children (OVC), the largest in the South Asian region.^{1,2} According to UNICEF, street children may be divided into two types: children 'on the street,' which means that they still see their families regularly and may even return every night to sleep in their family homes. Children 'of the streets,' on the other hand, have no home but the streets. Even if they

occasionally spend time in institutions for children or youths, they consider the streets to be their home.

Street children live a transitory life style and are vulnerable to inadequate nutrition, physical injuries, substance use, and health problems including sexual and reproductive health problems.³ Although street children support themselves in many different ways, they need the assistance of caring adults and charitable services provided by governmental or non-governmental organisations.⁴ Despite peer solidarity and support through charitable services, street children have extremely high rates of morbidity, disability and mortality. The continuous exposure to harsh environments and the nature of their lifestyles make them vulnerable to substance use and this threatens their mental, physical, social and spiritual wellbeing. In many regions most of these children use alcohol and other psychoactive substances.⁵ Information regarding the socio-demographic characteristics of street children, reasons for living on the street, difficulties faced and coping mechanisms thereof can help in formulating targeted protocols aimed at promoting, protecting and fulfilling the basic rights of these children.⁶ Hence, this study was undertaken to assess the psychosocial distress and problems faced by street children in Kolkata city.

METHODS

Research setting

The study was conducted at a tertiary care hospital in Kolkata during a medical camp organised by the Dept of Community Medicine for OVC. The medical camp was organised to carry out basic medical check-up and provide free medications to the children for any ailment detected during the camp. It was also taken as an opportunity to interact with the children on various health issues such as personal and dental hygiene.

Study design, population and duration of study

It is a cross sectional analytical study. Children who attended the medical camp were included in the study after taking clearance from the institute's ethical committee. Informed verbal consent was taken from the guardians accompanying the children before conducting the interview. The study was completed in a period of 1 month i.e., 10 November 2022 to 9 December 2022.

Sample size

A total of 127 children were interviewed during the medical camp as per inclusion criteria.

Inclusion criteria

Children above the age of 10 years, residing either in shelters or on the streets, railway stations, bus stations and other public places without their parents or adult supervision and who had spent six months or more on the streets were included in the study.

Exclusion criteria

Children who had a home and had stayed on the streets intermittently or for a period of less than six months were excluded from the study.

Method of collection of data

The data was collected through a semi-structured pre-validated questionnaire. The study uses the GHQ-12 scales to measure the severity of the psychosocial distress among children living on the street.⁷ The GHQ scale consists of 12 items where each of the items indicate the symptoms of the psychosocial distress a week preceding the survey. Each item was evaluated on the four-point Likert scale (Not at all, no more than usual, rather more than usual, much more than usual).

All the 12 items have been computed and prepared to represent a single variable. The score of the dependent variable has been categorized with the help of mean value of the new variable into normal (below the mean value), moderate (similar with the mean value) and severe groups (the score which is above the mean value). Certain sections of the interview schedule provided information on data like health issues of children, substance use, experiences on violence, abuse, their involvement in violence and abuse, intentional self-harm, coping mechanisms to physical and emotional stress etc.

Statistical analysis

Data was analysed using MS Excel spreadsheet. The frequency analysis was used to understand the socio-economic and demographic information of the respondents. Bivariate analysis was used to examine variations in the psychosocial distress by socio-economic and demographic characteristics using the Chi-square statistic to test for statistical significance.

RESULTS

The study comprised of both categories of street children i.e., children 'on the streets' and 'of the street'. About 31.4% of children were residing in institutional care for the past 3-4 years, 52.4% returned back every night to sleep in their homes and 16.2% children lived on the streets with no permanent shelter. The socio-economic characteristics of the children is depicted in (Table 1). The mean age of the study participants was 15±2 years.

Majority (57.4%) were above the age of 16 years. 59.8% of the study participants were male with 56.7% belonging to Muslim religion. Only 24.4% of children were educated upto class X and above. Majority (41.7%) had lived on the streets for less than 1 year and 41.7% of children were social orphans (meaning a child who has no adults looking after him/her, even though one or more parents are still alive).

Table 1: Socio-demographic Variables and frequency distribution of street children (n=127).

Variables	N	%
Age (years)		
10-15	54	42.6
16-20	73	57.4
Gender		
Male	76	59.8
Female	51	40.2
Religion		
Hindu	44	34.6
Muslim	72	56.8
Christians	11	8.6
Education		
Primary school	63	49.6
Secondary school	33	25.9
Class X and above	31	24.5
Duration of stay on street (years)		
<1	53	41.7
1-5	25	19.6
>5	49	38.7
Type of orphans		
Double	26	20.5
Paternal	38	29.9
Maternal	10	7.9
Social	53	41.7

Self-reported symptoms of the psychosocial distress among street children a week preceding the survey for each of the 12 items of GHQ scale is depicted in (Table 2). The symptoms of psychosocial distress have been described on the Likert scale (not at all, no more than usual, rather more than usual, much more than usual). It was observed that about 23.8% of the children were not able to concentrate on their daily activities (reading, studying, household chores). About 60.1% had lost sleep due to worry. Most of the children quoted worries related to the health of their parents and the uncertainties of the future with respect to academics, shelter and earning their livelihood as the reasons for their worry.

About 69.2% children felt that they were not paying a useful role in the society. This was reflected in their low self-esteem and lack of societal support and approval. 50.4% children felt capable of making decisions related to their day-to-day activities. However, most of the children felt that they would need guidance from their teachers/parents when making decisions related to their academics/career prospects. Majority (62.6%) children felt constant stress and worry. During the interview, it was realised that the reason for the stress varied from instances of physical abuse at home, marital discord between parents, exposure to alcohol/drug abuse, lack of familial support and basic amenities such as shelter and schooling. 75.3% children were able to enjoy their day to day activities. The role of support from a shelter/private/public institution was highlighted while recording reasons for this GHQ item. It was observed that the daily schedule at a

school/shelter and recreational activities such as games, watching TV, reading books, drawing and interacting with peers helped children enjoy their daily life and acted as an important coping mechanism. The association of various socio-demographic variables with the psycho-social distress among street children is analysed in (Table 3). Assessment of correlation between socio-demographic characteristics and psycho-social distress revealed that among the modifiable factors, education and duration of stay on the street had statistically significant association with the levels of stress among children.

Social problems

Lack of basic amenities: 62.6% children felt constantly under stress. One of the reasons for this stress was lack of basic amenities such as home and proper schooling. A 10 year old boy who lives with his 2 siblings and parents in a rented home said that 'My dream for the future is to have my own home because our landlord threatens to throw us out of the house every day and that leads to uncertainty and stress to me and my parents.' A 11-year-old girl who lives with her father and siblings on the streets said that 'I don't like going to school because teachers don't take interest in teaching us. Most of the teachers keep changing and it is difficult to comprehend what they teach at school.'

Behavioral disorders: Most of the children responded to be having behavioral problems w.r.t anger management, social interaction and impulse control. An 8 year old child who had been enrolled in the residential home at the age of 5 years said "I know I have anger issues. I feel angry when other people don't listen to me. I feel happy when I beat other children." This child is a orphan with his uncle as a legal guardian. He has already escaped from school once and continues to desire to live with his uncle. A 11-year-old girl who lived on the street with her mother said that she was addicted to pills and that consuming them made her feel better. **Lack of guidance and parental support:** Many children felt that they would not be able to do well in the future due to lack of adequate guidance.

A 13 year old girl who was abandoned by her mother at the age of 4 years and does not remember her father said "I understand that my mother had to give me up to take care of my younger brother, but I cannot forgive her for what she did to me. I need time to establish a relationship with her." **Isolation, substance abuse and intentional self harm:** About 40% of the children in the study were exposed to alcohol and drug abuse. 30% children showed features of intentional self harm in the form of hesitation cuts on one or both arms. Feeling of isolation led children towards substance abuse and self-harm. A 10 year old boy living on the streets since he can remember had fresh hesitation cuts on his left arm. When enquired regarding the same, he said 'The girl who I loved got married and went away and so I cut myself.' Another child said that he consumes alcohol with his friends whenever he misses his parents as alcohol consumption helps him to forget about his parents and in sleeping better.

Table 2: Prevalence of GHQ-12 self-reported psychosocial distress among children living on the street (n=127)

GHQ-12 scale items	Not at all	No more than usual	Rather more than usual	Much more than usual
Have you been able to concentrate	23.8	34.4	20.6	21.2
Have you lost sleep due to worry/tension	11.2	10.0	18.7	60.1
Felt that you are playing a useful role	69.2	21.2	4.4	5.2
Felt capable of making decisions	30.3	50.4	9.1	10.2
Felt constantly under strain	10.2	6.1	21.1	62.6
Felt you could overcome difficulties	33.2	4.6	6.6	55.6
Been able to enjoy your day-to-day activities	6.4	6.1	12.2	75.3
Been able to face up to your problems	2.4	21.8	9.4	66.4
Felt unhappy and depressed	5.6	12.2	8.6	73.6
Felt losing confidence in yourself	10.4	23.5	15.9	50.2
Thinking of yourself as a worthless person	33.2	13.5	7.7	45.6
Felt reasonably happy	52.5	3.5	5.5	38.5

Table 3: Correlation of psychosocial distress and socio-demographic characteristics (n=127).

Variables	Normal	Moderate	Severe	Number	P value
Age (years)					
10-15	30	15	09	54	<0.001
16-20	17	23	33	73	
Gender					
Male	25	42	09	76	0.06
Female	08	32	11	51	
Religion					
Hindu	11	24	09	44	0.001
Muslim	08	14	50	72	
Christians	07	02	02	11	
Education					
Primary school	24	17	22	63	0.01
Secondary school	07	11	15	33	
Class X and above	09	16	06	31	
Duration of stay on street (years)					
<1	18	16	19	53	<0.001
1-5	07	08	10	25	
>5	04	06	39	49	
Type of orphans					
Double	09	07	10	26	0.77
Paternal	10	08	20	38	
Maternal	03	02	05	10	
Social	17	07	29	53	

This study also illustrated that the most common coping mechanisms of children were interacting with peers, playing sports, art and visiting areas of worship.

DISCUSSION

Street children belong to a marginalised section of the society and are most vulnerable to increased risk of exposure to child labour, trafficking, prostitution, stigma and discrimination.^{8,9} They are most susceptible to social evils as they have already lost parental protection, care and

guidance.¹⁰ Our study revealed that about one third (33%) of the children living on the street were exposed to severe psychosocial distress and appeared to be a risk group in terms of mental health problems. Similar results were observed in studies done by Vostanis et al, Guernina and McCann et al.⁹⁻¹³ The study done by Vostanis et al noted that not only are the children living on the streets more prone to mental health problems but in two fifths of the children the problems persist after rehousing. It was found in our study that girls were more prone to psychosocial distress than boys, although the results were

not statistically significant. Similar results were obtained in a study done by Ferraro et al.¹⁴ A study done by Droogenbroeck et al revealed that gender differences were found for psychological distress, anxiety and depression with girls reporting significantly higher scores than boys.¹⁵ In our study it was noted that age was a statistically significant determinant of psychosocial distress among street children. Similar results were obtained in a study done by Savarkar et al.¹⁶ A study conducted by the world health organization in association with the Calouste Gulbenkian foundation found that age is an important demographic component that determines the psychosocial status of an individual and young people are more prone to mental health disorders.¹⁷ Hence, it can be deciphered from our study and other supportive research that girls and young people with poor social support experience mental health problems more frequently than boys and those with strong social support. Therefore, improving social support among young people may serve as a protective buffer to mental health problems.

It was found in our study that education had a positive influence in prevention of psychosocial distress among street children. Similar results were obtained in a study done by Alem et al which recommended that better education would give an opportunity to street children for better rehabilitation by means of awareness and economic independence.¹⁸ Our study revealed that there exists a positive association between the duration of stay on street and distress among street children. Similar results were obtained in a study done by Savarkar et al.¹⁶ It was observed in this study that as these children stay on street without been commended to the care of responsible adults there appears a greater likelihood of them facing various kinds of abuse which in turn leads to many distresses and behavioural problems like drug addiction, depression, suicidal thoughts and deliberate self harm. A study done by Mehta on child protection and Juvenile Justice system found that poor access to safety nets, insufficient resources (food, shelters) at family level, dysfunctional families, inadequate child supervision, stressful social environment and poverty are the main factors that led to psychosocial distress among these children. It was also noted in this study that street children are seen as “vagrants”, “illegal vendors” or “truants” by both the law and the general public. This acts as a major bottleneck in rehabilitative services directed towards street children.¹⁹

CONCLUSION

The study concludes that although institutional care and support from NGOs takes care of basic amenities such as shelter, food and education, it is a non-sustainable intervention which fails to take care of children beyond the age of 18 years. Moreover, none of the current strategies are able to address the psychosocial needs of these vulnerable children. Caregivers play a very important role in the overall development of the children. For most of the children caregivers of the orphanage become their family. Hence, it is important that they are trained in basic

psychology and counselling tools to address the psychological needs of the children.

Recommendation

Employment of children older than 18 years into the NGO itself would not only help in securing their economic and social security but also aid in rehabilitation of the street children by virtue of their better understanding of the problems faced on the streets. Also, an important intervention in provision of services to OVC will be shifting attention from the child to a broader social spectrum comprising the family, school and community of the child hence reinforcing their coping strategies and pathways.

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