A STUDY ON THE PHENOMENON OF SUBSTANCE ABUSE AND SEXUALLY TRANSMITTED DISEASES AMONG STREET CHILDREN

BUTTERFLIES
PROGRAMME OF STREET AND WORKING CHILDREN
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PHENOMENON OF SUBSTANCE ABUSE AND SEXUALLY TRANSMITTED DISEASES AMONG STREET CHILDREN

1. INTRODUCTION :

Butterflies has been working with street and working children in Delhi for the past nine and half years. In the course of our work we come across children who have fallen victims to paedophiles, older boys, pimps and drug peddlers.

Over the years we have found that the number of children on substance abuse and suffering from sexually transmitted diseases has steadily increased, while the age of these children are getting younger. Children as young as eight years are addicted to nicotine, alcohol and brown sugar. So, also children very young are sexually active. As an organisation working with street and working children we were concerned about the high prevalence of STD and drug demand among children. We felt it was important to do a research to find out the magnitude of the problem as well as to map the process through which children become a substance abuser or become a victim to sexual abuse. This data would eventually help us in developing relevant programme interventions.

Butterflies, as an organisation believes children have a right to participate in planning, implementing, monitoring and evaluating any programme or activity that relates to their lives. Therefore, in this research, we took children into confidence and discussed the need for such a study. Children agreed that such a study should be conducted and hundred of them volunteered to participate in it. It was also agreed that since part of the study would demand that children go through clinical

tests, children would be advised about the tests and the necessity to do so. We also reassured the children that if any one was found to be suffering from an illness, the organisation would make every effort to treat and support the child.

Butterflies took the help of Dr. G. R. Sethi and Dr. Neel Saini of Maulana Azad Medical College, in doing this study. Their inputs were crucial for clinical analyses.

On completion of this study, we requested the children that at one of their bal sabha (children council) meetings we would like to share the findings of the study. A special bal sabha was organised by the children to discuss the data as well as to come up with a future plan of action.

This study, once again brought out the precarious lives these children lead. A life which at a very young age forces a child to experience the seamier side of life on streets. It is their resilience that helps them through the trauma of constant abuse of their bodies and emotions.

Rita Panicker
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2. OBJECTIVES :

The overall objectives of this study was to understand the processes by which street children are drawn to substance abuse and forced into sexual relationship with older boys and adults.

The specific objectives were as below :

- to study the socio-economic profile of street children.
- to study the personal hygiene practices of these children.
- to study the leisure time activities and if there is any co-relation to addiction practices.
- to study their sleeping arrangements and practices.
- to study the last illness episode and its treatment pattern.
- to study their social relationships vis-a-viz there families and friends.
- to study their general health clinically by carrying out physical examination and clinical tests.
- to assess the extent of physical and sexual abuse.

3. SAMPLE DESIGN

a) Universe of the study : All street and working children in the age group of 6 to 16 years working at eight contact points in Delhi constituted the universe of the study. The contact points are the places where Butterflies programme is going on,

b) Sample size : From the universe, 100 children were selected. The criteria of selection were

i) the age group i.e. upper limits to be less than 16 years.

ii) the children should be in true sense street children i.e. they should be without any family or extended family support or guidance.

iii) They should be working. Work means any activity resulting in monetary gains, or in kind such as food, clothing or shelter.

Since, street children are highly mobile group we had to drop 32 children's proforma for they were not in the city when we had to do further clinical examination. In place of these children, another group of 32 children were taken for the study.

4. METHODOLOGY :

The study being exploratory in nature, was conducted through use of qualitative rapid appraisal approach and administering semi-structured questionnaire. The purposive random sampling method was used for selecting the sample. The contact areas from where sample was selected are areas where Butterflies activities are going on. These are specifically :

i) New Delhi Railway Station
ii) Chandni chowk Area
iii) Connaught Place
iv) Interstate Bus Terminus (ISBT)
v) Fatehpuri
vi) Jama Masjid Area
vii) Kashmiri Gate Area
viii) INA Market

Most of the contact areas were in old Delhi side. From each of the contact areas, about 10-15 children below the age of 16 years were selected randomly. Thus making the sample of 100 children. It was decided girls should form 20 percent of the sample. These girls were from mainly three contact places namely, Kashmiri Gate, Chandni Chowk and Jama Masjid Area, this was because girls form the predominate numbers of children we work with in these areas.

These children were interviewed with the help of a semi-structured questionnaire, followed by their physical examination and clinical tests.

Tools of data collection :

i) Questionnaire : The first phase of the study consisted of interviewing the children with the help of a detailed questionnaire. The questionnaire was discussed with street educators prior to its pretest. Necessary corrections were made before finalising it.

Street eductors were involved in data collection, as they had good rapport with children, it made it easier for us to elicit answers to some sensitive issues pertaining to their sex life. Children also confide in them easily.

The interviews were held at the work place itself. Sometimes gentle probing was required when information given by the child seemed to be contradictory to their previous statements.

ii) Focus Group Discussion :

In all five focus group discussions were conducted, to compliment the information gathered through individual interviews. The more sensitive and interrelated issues like substance abuse, etc. were deliberated in detail in these group discussions. These focus group discussions were conducted as per the guidelines laid down by ILO in its report 'Child Labour Rapid assessment'. Proper guidelines including the topics and their sequence were prepared after a series of discussions with the street educators, doctors and the researcher of Butterflies. These guidelines helped us in conducting the discussion effectively.

Four Focus Group Discussions were held with boys and one with girls separately. In each discussion, 6-8 participants were there and it lasted on an

average for one and a half hours. Participants in each groups were from the same contact place but the group was heterogeneous in respect to their occupation and age groups. These participants were selected mainly on the basis of information revealing their active sexuality and indulgence in substance abuse.

The main facilitator of the discussion was the street educator. The detailed notes of the discussion were later made by the facilitator and were confirmed from the other research team member i.e. medical doctor of Butterflies who also attend the discussions.

Each group discussion was initiated with informal talk about their entertainment/leisure time activities etc. Subsequently more sensitive issues were taken up. In general, the following were the issues in order of priority dealt with in the discussion.

a) Entertainment/leisure time activities
b) Hygiene practices
c) Addictions like - Alcohol, drugs etc.
d) Sleeping arrangements and practices
e) Sexuality/sexual abuse
f) Power Equations

It needs to be noted that it was not possible to adhere to this order of priority.

Discussion with female participants was conducted by the Director herself and the Sr. researcher. The female street educator also attended the discussion.

(iii) Physical Examination : After filling these proformas, physical examination was done by the doctors from Maulana Azad Medical college. The Health Van of

Butterflies served the purpose of an examination room at the contact points where this checkup could be done. This examination included general physical checkup like nails, eyes, skin, oral hygiene, number of cavities, boils, scabies, weight, height measurement etc. Visual acuity testing by 'Sneller Charts" was done. Emphasis was specifically on vitamin deficiency signs and scar marks of fresh and previous injuries or burns. Only significant scars of previous injuries were considered. Genital examination was also done except in case of girls.

iv) Clinical examination : Clinical tests like Hemoglobin, total leucosyte counts and differential leucocyte counts were done to look for anemia and evidence of infection. VDRL test was done to screen children for syphilis. Evidence of tuberculosis infection were specifically looked for through Mantoux testing (Mx), Erythrocyte sedimentation rate (ESR) and chest X-rays. Due to prevalence of sexual and drug abuse, children were screened for HBsAg. positive. Children were not screened for HIV infection because of legal hassles with regard to their age and their consent. Butterflies also felt it was not ethical to do so without prior counselling of children on the implications of the test and of guaranteeing them care and treatment if found to have HIV+or full blown AIDS.

5. PROFILE OF CHILDREN

The sample children were within the age group of 6-16 yrs. Majority (57%) of the children were in the range of 10-14 years of age or less. Mean age was approximately 13 years. Only 7% children were below 10 years.

The composition of the interviewed children were as follows : from New Delhi Railway Station (18%), Jama Masjid (16%), from Connaught Place and Inter State Bus Terminus (ISBT) 12% and 10% respectively. 13% children were from Fatehpuri and Kashmiri gate area each. Rest of the children (18%) were from INA market and Chandni Chowk area.

As in the previous studies conducted by Butterflies, majority of the children had migrated from the Hindi speaking belt that is states of U.P. and Bihar. In this study too majority of the migration (69%) is from the states of U.P. (34%) and Bihar (35%). Majority has come to this city alone. Though some have migrated along with their families. 16% of children had left their homes in West Bengal. The next have migrated from far off states like Karnataka, Gujarat, Maharashtra and even Nepal and Bangladesh.

The economic pressures at home coupled with abuse and neglect were found to be the major reasons for leaving homes. They came to this city in search of better opportunities. Various studies on situation analyses of street children have shown that inter-state migration of poor families in search of better work opportunities is one of the major contributing factors to street children problem.

Occupation:

Majority of the children were either rag pickers (48%) or porters (31%). Porters were mainly at New Delhi Railway Station , Inter State Bus Terminal (ISBT) and INA Market. There was some variation in the nature of the job of these porters. At New Delhi Railway Station and ISBT, their job was loading and unloading the luggage of passengers from trains and buses. In INA market, each child has a basket. He is hired by the shopper to help him/her carry the purchased goods during shopping from one shop to other and then finally loading all the shopped items into the customer's cars.

Ragpicking is one of the easiest occupations to get into as it needs no skills; all it needs is a sack. Items of scraps collected are those that command the highest price in the recycling business. We have found that in Connaught Place, children collect mostly plastic disposal containers of ice-creams and pepsi, cola tumblers. Connaught Place is a major shopping centre with a number of ice-cream and soda parlours as well as vendors who hawk it on the streets. Therefore the numbers of plastic containers thrown away daily is extremely high. Children collect these containers late in the evening and at night so that they are not harrassed by the policemen or the vendors. During daytime they take rest or go for movies etc. At other places like Kashmiri Gate and Chandni Chowk area, ragpicker children collect plastic goods, polythene bags, metal objects etc. Again it all depends on the availability of the objects. Kashmiri Gate and Chandni Chowk are the wholesale markets for electrical goods and motor spare parts.

Children who work in either dhabas (way side kiosks) and restaurants or as helpers in shops constituted only 8 per cent of the sample. The rest 11% children's

jobs varied greatly as some of them were vendors, shoe shiners. At Jama Masjid, one 15 year old girl is a commercial sex worker. Two children, of the interviewed, are currently without any job. There is no regularity of job and if thrown off from a job there is considerable time gap before finding a new job. The most common reasons for leaving a job is insufficient income, non-payment of wages, physical abuse or simply that they got fed-up with the job. For three-fourth of children interviewed, the current job is the second one. Among the rest 26% and 23% children had two and three previous jobs each to their credit.

Educational Achievements :

Majority of the children were dropouts. One third of children had never been enrolled into formal schools and among the remaining, about two-third had left the school before completing primary level. Only 9% i.e. nine children could complete primary education.

Out of these, about one fourth had attended school for few days only. The main reason for their dropout was corporal punishment by the teacher or failure in exams. Fear of parents bashing on failure in exams is also an important factor. The relationship between child labour and education is not simple and a direct relationship is difficult to state.

Factors leading them to leave homes :

Varied responses came for the question, "why they left their families ?". The commonest reason was the acute poverty at home (66%), followed by physical abuse (beatings) and neglect at home, mostly by fathers. Nearly one fourth of the

children, left their home after death of one or both parents, especially when the deceased parent was the sole earning member. Some children had left their families under the influence of peer groups or in search of adventure and to get away from a very strict family environment.

Social Relationships:

a. With Families :

31% of children had some contacts with their families. This contact may be through letter or occassional personal visits. About 29 children (mostly girls) were staying with their families. These children had to be part of the sample, as in two contacts points, children were from slums and have been attending Butterflies programme. Moreover, girls constituted the majority among them. These children are illegal migrants from Bangladesh. They have very fragile family environment - either it is female headed households, or a family which has an alcoholic parent or a parent bedridden due to a major illness or a woman who was thrown out by her husband and then chooses to have relationship with men who can give her economic security . However, if he becomes a liability, she throws him out and acquires another. Sometimes it is also important for a woman to have a male protector especially if she is living in over crowded congested slums, or else the poor woman is an easy prey to unscrupulous lecherous men.

Street children i.e. runaway children, for them, family contacts are very occassional and ties with their families are very fragile. These children having enjoyed social and economic freedom for sometime would find it difficult to conform to a family life where there will be restriction to their freedom. However, when they were asked if they would wish to go back to their families, a number of

them became emotional and expressed a wish to go back, provided their circumstances are improved, and that of their families. So, that they could go back to a protective family environment. One would expect a child not wanting to go back to the same environment that had abused him/her. Children do value the family and recognise the importance of a family. However, they would like it to be in a haven where they are loved and protected.

Majority of the children (80%) who were not staying with their families, missed their mothers specially and some of them their younger brother or sister. Only 20 percent said that they do not miss their families. When asked who loved them the most in their families, 12 percent were disillusioned and thought and felt no one loved them. While for 47% their mothers ranked first followed by brothers or sisters (12%). Only 9% felt they were loved by all the family members. The remaining 9 percent did not mention any thing about their families.

b. With Friends :

Social security in terms of social relationships or kinship become more important, when they come on the streets. Here, when the child is all alone in the city, struggling on every day basis, the need for some kind of social, emotional anchor becomes utmost urgent. He/she is in situation of crises or emergency quite often. In such emergencies, their friends are the first ones to be approached (35%). About 18% contact their parents. Probably, this percentage is staying with their parents. So obviously, in this group of children majority would go to their parents. It was depressing to find out that for quite a significant percentage (16%) of children, there was no one to whom they could approach in crisis situation. They could not think of anyone so close to them in whom they would confide their

problems. For 21% their employers, siblings, or uncles etc. were the persons whom they would approach. One out of ten children would think of Butterflies when he is in an emergency situation. 12% of children expressed that they would go back to their families after earning good amount of money. Equal percentage of children said in different ways i.e. that they would go back to their homes, if they had a good job in the city. Despite the desire to go back home 8% of the children hesitated to do so, for fear of physical abuse at home, and for some they had forgotten the exact location of their houses. A few of them had attempted but had to come back because they could not locate it.

Living Conditions :

About 71% of children were runaways and homeless. The remaining were staying with their families. During the daytime they work on the streets and at nights return home everyday. These children, infact, can be termed as urban poor working children, with their income they supplement the family income. They live in slums in and around Delhi and work in nearby markets. Among these, majority were girls (from Kashmiri Gate and Chandni Chowk area). None of the girls were staying alone on the streets. As mentioned in the earlier paragraphs they live in very fragile homes, most often female headed household. A girl is more vulnerable to all sorts of exploitation (especially sexual) on the streets. If at all, any girl child comes to the streets alone, she usually attaches herself to an adult female or group of girls and boys. While very young she dresses up like a boy to avoid being singled out. However, by the time she is around ten years, she is molested and later raped. With the passage of time the child ends up being a prostitute in that area or gets sold to a brothel.

Where they sleep and with whom :

Very few children had the privilege of sleeping under a roof, excepting for those children who were from the slums and living with their families. Two thirds of the children spent their nights on pavements, open parks, road side, under bridges or any abandoned place. Further, 11% children slept at the Inter State Bus Terminus (ISBT) and New Delhi Railway Station. Although 30% of the children in the sample were working at these two places, to avoid arrests and harassment at night by police, 19% slept somewhere else away from the roving eyes of police. Open parks in the summer serve as a sleeping ground to 47% children. About 6% slept at places of their work such as shops or restaurants. Government run night shelters were used by only 7% of children. Night shelters were not considered as a safe place either. During group discussion, children revealed that the adults bring women and young children for sex at night. Any child sleeping near such people is most vulnerable to such abuse.

On the other hand sleeping in open spaces not only exposed them to harshness of weather but also made them prone to sexual assaults from adults (paedophiles) as mentioned in the group discussion. No place is safe for them sleeping in open places was a bigger problem in winter and rainy season. During these seasons, children took shelter of corridors in front of shops or other abandoned covered places. Children in Kashmiri Gate area and INA market had their homes. INA children have taken rooms on rent in nearby slums. They live in groups and share the rent. While in other areas children had to look for safe covered areas for spending the night. For instance, in Connaught place area, children were staying in an abandoned plot where garbage was dumped. This plot was without roof or pucca floor. The ground of the plot was a breeding site for all

kinds of insects especially mosquitoes and flies. There was danger of snakes at night and in rainy season, water logging was a common problem. They had kept all their belongings in two or three metal boxes. The plot was enclosed by a wall without an entrance to it. They had to climb the wall each time to enter it. A few large trees in the plot were the only shelter from the sun during the daytime. As most of the children were afraid of staying and sleeping in the plot at night, they used to sleep under the awning of a nearby electric station.

When it is extremely cold with chilly winds, children crawl just into some safe corner. In rains, they just manage to find some kind of roof or shelter but still they are on the pavements and in the corridors of the shops.

Blankets and quilts for hire is a lucrative business. Shop keepers rent out a blanket with holes for Rs. 3/- and Rs.5/- for a quilt on a daily basis i.e. from 7 p.m. to 7 a.m.

In such adverse climatic conditions, they do not have any special arrangements to face the vagaries of weather. When asked about some extra arrangement they make for sleeping at night, during winter or rains, 61% of them do not have any special arrangement to do deal with. In winters, they hire quilts or blankets on rent every night on cash down basis. The blankets and quilts are generally filthy, foul smelling and infested with lice and bed bugs. Children without money usually share a blanket with another child. Repayment for sharing the quilt is sexual gratification of the one who shares his quilt or blanket. Among 39 children who were having some arrangements, 23 children i.e. 59% were having blankets while 16 children (41%) said they had adequate arrangements for

all seasons. Among these 16 children, majority were those who were staying with their parents.

Economic Conditions :

(i) Clothes and Footwear : Two thirds of the children felt that they do not have adequate number of clothes. Similarly 35% did not have any footwear and had to walk barefoot. Slightly more than 36% had only one pair of dress even for summers and 28% had two pairs and equal number had 3 pairs of clothes.

(ii) Savings : The children live their life on day to day basis. The earlier in-house studies conducted by Butterflies have shown that a large majority of these children (80%) do not have the habit of savings.

In this survey also, it is revealed that only 18% had some savings. Among the non savers, are the children who are staying with their families. These children have to give their earnings to their parents. Still some of them admitted to keeping nominal amount of Rs.5/- to Rs.10/- as entertainment expenses. One such day, they would tell less earnings to their parents.

(iii) Earnings : Majority of the children (42%) could earn on an average Rs. 40-50/- per day. 12% children were such who could earn i.e. Rs. 50-60/- per day. About 6% children were such who earned on an average Rs.10-15/- only per day. Probably these children were new to the work life and were much younger as compared to their peer group.

(iv) Debt : Almost on the similar pattern about 15% children owed some amount of money to others. Children borrowed money from professional money-lenders to gamble, and sometimes to pay off a gambling debt. Children considered these adult money lenders as their friends. In Connaught Place contact points one child, had lent large amounts of money on interest to his fellow friends. The maximum amount of debt incurred by a child was Rs.60/- the minimum Rs.2/-. The average amount of debt calculated came to be around Rs. 20/-.

Violence :

Violence and subsequent injuries are an intrinsic part of the life of these children. For most of them, hardly a day passed when they are not exposed to physical violence in one form or other. The physical violence could be in the form of fighting (among themselves) within the same group or with other groups of children.

Physical abuse by the police was the rule rather than an exception. Atrocities of police ranged from use of abusive language to severe beatings with the stick. More than two-thirds of the children (68%) have been beaten by police at some time or the other. Many children (three fourth) have suffered some form of torture at the hands of policemen. At least 45% of children interviewed had been arrested previously, out of which 19% were arrested by the police multiple times. Children have identified several police personnel who are known for their ruthless behaviour. In New Delhi Railway Station, children named a policeman who harasses them the most. Almost all of the children feared police personnel and always avoid them. About two-third children from New Delhi Railway Station

and ISBT, sleep elsewhere at night to avoid police harassment. Police raids are frequent at these places.

Children at New Delhi Railway Station revealed that they were arrested sometimes in place of a drug addict or peddler. They said the arrest of a drug addict is problematic, as he can have withdrawal symptoms in the lock up and during the withdrawal symptoms, the addict could become violent and resort to self inflicted injuries which are sometimes life threatening. Responsibility of safety of a person in lock up lies with police. Therefore, police are afraid of arresting the addict and instead, they prefer to arrest children on the same charge and release the drug addict or peddler. It must be mentioned here, that "Narcotics Act" states that any person caught with drugs on hand has to be charged. Therefore, a number of children who are substance abusers are also arrested under this Act.

Police, shopkeepers and general public view these children with suspicion. These children are blamed for any theft that occurs in their vicinity of work or stay.

74% children said they were tortured by an older person atleast once. Rest 26% said they had no problem with any body. Answers given by children were multiple. Majority of the children (75%) were tortured by police. 23% of the children said second most common perpetrators of physical violence and torture are older children . These older children were mostly outsiders and did not belong to their group. Fight between children were precipitated by even the slightest provocations. Whenever the threat was from outside of the group, children from the same group were seen helping each other. Although fight between groups

itself was a common phenomenon these were usually less violent and generally resulted in minor injuries.

The torture was in form of physically beatings and snatching of their money, forcefully taking away the scrap collected by a younger child or threatening them out of their common place of work in order to reduce competition. Children who were mainly porters at New Delhi Railway Station complained being tortured by licenced coolies because they worked at lower rates and posed stiff competition for them. Children also blamed general public for verbal and physical abuse.

Majority of children (78%) said they had fights with other children often, however, among these only half sustained some injuries. Minor cuts and blunt injuries were the commonest injuries sustained. Out of 38 children who had sustained injuries, 26 children had minor injuries not requiring urgent medical attention. Eight children had clear lacerated wound out of which two were significant enough to requires suture or cause significant enough bleeding. Three children had joint dislocations and one fracture.

6. HEALTH PROFILE

(i) Personal Hygiene :

The personal hygiene of these children was uniformly poor. Practice of washing hands before meals, frequency of bath and cleaning teeth were less popular. It was otherwise also, observed during physical examination and at the time of interview, condition of the hair, skin, clothes, nails was very bad.

All this can be attributed to lack of access to toilet and bathing facilities plus their work and living environment which is not conducive to cleanliness.

(ii) Bathing and Toilet facilities :

Even in summer, many children did not take bath daily. Only 59% of the children took to take bath daily in summer. 33% children bathed infrequently but more than once a week. There were atleast 8% children who took bath in winter season even though they had to use ice cold water. 56% children said they bathed once a week or less in winter season. Only 10% said that they took bath every day. Rest 34% were irregular.

Paradoxically, however, some children said that they increase their bathing frequency in winter. On further probing it was revealed that they do so to prevent infestation with body lice, risk of which increases in winter because of the nature of their work, specially for ragpickers and overcrowding of children at sleeping places. In rainy season the general pattern was the same as in winter season. Children also likened getting wet in the rain as equivalent to taking bath.

When enquired as to where they bathed, it was found that 24% children visited railway lines where they utilised water supply meant for washing trains, to take bath. 20% children used to visit **'Sulabh Shauchalya'- (**public convenience run by an NGO) for bathing etc. 15% children took bath in Yamuna River. Only 12% children used facility at night shelters for this purpose. 16% took bath in open spaces or road side & 9% at home. 4% children took bath at shops or restaurants where they worked.

Many children used 'adjacent available place' for toilet. 34% of children utilised Sulabh Shauchalya. Railway lines and Yamuna river bank were visited by 20% and 7% children respectively for defecation. 13% visited night shelters toilets & 15% children defecated in fields, open spaces or parks. Only 7% children said they used toilets at their home. 4% were using toilets at the restaurants or near the shops.

(ii) Washing of Hands :

a) After Defecation :

96% children said that they washed hand regularly after defecation. 4% children said they washed hands irregularly and at times might not wash. Among 96 children who washed hands regularly, 56 children (58.3%) used soap or some cleaning detergent, 26 children (27.1%) used soil from road side for washing hands. Rest of 14 children (14.6%) used just water for cleaning. 58% children washed hands regularly before taking meals and rest of children (42%) either washed hands irregularly, 49 children (84.5%) used water for cleaning. 8 children (13.8%) used soap or detergent. One child (1.7%) used soil for the same.

b) Before Meals :

The practice of washing hands before meals was not a regular habit. About 58% do wash their hands but out of these, only 14% used soap or some detergent or even soil. soil was used particularly at New Delhi Railway Station. During physical examination, 45% children had dirty and overgrown nails and about similar number of children (40%) had dry, lusterless hair that too full of lice.

(iii) Dental Health :

30% children cleaned their teeth either rarely or not at all, 28% children cleaned it irregularly. Only 42% children admitted cleaning it daily. Of these 54% used tooth brush, tooth powder, datun(neem tree bark) or other things for the purpose. A further break-up of 54% showed that only 14% children used tooth brush for cleaning. 16% used tooth powder. 24% children used 'datun' (neem tree bark). 17% children used a variety of methods such as using 'Musa ka gul'. (tooth powder mixed with tobacco), coal or gutka (tobacco) for cleaning the teeth, rest of 29% children did not use anything for cleaning and cleaned teeth by rubbing finger on teeth. During examination, it was found that 27% children had cavities and oral hygiene was poor in more than 50% of the children. Use of tobacco preparations was more of an addiction than actually cleaning teeth.

(iv) General Illnesses :

Majority of the children (54%) responded negatively when they were asked if they feel healthy. Since, most of their complaints were vague and nonspecific, these children might not be sick actually in medical terms, but simultaneously these children cannot be considered healthy also, as World Health Organisation (WHO) defines health as a state of complete physical, mental and social well being and not merely an absence of disease or infirmity.

The study revealed that 98% children did not have any handicap and were normal. One child was lame due to previous history of polio and one was mentally retarded. Perhaps, one did not come across more numbers disabled children, as it might be difficult for them to survive on the streets.

But when we talk about illnesses, these children are not that healthy. One reason is the unsafe, polluted environment, and the other being the struggle to survive in an unhealthy and unprotected environment, where violence and harsh working conditions are a norm.

Children were asked to recall the types of illnesses they had in the last 6 months period. It was found that majority of the children (72%) had suffered some illness or the other (**Refer Table 1**). Nearly three-fourth children had suffered atleast one or more illnesses during the recall period of 6 months.

Table 1 : Illness Suffered in Last Six Months

ILLNESS		% OF CHILDREN
Any illness		
Yes		72
No		28
Fever		34
Significant Injury		5
Diarrhea		2
Pain		8
Abdomen	4	
Headache	1	
Backache	1	
Joint	1	
Chest	1	
Jaundice		2
Cough		5
Unclassified		26

The commonest illness described was fever (34%), the nature of which could not be ascertained in majority of the cases. The second commonest (6%) illness reported was 'gastric' which included pain in abdomen and diarrhoea. 5% of the children reported to have sustained significant injury in last 6 months. Sustaining injury was a common feature either because of their profession, lack of slippers or physical abuse by older children and police personnel. But injuries were generally

not considered as illness by them and frequently no treatment was taken. Similarly in an earlier study, on illness suffered in last one year among street children (Street Children in India, Philipwsk Rawat Publications, New Delhi, 1994-66), it was observed that the most frequent illness encountered was fever (31%) followed by 'gastric illness' (14%) and injuries (3.3%). These findings are by and large similar to that observed in our investigation.

Children were asked leading questions regarding specific diseases and following information was revealed : With reference to tuberculosis children were asked history regarding cough and hemoptysis. Nearly half of them said that they had cough but for majority of children cough was URI related and was of few days duration only. A small number of children reported longer duration of cough which lasted for several weeks or a month's duration. Among them 8 children had history of hemoptysis. A few children were anorexia (14%) with a recent history of weightloss (8%).

Since we were screening the children for HBsAg, relevant history of jaundice and blood transfusion was also taken. 12% children had suffered jaundice previously. 8% children said they had blood transfusion previously although exact indication of blood transfusion were not clear.

When asked atleast two thirds of children (66%) reported pain at one site in the body. Commonest site was limbs, generally legs, a few children out of 66 children complained of back-ache. One sixth of the children (11 out of 66) had pain at multiple sites, for rest of them site of pain was variable e.g. throat, chest, head etc. 10% children complained of ear discharge which had lasted more than one month. None of the children were taking any treatment for it.

In view of their poor hygiene and sleeping practices, (sharing same blanket) and over crowding children were asked about history of passing worms in stools and lice infestation. Around two third of children (66%) admitted passing worms in the stool recently. Almost all 88% were infested with lice. This infestation was not limited to their heads but involved their clothes too as most of them were also infested with body lice.

Pediculosis was such a problem that few children resorted to shaving of scalp hair every few months. Similarly, some children preferred to throw away their old clothings which were heavily infested with lice in order to get rid of this nuisance. In our study sample, one child was physically disabled and one was mentally disabled.

Children were examined for presence of scars of old injuries. Only significant scars were taken into account. 26% children had significant scars of old injuries. As many as 18% children had evidence of fresh injuries on their body. Almost all were minor injuries. 'Callosities' were found in one third of the children. One fourth of the children had boils. 'Scabies' was detected in as many as 18% of the children. Two children had hypo pigmented patches on their body which required further clinical tests. 21% children had significant 'lymphadenopathy'. Six children had axillary 'lymphadenopathy' at multiple sites.

Three children were detected to have visual refractive errors. General physical examination revealed that their visual acuity was generally within normal limits. Cardiovascular and central nervous system in all children were normal. Respiratory system examination revealed crepitations on ausculation in two children and rest of findings were however normal. Spleen was enlarged in 11 %

of the children. One child had a lump in the genital region and was referred to pediatric surgery unit for further evaluation. In genital examination, three boys had florid signs suggestive of secondary syphilis. "Weight for height" was calculated in all children. It was found that only 6% children had weight below 80% of the expected for their heights.

21% of the children had significant lymphoadenopathy on examination but this appeared to be upper respiratory infection related as most of the children had cough apparently secondary to URI. 65% of the children had Mx reaction positive (>10mm at 48 hours).

Children were evaluated for pulmonary kochs primarily on clinical picture, Mx test reactivity and chest X-ray findings. We found that there were 9% of the children who were Mx positive and their chest X-ray findings were suggestive of active lesion of tuberculosis like presence of cavities, enlarge lymph nodes and 'parenehymal infiltration.' Among these 6 children (out of 9 children) were symptomatic. There were five symptomatic children who were Mx positive and their X-ray showed healed lesions not suggestive of active tuberculosis infections. These children required follow up examinations and X-rays to see the clinical course of the infection. 10% of the children complained of ear discharge suggestive of acute or chronic infection. None of the subjects were taking any treatment for this condition.

Table 2 : Sero Positivity Rates for VDRL & HBs Ag

Results of Serological Tests	No. of Children
+ ve for VDRL alone	9
+ve for HBs Ag alone	5
+ve for VDRL & HBs Ag both	1
-ve for both	85

Australia antigen (HBsAg) positivity was found in 6% of the children studied. However, 12% had given a past history of jaundice and 8% had been transfusing blood in the past. Regarding infestations, 66% admitted passing worms in the stool recently and 88% were infested with head or body lice. 30% of the children and eosinophilla (>5%) in their peripheral blood smear. Scabies was detected in as many as 18% of the children.

General physical examination revealed clinically apparent pallor in 15% of the children (Table 3). About 30% children had eosinophilla (>5%). However only 9% of the children had hemoglobin level of 10 gm or less. 30% children had eiosinophill count more than 5%. This level was more than 15% in 6% of the children. 57% had ESR more than 20mm in 1st hour. 9% and 7% children had signs suggestive of Vitamin A and B deficiency respectively. However, anthorpometry revealed only 6% of the children to be wasted (Weight for Height below 80% of the 50th percentile). Age independent criteria for malnutrition was selected for this investigation as many of these children might not be able to tell their age correctly . Thus majority (94%) of the working children were not malnourished according to this criteria.

There were 10% children whose ESR was more than 40 mm in 1st hour. 65% children had Mx reaction more than 10mm at 48 hrs. Among these, 39 children had reaction 15mm or more. Two children had significant count of pus cells in their urine suggestive of urinary tract infection.

TABLE 3 : MAJOR HEALTH PROBLEMS IDENTIFIED

	Problems Identified	% of children affected
1.	Physically handicap	1%
2.	Mentally handicap	1%
3.	Poor hygiene related :	
	Passage of worms	66%
	Pediculosis	88%
	Dental caries	27%
	Scabies	18%
4.	Symptoms	
	Hemoptysis	8%
	Weight loss	8%
	Anorexia	14%
	Ear discharge	10%
5.	Signs	
	Lymhadenopathy	21%
	Vitamin A deficiency	9%
	Vitamin B deficiency	7%
	Wasted	6%
	Refractive errors	3%
6.	Investigation	
	Hb<10gm%	9%
	Eosinophillia	30%
	VDRL +ve	10%
	Hbs Ag +ve	6%
	Significant Pus cells in urine microscopic examination	2%
	Mx > 10mm	65%
7.	Pulmonary kochs	9%

In our study, malnutrition did not appear to be a major problem. This only goes on to prove that street children especially boys (runaways) have a better option and control over their diet. Whereas girls who live with families do not have this choice as they would be the last to be fed after their brothers and father. Similarly street boys who live with their parents do not have much say over the quantity or quality of food. Whatever is cooked at home is shared. Street children who live by themselves and are able to earn an average of Rs.20/- per day are in a position to eat two meals a day. Meals that might have meat, dal (lentil curry) or vegetables as one of the dishes.

Treatment Pattern : Private practitioners were the first choice of street children when it comes to question of taking medical treatment. This is proved by findings that during the last 6 months, 72% children had received treatment from private practitioners while the rest (28%) had never gone to private practitioners. Out of these 28%, 18% had experience of going to hospitals and dispensaries. Few children (5%) either took self treatment or took any treatment only when illness lasted for several days or was intolerable. 10 children took treatment from chemists. About 18% of the children who had received treatment for their sickness in last 6 months, were primarily dependent on the services of Butterflies. 'Butterflies' has a health van and a health team consisting of a medical doctor and co-ordinator for health care of these children. As there are eight contact points, each place was visited once a week only. Thus the reliability on health services appeared to be influenced by the matter of availability of proper time.

Expenditure on Treatment :

Money spent on illness in last 6 months duration was not much. 50% of children (36 children out of 72) spent Rs.15 or less on their illnesses. Out of these 36 children, 26 did not spend any amount because they were those who utilised governmental health services or Butterflies health services. The amount spent by rest of the children varied greatly and was upto Rs.1000.

Level of Satisfaction with the Government Hospitals and Private Doctors Services :

Children were asked if they had ever been to hospital for treatment, it was found that at least half of them (51%) had utilised government hospital services at one or other time in the past. Out of these 51 children, 39 children were not satisfied with the treatment, while 12 children said they were not satisfied with the treatment given in hospital. Reasons for dissatisfaction were numerous. Six children said, they were not examined and treated properly, three did not improve after treatment. Rest three said, there were long queues and non availability of drugs.

As mentioned above majority of children (72%) had received treatment from private practitioners while rest of them (28%) had never been to a private practitioner. Among the 72 children 53 (73.6%) were satisfied with the treatment they received, rest (19 children) were not. Although majority of children treated by private practitioners were satisfied but lesser number of children were satisfied with the amount of money they charged. Only 33 children out of 72 (45.8%) said, amount of money they charged was reasonable. For the remaining group (54.2%), the amount was excessive.

7. SUBSTANCE ABUSE :

Smoking was the commonest addiction among these children. Around two third of children (63%) admitted having smoked. Duration of smoking varied from smoking once or twice to as much as 8 years. More than one third of the smokers (36.5%) were smoking for four years or more while one fourth were smoking for atleast one year. Four children among the smokers were infact not regular smokers as they had smoked once or twice as an experiment. As the age increased, number of smokers (regular smokers) increased. Children less than 10 years of age, three children out of seven were regular smokers, 15 children out of 34 children in age group from 10 years upto 12 years and 45 out of 59 children above 12 years were smoking. Majority of the smokers (55.6%) smoked 4 bidis to one bundle per day. 11% of the smokers were those who smoked heavily and consumed more than one bundle per day.

Boys were more likely to be smokers. Two third of the boys were smokers. Among the girls smoking was less common. Seven out of 24 girls admitted having smoked. Three among them had smoked on experimental basis only. For all other girls, the duration of smoking was 2 years or less. Amongst females, bidi consumption was lower compared to boys. None of the girls had left the habit of smoking at the time of interview.

In the group discussions also, use of tobacco in any form was rated as high as 90 to 100%. Tobacco use alone or in combination with other substance was the most prevalent form of addiction. In this study majority of the smokers belonged

to older age group (12 years and above) which is comparable to our findings. Sex wise distribution of various addictions is summarised in **Table 3.**

Most of the smokers (42%) also have some other addiction. Almost 2/3rd of these children (36 children) had multiple addictions which included addiction to alcohol, ganja, tobacco powder, smack, musa ka gul (tooth powder mixed with tobacco) and charas. 58% children took chewable tobacco. Most of these children (80%) attributed this to peer group pressure. 35% of the children were addicted to alcohol. Majority of them had it regularly. 26% children took ganja & majority of them were regular users. One child who had been addicted to smack (heroin) in Connaught Place required hospitalisation for de-addiction. Addiction to charas, bhang, ganja and smack was not found among the girls.

Table 4 : SEX WISE DISTRIBUTION OF VARIOUS ADDICTIONS

Addictions	Total No. of Children	% of children Addicted
Smoking	100	63.0%
Males	76	73.7%
Females	24	29.0%
Chewable Tobacco	100	58.0%
Males	76	52.6%
Females	24	75.0%
Alcohol	100	35.0%
Males	76	44.7%
Females	24	4.2%
Ganja	100	26.0%
Males	76	34.2%
Females	24	0.0%
Pan (tobacco)	100	13.0%
Males	76	3.9%
Females	24	41.7%
Charas	100	6.0%
Males	76	7.9%
Females	24	0.0%
Bhang	100	3.0%
Males	76	3.9%
Females	24	0.0%
Smack	100	2.0%
Males	76	2.6%
Females	24	0.0%

When children were asked from where they had acquired this habit, most of them (81.6%) attributed this to pressure from their companions who themselves were smokers. Rest of the children (19.0)% attributed various causes of which adults in the market encouraged them to experiment or were forced by other adults to taste it. Influence of older friends was noted in one girl who claimed to have smoked only once out of curiosity. One child claimed he started smoking because he wanted to relieve his abdominal pain.

Alcohol consumption was prevalent in 35% of the studied subjects. Alcohol consumption was almost exclusively restricted to boys. In the group discussions however, the prevalence of alcohol intake was rated to be about 75%. The apparent variance in the data collected through the interview schedules and the FGD's can be due to the fact that children become more vocal, less inhibited and gather courage from each other while describing their activities as a group rather than as an individual.

As emerged from our FGDs, young age was not a barrier in procuring and consuming alcohol. Consumption of illegal (harsh) alcohol was seen to be fairly frequent especially among the boys. More than one third (34.2%) of the boys admitted to be using ganja. Other addictions like charas, bhang and smack were prevalent in 7.9%, 3.9% and 2.6% of the boys respectively. Similar findings were observed in FGDs about the use of ganja but the use of charas and smack was rated to be much higher. It emerged from the FGDs that these drugs are readily available at nearby areas. According to children these places were known to the local police. These children sometimes resorts to petty crimes to get money for drugs. Intravenous drug abuse was rare. Glue sniffing and solvent abuse were not revealed in our study.

CASE STUDY :

Sushil is 10 years old. He works as a ragpicker in Darya Ganj area (old Delhi), exposed to harsh environmental conditions and much worse, to the everyday harassment both by the older children, adults and the police.

Sushil left his home in Gujarat three years ago. His father was employed as a "Hawaldar" in the local police force and his mother worked as a maid in the nearby houses. His father would return drunk everyday and beat his mother as well as Sushil. After one such incident of an unusually severe beatings with an electric wire, Sushil made up his mind to runaway to Delhi for a bright future. He had heard of Delhi as a city where employment opportunities are in plenty and one can become rich very fast.

Thus, Sushil came to Delhi at the age of 7 years. He had never been to school. Upon his arrival here he was surrounded by other children who had run away from their homes. Sushil started his career as a Ragpicker. He never intended to continue in this job but unfortunately continued to be in this job for about two and a half years, earnings on an average of Rs.20-25/- per day with no fixed timings of work and no assurance of the next meal. His hopes of a good life were shattered .

Desperate to come out of this misery, he joined a tea stall at ISBT, here he was temporarily happy at the break from the arduous job of ragpicking but life at tea stall was not comfortable either.

He had to prepare and serve tea from about 6 a.m. to as late as 10 p.m. Although his earnings slashed down to Rs. 450 per month. He was given a meagre

amount of food twice a day and allowed to sleep under the awning of the tea stall itself. Within a period of six months itself, he grew tired of this and longed for a change. His original street friend seized this opportunity and inducted him back into their band. They soon initiated him into several vices simultaneously including smoking, drinking and their sexual perversions. Under pressure from his peers. Sushil took to smoking 2-3 bidis per day and soon increased his consumption to his present intake of over a bundle per day. Consumption of alcohol is another vice that Sushil has fallen prey to. The relative ease with which he has reached a stage in the vicious cycle of alcohol and drug consumption wherein their hold on him is strong and he is unable to kick the habit.

Sushil also resorted to watching pornographic films in cheap video parlour could hardly be termed theatre. The easy access to such material at the nearby Peti Market- a popular place for tripple X-rated movies near Chandni chowk are and the nominal rates charged for admission with no question asked made Sushil a regular visitor to such places.

He performs his daily ablutions at the night shelter using mud to wash his hands. During the summer season, he has a bath almost every day at the night shelter. During the rainy and winter months, he skips bathing for several day at a stretch. Sushil generally just rinses his month since he cannot brush his teeth; neither is he aware of the necessity. It was not surprising therefore, to find an overall poor hygienic status with scabies, pediculosis and extensive dental caries. These days, he indulges in anal intercourse with other boys of the street both as an active and passive partner. On deeper probing, we got the impression that it was not for pleasure, however vicarious, that he performed such acts instead perverse sexual acts had become a part of life for street children such as him and seemed

quite natural. Sushil had no concept of sexually transmissible diseases; even of the dreaded killer AIDS. He was vaguely aware of the transmission of venereal diseases by heterosexual intercourse but did not believe that homo-sexual acts also posed such problems.

By and large, Sushil claims to be healthy except for an occassional ache in the back limbs and minor cuts and bruises sustained while performing his occupation. He was reluctant to tell us whether he longed to go back home, even if he was welcomed there. Though he occasionally remember his mother. Sushil is unable to find any difference in the quality of his past research life. While he cherishes his present independence and carefree life, he still craves for assured means, a roof over his head and a sense of security. He is aware of the improbability of leading a better life under the present circumstances but is unable to get out of it.

Thus, a series of incidents of physical abuse, episodes of drug and alcohol consumption; helplessness about his present state and hopelessness about his future transformed the shy and innocent boy from Gujarat into the hardened and embittered Sushil Kumar, as we know him today.

Sexual Abuse :

In our study, it was observed that 40% of the children were sexually active, 7 were indulging in homosexual or heterosexual or both activities. 24 children out of 40 had only homosexual contacts. Out of these children majority had multiple partners, but 5 to 9 children had only one partner. Rest 10 had variant experiences. Among these homosexuals (40 children), 13 children were only passive partners and 6 children active partners but majority of the (21) children were both active and sometimes passive.

Among 16 children who indulged in heterosexual sex included three girls who were sexually active. Majority of children (7 children) had multiple partners (more than five) while almost equal number (6 children) had only one partner or had just one experience. Rest 3 children had variant experience. Children were asked about the individuals who were involved in sexual activities in their area. Multiple answers were given by children. Sexual encounters with strangers were the commonest (31%) among children. This was true usually in reference to their initial sexual experience. Their close friends were second commonest (22%) individuals who were involved with them sexually. Five children (5%) indulged in sex with prostitutes. There were two children who were sexually abused by their employers.

High prevalence of sexual activities among street and working children is a well recognised phenomenon. The over stimulation through advertisements, pornographic films, posters and articles in magazines have all contributed to the problem. Group discussion revealed that almost all children (boys and girls) had visited "peti market", a notorious place which has a number of video parlours, but popular among children for viewing pornographic movies. It is important to

recognise that 40% children who admitted being sexually active were probably the 'tip of ice berg' only. As revealed in the group discussion, many more (as many as 90%) were infact indulging in such activities.

Homosexual activities were the most common problems with boys. 24 boys were exclusively indulging in homosexual activities while 10 were involved in both homosexual and heterosexual activities. Recently a report on Delhi street children (Reducing Risk Behaviour Related to HIV/AIDS, STDs and Drug Abuse among street children, Delhi City Report, New Delhi, Ministry of Welfare, 1996. Document AD/IND/88/353) has also highlighted the problem of homosexuality in working children (boys). Sexual assaults were common occurrence for boys and girls alike. As they worked on street, they were exposed to adults who took advantage of their vulnerability. Living with parents might not always be protective for them. One child in our interviews had revealed that his sister was being sexually abused by his own father. Living in a single room with the whole family, also exposed them to sexually stimulating environment where married couples might be sleeping in the same room. Those who are not living at home, are exposed even more to the sexual experiences, as pedophiles approached them and promised them money, food and shelter in exchange for sex. Some younger children submitted to older boys to escape physical assaults. It emerged from the group discussion that within a week of their arrival to the city children often get sodomised. This finding is also supported by above mentioned Delhi City Report. It states that by the age of nine, most street boys are homosexually active. In our study, the youngest child was six year old who was sexually active and served as a passive partner to older boys. Majority of (15 out of 34) children in our study were active as well as passive partner. However, this practice of sodomy did not probably indicate sexually deviant behaviour or any pathology in their

psychological development. It was more a matter of convenience, just taking what is available.

Another worrying aspect was that 5% children (all boys) visited prostitutes and all of them were having homosexual contact also, thus increasing the risk of STDs among other children. Three of the unmarried girls were sexually active. One girl among them was a commercial sex worker. Her initiation into sex at tender age of 10 years indicated the seriousness of the situation. The fact that she had given birth to two children by the age of 15 years shows the vulnerability of these girls on the streets. These children suffer from psychological and emotional trauma which has far reaching implications. Discussion revealed that most of the girls had fascination and curiosity about sex, as shown by the fact that 100% had seen atleast one pornographic movie. Fondling of their private parts by boys working with them was not uncommon. Molestation by shopkeepers, unknown individuals and the adults, whom these ragpickers sell their scrap, was also prevalent. Five girls who were not sexually active said that an attempt was made to rape them.

Less than one third (31%) of the children were actually aware of AIDS. Majority of children had only superficial knowledge and had misconception that AIDS does not spread by homosexual contact. This may have dangerous implications as these children were found to be indulging in homosexual activities quite frequently (as discussed earlier) and this belief may provide a sense of security. We did not come across any similar investigation for comparison. Thirty one per cent of these children had history of genital lesions suggestive of secondary syphilis in the last 6 months and 10% of the study subjects found to be +ve for VDRL test. HBs Ag positive was seen in 6 per cent of the children (Table

3). This data show a higher prevalence of STDs among street and working children. Except one child (girl), all others who were VDRL gave positive history of being sexually active. One girl is a commercial sex worker, who initially used to beg along with her mother. But poverty and multiple rapes, initiated her into prostitution. She is 15 years old and has two children. Older child is 3 year of age and younger one had expired within 6 months of being born. She has given her child up for adoption to a distant relative. She is a known case of pulmonary kochs and was on irregular treatment.

Salma :

She is known to every child in the Jama Masjid area as a quiet, reserved, beautiful child. She is 15 years old girl who is forced to overgrow her real age. She lives in Jama Masjid area with her widowed mother. Her mother a muslim women had married a Hindu army man hailing from District Gagret in Himachal Pradesh. Life was going on well till her father died. Left with no support, her mother came to Delhi with two little children- Salma and her elder brother. To feed the family of her mother started begging. Sometimes, she had to submit herself to the demands of lecherous men. Salma was too young that time. Still she used to go with her mother for begging. This was the beginning of the working career for Salma. This process continued till Salma was 8 years old. streets.

Unfortunately, Salma could not escape the evil eyes of unscrupulous elements she was raped by 4-5 boys in Jama Masjid Area. This news spread like wild fire in the area and Salma became the star of attraction for every one. The adults and the shopkeepers began to chasing her and ultimately she had to submit to their demands. She started charging money from these clients.

During this period someone lured her into a fake marriage but the marriage lasted for few months. Now that man has been staying with some other woman. Over this issue, Salma is upset and is hopeful that one day her husband would certainly leave the other woman and come back to her. But hardly, she knows that such fake marriages are a means to staying with the girl for sometime and abandon her later when he gets fedup.

After her husband abandoned her, she had no place to go except her mother who herself was on the street with no roof over head. Living in such circumstances was an open invitation to all the unscrupulous elements in the area, who would not like to miss out on any such opportunity. They would take Salma to movies, buy her ornaments or beautiful clothes and satisfy their lust. A stage has come when she has submitted to the circumstances and does not crib about it any more. The amount of earnings, she gets from one client ranges from Rs.50/- to Rs.100/- per night. Now she is a known child sex worker in the area. By the age of 15 years she has already given birth to two children. The second one died six months before. She suffers from genital ulcer and is vaguely aware of AIDS. General physical examination revealed poor overall hygiene dental caries, stained teeth, hair though well oiled and combed were full of lice. She has a history of tuberculosis for which treatment is still going on . She performs her daily ablutions at "Sulabh Shauchalaya" and use soap to wash her hand. During the summer season, she has a bath almost everyday but during winter and rainy months, she skips bathing for 4-5 days at a stretch. she generally rinses her mouth everyday and cleans her teeth with powder occassionally. For a bath she pays Rs.3/-.

With no hesitation, Salma admitted to consume 2-3 packets of 'Rahat' - Gutka per day and alcohol occassionally. She used to smoke heavily but 3-4 years back due to ill health she stopped.

When asked about her brother, she became emotional. The hurt was apparent on her face, when she said that he had told both of them (she and her mother) that "You get nice dresses for yourself, then I will take you to my house". Her brother has a reasonably good job, lives in a slum area with his wife. On his marriage, he had taken both his mother and sister to his house but later abandoned them on the streets.

8. FOCUS GROUP DISCUSSION

The issues which were directly linked with the children's health status but were not included in the structured questionnaire due to its sensitive nature, were deliberated through Focus Group Discussions. In all five Focus Group Discussions (FGD) were held with boys from different contact areas. One seperate FGD was conducted with girls. The FGD focussed on issues of addictions, leisure time activities, knowledge about AIDS STDs and their sexuality.

The details of the FGDs are as below :

Group Discussion I

Working Place	Participants	
	No. of Boys	No. of Girls
Jama Masjid Area	7	..
New Delhi Railway Station	6	..
Connaught Place	7	..
Chandni Chowk & Kashmiri Gate	..	6

The discussion was facilitated by the street educator, in the presence of medical doctor from Butterflies. The girls FGD was conducted by female facilitators.

To get an optimum information from FGDs, we had formulated guidelines to facilitate the discussions as well as to see to it that we did not deviate from the main themes. As said earlier, prior to initiating this study we had number of meetings and discussions with the children about the study and if they were willing to participate in it. As it meant revealing very personal and sensitive data regarding their sexual behaviour. This proved quite helpful in conducting these discussions.

To initiate the discussion, we began by discussing their leisure time activities, and the response was very encouraging. This set the right climate that made children comfortable and secure to discuss sensitive and personal issues. The veracity of the information gathered through FGDs was established by getting it supported from the street educators of that contact areas and the medical doctor of Butterflies who also has a good rapport as well as knowledge about these children's activities in general.

Also when the information from all the four discussions was almost similar, its authencity was further established. There were variances in the intensity of a problem from one area to the other which is understandable.

The intensity rating (e.g. the percentage) was also estimated by the participants. Any information which had the approval of the whole group was considered.

The information gathered from the four FGD s with boys was merged and analysed on the basis of issues viz drug demand, sexual abuse, sexual practices etc.

Sexual Activities outside their Peer Group :

Children indulged in various types of sexual activities outside the group. It included their sexual exposures to 'Hijrahs' (eunuchs), prostitutes and pedophiles. All of the boys who participated in group discussion had been to Peti Market several times. During group discussion with children working at New Delhi Railway Station, one of the participant left the discussion mid-way because he had to see a movie at Peti Market.

There is a direct link between their leisure time activities and the level of sexual activeness. The most common leisure activities of children are gambling loaf around, tease girls watch blue movies and indulge in sex. Movies are the main source of their entertainment. They will not miss out on any latest movie. They will buy a ticket in black to watch the movie in a cinema hall. Commercial action films are their favorite. Majority of the children also frequent video parlours. These popular video parlours are in **"Peti Market"**. The market apart from selling "steel trunks"- also have a number of video parlours, which are notorious for screening pornographic movies. This market is known to almost every street child in Delhi. Peti market is located on the link road joining the inner Ring road to the road joining Red Fort and ISBT. It is "the place" where several video parlours exist, where movies can be watched at very low rates. Most of the movies shown are English but are dubbed in Hindi. Some are triple X rated (blue movie), which show homosexuals having sex, sex with animals, multiple partners, abusive language and viloent sex. When specifically asked about the popularity of the place among children they rated it as 100%. But all children are not regular visitors to the place about 50% of the children visit at least twice a

week or more and they are known as 'regular' visitors. Some children visit 'Peti Market' almost every day.

List of visitors to these video parlours is long and ranges from school boys to prepubertal girls to police personnel on duty. All agreed that police know everything about this place although they ignore it officially. Charges for seeing a movie varied from Rs. 2 to Rs. 5. Surprisingly blue films are cheaper to see. An ordinary Hindi film can be watched for Rs.5. The higher charges for Hindi movie appears to be due to lesser popularity and hence lesser audience for such movies in comparison to blue movies. Another reason given was, in the cinema halls, children are not allowed to see an 'A' certificate movie, so for them this place serves as a good alternative.

Girls also frequent these video parlours. However, their number is significantly less than other people. Children participating in the discussions knew that some of these girls do indulge in sexual activities. They have multiple sexual partners. Children from Jama Masjid area held the view that these girls are not prostitutes in the way that they do not charge money for having sex while children from Connaught place area and New Delhi Railway Station said these girls are infact prostitutes and charge Rs.40-50 for the act. Rooms meant for watching movies are generally crowded; masturbations during watching the movie is common. Rubbing of private parts with others for sexual gratification is frequent in these parlours. Such a sexually stimulating environment has cast its shadows on every part and every aspect of their life including their play activities. Children working at Jama Masjid area described that they make younger children to simulate marriages which includes exchanging garlands and then removing their clothes and making them spend some time together in a room bolted from outside.

Except a few children, most of the children talked about sex only when they were assured by words and gestures that some abnormal patterns of sexual activity that they were having, was not due to their own fault. It was their environment which was responsible.

Sexual Activities within the Group :

Homosexuality is a very common phenomenon among these working children. When specifically asked about its prevalence most of the children rated it above 90% and upto 100%. They insisted that children staying with families are also involved in such activities. Homosexual experience starts on the very first day when a child leaves his home and the 'new' boy gets down from a train or a bus in Delhi. These new faces are easily spotted by older children by their isolation, innocence, bewildered and timid look. They easily fall prey to false assurance given to them by a smooth talking stranger. They are given an assurance of food and security which is their need of the hour. After winning the confidence of the child, the older one, by feeding him well, buying clothes, showing him a movie, the perpetrator takes him to a secluded place and sexually abuses him. Thus begins a cycle of sexual abuse, drugs, gambling etc., which is difficult to break from, as the child is broken physically and emotionally.

Substance Abuse by Children :

a) Alcohol :

The study revealed that 75% of the children interviewed consume alcohol on regular basis. Prevalence of alcohol intake was rated among 75% of these children. They said undistilled crude alcohol is easily available at several places and children do not have any problem in buying it despite their young age. Children mentioned it is freely available at Chandni Chowk a major commercial centre, Cycle Market - a place near Gurudwara Sis Ganj (Sikh Temple), Peti Market and steel trunk market situated behind Red Fort (metal a famous historical monument) etc. It is available in polythene packets costing Rs. 10 to Rs. 15. The local code name for it is "Thailee". Children working at New Delhi Railway Station, said, they prefer to buy alcohol from Anand Vihar situated near Delhi State border because it is easier and cheaper to commute to Anand Vihar by trains as their journeys are generally without tickets.

According to majority of children, at least one fourth of the children consume alcohol daily. But, they also added that there are still 20%-25% children who have not yet tasted it. Although alcohol is easily available at shops, most of children also revealed to us that a temple situated near a Trade Fair complex, distributes alcohol to its devotees on every Sundays and is considered to have spiritual value. Alcohol distributed is a mixture of several different local brands. Children through this temple on Sundays to get a free peg of alcohol. Some children make a fast buck by taking extra pints of alcohol and sell it to other children and adults as well.

b) Charas (narcotic resin of Cannabis flowers):

About half of the children interviewed have experimented with Charas. Although it is easily available the drug peddler sells it only to those whom he knows. Old customers are required to introduce new customers. Persons in neat and clean clothes are generally watched with suspicion and are avoided. They said drugs are available at several houses on Street No.9 behind Shiela Cinema Hall near New Delhi Railway Station and at places near Hanuman Temple in Connaught Place. They revealed that it is available within the premises of New Delhi Railway Station itself at Platform No.5 near Lankeshwar Temple where saffron clad ascetics sell it. Charas of about a cigarette's size costs Rs.150. But 0.5 cm length (approx) cigarette is available at Rs.10. Many children said they prefer ganja over charas because effect of charas is very short lived but they maintained that initial kick is better with charas.

c) Heroin (Smack) :

Heroin addiction is not very prevalent among children. They said that about 10% of children have used it at least once. Among these 10% children, most of the them are those who have become addicted to it. These children suffer from withdrawal effects in case the drug is not available.

If they run short of money for their daily dose of heroin, they may indulge in thefts and other antisocial activities. Interestingly, they demonstrated how heroin is smoked and chased. They explained the whole process in minute details. Children could not tell us the specific places where it is available. They said that persons selling heroin are on move the constantly and can be identified by addicts only. They all can identify smack and know the amount (less than a pinch) that will be available for Rs.25/- This amount is enough for their daily quota.

d) Intravenous Drug :

Intravenous drug abuse is not unknown among children particularly among those working at New Delhi Railway Station. They said, it is not a common addiction and only older children and adults users affected. Children at New Delhi Railway Station could demonstrate and describe in detail the way a drug is injected intravenously right from breaking the ampoule, to loading it in the syringe, finding a vein, pricking it, drawing blood to confirm that needle is in the vein and then injecting it. Same needle gets used by many IV drug abusers.

Group Discussion (with girls)

Sexual Abuse and substance Abuse :

Group discussion was initiated with an informal talk on their leisure time activities. The girls were very restless. It was very difficult to retain the girls attention on the discussion. They were not very vocal on the subject of sexuality but were more in a playful mood. However, during individual interviews, they gave good information, even sharing their personal experiences. Almost all girls admitted having seen at least one pornographic movie at 'Peti Market'. They are often accompanied by boys for viewing such movies. However, they denied any sexual contact with these boys. They said that some boys, working with them, fondled their private parts but they were not upset over the issue. Many complained molestation by shopkeepers and unknown persons.

Smoking :

They said that about 80% of the girls have smoked at least once. At least one third of the girls smoke regularly. Bidi is the commonest form of smoking. Except in some cases, most of girls are introduced to smoking by older girls who themselves are smokers. At Kashmiri Gate the girls were introduced to smoking by the "Kabaddi wala (scrap retailor) who buy their scraps. They said that they generally prefer to smoke in groups. Out of six participants, three had taken alcohol at least once.

Charas, Ganja and Smack :

Use of charas, ganja and smack are unknown in these girls. It was revealed that at least 20% of the girls had sexual contacts with older boys or adults. This relationship, many a times is accepted willingly and not necessarily forced upon them. Their concept regarding puberty and menarche was in the most elementary stage, when asked about, how a girl gets pregnant-the answers were very wild. These girls were usually introduced to these drugs by the 'Kabadi wala' (scrap retailers) .

Summary & Conclusions:

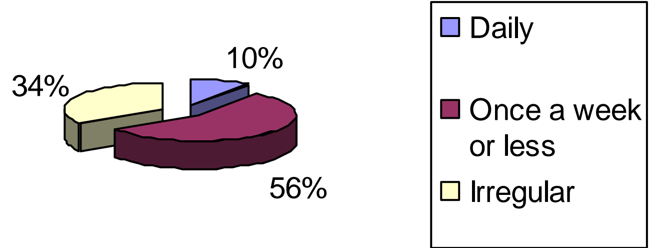
The study revealed that majority of children (57%) belonged to age between 10-14 years. About three fourth (76%) were boys. Majority (69%) of the children had migrated either from Uttar Pradesh or Bihar. Maximum number of children were working at New Delhi Railway station (NDRS) (18%) and Jama Masjid Area (16%). Rag pickers (48%) and porters (31%) were the two commonest profession among these children. One third of the children never got enrolled in school and only nine children in the whole group could study beyond primary grade. Before joining the present job, 74% had done at least one or more jobs. The most common reasons for leaving the previous jobs were non payment of salary, physical abuse at the work site or they just did not like the job.

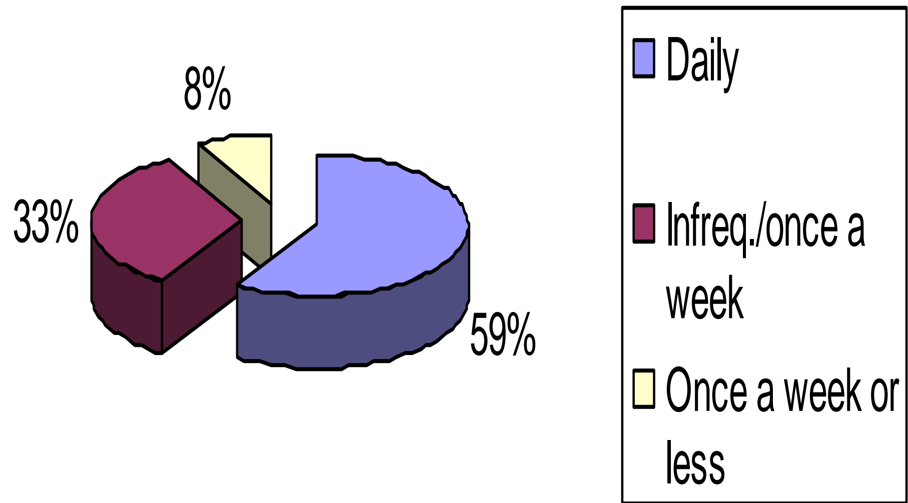
Reasons for leaving the family or working were multiple and most common among them were the economic reason (66%), physical abuse (38%) and parental death (23%). Only 29% children were living at home with their families. Significant number of children (47%) had to sleep on pavements or open spaces like fields or parks. This pattern remained almost same in all seasons. As many as 61% did not have extra arrangements for winter and rainy season. 66% children said that they had inadequate clothes and 35% did not have slippers. Here, one would like to mention that the data collection was done during summer season. Less of an half (31 out of 71) of the children who were living alone had some form of contact with their families. 12% children said that no one loved them. Most of them (35%) relied on their close friends in event of any stress or emergency. Only 11% of the children gave a clear indication that they want to return back to the families if an opportunity is provided. Sustaining significant injury in fights was less common (8%). More than two thirds of all children (68%) were beaten up by police. At least 45% of the children had been 12% children said an attempt was made to rape

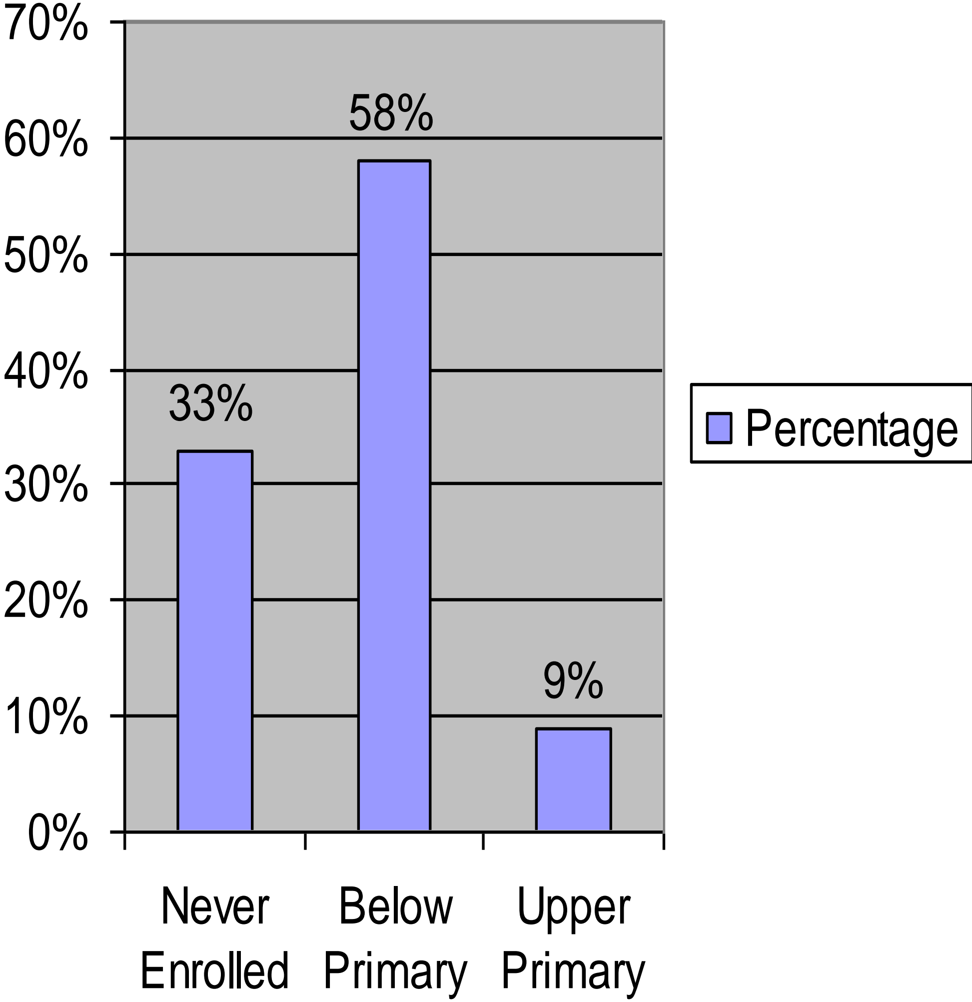
or sodomise them. The most common factor was homosexual activity in boys. Majority of the homosexuals (14 out of 34) had multiple partners. 5% children accepted sexual contacts with prostitutes history of genital ulcer in last six months was not uncommon (31%). Two children had active genital lesions suggestive of secondary syphilis. Regarding awareness to AIDS, only 31% knew that this is a disease and can be spread by sexual contact. In our study sample 10% children were VDRL positive and 6% were HBsAg positive. Among these one child was positive both for HBsAg and VDRL. The findings of FGDs and intensive case studies were in concordance to information from proforma based study.

The study clearly suggests that medical community needs to be sensitised to the problem of street children and their health issues. All health agencies should be oriented and sensitised to provide health services to these children. Sensitisation of general public is also required. Counselling of parents, regarding the evils of child labour and its long term adverse effects on the child, is needed. The study also shows the imperative need to have a referral system for these children in case of any acute emergency, chronic special problem or disability. The government health programme should as a routine universalise immunisation including hepatitis B vaccination for all children. The study highlight also the importance of health education regarding prevention of common problems, hygiene and regarding hazards of STD, AIDS and drug addictions.

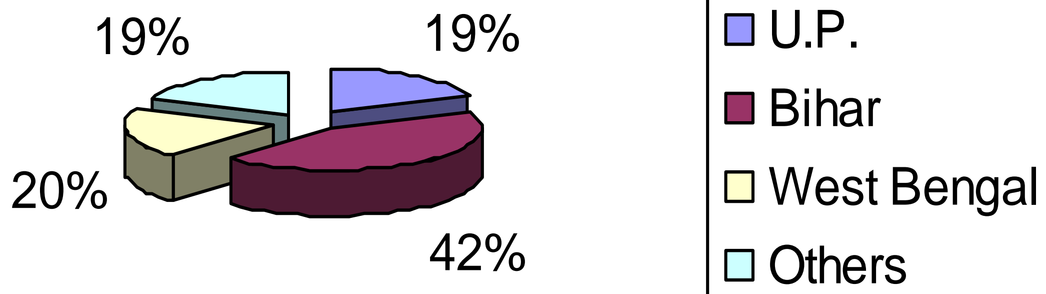
ANNEXURE


Bathing Practices (Winter)
10%
34%
56%
Daily
Once a week or less
Irregular


Bathing Practices (Summer)
8%
33%
59%
Daily
Infreq./once a week
Once a week or less


Educational Achievements
70%
60%
50%
40%
30%
20%
10%
0%
33%
58%
9%
Never Enrolled
Below Primary
Upper Primary
Percentage

Migration



ANNEXURE - I

PHYSICAL EXAMINATION

GPE PALLOR

LAP

HEIGHT
WEIGHT

SKIN

HAIR
NAILS

DEFICIENCY SIGNS

INJURIES
CALLOSITIES
BURNS/BOILS

VISION
HEARING

ORAL EXAMINATION

CHEST

CVS

ABDOMEN

CNS

TREATMENT GIVEN DIAGONOSIS:

ANNEXURE- II

INTERVIEW NO.

PERFORMA FOR ASSESMENT OF HEALTH PROBLEMS IN STREET AND WORKING CHIDLREN

DATE :
TIME :
PLACE :
STREET EDUCATOR :

- ♦ NAME
- ♦ AGE
- ♦ SEX
- ♦ ADDRESS (NATIVE PLACE)
  DISTRICT
  STATE
- ♦ ADDRESS OF WORKING PLACE
- ♦ ADDRESS OF PRESENT RESIDENCE
- ♦ OCCUPATION
- ♦ EDUCATION
- ♦ IF EVER ENROLLED Y/N

INFORMATION REGARDING VARIOUS JOBS DONE AND RELATED PROBLEMS

Sl.No.	Types of jobs	Reasons for taking up that particular job	Reasons for leaving the job	Salary	HRS of working	Injury or illness due to job

- What are the reasons for leaving the family ?

- Do you have any problems in the present job?

- Do you want to go back to the family?

- On an average, how much do you earn per week?

- Amount of debt you have?

- How much could you save last month ?

HEALTH RELATED PROBLEMS

- Do you feel healthy? If not, what are your problems?

- How many pairs of cloths/sleepers do you have?
- Are they sufficient?

- How often do you clean your teeth? And how?

- How many times do you manage to take bath per week ?

- Summer
- Winter
- Rainy Season

- Where do you go for toilet/taking bath?

- Do you wash your hands after visiting for toilet?

- Do you wash your hands before taking meals also?

- How many full meals do you get, everyday?

- Do you smoke?

- Since how long you are smoking? How did you pickup this habit?

- How many bidis/cigrates, you smoke per day?

- Do you have any other addiction?

- Where do you sleep?

- Summer
- Winter
- Rainy Season

- What are your extra arrangements in winter/summer/rains?

ILLNESS RELATED PROBLEMS

- Did you ever suffer from any serious illness?
- What was it?

- Di d you suffer from any illness in last winter/summer?
- What treatment did you take and from where?
- How much money did you spend on illness last summer/winter ?
- Do you suffer from any chronic illness?
- To whom do you tell first about your illness?
- Do you have fights within the group or with other groups?
- Have you suffered from any injury?
- If yes what ?
- People who torture you?
- Have you ever been beaten up by the police or others?
- How often you were taken into custody? Reasons?
- Have you ever been subjected to sexual abuse?

EXPERIENCE WITH HEALTH FACILITIES

- Have you ever taken treatment from a govt. health facilities?

- Were you satisfied?

- What were reason for your dissatisfaction?

- Have you been treated by a private practitioner/hospital?
- Were you satisfied?

- Do you think they charged you reasonably ?

- Have you been in touch with NGO?

- What is your experience regarding management of health problems by NGO?

RELATIONSHIPS

- Do you keep in touch with your parents ? Do you miss them?

- In family, who loves you better?

- Do you send money at home?

- Who is closes to you at present and helps you in needs and emergency?

- After leaving the home what do you think you have gained.