

Sociodemographic characteristics of street children in Alexandria

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الخصائص الاجتماعية والديموغرافية لأطفال الشوارع في الإسكندرية

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الخلاصة: تمت دراسة الخصائص الاجتماعية والديموغرافية لأطفال الشوارع في الإسكندرية، جمهورية مصر العربية، دراسة مستعرضة وصفية، وكانت الصعوبات في أخذ عينات عشوائية من أطفال الشوارع مما أدى إلى اللجوء إلى أخذ عينات قصدية غير عشوائية. وكانت العينة النهائية تتألف من مئة من أطفال الشوارع كلهم من الذكور، تم إجراء مقابلات معهم وإجراء فحص طبي لهم. وقد أكدت الدراسة ما وجدته الدراسات الأخرى من أن أطفال الشوارع ينتمون إلى أسر تعاني من المشكلات، فهم ضحايا لتفكك الأسر وللاتهاك البدني والجنسي وهم يعانون من مشكلات صحية متزايدة ومن سوء التغذية ومن فقدان فرص التعليم. وقد عرضت التوصيات الموجهة للبرامج لمواجهة التحديات بتلبية احتياجات أطفال الشوارع.

ABSTRACT The sociodemographic characteristics of street children in the Egyptian city of Alexandria were studied. A cross-sectional descriptive study was designed. Difficulties in random sampling of street children meant that a non-random purposive sampling strategy was used. The final sample consisted of 100 street children (all boys) who were interviewed and medically examined. The study confirmed the findings of other studies that street children come from problematic family backgrounds. They are disproportionately victims of family breakdown, sexual and physical abuse. They suffer from increased health problems, malnutrition and lack of educational opportunities. Recommendations are made for programmes to address the challenging needs of street children in Alexandria.

Caractéristiques socio-démographiques des enfants de la rue à Alexandrie

RESUME Les caractéristiques socio-démographiques des enfants de la rue ont été étudiées dans la ville égyptienne d'Alexandrie. Une étude descriptive transversale a été mise au point. En raison des difficultés rencontrées dans l'échantillonnage aléatoire des enfants de la rue, on a utilisé une stratégie d'échantillonnage dirigé non randomisé. L'échantillon final se composait de 100 enfants de la rue (tous des garçons) qui ont été interrogés et ont subi un examen médical. L'étude a confirmé les conclusions d'autres études selon lesquelles les enfants de la rue viennent d'un milieu familial à problèmes. Ils sont de manière disproportionnée victimes de l'éclatement de la famille, ainsi que de sévices sexuels et de violences physiques. Ils souffrent de problèmes de santé plus nombreux, de malnutrition et du manque de possibilités d'instruction. Des recommandations sont formulées à l'attention des programmes pour qu'ils répondent aux besoins complexes des enfants de la rue à Alexandrie.

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Introduction

Homelessness damages the physical and mental health of those who are homeless and poses risks for the non-homeless population by contributing to the spread of diseases such as tuberculosis and AIDS. Thus, it is of critical public-health importance to understand this phenomenon for proper prevention and appropriate intervention [1]. Street children constitute a considerable part of the homeless population. Although the existence of street children is not new, the adverse economic situation, political upheavals, civil unrest, increasing family disintegration and natural disasters of recent decades have triggered a much greater exodus of children from the countryside to the streets of large cities [2]. The Inter-Nongovernmental Organization programme on street children has [3] defined the street child as:

Any girl or boy who has not reached adulthood (3–18 years) for whom the street (in the widest sense of the word including unoccupied dwelling, waste land, etc.) has become his/her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults.

In the industrial countries this definition may be modified and extended to include those who spend all day in the street authentically unsupervised and abandoned to all intents and purposes, but who return home at night; "on the street" rather than "of the street". These children maintain nominal contact with their families, but have essentially broken away.

The United Nations Children's Fund (UNICEF) defines street children under four main groups [4].

- Children living on the street whose immediate concerns are survival and shelter.
- Children who are detached from their families and living in temporary shelters, such as hostels and abandoned houses and buildings, or who move from place to place living with friends.
- Children who remain in contact with their family, but because of poverty, overcrowding, or sexual or physical abuse within the family will spend some nights, or most days on the streets.
- Children who are in institutional care, who have come from a situation of homelessness and are at risk of returning to a homeless existence.

Accurate estimation of the number of street children is very difficult because they are not counted in national censuses, or educational or health surveys. The best estimates range from between 90 and 150 million worldwide, depending on the exact definition used [5]. In Africa the problem of street children is the least documented. However, multiple factors contributing to the disintegration of families (continued urbanization, economic crisis, epidemics, military and ethnic conflicts and refugee movements) suggest that the problem has been intensifying over the last 5 years.

The typical age of street child varies from place to place. Even in developing countries, children under the age of 5 years are rarely found spending time on the street without the supervision of a family member. On the other hand some children as young as 8 years live completely on their own. In industrialized countries, street children are usually over 12 years. Most street children are boys, the proportion of girls among street children ranges from

only 3% to 29%. Although fewer in number, girls on the street have more difficulties and need more services [6].

The aim of the present work was to study the health profile of street children in Alexandria and to evaluate the potential environmental health hazards of this phenomenon.

Methods

A cross-sectional descriptive study was designed. Because of difficulties in randomly sampling street children, a non-random purposive sampling strategy was used from the three central districts of Alexandria (namely Middle, East and West districts). These areas were chosen because of the expected high concentration of street children (train station, parking areas, cinemas and supermarkets). The street children were investigated with the collaboration of a team, some of whom were working in a rehabilitation institution for street children. Some of the children were included in the study at their arrival at the institution, and others were taken from the streets and were guided by the researchers to attend the programme of the institution.

A questionnaire was structured after the handbook of the World Health Organization (WHO) [4] (Figure 1). All children were interviewed using the questionnaire. The interview was conducted in more than one setting, and children were medically examined at the clinic of the rehabilitation institution by the institution's physician. Anthropometric measures were taken to detect malnutrition (wasting and stunting). A thorough medical history was taken, the child was asked about symptoms indicative of tuberculosis (TB), such as chronic cough, productive cough, night sweating

and wasting. They were also asked about symptoms suggestive of hepatitis (dark-coloured urine and yellowish sclera). Urine and stool analysis and blood analysis for haemoglobin percentage were performed at the clinic of the institution.

The original sample included 138 street children 22 of whom refused to participate and 16 were handicapped, so, the final sample was 100 street boys. Every child was eligible for the study according to the definition adopted by UNICEF [4].

Results

The estimates presented here are probably a minimum because of the likelihood that the children underreported their participation in many illicit behaviours as a result of their personal experiences. Being victims of traumatic events (different forms of abuse and neglect), witnessing violence, lacking in education and social skills, being under the effects of substance abuse, being afraid of figures of authority, or fearing being arrested by the police, they tend to hide their identity and give false information.

The study was conducted on 100 boys from Alexandria during the spring and summer period of 1999-2000 (Table 1). The age range was 7-16 years with a mean of 13.7 years. The familial background of the children was as follows: 45% had step-parents, 26% had a mother as the head of the family (13% due to the death of the father and 13% due to the illness of the father), 2% left their family long ago and did not give any answer. The quality of the relationship with the family varied as follows: 85% had a bad relationship, 8% no relationship, 5% had moderate relationship, while only 2% had a good relationship with their family. Regarding the educational

Table 1 Data on the street children

Data on the street children	%
<i>Family background</i>	
Parents divorced and remarried (step-parents)	45
Parents still married (both biologic parents)	27
Woman as head of the family because of:	26
Illness of the father	13
Death of the father	13
Unknown	2
<i>Child's relation with the family</i>	
Bad	85
None	8
Moderate	5
Good	2
<i>Educational status of the child</i>	
None	76
Rehabilitation programme	20
Regular school	4
<i>Causes of being in the street</i>	
Earn money	43
Escape family conflicts	21
Escape physical abuse	15
Shelter	15
Escape from children's institution	6
<i>Duration of street life</i>	
Years	54
Months	37
Days	9
<i>Place of sleeping at night</i>	
In the street	94
At home on a regular basis	6
<i>Basic hygiene needs</i>	
On the street	100
<i>Presence of responsible adult</i>	
Street leader	74
No one	16
Kind people	10

status of the children, 76% did not attend school, 20% were attending a rehabilitation programme, while only 4% were attending mainstream school. The main causes of being on the street were: to earn money (43%), to escape family conflicts (21%), to escape physical abuse (10%), to have shelter (15%) and to escape from a children's institution (6%). The duration of life on the street varied: 54% had been on the street for years, 37% for months and 9% for days. The vast majority of the children (94%) slept on the street while only 6% slept at home on a regular basis. All of the children performed their hygiene needs on the street.

Regarding the presence of a caring adult on the street, 74% reported that they had a street leader, 16% claimed there was no responsible adult and 10% reported kind people as caring adult. As regard the activities performed to earn money, 35% reported stealing, 30% begging, 15% scavenging, 14% selling small items, 4% survival sex (selling of sex to meet subsistence needs, e.g. exchange of sex for shelter, food, drugs or money), 4% commercial sex (prostitution or procuring prostitutes) and 3% illicit drug trafficking. The majority of the children (71%) reported having been arrested by the police at least once. Regarding their aggressive and violent behaviour, 42% reported aggression toward the surrounding environment, 38% reported initiating fires, 21% reported aggressiveness towards other people's possessions and 19% reported fighting with other people. The main reported instruments of violence were their own nails (100%), razor blades (94%), knives (66%), stones (46%), large metal nails (32%), broken glass (23%) and sulfuric acid (6%).

Regarding their personal and health status, 98% suffered from schistosomia-

**Table 1 Data on the street children
(continued)**

Data on the street children	%
<i>Activities performed to earn money</i>	
Stealing	35
Begging	30
Scavenging	15
Getting small items	14
Survival sex	4
Commercial sex	4
Illicit drug trafficking	3
<i>History of police arrest</i>	
Yes	71
No	29
<i>Aggressive and violent behaviour</i>	
Aggression toward the surrounding environment	42
Starting fires	38
Destroying others' possessions	21
Fighting	19
<i>Instruments of violence</i>	
Own nails	100
Razor blades	94
Knives	65
Stones	46
Large metal nails	32
Broken glass	23
Sulfuric acid	6
<i>Health status</i>	
Schistosomiasis	98
Parasitic infestation	92
Malnutrition	83
Anaemia	78
Scabies	66
Lice	48
Hepatitis	21
Tinea corporis	20
Symptoms suspicious of tuberculosis	16

sis, 92% had parasitic infestation, 83% had malnutrition, 78% were anaemic, 66% had scabies, 48% lice, 21% hepatitis, 20% tinea corporis and 16% presented with symptoms indicative of TB.

Regarding their sexual activity, 92% reported being sexually active, 76% reported having been sexually abused, 16% were sexual offenders and 8% refused to answer. Concerning the substances used by these children, 88% reported sniffing glue, 75% cigarette smoking, 40% were drug addicts, 37% inhaled solvents, 24% bango (a form of the plant *Cannabis sativa*), 6% alcohol and 1% heroin.

Discussion

Reasons for becoming street children

Street children are considered to be among those children "who live under especially difficult circumstances" [7]. These especially difficult circumstances are associated with poverty, family disintegration, relocation, discrimination and the lack of suitable alternative accommodation if the child cannot stay at home. The common denominator for all of these children is the fact that they are more vulnerable than their peers of the same age living in a supportive environment. It is more likely that these young people have few if any positive attachments and few positive role models. They are likely to be marginalized within their communities and have fewer opportunities to learn life skills [8]. The reasons reported by the children for being on the street were to earn money (43%), to escape family conflicts (21%), to have shelter (15%), to escape physical abuse (12%), to escape from institutions (6%) and to be with their families (2%) (i.e. homeless adults).

Table 1 Data on the street children (concluded)

Data on the street children	%
<i>Sexual activity</i>	
Sexually active	92
Sexually abused	76
Sexual offender	16
Refused to answer	8
<i>Substances used</i>	
Glue (inhaled)	88
Cigarettes	75
Drug addiction	40
Solvents (inhaled)	37
Bango	24
Alcohol	5
Heroin	1

Galtung [9] distinguished between poverty, meaning having little and misery meaning having so little that it hurts and harms, or having the wrong things distorting the body, mind and spirit. Basic to misery is that it is neither wanted nor temporary. Moreover it is a vicious circle, too little and inadequate food, polluted water and air, noise, lack of sleep, a violent environment breed suspicion and further violence [9]. The background of street children is considered a misery and includes poverty, bad housing, parental unemployment, substance abuse, family disaster (divorce and step-parents, who almost always refuse to adopt a step-child) and domestic violence. All are considered as risk factors for homelessness. This is with UNICEF which determined the reasons for leaving home as family violence, parental alcoholism, child abuse and poverty [5]. In the present study: 45% of the children's parents were divorced and re-

married and the step-parent refused to take care of the step-child, while 27%, although being with their biological parents, reported family conflict due to parental misbehaviour (domestic violence and substance abuse); and 26% of the children were in families headed by women.

Shah stated that when parents drift apart, girls represent a useful capital for looking after the younger children and for maintaining the family home, which is traditionally the responsibility of women [10]. Boys are all too often no more than a burden for the mother. They grow up emotionally deprived, are made to feel unwanted and sooner or later are told to manage on their own and they then become street children. The main feature that differentiates street children from working children is that street children are the rejected ones from their families, and this is obvious in the high percentage reporting a bad relationship (85%) or no relationship (8%) with their parents. Such children have a major problem in positive attachment.

Concerning their education, 4% were in mainstream school, 20% in rehabilitation programmes and 76% were illiterate. In this context, WHO [5] reported that it is extraordinarily difficult for children who lack education or solid family support to rise above a very marginal existence.

Thus, from the above-mentioned facts we can conclude that a child's choice of the street as a shelter denotes a profoundly desperate decision which reflects a severe degree of emotional impairment, being a very hard decision to be taken by a normal child.

Street life

To earn money on the street, one primarily needs to earn a place, and earning a place

on the street is not an easy matter. This means complying with street culture, so these children become easy prey to all sorts of exploitation by professional criminals [10].

Regarding the health status of the studied sample 83% were malnourished and 78% were anaemic. This could be attributed to the fact that these children ate anything available especially carbohydrates and thus lacked a well balanced diet. The fact that some of them escaped malnutrition and anaemia can be explained on the basis of their street activities; many of them were involved in stealing, scavenging and sorting through the food waste of hotels and restaurants, which keeps them reasonably well nourished.

The high prevalence of schistosomal infection is probably due to the fact that these children meet their basic hygiene needs in the streets, so they bathe in canals and drains. The other diseases screened in this study are mainly hygiene-deficiency diseases, such as skin diseases, parasitic infestations and hepatitis. The symptoms suggestive of tuberculosis may be due to the effect of air pollution on the diminished resistance of their respiratory system as a result of malnutrition and substance abuse. Moreover contagious infections can be caught from their peers.

Regarding their street life 74% of the children reported having a street leader while 26% did not have such a leader. These latter children may not have reported a street leader for fear of us knowing their leaders because the majority of those who had leaders reported being abused sexually and physically by their leaders in case of disobedience. This was especially so for younger children. The street leader is responsible for recruiting children into activities according to his estimation of

their skills. Children are constantly under the supervision of the leader or one of his helpers and this puts much stress on the children. This is in accordance with Shah's findings [10], who reported that children coalesce for safety into gangs and live communally under the influence of a leader who is often the oldest and strongest member. The gang has a strong sense of territory and stays within the confines of particular streets defined by its relations with its neighbours. These children are taught robbery in the street (stopping someone and taking his money, breaking the windows of cars and stealing the radio cassette or anything left in the car, or to create a diversion for a greater robbery performed by others). The activities reported by the children in our study can be classified into apparently licit and illicit activities. However, the apparently licit (selling small items or scavenging) may mask other illicit activities such as monitoring someone or something, e.g. a house, on which a robbery is planned. Stealing was the major reported street activity (35.0%).

Activities seriously hazardous to health were reported: 4% reported being involved in commercial sex, 4% reported being involved in survival sex. The dangers inherent in survival sex make it among the most damaging repercussions of homelessness among youths [11]. Concerning their sexual activity as a whole, 84% reported being sexually active and about two-thirds reported being sexually abused by their leaders or other street children, while 16% affirmed being a sexual offender harassing other people in the street. Sexually active children change partners frequently, indulge in promiscuous behaviour and do not protect themselves from unsafe sex, so they are potential candidates for HIV

infection and AIDS and become septic foci for the transmission of sexually transmitted infections. This is due to the fact that as vulnerable youngsters, they are more liable to infection than adults because of behavioural characteristics such as frequent changing of partners, social factors such as the difficulty of saying "no" to unsafe sex (especially with an older partner) and biological characteristics such as an immature genital tract. Moreover, they are among the group least likely to use preventive health care. Finally, the increasing mobility of populations, urbanization and poverty are all factors that increase the risks of sexually transmitted infections [12].

Although street children may be involved in delinquent behaviour, they are not generally criminally charged. However, they are frequently arrested by the police and in the present study 71% reported being harassed by the police and arrested on suspicion. All arrested children reported police maltreatment and 52% reported being arrested more than twice. The WHO report confirms that street children are subjected to physical abuse by police or have been murdered outright, as governments treat them as a blight to be eradicated rather than as children to be nurtured and protected [13]. The report also asserts that they are frequently detained arbitrarily by police simply because they are homeless or criminally charged with vague offences such as loitering, vagrancy or petty theft. They are tortured or beaten by police and often held for long periods in poor conditions. Street children also make up a large proportion of the children who enter criminal justice systems and are committed finally to correctional institutions (prisons) often without due legal process. Few advocates speak up for these children and few street children have family members or

concerned individuals willing and able to intervene on their behalf [13]. This is in accordance with Abd El Gawad's study on street children in Cairo where 85.8% of arrested children reported physical abuse by the police when arrested [14].

All children of the studied sample were addicted to more than one substance: mainly glue, cigarettes, bango and other drugs. They reported making mixtures by, for example, immersing cigarettes in an inhalant before smoking, putting gum over cigarettes. Others reported burning cockroaches and inhaling their fumes. No one exactly knows the constituents of the resultant substances inhaled in these unconventional addictions and their effects on health, especially the nervous system.

Substances inhaled include a range of household products such as aerosols, glues, thinners and gasoline. These products are chosen because of their easy availability, low cost, rapid onset of effect and convenient packaging in small containers that can easily be concealed. In contrast to alcohol and controlled substances, the purchase and possession of these substances is not illegal for children in most countries.

Concerning drugs, the majority used were those that induce sedation, such as cough mixtures, hypnotics such as the benzodiazepine flunitrazepam (Rohypnol) and anti-allergic drugs. Those with hallucinogenic effects are especially dangerous because they produce hallucinations and lead to improper spatial orientation resulting in violent behaviour, crimes and traffic accidents.

All the street children manifested aggressive and violent behaviour either to the surrounding environment, fighting with other people, aggressiveness towards other people's possessions, and starting fires. The WHO report on violence and health

[15] identifies child abuse, involving sexual, physical and psychological violence, as a global problem severely affecting the health and development of infants and children in most societies.

Violent behaviour appears to be increasingly related to illicit drug use [15]. Most drugs are difficult and expensive to obtain, and many users need larger and more frequent amounts of drugs, yet they are too poor to buy them. Thus they resort to violence in order to obtain the drugs or the wherewithal to buy drugs. Although in the present study the instruments used in violent encounters reported by the children are very ordinary, they can still have serious traumatic effects.

Conclusion and recommendations

Programmes addressing the needs of street children constitute a form of rehabilitation which is considered too little, too late and not an efficient tool for proper prevention. So, efforts should be addressed at an earlier level of intervention to the target population knowing the risk factors.

Working with the mother as an index person especially single mothers to empower them by initiating programme focusing on:

- Providing mental health services to the at risk families living in misery conditions through:
 - Enforcing their parenting skills and family reconciliation.
 - Encouraging them to participate in the small economic projects.
- Studying the magnitude of the problem of street children at a national level
- Initiating social awareness and establishing solidarity between the different strata of the society to mobilize private and community support to these children.
- Establishing a primary educational system which can reintegrate drop out schoolchildren.
- Collecting data, monitoring risk factors evaluating and training organizations to use those tools.
- Evaluating and upgrading street children programmes to include both physical and mental health guidance for the children as these are the only source of health services provided.
- Screening street children for infectious diseases especially venereal diseases and TB infections disease and initiating health management programmes for them.
- Introducing programmes of sexuality education for the children to teach them how to protect themselves against unsafe sex.
- Introducing guidance programmes for parents of handicapped children at risk.

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