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CAUSES OF HOMELESSNESS AMONG CHILDREN

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ABSTRACT

Introduction: One of the most prominent definitions of homelessness is that of the Stewart B. Mckinney Homeless Assistance, Act of 1987, which was the first major federal response to the homelessness in the US which defines homeless as; an individual who lacks a fixed, regular and adequate night – time residence. Identify the causes of homelessness among children and list the specific health problems of homeless children.

Materials and Methods: This is a descriptive cross sectional study, performed at the Noriabad Edhi Center, Karachi in which 100 children were randomly selected. Data was collected through a structured pretested questionnaire. It included the questions regarding different reasons of leaving home and the health conditions of the homeless children. Informed consent was taken from all children and it was made sure that children did not face any inconvenience in their follow up visits for the purpose of this study.

Results: A total of forty six percent of children residing at Noriabad Edhi Center were in the age group between 14 – 18 years. Most of the children (54%) belonged to the province of Sindh. Most of children (35%) left home because of violence by the parents followed by financial problem in 31% of cases. Thirty five percent of the children were left in the Edhi Center by their own parents. A large proportion (65%) of children was habitual to addiction and among them 23 had domestic violence while 20 had financial problem at home. It was disclosed that among the 65% of children who were addicted, 20% were addicted to ghutka and similar percentage of children were addicted to chalia; while 15% were involved in cigarette smoking and 10% in glue sniffing. Most of the children i.e. 43% got the drugs through their friends. Most of the children left home due to domestic violence and financial problem. A sizable proportion of children residing at Edhi Center were indulged in substance abuse. The fact that children had access to a large variety of intoxicating substance namely ghutka, glue sniffing and cigarette smoking.

Key Words: *Homelessness, addiction.*

INTRODUCTION

One of the most prominent definitions of homelessness is that of the Stewart B. Mckinney Homeless Assistance, Act of 1987, which was the first major federal response to the homelessness in the US which defines homeless as; an individual who lacks a fixed, regular and adequate night-time residence.[1]

Two trends are largely responsible for the rise in homelessness over the past 20 – 25 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty.[2] Homelessness is reaching epidemic proportions in the United States. Lack of food, clothing, shelter and health care are problems faced by the homeless every day.[4] Public health problems that affect the community at large, such as tuberculosis, AIDS and domestic violence, are amplified within the homeless community and contribute to the growing homelessness crisis.[4]

In 1995, the U.S. Conference of Mayors issued its annual Status Report on Homelessness in America's Cities, according to that report, 23% are considered mentally ill, 46% are substance abusers, 8% have AIDS or HIV – related illness and 21% are unemployed.[5] Different causes of leaving home were found to be financial crises, substance abuse, mental illness, domestic violence and family quarrel.[6]

The death rate of homeless people is almost four times greater than that of the general population.[7] Frost bite and sun exposure, as well as robbery, rape and beating are all common among the homeless children.[8] A combination of poor nutrition, poor personal hygiene and overcrowded shelter situations have also contributed to the growing number of communicable diseases in this population : experience with HIV / AIDS, hepatitis B, and other sexually-transmitted diseases all support this claim.[9] Tuberculosis has re-emerged internationally, and especially in the homeless community.[10]

It is estimated that 23% of the homeless are mentally ill, the most common forms of mental ill-

ness among the homeless population are schizophrenia and the affective disorders (bipolar and major depression).[11,12] The nature of the mental illness may cause the affected person to deteriorate over time, losing the ability to function in a socially acceptable manner.[11]

Homeless children are less likely to be seen regularly by a primary care physician.[13] Conditions such as anaemia and poor nutrition are less likely to be detected early. Homeless children are usually behind on immunization. They often live in substandard housing with lead paint on the walls, which causes them to suffer from high lead levels.[14] Some of the long-term effects of these chronic conditions, such as seizure disorders and learning disabilities can be devastating and decrease their chances to break out of the cycle of homelessness[14].

This Project – in – a – Box will address some of the problems of homelessness, including health and social issues.

MATERIALS AND METHODS

Study Design: Descriptive cross sectional study.

Duration: 4 months.

Sampling Size: 100.

Sampling Population: Homeless children between ages of 5 and 18 years were selected as study population.

Target Area: Noriabad Edhi Center in Karachi.

Sampling Technique: Random sampling.

Inclusion Criteria: Children between 5 – 18 years of age.

Exclusion Criteria: Children born in Edhi Center.

Data Collection Procedure: Data was collected through a structured pretested questionnaire. It included the questions regarding different reasons of leaving home and the health condition of the homeless children. Informed consent was taken from all children and it was made sure that children did not face any inconvenience in their follow up visits for the purpose of study. The ages of children were entered from the official records kept in the center.

RESULTS

Table 1 revealed that 46% of the children present in the Edhi Center were in the age group between 14-18 years and most of the children i.e. 54% belonged to the province of Sindh. As shown in figure 1, most of the children (35%) left home because of violence by the parents followed by financial problem (31%), maltreatment by family members (15%), step parents (12%) and love affair (7%).

Thirty eight percent children were brought by the police to be admitted to Edhi Centre whereas almost equal percent of children i.e., 35% were left in the Edhi Center by their own parents (Table 2).

Table 1: *Demographic profile of children present in Edhi Center.*

Age	*Years*	*Percentage*
	5 – 10	15
	11 – 13	39
	14 – 18	46
Province	*Area*	*Percentage*
	Sindh	54
	Punjab	21
	NWFP	13
	Baluchistan	12

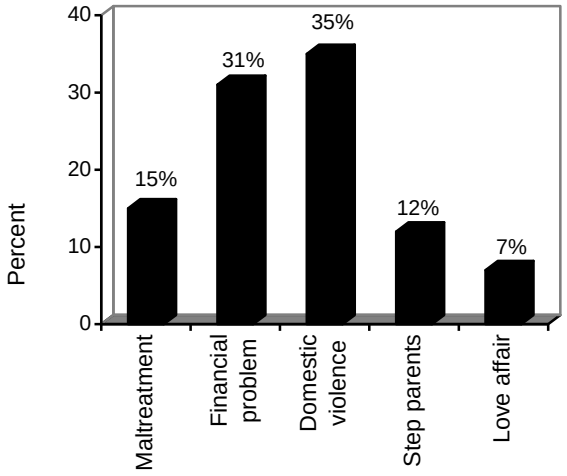

Fig. 1: *Different reasons of leaving home.*

Table 2: *Person who brought the Child to Edhi Center.*

Person	*Percentage*
Police	38
Parents	35
Relatives	09
By themselves	18
Total	100

Table 3 shows different health problems in the children. The results showed that 10% of children were suffering from skin infections, similar percentage of children were suffering from depression while 65% were involved in addiction. On further inquiry, it was disclosed that among the 65% of children who were addicted, 20% were addicted to ghutka

and similar percentage of children were addicted to chalia; while 15% were involved in cigarette smoking and 10% in glue sniffing.

Table 3: *Different health problems in children.*

Health Problem	*Percentage*
Skin infection	10%
Depression	10%
Addiction to gutka	20%
Addiction to chalia	20%
Addiction to cigarette	15%
Addiction to glue sniffing	10%
	65%
No health problem	15%

Table 4 highlighted that most of the children i.e. 46% get involved in addiction due to peer influence. The source of money for them was by pick pocketing and begging (14% and 12% respectively). Forty three percent of children got the addiction material through their friends.

Table 4: *Further information from the children who were involved in addiction.*

Variable	*Percentage (n = 60)*
Reason of involvement in addiction	
1. Peer influence	46%
2. Parents' influence	11%
3. Influence by films	3%
Source of getting money for addiction	
1. Pick pocketing	14%
2. Begging	12%
3. Earn by working	30%
4. Pocket money given by parents	4%
Resource person who provided addiction	
1. Friend	43%
2. Neighbor	14%
3. Relative	3%

When association of age of the children with the addiction was made as revealed in table 5, it was found that 37% of the children who were involved in addiction were of the age group between 14 – 18 years (p-value = 0.002).

Table 5: *Association of the age of the child with addiction.*

Age in years	*Addicted*	*Not addicted*	*Chi-square X^2*
5 – 10	11	5	0.002
11 – 13	17	20	
14 – 18	37	10	
Total	65	35	

Table 6 shows that there is a strong association (p-value = 0.005) between different reasons of leaving home with the involvement in addiction.

DISCUSSION

Homeless or street children are out today problem. In Pakistan the rate of homeless children is increasing enormously. The causes of this are the same as occurring in rest of the world. A news paper reported that the figure for homeless people is believed to be higher in Karachi, Pakistan's largest city with a population of over 14 million inhabitants and these children face a variety of serious challenges ranging from malnutrition and poor access to education and health facilities to exploitation in the form of child labour. A national nongovernmental organization, reports that the most vulnerable group who leaving home are 10 to 12 year olds (54 percent), followed by 13 to 16 year olds (29 percent). Primary reasons mentioned for leaving home were poverty (26 percent), followed by influence of peers or friends (20 percent), and violence (17 percent).[15-16] According to the Human Rights Commission of Pakistan (HRCP), there have also been reports of growing homelessness in smaller cities, such as Faisalabad, Multan, Rawalpindi and Quetta.[15] Homeless people are also vulnerable to addiction. The Pakistan Medical Association says substance 2000. Drafting of legislation in relation to health, Ratification of ILO Convention

Table 6: *Association of different reasons of leaving home with addiction.*

Addiction	*Reasons of leaving home*						
	Maltreatment by Parent	*Financial Problem*	*Domestic Violence*	*Step Parents*	*Involvement in Love Affair*	*Total*	*Chi-square X^2*
Yes	10	20	23	8	4	65	0.005
No	11	8	11	4	1	35	
Total	21	28	34	12	5	100	

182, proposed government rejuvenation of Shelter (Nigheban) system, to address the issue of street children. UNICEF 1999 initiative on street children including a qualitative survey, intended to address gaps in current service provision.[17]

Serious challenges of homeless children of Pakistan are ranging from malnutrition and poor access to education, health facilities and exploitation in the form of child labour. Their low status in society can leave them victim to daily violence at home and in school as well as to organized trafficking and sexual exploitation. Thirty percent of children are chronically malnourished and lack safe water and household sanitation, especially in rural areas. An estimated 3.6 million children under the age of 14 works are mostly in exploitative and hazardous.[15] There are about 14,000 street children in Karachi and most are sniffing glue. The Azad Foundation in cooperation with UNICEF reported that "According to our research, 90 percent of these children are involved in glue sniffing or in some other solvent abuse".17 In Nigeria USA and India the reasons for children leaving home are parental and / or familial,[18-20] chiefly being the inability of the parents to meet their expectations,[21] followed by a desire for economic independence. Research from India, Latin America and South Africa reports physical abuse at home as a major cause for leaving home.[22] As in many Asian, Latin American, and African countries, street children in Pakistan are predominantly boys, aged between 8 and 12 years.[23] Street children live in a hazardous environment where they are exposed to abuse and maltreatment from parents, who force them to work and beat them if they do not bring home money. On the other hand police abuse them by harassing, beating, and even taking away their daily earnings. Similar findings have been cited by various authors.[24-26]

This study was carried out at Edhi Center (a welfare home) i.e a non-governmental organization, where usually homeless children are accommodated. They are in the age group between 14–18 years. Most of the children (35%) left home because of violence by the parents followed by financial problem (31%), maltreatment by family members (15%), stepparents (12%) and love affair (7%). Thirty eight percent children were brought by the police to be admitted to Edhi Centre while almost equal percent of children i.e., 35% were left in the Edhi Center by their own parents. As shown in the results 10% of children were suffering from skin infections, the same number of children were suffering from depression whereas 65% of children were involved in addiction. On further investigation, it was disclosed that among the 65% of children who were addicted, 20% were on ghutka and similar number was addicted to chalia; whereas 15% were involved in cigarette smoking and 10% in glue sniffing are highlighted that most of the children i.e. 46% got involved in addiction due to peer influence. The source of money for them was by pick pocketing and begging (14% and 12% respectively). Forty three percent of children got the addictive material through their friends. When association of the age of the children with the addiction as revealed in our results, it was found that 37% of the children who were involved in addiction were of the age group between 14 – 18 years ($P < 0.002$). It is also shown that there is a strong association ($P < 0.005$) between different reasons of leaving home and the involvement in addiction.

Reported results similar to our study i.e the street children are more likely to come from families who have moved recently in order to increase their economic opportunities.[17] It can be defined by the common push and pull factors which bring children to the street. Push factors include poverty, big family size, family violence, abuse, urbanisation, migration, school abandonment, and inadequate parental guidance. Pull factors include desire for independence, financial security, excitement and glamour of living in cities, and some hope of raising one's living standard.

UNODC[27] reported the similar results which we obtained in this study i.e the street children are more likely to come from families who have moved recently in order to increase their economic opportunities. It can be defined by the common push and pull factors that bring children to the street. Push factors include poverty, big family size, family violence, abuse, urbanization (migration), school abandonment, and inadequate parental guidance. Pull factors include desire for independence, financial security, excitement and glamour of living in cities, and some hope of raising one's living standard.

It is **concluded** that a sizeable proportion (65%) of children coming to Edhi Center was found to indulge in substance use. The fact that children had access to a large variety of intoxicating substance namely gutka, glue sniffing and cigarette smoking the present study has some limitations. The results were based on the information given by children, who may have under reported because of social stigma attached to consumption of intoxicating substance. The Edhi Center authorities should use the period of detention of children to implement focused preventive interventions against substance use. This may involve early diagnosis, treatment and rehabilitation of substance dependants.

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