STREET CHILDREN IN DELHI: AN EXPLORATORY STUDY OF THEIR HEALTH CONDITIONS

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This dissertation entitled "**STREET CHILDREN IN DELHI: AN EXPLORATORY STUDY OF THEIR HEALTH CONDITIONS**" is submitted in partial fulfillment of six credits for the award of the Degree of **MASTER OF PHILOSOPHY** of this University. This dissertation has not been submitted for the award of any other degree of this university or any other university and is my original work.

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To

The Street Children of Delhi

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CHAPTER- I

INTRODUCTION

Background:

Urbanization and urban poor:

The globalization had a great impact in both developing and developed world. In developing countries, it was detriment to the village life, cottage industries and to their traditional occupation. In India, poverty did not appear as social problem until the disruption of the joint family system and the removal of production from the home to the factory. Factories gave opportunity to only few people to come up in life leaving vast majority under deprivation (Pandey, 1993). It also collapsed our village economy by creating unemployment and poverty. It pushed people towards cities in search of employment.

The job opportunities were created in the industries which were in need of cheap labour. There was a surge of rural–urban migration. Apart from this, many other factors contributed for the massive rural-urban migration such as rapid industrialization, urbanization, depleting natural resources and biased development priorities. The process of urbanization created a rapid growth of the cities on the one hand and the failure of seasonal rain and wreckage of traditional occupation on the other hand pushed the rural people to move towards city. The cities started growing rapidly in an unplanned and haphazard manner.

People settled down in slums, jhuggi *jopad patties*, shantytowns, or squatter on wherever there is vacant place hoping that the public authorities will not notice their invasion of public or private lands. Some of them even cannot find this and led their life on city streets, pavements, in public places, parks, etc., perhaps looking daily for a place in this rapidly growing big cities. Among them were the street children and working children with a home or without it. Many of them were runaway children as a

result of broken homes, allured by the city life and have no alternative to staying on the streets (Philips, 1992).

These poor people were left without access to basic amenities such as sufficient potable water, sanitation, shelter etc. The people settled down in congested slums. They yield very meager money that was not even sufficient for the food and other basic services. They have to stay near the business center to get some employment, but these places land value is very high and they were unable to rent a house. It made the people life more vulnerable and made them to stay in the streets (ActionAid India, 2003). Apart from these reasons industrial accidents, unemployment, disease and old age force many of them to land up in the streets. There is a need to understand development and urbanization process and its impact on the migrants. The next section deals with the various theories in migration and development.

Urbanization, Migration and Development:

The various theories in migration and development keeping urbanization in focus are now reviewed. Lewis postulated two-sector model of development in 1954. He stated that the rural sector dominated mainly by agriculture activities and an urban sector focused on industrialization. The overall economic development in the developing countries was characterized by the gradual reallocation of labour out of agriculture and into industry through rural- urban migration, both internal and international. Urbanization and industrialization were in essence synonymous. This historical model served as a blue print for the development of low development countries. Though it served as the base to understand the migration and process of urban development there were some down fall in this model.

Critics of this model of migration was for the past several decades the developing countries witnessed a massive migration of their rural populations into urban areas despite rising levels of urban unemployment and underemployment. This lessened the validity of Lewis theory (Lewis, 1954).

An alternative model was proposed by Todaro (Ibid.) which had an assumption that migration is primarily an economic phenomenon. The individual migrates due to quite rational decision despite the existence of urban unemployment. The migration proceeds in response to urban- rural differences in expected income rather than actual earnings. Considering the various labour market opportunities available to them in the rural and urban sectors and chooses the one that maximizes their expected gain from migration. Though it gave some perspective on migration from the economic development but it is not the only reason to which the people migrate. There were other theories which looked migration from population movement and from sociological perspective (Todaro, 2003: 338).

Viewing migration from the population movement perspective, Ravenstein proposed the laws of migration. They were: the majority migrants go only a short distance, migration proceeds step by step, migrants going long distances generally go by preferences to one of the great centers of commerce or industry, each current of migration produces a counter-current of lesser strength, the natives of towns are less migratory than those of rural areas, females migrate more frequently than males within the country of birth, but male frequently venture beyond, most migrants are adults; families rarely migrate out of their country of birth, large towns grow more by migration than by natural increase, the main causes of migration are economic (as quoted in Husain, 2002: 178).

Everett Lee, a sociologist propounded another theory on migration in 1965, which stated migration is influenced by factors operating in the area of origin, factors operating at the destination, factors that act as intervening obstacles, and personal factors that are specific to individual (Husain, 2002: 183). This theory states about the push and pull factors which were very much relevant to the present study.

Impact of poverty on children:

The reasons vary why street children live on the street. However, there is one explanation that holds true for both developed and developing countries - poverty.

Most street children go onto the street to look for a better way of life. The following were some of the common reasons: 1) To earn money for themselves and support their families, 2) To find shelter, 3) To escape from family problems including rejection, 4) To escape from work demands in the home, 5) To escape from a children's institution (http://www.unodc.org)

The phenomenon of the street children was recognized and gained prominence recently. Latin American countries were the first to recognize the street children in their cities being the phenomenon of a magnitude and size which warranted the attention of all concerned. Street children are a global phenomenon which exists both in developed and developing countries. Even though the problem of street children is an age-old issue, it doesn't gained any concern till early 1980's. The street children problem gained political, academic and international concern recently in late 1980's and early1990's. As the countries started developing, both in the developing and the developed countries the process of urbanization increased the magnitude and the size of the street children. Developing countries feel more strain because of the financial constrain.

In India, street children were the evidence of the economic recession and increased poverty. Most of the children were from the lower caste and class. The children were most sensitive in case of economic recession and poverty as these make the children to move out of the family in search of employment in the cities. In some cases, the parents show their angry in some or the other on the children which makes the children to move out of the family. Influence of the caste system was also very much visible among the rural poor. Most of the urban poor living in the street belonged to lower caste people (ActionAid, 2003). These people were subjugated by the upper caste people which made them to move out of the village to escape from them. They were allured by the city life but they got trapped in city and their life become miserable.

A more serious and the vulnerable group among the urban poor living in the streets are the street and working children. They run away because of numerous reasons. Some

were problem with self and other with family etc. They stay in railway station, but stops and terminal, under bridge, pavement etc. The government to take care of the urbanization had done of town planning. Urban planning failed because of slow processing. Even if they identify some need of the urban poor, either it may be the shelter or the sanitation facility. Because of the government lingering procedures it took lot of time for the completion of the project. At time of implementation the population doubles, so the service rendered is of no use and the confusion continued.

Deteriorating health condition prevailed in both urban and rural areas. Mostly the poor were the victims of the poor health system and health care delivery. After the Neo-liberal policy the situation worsened. There was a huge cut back in the social sector; in case of health sector the condition was worse. They brought in new health sector reforms it made the poor people more vulnerable. Health expenditure occupies the second place in leading the people into debt. It clearly showed the importance of need for proper free health care for the poor people and not only for them it has to be provided to all the citizens of India. For example if the free care is provided only for the BPL families, the selection of BPL families in India was not done properly. Moreover, large chunk of population are just above the poverty line if any chronic disease affected these people or if the breadwinner got any acute disease they will fall in the BPL category. But the government did not consider these things. Many people surged from villages to cities because of the debt caused by the health. In case if the breadwinner is affected by bad health it affects the whole family. In case of single parents the situation is worse it directly affects the children. Even the poor health care facilities the health of the parents and cause death to them it make child abandoned.

Children are the backbone of the nation the countries development is based on the health of the children. Today's children are going to rule the country tomorrow, but if these children were deprived of food, education, shelter, and even with out the basic necessities such as sufficient potable water, sanitation, and health services what will happen to the future of the nation. It will affect the health of the children and the wealth of the nation. The children constitute the working force of tomorrow if they were weak

and unhealthy how they will look after the family and the nation. Mostly the poor children are living in the filthy and subhuman living condition. They are not even getting three times good nutritious food. The children are deprived of all there basic rights.

Survival means work, thief and pick pocketing considered as legitimate thing for them because they have to survive their days begins with uncertainties. If they don't have any thing to eat and they were not able to get any job to fill up their stomach, any job, which fills their stomach, will be considered as legitimate for them.

Definition of Street Children:

Numerous definitions rose to define the street children it is very equivocal the other problem with the exact number of the street children. Since there is ambiguity in the definition there is no possibility to find the number of street children. UNICEF categorized Street children are of three categories based on the relationship with families- 1) children on the street, 2) children of the street, 3) abandoned and the neglected children (Reddy, 1992).

Children on the Street:

The largest of the three categories and consisting primarily of working children who still have family connections of more or less regular nature. Their focus in life is still the home. A very few attend school. Most return home at the end of the day and most will have a sense of belonging to the local community in which their home is situated.

Children of the Street:

The second group is the smaller but more complex. Children in this group see the street as their home and it is there that they seek shelter, food and a sense of family among companions. Family ties exist but are remote and their former home is visited infrequently.

Abandoned Children:

This third group may appear to form part of the second group and in daily activities are practically indistinguishable. However, by virtue of having severed all ties with a biological family they are entirely on their own, not just for material but also for psychological survival and therefore required a different approach. The street children are not necessarily boys, but also girls form part of the same group except that they may not be as visible as boys in everyday street life. They are there in great numbers and increasingly so. The attempts to deal with the street children should include a definite emphasis on girls also.

According to (http://www.unodc.org) they categorized street children into four categories such as 1) child on the street, 2) child of the street, 3) child a part of a street family, 4) child in institutionalized care.

Child of the streets having no home but the streets: The family may have abandoned him or her or may have no family members left alive. Such a child has to struggle for survival and might move from friend to friend, or live in shelters such as abandoned buildings.

Child on the street visiting his or her family regularly: The child might even return every night to sleep at home, but spends most days and some nights on the street because of poverty, overcrowding, sexual or physical abuse at home.

Child a part of a street family: Some children live on the sidewalks or city squares with the rest of their families. Families displaced due to poverty, natural disasters, or wars may be forced to live on the streets. They move their possessions from place to place when necessary. Often the children in these 'street families' work on the streets with other members of their families.

Child in institutionalized care: having come from a situation of homelessness and at risk of returning to a homeless existence.

Ministry of Social Justice and Empowerment and Government of India have categorized the defined the child in need as *"neglected children"* or those in the urgent need of care and protection may also be categorized as *'nowhere'* children (DWCD, 2005).

According to Lalor. K. J. 'children at risk' are the children of the urban poor. Lusk (1989) outlined a three-stage typology of delinquency development in Columbia. A *pre-gamine* is a pre-adolescent child who lives at home but spends part of his time on the streets in order to supplement family income. While on the street, he is likely to engage in petty theft when the opportunity arises. A *gamine* is an adolescent with looser family ties and he spends more time on the street, even sleeping there. Typically, this type of youth lives with other gang members in a rented room or flat and may be self-supporting through illegal activity. Finally, the *largos* are the older adolescents who have fully taken on the street life and ethic. They are enmeshed in hardcore street life, and are likely to develop into adult criminals.

Public and the authorities have the opinion they are juvenile delinquents. They involve in all illegal activities. There were various understanding of street children, they cover a wide categories of children such as juvenile delinquents, child labourers, school drop outs, maladjusted children. The only common characteristic present among these children they spend more time on the streets. They are called by different names. In the developed country they are labeled as 'homeless youth', 'runaways' or even 'throwaways'. In developing countries street children are named after their main survival activities such as parking boys (Kenya), pogey boys (Philippines), pivets (Brazil), ragpickers (India), gamines (Bogota), vendors (Dakar,Lusaka and Manila), street gangs (Stuttgart), juvenile prostitutes (Stuttgart, Manila) or a variety of other names (WHO). Slang words used by the police for street children include "the plague"or "dirty faces" (Columbia), "vermin" (Ethiopia) and "mosquitoes" (Cameroon).

Conceptual Framework:

Children are forced to leave their home and live in the street without basic needs and services. They do not have access to potable drinking water, proper place to sleep, sanitation facilities and protection from adult members. Beside this, extreme weather conditions and inadequate shelter lay its repercussion on their physical health. All these detrimental living conditions together make these children more susceptible to common illnesses, communicable diseases and accidents and injuries. Living alone on the street also exposes them to the atrocities of police and local mafias '*gundas*'. These situations make their living a complex process which has an impact on their health.

Inability to meet the basic daily needs not only affects their physical health but also their mentally and socially well-being. Further their economic deprivation increases their vulnerability. Majority of the children tend to get addicted to various intoxicating substances. Thus, two important questions that are raised:

i) How do these living conditions frame health perception of the street children? and

ii) How do the above influence their health seeking behavior from the available health services?

Street children are given certain negative connotations by the society which determines their acceptance by different social institutions. These children seldom approach the government hospital for treatment because of the hostile environment they meet with. Keeping this in the background this study would explore the perception of the government health service providers towards these children. The perception of the government health providers would be explored through the understanding of how the doctors address the health problems of street children taking note of their living conditions that determines their accessibility and utilization of the services.

Rationale of the study:

Although there are lots of studies done on the street children after 1990's but very few studies focus on the health of the street children. In health, the studies primarily focus on specific aspects like drug addiction, STD, HIV, and AIDS. Few studies have emphasized on common illness of the street children. Very few studies have explored the linkages of the social, economic and cultural factors with the physical environment they live. So in this study the researcher seeks to explore common illness of the street children and their determinants. The study will focus on the street children's perception of illness and their response to it; and also the perception of service providers towards the street children and providing service.

Specific Objectives:

This study seeks to:

1. examine the living conditions of the street children;
2. identify the health problems and their determinants;
3. analyze the perception of health; health seeking behaviour; and utilization of health services by street children; and
4. understand the perception of the health service providers about street children.

Methodology:

This study was done at two levels by reviewing the literature at the first level and filled the gap through field study at the next level. Literature from various sources such as Government documents, Internet, books, NGOs publications and articles were studied. Apart from the Indian literature, literature from Latin American countries, African countries and Asian countries were also collected to get the global perspective. This study restricts itself with the literatures available from the developing countries. Issues such as the living condition, every day life of the children, health problems and perception towards health were reviewed. Scanty literature was available on health condition, common illness and health seeking behaviour. To fill up this gap this study among the street children in Delhi was proposed.

The field study was conducted during October-December 2005 in two commercial hubs namely, New Delhi Railway Station and Hanuman Temple (Cannought place) in New Delhi. For the purpose of the study, 20 respondents from among the street children were selected, 10 from each area. Other respondents, 8 of them were selected from NGO's, police, shop owners and public. Apart from this, 9doctors and 3 from paramedics were also interviewed. Four focused group discussion were done among the children,2 from each area.

During the fieldwork the first one-month was spent to build rapport with the children. It was felt gaining confidence of the children and getting acquainted with the area before the actual data collection was important. This one month time period helped a lot to build a good working relationship with the children. Latter in the month of January the data collection was started it took three months to complete the data collection in both the area and with other key informant.

Method of data Collection:

The study has used qualitative methods of data collection. In-depth interviews were conducted with the children, health personnel and other official coming in contact with the children. Other techniques used include quasi-participant observation and focused group discussion. A semi structured interview schedule was adopted to understand the life of these children. To know the health problems of the children a recall period of six months was used. But for the chronic ailments there was no recall period used because though it had not happened within the last six months but its impact on the children would be there.

Tools and techniques:

In-depth Interviews:

The in-depth interview was used to collect the information. Twenty in-depth interviews were conducted in both the areas i.e. New Delhi Railway Station and Hanuman

Temple. Ten interviews were conducted in each location. Based on the available time and the information needed, this technique was finalized. It was felt that it would give an understanding about the life of the street children without much distortion of information. It is important to know the life history of a person fully to understand the life, living condition, their coping mechanism, aspiration and problem they face and adoptability.

In each area there were some civil society members and government official having some interaction with these children in some or the other way in their everyday life. So it was felt to conduct some interviews from these people to know the other side of the picture. There were about eight interviews collected from the key informants such as NGO workers, police, and shop owners. The interview with children gave only their perspective but to know the real situation it was needed to know the perspective of doctors and paramedics. So doctors and paramedics were interviewed on the issues of health problems of street children, utilization, access to health service and problems in utilization. Interviews with the doctor and paramedics from Kalawati Sharan and LNJP hospitals were conducted. These are the two care providing centers where most of these children visit for care seeking.

Observation:

Quasi-participant observation method was adopted for this study. Since some information can be understood only through observation rather than by just listening. Sometimes the best way to gain a rich picture of a setting on coping mechanism during inclement weather, police atrocities, *gundas* problem, interaction between different stake holders, is direct: by observation. Observational studies allow the researcher to see what happens rather than depending on their respondents.

Focused group discussion:

It was felt though the personal information could be studied through the in-depth interview but it will not help to understand the group phenomenon. So 4 focused group discussion was conducted, two in each area. The group consisted of 5-8 members of

the respondent and other children in the area. A guide was formulated mainly focusing on their living condition, access to basic amenities, health problems and problem in health care utilization.

Selection of study area and participants:

The children living in Hanuman Temple and New Delhi Railway Station without any blood relatives on the street were selected. In Cannaught place, they take jobs like, begging, rag picking, working in different shops, catering etc as livelihood options. The living condition is very pathetic with out proper basic amenities. In the second location New Delhi railway station, the children are living in groups with out any blood relatives. They engage in collecting plastic bottles, aluminum foils, begging etc as livelihood options.

The respondents were selected based on age and duration of stay. Those children belong to the age 8- 18 and they might have lived in the street for at least more than six months were selected. Moreover, they should living in the street without any blood relatives in Hanuman Temple and New Delhi Railway Station. A semi structured in-depth interviews were conducted to identify the various health problem in each location and their determinants and to know the rest of the information needs to be probed (care seeking, illness behaviour, utilization). Four focused group discussion were collected conducted two in each area. Apart from this, key informant interview has been collected in both the areas to support the in-depth interviews.

The researcher took some ethical consideration while dealing with the children, that too a very vulnerable section in the society. It is a crucial issue that the researcher should not leave the issue alone as he/she has to look for solutions without giving problem to the children. Revealing some health problem to others group members can make them stigmatized in the community and isolate them in the group. All these things were taken into consideration.

Chapterization:

First chapter deals with the background information of the street children, various definitions and categorizations, the conceptualization of the study, rational of the study, specific objectives, and methodology, tools and data collection.

Second chapter deals with the literature review at Global, National and Delhi. The literature mainly deals with child convention and its implications at all the level. It also tries to locate the scenario of children at these levels.

Chapter three analyses the living condition of the street children in the study area, their access to basic amenities and services, entertainment and their social network. Moreover, it looks into the perception of general public and NGO's working in these areas.

Chapter four analyses the way living condition affects the health condition of these children and how these children respond to these illnesses. It also captures the perception of the doctors and paramedical staff from the public health institutions.

Fifth chapter concludes the study with the discussion.

CHAPTER- II

Literature Review

Global Conventions on Children:

The problem of childcare is intricate but fundamental issue which cannot be ignored by the state. Right to childhood and the right to be treated as children are fundamental rights having moral and legal justification. To deprive the children's chance to grow with physical and mental potential will undoubtedly deter progress of the nation in general and developing countries like India in particular. It is so because these are engulfed by mass poverty. Children who are denied the right to develop can neither contribute fully nor benefit from the development of their societies.

According to Glyn, industrialization collapsed the rural industry in developing countries due to which people lost jobs in the villages and moved to the cities. Even though the economists argue that the share of the national income going to the workers stays stable yet Marx disagreed from it. According to him, labour-saving capital investment would limit demand for labour, while also bankrupting small-scale producers. They would swell the labour supply, creating a permanent "reserve army of labour" that would prevent real wages growing as fast as labour productivity. Both unemployment and underemployment increased. It directly and indirectly affected the lives of the children. Children were sold, abandoned, abused and mutilated with impunity (Glyn, 2006).

There were no laws till early twentieth century to safeguard the children. A need for universal law to protect the children emerged as the problem was visible everywhere. Thus, way back in 1924, Geneva Declaration as a significant international instrument was formulated. Its was adopted by the League of Nations having primary aim as to protect the children's rights.

Geneva Declaration (http://www1.umn.edu) states that the men and women of all nations, recognizing that mankind owes to the child the best that it has to give,

declare and accept it as their duty that, beyond and above all considerations of race, nationality and creed. Some of the fundamental tenets of the declaration were:

I. The child must be given the means requisite for its normal development both materially and spiritually;

II. The child that is hungry must be fed; the child that is sick must be helped; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured;

III. The child must be the first to receive relief in times if distress;

IV. The child must be put in a position to earn a livelihood and must be protected against every form of exploitation;

V. The child must be brought up in the circumstances that its talents must be devoted to the services or its fellow men.

Even though the concept of Global Children's Right was proposed in 1924 at the League of Nations, it took five and a half decades to germinate and grow. It was not until the declaration of the International Year of the Child in 1979 that the plight of the world's children was brought into sharper focus (Jeo, 1992).

The Geneva Declaration lost the track of focus substantively with the passage of time and survived essentially as aspirational document. The five points were expanded in succeeding years into the basis for the Declaration on the Rights of the Child adopted by the General Assembly of the United Nations in 1959. This declaration is based on the premise that mankind owes to the child the best. It has to give which reflects the perception about the special vulnerability of children and the social duty to guarantee their protection (Sinha, 2003)

Recognizing and reassuring the need for special safeguard and care for the child stated in the Geneva Declaration of the Rights of the Child in 1924 (and recognized in the Universal Declaration of the Human Rights 1948 and in the statutes of specialized agencies and international organizations concerned with the welfare of children), the child is blessed with childhood and enjoyment for his own good and for the good of society. Recognition and observance of the same by the state and individuals is solicited.

The Declaration on the Right of the Child (1959) (http://www.unhchr.ch) stated that "child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth". It focused mainly on indiscriminations, giving opportunities and facilities to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner. Child should get the social security and accessibility of basic amenities, free and compulsory education, protection against all forms of cruelty, neglect, and exploitation; the child should be entitled from birth to a name and nationality. The best interest of the child shall be the paramount consideration.

It was affirmed without least dissent by all the members of the United Nations, that it was a catalogue of rights as understood in the technical sense accompanying attendant legal consequences. Children's rights were mentioned in four articles of the International Covenant on Civil and Political Rights (1966) and in three articles of the International Covenant on Economic, Social and Cultural Rights (1966). Significant among these were Article 6 (Barring death penalty for crimes by minors), Article 14 (Judicial procedures for juveniles), Article 23 (Special protection for children at dissolution of marriage), Article 24 (Special protection for children and rights to a name and nationality) of the International Covenant on Civil and Political Rights and, Article 10 (Protection of family and children), Article 12 (Right to health care) and Article 13 (Right to education) of the International Covenant on Economic, Social and Cultural Rights (http://www.unhchr.ch).

1979 was commemorated as the twentieth anniversary of the United Nation Declaration (1959). It was designated as the International Year of the Child. A call was given to all the countries in the world to safeguard the Rights of the Child and to improve the condition of the child. As part of this celebration, Poland proposed that an international treaty be drafted which would put into legally binding language the principles set forth in the 1959 Declaration. Responsibility for drafting the Convention on the Rights of the Child was given to the Commission on Human Rights. On November 20, 1989 the United Nations General Assembly adopted the Convention, making a milestone in the international recognition of the status and dignity of children everywhere. The United Nation Convention on the Rights of the Child has become part of International Law with its ratification by over sixty member countries (http://www.unicef.org).

Children in many parts of the world were affected by and are still affected by inadequate social conditions, natural disasters, armed conflicts, exploitation, illiteracy, hunger and disability. The prevailing situations urged for an effective national and international action. United Nations Children's Fund and United Nations played an important role in promoting the well-being of children and their development. Thus 1989 was a symbolic year for children as the adoption of the Convention that year was a fitting commemoration of the 30th anniversary of the Declaration of the Rights of the Child and the 10th anniversary of the International Year of the Child (Raman, 2000).

The Convention on Rights of Children (http://www.unhchr.ch) applies to all persons below the age of 18 unless, according to national law. It contains 54 Articles to safe guard the different rights of a child and to save the children from difficult situations. All the rights mentioned in the Declaration on the Right of the Child were reinstated and were enforced more rights for the child's betterment. The provisions include that the state has an obligation to ensure the child's survival and development; that the child should not be separated from family, freedom of expression, freedom of thought, conscience and religion, freedom of association, right to privacy; freedom

from violence, abuse, and hazardous employment; freedom from hunger and protection from diseases; free compulsory primary education; adequate health care; and equal treatment regardless of gender, race, or cultural background (http://www.unicef.org/crc/).

On 20th of Nov. 1989, the 44th Session of U.N. General Assembly unanimously adopted the Convention on the Rights of the Child. It was opened for signature on January 26, 1990. That day 61 countries signed it making a record first-day response. Since then, in just eight years, every country in the world except Somalia and the United States has ratified the Convention (http://en.wikipedia.org).

The Convention on the Rights of the Child pertaining to Street Children (http://www.hri.ca/children/street/CRCarticles.shtml)

Article 20 states that:

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, *kafalah* of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

UNICEF hosted the World Summit for Children in 1990 (http://www.unicef.org/wsc/) which witnessed demonstration of political will as the nations present were all set to move from rhetoric to action seizing the opportunity. The unprecedented gathering of world leaders lit a beacon of hope at the World

Summit when they made the declaration on survival, protection and development of children vowing to save the lives of some 50 million children by the year 2000 and improve the quality of life for hundreds of millions more. Quite evidently laying down a new international ethic of children, the topmost leaders from some 70 countries, and senior representatives from other U.N. member states, pledged themselves to change the dismal outlook.

The SAARC which assembled in Colombo during September 1992 (http://www.saarc-sec.org), on behalf of 410 million children of South Asia, endorsed their commitment to give children the highest priority in national development planning and appealed for enhanced budgetary allocations to the social sector. It asserted that investment in children be made a 'non-negotiable political commitment'. They pledged to remove disabilities of children symbolizing the fundamental rights to health and education and eliminate exploitation of children causing material deprivation of full personhood synchronizing with the right not to be employed. As a follow up, the rights of children to health, food, education and right against exploitation were stressed.

The Vienna Declaration of Human Rights (1993) (http://www.unhchr.ch) stated that all states should, with international co-operation (a) combat "exploitation and abuse of children by addressing their root causes"; (b) device effective measures against female infanticide, harmful child labour, sale of children, child prostitution, child pornography, as well as the other forms of sexual abuse; (c) organize "means of improving the protection of children in armed conflicts and programmes of "after care and rehabilitation of children on war zones" as well as those in especially difficult circumstances. The 1989 UN Convention on the rights of the child apply for four main areas of children's rights, namely, survival, development, protection and participation.

The U.N. organizations such as World Health Organization (hereafter WHO), United Nation Children Education Fund (hereafter UNICEF) and International Labour

Organization (hereafter ILO) took the responsibility to fulfill the dreams of the UN in safeguarding the rights of the children. Health was declared a fundamental right of every human being. The objective of the WHO, a specialized health agency of the United Nations, is "the attainment by all peoples of the highest level of health". Children are entitled to, and eventually must be provided with every opportunity to help them to survive, grow and develop into personhood. By all means they are the fundamental obligations of the family in which they take birth and the society in which they live (http://www.austlii.edu.au).

UNICEF was a party in the formulation of the Convention on the Rights of the Child. It works for the overall protection of childhood guided by the principles and standards established by the Convention on the Rights of the Child. It mainly emphasizes on advocating children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. It also helps to change the legal and policy framework of States parties and to improve understanding of the Convention itself at all levels of society. It works for the children in armed conflict and on the sale of children, child prostitution and child pornography. UNICEF draws attention to the duties of governments, families, communities and individuals to respect those rights and supports them (http://www.unicef.org/crc).

The ILO is the specialized agency in the United Nation system having the responsibility to look after the social and labour issues. ILO formulated the Minimum Age Convention (No. 138) and the ILO Worst Forms of Child Labour Convention (No. 182). The latter explicitly commits governments to develop with urgency national plans of action to eradicate the worst forms of child labour, including debt bondage and trafficking (http://www.ilo.org).

According to the International Labour Organisation (ILO), educating children rather than forcing them to work could yield enormous economic benefits for developing nations. Paying for a child's education could bring a sevenfold return on the investment, in addition to social and other benefits that make this a preferred option

to child labour (http://acr.hrschool.org). ILO Declaration on Fundamental Principles and Rights at Work (1998) (http://www.sdc.gc.ca) is an expression of commitment by governments, employers and workers organizations to uphold basic human values - values that are vital to our social and economic lives. The Declaration covers four areas:

- Freedom of association and the right to collective bargaining;
- The elimination of forced and compulsory labour;
- The abolition of child labour; and,
- The elimination of discrimination in the workplace.

ILO functions as an instrument in prescribing minimum age for admission to employment; instrument in prohibiting the employment of children and young persons in certain categories of hazardous work; prohibiting night work; prescribing medical examination for children and young persons admissible for employment; instrument in making provision for stricter standards for young workers with regard to hours of work, weekly rest, paid holidays, apprenticeship etc. Till now we have seen the various global conventions so now we will see the global scenario.

GLOBAL SCENARIO:

Street Children have been a focus of attention for aid agencies and governments for more than 25 years. The issue first appeared as a major concern in the wake of the International Year of the Child (1979). Then it took 10 years to formulate the Convention on Rights of the Child. The convention sought to ensure the right to survival, to develop to the fullest; protection from harmful influences, abuse and exploitation, and, to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination, devotion to the best interests of the child, the right to life, survival and development, and respect for the views of the child (http://www.unicef.org/crc/). In 2003, approximately 145 million of the world's

children aged 6-11 were out of school (85 million girls, 60 million boys) (http://www.unescobkk.org). An estimated 100 million children lived and/or worked on city streets in the developing world (http://www.childhopeusa.com).

In comparison to developed countries, children in developing countries were worse affected by poverty, malnutrition and infectious disease. Some of the significant observations were (http://www.thestatesman.org):

- More than 10 million children die each year from preventable diseases at the beginning of the 21st century.
- Out of five million children who died each year in South Asia, about three million died owing to malnutrition.
- Over eight million children in the world died every year from the five killer diseases - pneumonia, diarrhoea, measles, tetanus and whooping cough.
- More than 155 million children under five in the developing countries are adversely affected by poverty.
- There are roughly 40 million children living on streets in Latin America; 25 to 30 million were in Asia and 10 million in Africa. Street children suffered because of neglect. They worked in polluted environments and were often abused and exploited. They suffered from ill-health and become victims of infectious diseases. The number of AIDS cases among street children is the largest in Latin America. (Unicef, 2005).

A recent UNICEF 2005 report (http://www.un-az.org) on the state of the world's children under the title "Childhood Under Threat" stated that over one billion children, half of the world's population of children, were denied their childhood. Furthermore, the study pointed out that poverty and AIDS have prevented the world from meeting the goals on their improvement. Their right to a healthy life, as adopted in the 1989 convention, was often endangered by failure of governments to carry out human rights and economic reforms. It was also reported that some 640 million children lack adequate shelter; 400 million have no access to safe drinking water; 270 million lack health care amenities and 140 million mostly girls have never been to

school. It was earlier reported that more than 150 million children are malnourished worldwide.

A comparative literature from different parts of the world showed there is a 'paradigm shift' over the last two decades, intense academic and welfare concern played a major role in this transformation (Ennew et al, 2003). In the academic sphere, the discourse on street children had transformed by considering the elements of time, space, as well as theories that individuals are active agents in the construction of social reality. At the level of practice, in policy and the design of programs, a major influence was the 1989 United Nations Convention on the Rights of the Child, which established children as subjects of rights and active agents.

ILO (1986) had given a causal analysis for the children to move out of their home as: immediate, underlying and structural rather than the conventional assumption those street children are either "thrown away" or "runaways" because of poverty and family breakdown.

The modern city centers and shopping malls have different meaning and mappings for home-based and street-based children, by night and by day, for adults and for children. The paradigm shifts that has happened, street children's lives were chaotic; they will become delinquents over the time this assumption was changed into street children have changing careers on the street, and their increasing age is an important factor. Street children are homeless and abandoned victims on the availability of space it was presumed now as street children create meaning for using street spaces and form supportive networks. Adults know best; adult control and supervision is necessary to ensure children's welfare through ideas of social construction of meaning the consequent change was children were active agents in their own lives; they construct meanings and were subjects of rights (Op.Site).

Traditionally, studies located street children in social categories such as the poor, the destitute, the vulnerable population or the population at risk. Other scholars have advanced the view that street children belong with the socially excluded groups.

However, both approaches treat these children as if their life experiences were not linked to the general class structure and the State. *"An improved understanding will help them to include in a social class, namely: the socially excluded class* (Venanzi, 2003: 473)". Class and exclusion paradigms were well suited to one another insofar as some excluded persons participate in the division of labor.

"The excluded people are those who have been denied of certain social and political rights" (Ibid, p 474). The social exclusion of children can be easily recognized in their lack to access basic services including health, education, and adequate housing. The class scheme allows us to examine the life experience of these kids through a comprehensive analytical framework which comprises a set of specific empirical dimensions such as the commonality in their life experience, position in the division of labor, use of social capital as an asset for survival, nature of their social relations with other classes and the state, and their strategies of collective action (Ibid). This study restricts itself with the literatures of developing countries.

Latin American Scenario:

A report prepared by the ILO for the Cartagena Meeting estimated that no less than 15 million children worked in Latin America, with approximately half of these child workers between ages of 6 and 14 years old. The figures become more alarming however when translated into the fact that one in every five Latin-American children is a child worker (http://aspin.asu.edu).

In 1996 the Inter-American Development Bank and UNICEF estimated there were 40 million street children in Latin America (http://www.hiltonfoundation.org). The difficult conditions borne by millions of Latin American children and their families were particularly sharpened during the "lost decade" of the 1980s. The precarious situation in which the majority of Latin American children were growing up has been further aggravated by the policies of economic adjustment adopted by most governments in response to the debt crisis, the major economic problem of the 1980s (http://pangaea.org)

Surveys of street children in Latin America suggested that their ages ranged from 8 to 17 years, with the average age on entering the street being 9 years. In Brazil, the estimates ranged from 7 to 17 million, but more informed assessments suggested that between 7 and 8 million children, aged5 to 18, lived and/or worked on the streets of urban Brazil. Numerous studies have reported widespread use of inhalants, marijuana and cocaine, and Valium among street children. Because of their drug use, predatory crimes and general unacceptability on urban thoroughfares, they were frequently the targets of local vigilante groups, drug gangs, and police "death squads". Although there have been many proposals and programs for addressing the problems of Brazilian street youth, it would appear that only minimal headway has been achieved (http://www.udel.edu/butzin/articles/child.html).

Death squads in Brazil they were allegedly organized by the police. A widespread violence that killed two youngsters on average every day. By 1993, this figure had risen to an estimated four children being killed a day. "Because street children are increasingly blamed for the rising crime rate in Brazil's cities, they have now become prey: An average of four a day are killed". Human Rights Watch/America estimated that 5,000 children were murdered in Brazil between 1988 and 1991 (Guardian Newspaper, London, UK, 1994).

Data from ethnographic notes, ethno historical documents, and standardized tests given to Colombian street children illustrated that the children functioned with adequate mental health (Aptekar, 1991). Using cross-cultural comparisons, including North American 'runaways,' it was shown that street children lived as nomadic entertainers in a politically volatile sedentary society. They were abused by society because *'they challenged the concept of 'family' depicted by the dominant social class'* (Ibid, p 330).

A study conducted in Brazil set out to research one aspect of these children's lives, i.e., their friendship among street boys and children from low income families, using

the Cornell interview of peers and friends (CIPF). As expected, boys of the street showed more problems in terms of friendships than boys in the other group. Latency boys of the street had older friends and best friends than boys with a family (Luis et al, 1998: 277). Compared with boys with a family, boys of the street tended to

a) fight more

b) lose more friends through fights

c) lie more to close friends

d) give things to make friends, sell things to get friends and get themselves into trouble with friends more frequently

e) be a target of friends' unreasonable aggression (Ibid, p 278).

Children and adolescents in Rio de Janeiro perceived the street as offering the possibility of protection, release and freedom in contrast to families and communities which they conceived of as repressive, full of conflicts and violence and characterized by fractured affective ties. They portrayed two worlds where affection, security and opportunities for wholesome development appeared impossible – the world of the home and of the street. It hindered them to think about their future and left with no trace of happy moments in street life (Rizzini, 2003).

African Scenario:

In Africa almost everyone struggle, but for children the condition is worse. Growing up in a world without the very basics in life, food, clean water, medicine, shelter, safety, a bed of your own. Though they wanted to attend school, but there is no money for school fees, so you stay home and wait for a miracle, life is simply survival, staying alive. Death is very common (20% of Africa's children do not reach the age of six) (http://www.abaana.org/sponsorship/africa.cfm). There is an epidemic of AIDS engulfing much of Africa, especially sub-Saharan Africa. In some African countries it is estimated that 40% of the working-age population has contracted HIV,

It is estimated that 90% of the world's HIV-infected children live in Africa, and more than half a million die of AIDS each year.

According to UNICEF there were about 10 million street In South Africa in 1998 (http://www.hiltonfoundation.org). The civil society forum of east and southern Africa on promoting and protecting the rights of street children quantified the numbers of street children in the important regions; the figure was in Ethiopia 150,000, Kenya 250,000, Mozambique 3,500- 4,500, south Africa 250,000, Uganda 10,000, Zambia 75,000, Zimbabwe 12,000 (http://www.hiltonfoundation.org).

Street children in Belo showed that with increasing age more youth reported sleeping on the street, having less family contact, and being involved in illegal activities. (Campos et al, 1994). Home based street girls and the street based girls constituted about 25 % of the population. Fewer street-than home-based youth had someone to give them a space to sleep, protection, or help in case of injury or illness. Street based youth were more likely to than home-based youth to ever go hungry (Campos et al, 1994: 323). Nearly two third of the street-based youth belong to a *turma* (group/gang) with more street than home-based boys belonging. *Turma* is a close-knit group that provides youngsters with support, companionship, and protection. (Ibid).

Street based youths in Belo engaged in work requiring no capital. Youngsters were drawn into illegal activities because of the low and unpredictable incomes generated by street jobs. Street youths outnumbered home-based youth in taking substances. Even though they took alcohol the majority also consumed 'street drugs' (inhalants like paint thinner, and shoemaker's glue; marijuana; *lolo*, a mixture of ether and perfume; cough syrup; amphetamines; cocaine; and hallucinogenic teas). They used drugs mainly to make street life bearable by dulling hunger (inhalants are cheaper than food), helping youngsters forget their problems, and giving youth courage to steal and face the dangers of the street. More streets than home based youths have sexual intercourse. *'More over it fulfills multiple needs such as survival, pleasure, comfort and dominance'* (Ibid, p 325).

It is a general truism that children are held in one of two regards or combinations thereof: as good scapegoats or bad. On the good scapegoat we project our ideals, and so protect adoringly; conversely, on the bad scapegoat we project our guilt, and consequently fear. Both the fear and protective models are not mutually exclusive. People who subscribe to the protective model recognize that children need control, just as people who endorse the fear model accept that children need protection. *When the children behave like children, it is demanded that they act like adults, and when they behave like adults, they are required to act like children* (Arnon, 1995: 65). Disproving the misconception of street children individualism the research shows that they are found to excel on moral and dimensions of achievement, which refer to the attributes of leadership. *"They are more co-operative and socially competent than the average school going child, and more confidant, preserving and resourceful"* (Ibid, p 71).

Lalor in 1997 while examining the victimization experienced by street children in Addis Ababa, Ethopia. Widespread abuse of street children was reported. Interviews with 28 street boys revealed that being beaten is a weekly occurrence for approximately one third of the sample. More than half reported being "regularly" physically attacked on the streets, frequently severely. Injuries from stabbing, slashes from razor blades, fractured skulls, and broken bones were quite common even among this small sample. Such injuries are most often inflicted during fights with other street boys. Disputes typically arise over "rights" to work in a particular area or perceived insults (cited in Lalor, 1999: 764).

Children of-the-street, on the other hand, *"fully participate in street life at an economic and social level and they do not go home with any degree of regularity or consistency"* (Ayuku et al, 1997). Street children performed all the functions that sociologists expected of the family: economic support, protection, emotional and affective relationships, health care and so forth (Ibid).

There were similarities between Latin America and Ethiopian street children in terms of age, gender, family background, and reasons for coming to the streets. Almost nothing was known about how a street child's psychological and physical health compared to that of his sibling's or neighbors who did not work. Widespread abuse of street children was reported. More than half of the street boys questioned reported being 'regularly' physically attacked (Lalor, 1999: 764). Street life was also highly vitomogenic for street girls. Forty four percent had been raped and a further 26% had been sexually attacked. *"Girls 'on' the street differ from girls 'of' the street in that they slept at home and, consequently, experienced considerably less victimization"* (Ibid, p 768).

Given their preoccupation with unemployment in Africa and lack of money, the problem of HIV/AIDS was prevalent in Ethiopia, but they were aware of the necessity to use condoms. Contrary to popular beliefs, the informants remarked that it is safer to have sex with prostitutes than with 'ordinary' girls or female students, because the former are more careful and insists on the use of condoms (Tadele, 2000:123). The prostitutes in developing countries like Ethiopia were believed to be powerless in forcing the client to use condoms. Mostly they worked in bars and hotels, where prostitution and alcohol usually went together, consistent use by either partner was not expected. Street children and youth in Dessie were not well informed about all aspects of HIV/AIDS transmission and prevention. Strategies to improve the acceptability and accessibility of condoms to the youth needed to be implemented. Peer educators were good sources to spread knowledge about HIV/AIDS among the street youths (Ibid)

In case of fulfillment of their basic need of the street children in Tanzania, it was found more than half (60%) street children slept on the streets or on the pavement, and 11% slept on corridors near religious institutions. For economic need most of the children 88% worked informally as parking boys, car washers and baggage loaders. The majority 72% of the children used the water of the Indian Ocean for bathing. More than two third of these children used public toilet facilities available in the city,

about 10% use parks, pavements, road and seaside for their toilet needs (Lugalla, 1999).

Violence against women in Addis Ababa is an important public health problem not only because of the physical injury that may result but also because of potentially harmful health behaviors that may be triggered in response to violence. The study conducted among 654 female street adolescents reveals that the prevalence of rape among the female street adolescent in the last 3 months was 15.6%, attempted rape 20.4%, and unwelcome kiss 16.4%. "Women 'of the street' were victimized more than the women 'on the street' in the prevalence of rape of the street women comprises of 27.6% and on the street women 3.9%". Unwanted pregnancy, abortion, STIs, and psychological problems were reported as consequences of rape (Molla etal, 2002:123).

A total of 506 street children and women from Awassa, Southern Ethiopia participated in the study. Two hundred forty one (47.6%) of the respondents reported that they have had meals as available. Two hundred seventy eight (58.0%) of the children were homeless. Two hundred eighty (55.3%) of the street children reported one or more previous health problems. Malaria-like febrile illnesses (42.6%) followed by respiratory tract illnesses (33.1%) and diarrhoeal diseases (4.5%) were the major health problems reported. Among the street children and women who reported health problems, 63.4% attended government health facilities (hospitals and health centers), 15.7% used traditional medicine and 9.1% attended private health institutions (Sorsa et al, 2002).

Furthermore, 6.6% of those who reported health problems did not obtain medical treatment for economic reasons. There was significantly association between younger age and health problems. About half of the children reported that they used one or more of the habit-forming substances (alcoholic drinks, chat and cigarette). Their personal hygiene was found to be very poor (Ibid).

The Maastricht Social Network Analysis (MSNA) was implemented as the core instrument to measure the health status and social problems of the street children. The MSNA model subdivides the network into family, friendly relations and social service providers. 'Four basic needs are distinguished: affective needs, connection needs, stability needs and material and instrumental needs' (Ayuku et al, 2003: 110). They found the questions were understood easily and it demonstrated health and social services research capacities could be developed to reach the most disadvantaged section (Ibid).

Asian Scenario:

An Indonesian study compared street children with school children from nearby slums. The former (an undifferentiated sample including both homeless and home-based children who worked on the street) averaged better heights and weights than poor counterparts attending school: food intake or disease did not led to pronounced under nutrition. The authors suggested that they had higher, but irregular income and relied on networks of solidarity and care within their group to buffer themselves against shortfalls. They provocatively concluded that 'under extreme poverty, children can do better alone than with their parents', and challenged the assumption 'that all street children are pitiful, pale and thin, malnourished children' (Gross *et al*, 1996).

In Nepal a study conducted among boys in four different environments (three urban and one rural): those currently homeless, those residing in illegally occupied squatter settlements, those attending a middle class school, and those living in a remote rural area. The homeless boys showed predictably worse profiles than the middle class, but were taller than both squatters and villagers. Unexpectedly, the villagers were the ones showing the smallest stature, although their households were self-sufficient in cultivated food (Panter-Brick *et al*, 1996).

An education outreach programme in Ho Chi Minh City, Vietnam, from 1995-1999 argues that in order to start the contact with the street and working children and building a relationship with them based on friendship and trust providing basic health care and health support during injuries was very significantly effective (Acoleyen , Koen, 1999).

One of the Russian studies looked how the childhood was viewed differently by different people. The adult saw childhood as a protected and nurtured time of life, while the homeless child saw childhood as a time of independent struggle with the demands of the adult world. Adult saw homeless children as victims of the evils of their society, yet also as untouchables; homeless children saw themselves as manipulators of a world they mistrust. One should see these children's lives not as pathological, but as signs of resiliency. Instead of reaching to the adult world, homeless children, took their own initiatives, have figured out how to cope. In doing so they have shown high ''remarkable resiliency''. If we fail to recognize the hidden power of homeless children, they will remain, in a sense, at war with the adult world in which they live. So they will unnecessarily force these children to grow up in a prison-like institution (Fujimura, 2003).

Indian Convention and Policies:

Till now we have seen the global conventions and global scenario. Many of the countries including India had signed in many of those conventions apart from that India has his own constitutional provisions for the children. This section will give a overview of Indian polices and scenario. Right from the early days, care for children have been one of the cause to which India has remained committed. In independent India, the commitment was enshrined in our constitutional provisions (http://www.empowerpoor.org/backgrounde). As a follow up to this commitment, the Government of India adopted a National Policy for Children in 1974 (http://www.indianembassy.org/policy). The policy documents declared:

> "The nation's children are a supremely important asset. Their nurture and solicitude are our responsibility. Children's programme should find a prominent part in our national plans for the development of human resources, so that our children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and, motivations needed by society. Equal opportunities for development to all children during the period of growth should be our aim, for this would score our larger purpose of reducing inequality and ensuring social justice".

It further declared:

> "It shall be the policy of the state to provide adequate services to children, both before and after birth through the period of growth, to ensure their full physical, mental development. The state shall progressively increase the scope of such services do that within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth".

With the passage of time, the government felt that legislation alone would not be sufficient to tackle the problem of child labour. The said constraint, to which the government was subjected, was notable subsequent to the adoption of a comprehensive legislation on child labour in 1986. Consequently, the government formulated a National Policy on Child Labour in the consecutive year.

The policy on child labour was announced in the Parliament in August 1987 (http://www.indianembassy.org/policy). It displayed an action plan envisaging the legislative action plan, the focusing of general development programmes, for benefiting child labour wherever possible, and project-based plan of action in areas of high concentration of child labour engaged in wage and quasi-wage employment.

Under the legal action plan, emphasis will be laid on a strict and effective enforcement of the provisions pertaining to employment of children. Secondly, various national development programmes which exist with wide coverage in the areas of education, health, nutrition, integrated child development and income and

employment generation for the poor, will be activised to create socio-economic conditions in which compulsions to send to children to work will diminish and children are encouraged to attend schools rather than take wage employment. Under the project-based plan, ten projects were proposed to be taken up in areas of child labour concentration with special responsibilities.

India's commitment to children became firmer and firmer with its joining the committee of nations on the successive re-affirmations of the global commitment to the cause of children during 1989-90. The U.N. Convention on the Rights of the Child in 1989, the world conference on Education for All at Jomtine in 1990, the Global Consultation on Water and Sanitation in 1990, the World Summit on Children in 1990 and the SAARC Summit on Children, were all parts of this reaffirmation process which transcended national barriers. To cap it all, India is a signatory to the World Declaration (1990) in the Survival, Protection and Development of Children and Plan of Action for implementing it (http://www.empowerpoor.org/backgrounder).

In response to such reaffirmation, India drew up a National Plan of Action identifying quantifiable targets in terms of major as will as supporting sectoral goals representing the needs and aspirations of almost over 300 million children in the spheres of health, education, nutrition and related aspects of social support.

The Union Government of India made enforcement of Convention on the Rights of the Child (CRC) on 11th January 1993. Government had the obligation to submit periodic reports on the measures adopted giving effect to the rights (as per article 44 of the CRC – the Convention). The initial country report submitted by the Indian government in 1997 was the basis of first round of discussions during the 23rd session of the committee in 2000. The latest report submitted in 2001 to the Committee on the Rights of the Child was reviewed and discussed during its 35th session, which concluded in January 2004.

Some of the limitations of this report are like; despite its size, the report fails to provide a clear picture of the status of children in India. Secondly, it lacks substance and glosses over some fundamental issues, Furthermore, by keeping the official report somewhat inaccessible, the government succeeded in excluding a cross-section of key stakeholders from monitoring its efforts at the domestic level and thereby protected itself from a public audit and critique (Mahendale, 2004). At last in 2001, the Government of India constituted a statutory National Commission for Children Bill, 2001 (Sanajaoba, 2000).

In 2004, the Government also accepted two optional protocols to the convention. It addressed the involvement of children in armed conflict, and the sale of children, child prostitution and child pornography. Such measures are strengthening national policy to protect children from these dangerous forms of violence and exploitation.

Charter for Children (2003) (http://wcd.nic.in/nationalcharter2003.doc) implies that children have a right to be protected against neglected maltreatment, injury, trafficking, sexual neglect, physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading treatment. State shall take legal action against those committing such violations against children even if they be the legal guardians of children. The State shall in partnership with the community set up mechanisms for identification, reporting, referral, investigation and follow-up of such acts, while respecting the dignity and privacy of the child (DWCD, 2005).

There is wide range of laws guarantying a substantial extent to the rights and entitlements as provided in the Constitution and in the UN Convention. Some of these are:

- The Apprentices Act, 1861
- The Guardian and Wards Act, 1890
- The Reformatory Schools Act, 1897
- The Children (Pledging of Labour) Act, 1929

- The Child Marriage Restraint Act, 1929
- The Hindu Minority and Guardianship Act, 1956
- The Hindu Adoption and Maintenance Act, 1956
- The Immoral Traffic (Prevention) Act, 1956
- The Women's and Children's Institutions (Licensing) Act, 1956
- The Young Persons (Harmful Publications) Act, 1956
- The Probation of Offenders Act, 1958
- Children Act, 1960
- The Orphanages and other Charitable Homes (Supervision and Control) Act, 1960
- The Child Labour (Prohibition and Regulation) Act, 1986
- The Juvenile Justice Act, 1986

Policies:

The legal protection of the child was also backed by policy and programmatic commitments. Some of the major policies in areas affecting children were:

- National Policy for Children (1974)
- National Policy on Education (1986)
- National Policy on Child Labour (1987)
- National Nutrition Policy (1993)
- National Health Policy (2002)
- National Children's Charter (2003)

Indian Constitutional Provisions:

Our Constitution guarantees many provisions for children to safeguard their fundamental rights. The state has been empowered to make special provisions for children [Art. 15 (3)]. The Constitution states that traffic in human beings, begging and other similar forms of forced labour are prohibited and any contravention of his

provision shall be an offence punishable in accordance on law [Art 23]. It further says that no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment [Art 24]. These provisions are in the nature of fundamental rights guaranteed to individuals, which cannot be taken away abridged by the state [Art. 13(2)] (Sathe, 1997).

The directive principles enjoin upon the state to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice, social, economic and political, shall inform all the institutions of the nations life [Art. 38]. State shall direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter into avocations unsuited for their age or strength [Art 39(e)]. Article 45 asked the state "to endeavour to provide, within a period of ten years from the commencement of this constitution, for free and compulsory education for children until they complete the age of fourteen years" (Sathe, 1997).

The Indian government gave three reasons for the precarious condition of street children. They claimed that there was no clear-cut definition for street children so they were unable to provide the benefits and programme targeting to these children. Secondly they allege they were floating population so they find it very difficult in planning and implementing for their care and protection. Thirdly they claim they stay in unreachable places like drainpipes, under flyover, on pavements, on railway station, footpath, parks, etc.

There was no need for any categorization of these children because in all the categories, children were in precarious condition. Such a categorisation may exclude some section and provide services only to very few children. More over, it will help the government to shed down its burdens by categorizing very few children as 'risk group' as if the rest of the children were not in need of any help. Since these children were floating mass, a comprehensive programme through out India covering all the

children should be planned. The existing piece meal programme is not reaching the street children properly as these children are not included in many of the poverty alleviation programme, albeit they are the most needed children (DWCD, 2005).

Policy Implication in India:

Child was considered as a gift that must be-nurtured with care and affection within the family and the society. Over the years, due to socioeconomic and cultural changes in the pre-independence period, the code of child centeredness got replaced by neglect, abuse and deprivation, particularly in the poverty afflicted sections of the society.

Children rights have to be respected with regard to their integrity, dignity, interest and opinion. But children in India are deprived of even the basic human rights due to them. Human rights violations of children are numerous and of various types. It is shocking to learn that about a million are abandoned soon after their birth due to various socio-economic pressures. The problem of child labour in India is an alarming one and constitutes egregious violation of children's rights. India continues to be in the stranglehold of child labour even after five decades of planned development (Bhargava, 2001).

Non-discrimination among children is an overriding principle of the Constitution. However, in India, not all children get treated equally. Many millions face unequal opportunities for survival and development. Among the disadvantaged group; the girl child, street children, children of prostitutes and children belonging to socially and economically backward communities need special mention. A number of schemes and programmes have been introduced for their well-being and to provide them the necessary support.

Status of Children:

There are around 20 million child labourers in India working in various hazardous and non- hazardous industries (Bhargava, 2001). Driven by the poverty of their

parents, they are working for long hours in miserable conditions and most unhealthy environment. ILO report claims the number of child labour in India ranging between 40-120 million (http://www.undp.org.in). A study sponsored by The Labour Ministry of the Government of India reports that 44 million children in the age group of 5 to 14 in the labour force (http://www.ashanet.org). The 1981 census recorded the number of child labour to be 13.56 million, while the 1991 Census recorded the number to be 11.28 million (http://www.undp.org.in). Since these surveys do not take into account invisible child labour in domestic service agriculture and other unorganized sector, the number child workers must be far greater than found in any survey. Indian Government has consistently avoided taking firm and strong measures for the abolition of child labour.

Instead of abolishing child labour, Parliament passed the Child Labour Prohibition and Regulation Act, 1986 that emphasizes regulation rather than abolition of child labour. Though the children are not employed in the large factories; they can be legally employed in small workshops. The entire home based cottage industries employs children in the work to support the livelihood of the family. Albeit the child labour are prohibited in the match making industries and fire cracker industries in Sivakasi but the children are free to work in numerous small workshops scattered in the outside the town. About 52% of the child labour force is employed in the agriculture sector. There are children working in hotels, domestic jobs, construction works and other avocations. Thousands of bonded labours work over 12 hours a day in the dark, dingy workplaces (Sathe, 1997).

Child rape and child prostitution is another dimension of violation of child rights and dignity (Bhargava, 2001). There are serious inadequacies and shortcomings in the law addressing child prostitution, status of disabled children and neglect of the street children. Even the fundamental rights provided in the constitution such as right to education, food, health and right against exploitation are violated.

Education is one of the best way to remove the people's economic, social, cultural slavery but the government even after the independence of 58 years fails to implement it properly. In India, the expansion of literacy has not kept pace with the growth in population. The 1981 census reported that 314 million Indians were illiterate; the 1991 census puts the figure at 335 million (Sathe, 1997). Education gives a better opportunity for a person to get good job, which enables the person to become economically well off. Due to the lack of this opportunity, many people were forced to take up unskilled and semi skilled jobs fetching them very poor money. It clearly shows the unjust concern of government towards the socially and economic deprived people.

The Infant Mortality rate has declined gradually to 68, as well as the other indicators such as the Under Five Mortality rate to 94.9 and Maternal Mortality to 520 (NFHS, 1998-99). Still diarrhea and other preventable diseases constitute the major portion of child mortality. In the age group of 1-5 the stunting is 49%, underweight is 60% and wasting is 22.5 percent. Nearly 50 percent of the children were chronic malnourished (NNMB 2002 pp. 88). These indicators clearly show decline yet India has to go a long way to provide a good health to all children.

Studies have found that about 40 per cent of the prostitutes were inducted into the profession before 18 years of age. It is estimated that a quarter of the 2.3 million sex workers in India are minors in over 1000 sex trade districts all over India (DWCD, 2002). Another estimate puts the figure about 2.5 million as child sex workers (Sathe, 1997). Girl children are being exported and they are also imported from poorer countries like Nepal, Bangladesh and Pakistan for flesh trade. Girls rescued from brothels have often contracted various diseases like AIDS and their rehabilitation becomes difficult. They have cut themselves off from their families. Parents who have had to sell them are reluctant to own them due to fear of social ostracisation.

Child abuse is another horrible torture which children have to bear. All rape victims, children up to 16 years constitute 19 per cent of the victims. During 2000, an increase

of 1.8 per cent of rape victims among children below 10 years and decline 1.4 per cent among children in the age group 11- 15 years was observed (DWCD, 2002). Rape and molestation of girl child even by near relation is common. Complaints against parents are not entertained because of the concept of the house being a person's castle (Sathe, 1997). Even upper class and so-called educated parents do not feel any compunction in using violence against children.

Rights of the children:

A contradiction exists in the constitution which serves as loop hole to take law in hand and employ the children in jobs. Article 24 talks of the fundamental right of the child not to be employed to work in any factory of mine or engaged in any other hazardous employment. This indirectly means the children could be employed in non-hazardous jobs. In another provision constitution states that state shall direct its policy towards securing that tender securing age of children is not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength. It contradicts with another directive principle stating that the state shall direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity. Childhood and youth are protected against exploitation and against moral and material abandonment.

Children work both outside and inside the home. More children are concentrated in the so-called 'unproductive' spheres of work and hence, are at best poorly paid and commonly unrecognized. This is despite the overwhelming contribution of children in productive, domestic and other economic activities. Inequalities in terms of age and gender continue to persist both at the household and policy levels. Additionally, a great deal of work that children do – for example, household work, child care, running errands – is not treated as real work and thus, remains unnoticed, unappreciated and, most importantly, unpaid (Nieuwenhuys, 1999).

The Second National Labour Commission (2002) recommended inclusion of the Supreme Court judgment that provided for alternative source of income to the family

as a pre-requisite for eradication of child labour, payment of a compensation of Rs. 20,000 for every child labourer by the employer under the Child Labour (Prohibition and Regulation) Act and employment of an adult in the family in lieu of child labourers working in factory, mine or hazardous work. The consultation report favored a new law on Child Labour Prohibition and Rehabilitation as suggested in the Commission besides, the creation of a fund where fines and compensations can be deposited (http://www.hinduonnet.com).

Right to Education:

If there will be no proper implementation to universalize the primary education, then by the beginning of the next century India will be the country possessing largest number of illiterates. Article 45 directs the state to provide for free and compulsory primary education for children below the age of 14 years. If it had been implemented properly it might have helped India to develop both economically and socially. Even the poorer countries than India have universalized the primary education, which in turn helped them to achieve economic development and social development (Sathe, 1997).

Right to Health:

Article 24 of the Convention on the Rights of the Child (http://www.unhchr.ch) states with urgency the child's right to the enjoyment of the highest attainable standard of health. Again Article 6 of the Convention asserts that the States should recognise that every child has the inherent right to life.

Health, indeed, is a basic need and a fundamental ingredient of human rights. It is a positive right acquired only to the extent that the State is willing to guarantee. In the Indian context, health is a constitutional mandate. The Constitution of India in the Directive Principles of State Policy states that state shall regard the raising of the level of nutrition and standard of living of its people and the improvement of Public health as among its primary duties (Article 39(e) and (f), and Article 47).

This chapter clearly shows that the condition of the children in the early twentieth century have prompted international bodies to improve their conditions. The first initiative on this line was the Geneva declaration in 1924. Latter so many conventions were formulated and gradually many countries became part of these conventions. The main focus of these conventions was to ensure some provisions to the children. It took nearly 55 years to formulate a convention exclusively for children. In 1989 the convention on the rights of the child was formulated fully focusing on the welfare of the children. Many countries including India were signatories of this convention. Apart from this, Indian constitution had lot of provision to safeguard the rights of the child. Accordingly, government formulated many policies to ensure the well-being of the children.

India Scenario:

Introduction:

Statistics indicates that nearly 100 million children of India in the age group of 5-14 years were out of school. Even the recent policy document of the Ministry of Social Justice and Empowerment, Government of India, estimated 30 million children belong to families living in conditions of acute distress and deprivation, being below the poverty line and deprived of health, education and nutrition. They were either found as child labour, beggars or engaged in some work. These children may be broadly described as 'neglected children' or those in the urgent need of care and protection may also be categorized as 'nowhere' children. Such children were commonly found in unorganized slum pockets, on railway stations, beneath the flyovers, etc. in the city like Delhi, aimlessly moving around uncared for and elsewhere too. They spend most of their time on the streets. The factors which gave rise to the increase on number of children in India include poverty, family break- ups, armed conflicts, natural and man-made disasters, lack of employment opportunities and the attraction of cities (DWCD, 2005).

However there are no authentic figures on the numbers of street children in India. Many studies were conducted by various institutions in collaboration with the V.V. Giri National Labour Institute, Ministry of Welfare and UNICEF to assess the condition of street children. In Hyderabad one lakh (1991), Delhi one lakh (1993), Bangalore forty five thousand (1993), Mumbai one lakh (1993), Madras twenty five thousand (1992) and Calcutta one lakh (1993) (GOI, DWCD, 2002). In Chennai there were nearly 8347 children living in the street with the family, or blood relatives and friends (Action Aid). According to the UN High Commissioner for Human Rights, India has the highest number of street children in the world. There were no exact numbers, but conservative estimates suggest that about 18 million children live and labor in the streets of India's urban centers. Mumbai, Delhi and Calcutta each have an estimated street-children population of over 100,000 (as quoted by Manohar, 2006). In 1999, R. Agrawal estimated that India was home to about 20 million street children (approximately 7% of the child population). A decade ago, the figures for child labour were estimated at 11.28 million (Census, 2001). There is however, no census data available for street children since they constitute a floating population. No one knows for certain how many street children there are in India although the phenomenon is evident all over the country.

A large majority (56%) of the street children in Mumbai were originally from the West part of India, (i.e. from Gujarat, Maharashtra, and Rajasthan) (D'Souza et al, 2002: 8). An earlier study conducted in 1999 (sample size = 1,176 street children) calculated 31% of the children as originating from the west parts. 21% of the street children originated from the North part, i.e. from Bihar, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, Uttaranchal and Uttar Pradesh (as quoted in D'Souza et al, 2002: 8). This bears out the fact that Maharashtra, and Uttar Pradesh and Bihar were the main contributors to the body of street children in Mumbai.

Nearly half of the runaway children of Delhi were from Bihar and U.P. 18.7% from Delhi and rest from other states of the country (Sarbjeet, 2004). Another study in Delhi also conforms the same trend in homeless population, nearly 40 per cent of the

homeless people in Delhi were from UP, 29 per cent were from Bihar, 8 per cent from West Bengal and the rest were from the nearby states (Aashray Adhikar Abhiyan (AAA), 2001). The UNICEF 2005 report also said millions of Indian children were equally deprived of their rights to survival, health, nutrition, education and safe drinking water. It was reported that 63 per cent of them go to bed hungry and 53 per cent suffer from chronic malnutrition. The report said that 147 million children lived in kuchcha houses, 77 million does not use drinking water from a tap, 85 million were not being immunised, 27 million were severely underweight and 33 million have never been to school.

A significant portion of the street children were working in the unorganized or formal service sector in every city. Majority of these children live or work on the streets at railway stations or bus terminals, as street vendors, polishing shoes, carrying heavy loads, and as rag-pockets, many of them were also forced into drug-peddling elements often used these children for begging around crossroads and places of worship (DWCD, 2005).

Many factors have contributed to the problem. They include migration caused by extreme rural poverty; children who run away from abuse; broken families or orphaned children; children rendered homeless due to natural calamities and toddlers who were abandoned because of poverty or unwelcome pregnancies. The problem is apparent. Poverty-stricken children are all around. The main odd jobs were selling newspapers, books, food and flowers or begging for money and food. Many worked in shops or small hotels; many works as shoe shiners or car cleaners. Some took rag picking, sifting through garbage, collecting and selling waste paper, plastic or scrap metal. A few became embroiled in organized crime or fall into the world of pick pocketing, stealing, drug trafficking and prostitution. They could be found in alleys, bus stops, railway stations, under bridges, in public places, mosques or temples. Lucky ones find shelter in shantytowns. They bought food from hawkers, beg for snacks or accept free meals from charitable organizations. They drank water from

municipal taps or small roadside restaurants. Taking a bath was not a high priority. In Mumbai, it was often a quick dip in the sea (http://www.iht.com).

It was conceived that a lot of these children have fled to Mumbai after the various natural calamities that have taken place in areas like Jamnagar, Latur, etc. Another reason could be the proximity of these regions to Mumbai, thus making it cost and time efficient to travel there. The mean age of the children attending was 14.6 years. That most of the street boys (approximately 34%), had spent between 5 to 15 years in Mumbai (M = 7 years). Many of them were born and brought up here (D'Souza et al, 2002).

The reality of the street child is the naked and vicious face of poverty, sickness and exploitation. The tragedy is, that those who bear it are themselves innocent, lonely and frightened young children. They experience family problems they were unable to solve: i.e., alcoholism, child abuse, ill treatment by stepparents, unemployment and poverty. Their tolerance level had been far exceeded, leading to the drastic decision to leave their family. Those who have run away from home, who wanted to study/work but were not allowed and came to experience the exciting experiences of city life, glamorized by magazines and movies (Manihara, 2002).

A cross-sectional study was done at child observation home in Delhi. It revealed 38% of the children were physical abuse and 14.6% were sexual abuse. Moreover, 94.7% of the physically abused children were abused by family members. Relatives, friends and unknown people on streets had reportedly physically abused 5.3% of the children. *Majority of these children were forced to move out of their home* because of parental abuse (Sarbjeet et al, 2004: 407)

The Calcutta study with 40 children through random sampling method from Rainbow School – a programme for street children run by the Loreto Day School, Sealdah. The characteristics of the children were 9-19 years age group, children living with both or either of the parents or orphan. They have adopted both quantitative and different

qualitative techniques. The findings were the children were explicitly in different exploitative and live threatening situation. Most of the street children were pushed to the streets by the difficult situation the family face. "*The safety net from the family and society is failing to protect the children falling into the trap. Most of the children's childhood has been robbed* (Deb, 2003: 84)". Abuses from the parents to street children were - physical torture, willful negligence, exploitation of innocence and dependency if the child, and enticement to accept a disgraceful life (Ibid, 1993).

Majority 58 per cent of the people came to Delhi in search of livelihood, 15 per cent of family problems, 11 per cent due to poverty in village and the rest 16 per cent due to various reasons. They choosed Delhi because of work opportunity 74 per cent, acquaintance in Delhi 6 per cent and the rest for various other reasons (AAA, 2001).

Discrimination of girls were prevalent every where, it is evident through their higher mortality rate and severely limited opportunities to survive. Even the problem had an darker side in India. The practice of deliberately aborting female foetuses because of a preference for male children is rampant even in relatively affluent states. That had resulted in a plummeting female to male sex ratio among children in India. It fall from 945 girls to every 1,000 boys in 1991, to 927 to every 1,000 in 2001, and had declined further since. Despite laws aimed at halting such abortions, ultrasound clinics and abortion clinics flourish (Asia Pacific Post, 2005).

The girls in New Delhi Railway Station are much fewer, only because most are taken away by touts and sold in brothels, those who do survive on the platform, have to provide sex to the gangs of boys and men on the station in return for protection from the police and touts. Girls are especially vulnerable, points out Devanand Shrivastava of the Salam Balak Trust, as rival gangs rape them to assert their supremacy. "Rape is a weapon here," he said (Inter Press News Service, 1997) (http://www.aegis.org).

According to 'Butterflies' and NGO working for street children, there were 400,000 street children in Delhi. The capital's streets and roads were their workplace. For

100,000 of these children, the streets double as home. They have nowhere else to go. Street children work as rag pickers, in tea-stalls and *dhabas* (roadside eateries), as shoeshine boys or vendors. But street life can be unpleasant and risky. They face physical abuse, the callousness of policemen, were vulnerable to drugs and to health insecurities (Info Change India News, 2000) (http://www.infochangeindia.org). A study in Delhi showed the average age of leaving home was 9.1 years. A total of 68.7% subjects reported substance use in their family. *"Creating knowledge about the ill effect of substance abuse had no significant effect statistically"* (Pagare et al, 2004: 223).

Living condition:

Many of the street children in Chennai did not even have a place to sleep at night. Majority 87 % of them were exposed to sun, rain and cold. At nights 57.8% of the boys and 55.7% of the girls sleep in the open (Arimpoor, 1992).

The general public had a belief that the street children were mostly anti social delinquents but the fact is that only 6.6% of the total samples have served time in juvenile homes or correctional institutions. Out of this small percentage, 52.7% were for petty cases, loitering etc. and only 2.7% of those remanded were for theft. More over we should not forgot that the police often book them in false cases, so even within this many of them might have filed in false cases. The average age of street children in Indore is 12 years (Phillips, 1992) where as the average age of the children in Chennai is 5 (Op.Site, 1992). Around 25 to 30 million children in India spend their lives on the streets in a poisonous environment (Manohar, 2006).

"Not a single girl here is spared," says Veena Lal of 'Karma Marg', an NGO which works exclusively with the homeless girls on the station. She said pregnancy rates were high, and the foetus is usually aborted with *'tambi'*, a traditional method of abortion (IPS, 1997). Most of the people living in the streets face one or the other problem it is very much true in case of homeless people in Delhi. The most common problem, faced by 41 per cent of them, was police brutality. The next biggest problem

stated was the weather 35 per cent, many spoke of problems faced during the monsoon and the winter. The local mafia was also mentioned as a problem by 7 per cent, many people face more than one problem (AAA, 2001).

Social conditions, poverty and drug use shaped concepts of sexuality and coercion among street boys. Pleasure or *maja* was a dominant theme associated with sex. Sex with girls was deemed to be most pleasurable, even if it is rape. Sex with boys also gave pleasure, although "doing" anal sex is much more pleasurable than having it "done". All things being equal, however, boys prefer consensual sex. Despite the pleasure boys derive from sex, they hold a negative view of sex: that it is bad, dirty and shameful. Nevertheless, they were willing to talk about sexual matters. Sexual coercion on the street is an exercise of power, a way to maintain status and subdue a subordinate. Boys who have been forced, in turn want to be in positions of command. Just as sex may express power, it may also be interpreted as an expression of affection and protection. Boys who were "forced" may feel they will receive protection from hazards of street life. The nature of street life—including the lack of food, shelter, protection and emotional support combined with strong power structures—sustains sexually coercive behaviours (Ramakrishna et al, 2001).

Religion and Caste:

85 per cent street children in Indore belonged to Hindu and 12 per cent were Muslims (Phillips, 1992: 32), even the in Chennai the majority above 80 per cent belonged to Hindu (Arimpoor, 1992; Action Aid, 2003). Even in Kanpur the same trend existed around 78.9 per cent belongs to the Hindu and 20.1 per cent were Muslims and the rest were other religions.

In Chennai the 81.6 per cent of street children were scheduled caste, 1.8% were scheduled tribe and the rest 16.7 were other caste people (Ibid). Even other study done recently in Chennai also showed the same trend, about 72.1 per cent were scheduled caste and 7.8 per cent were scheduled tribe and the rest 20.1 per cent were

other cast (Action Aid, 2003). But in north India a different trend exists even though 29.5 per cent were scheduled caste, 2.6 per cent were scheduled tribe it is far less in number compare to south, 46.8 per cent were other castes and the rest 21.1 per cent were non-caste (Pandey, 1993). The same trend exists in Indore 20 per cent of the street children were scheduled caste, 6.3 per cent were scheduled tribes, 25.7 per cent were backward classes and 17.7 per cent of these children do not known their caste (Phillips, 1992).

Religion of street children in India varied greatly according to area, but in general, approximately 70% were Hindu, 18% were Muslim, Christian and other. Percentage of Hindu children was as high as 82% in Hyderabad, Indore & Bangalore. (Almost 50% of Hindu children belong to scheduled caste or tribes.) 82.7% of street children were boys. Girls were more difficult to trace but they were, by far, the most vulnerable (Manihara, 2002).

Basic Amenities

Clothing:

Dress was very sensitive issues for girls in Chennai. When it comes to adequacy of clothing, 62.5% of the girls stated that their clothing was inadequate. Most of them 67.4% stated that they had less than 3 dresses; about 26.3% had only 4 to 6 clothes. The condition of clothing for boys was worse than the girls. Almost 91.2% of them do not have any winter clothing (Arimpoor, 1992).

The condition of street girls in Chennai was much worse, about 37.1% of the girls have attained puberty and of these girls 86.7% have no toilet facilities during this period. Most of them 88% have no privacy. They slept in the street in front of the eyes of the passer-by. They do not have any protected place to take bath; they got up early morning and took bath before dawn. Another distressing fact, that 2.7% of these girls have been sexually abused (Ibid).

Toilet facilities:

In Chennai almost 90% of them had no bathing or toilet facilities and 10% used the dubious facilities provided by the corporation toilets (Ibid). Even the Action Aid study (2003) in Chennai also showed the homeless people do not have proper toilet facilities. In many places they used open air such as railway track, foot path and other open grounds and few used the pay and use toilet. Especially for girls they faced lot of problem because if they wanted to use the pay and use toilet then they have to walk at least for 1 or 2 km to reach the toilet. On contrary to the Chennai situation in Kanpur majority 84 percent of the street children had bathing and toilet facilities (Pandey, 1993). As a middle way in Delhi a recent study showed 41 percent have bathing and toilet facilities and the rest 59 per cent do not have access (Anjali, 2003).

Food:

Most of the street children in Indore got some thing to eat at the place place, like tea stalls, hotels, garages, etc. But this, in most cases, depends on the availability of waste-food, left uneaten by the customers. Majority 77.7 per cent received food regularly and 23.3 per cent got food off and on. Nearly 75.3 per cent ate twice a day, 15.7 per cent ate only once a day, and the remaining 9 per cent were fortunate to eat thrice a day (Phillips, 1992). Except one fourth of the people rest did not have sufficient food it made along with this they have to do heavy work which made them vulnerable to disease and affected their overall health condition (Arimpoor, 1992).

Lori MC Fadyen in India argue that street children have claimed they were getting good nutritious food in the city compared to what they were getting in the village. Though 95 percent of the children got regular meals nearly about 30 percent of the street children neither got tiffin nor breakfast, it clearly indicates that the '*street children work hard for long hours with empty stomach*' (Pandey, 1993: 185). Even most of the children i.e. 68 per cent were under nourished and about 6 per cent were severely undernourished (Ibib). Except 9 percent rest 51 per cent had two meals a day

and 38 per cent had three meals a day. Majority 62 per cent had food from home (Anjali, 2003).

Education:

In Chennai the available facilities for street children were 88% of the children have no education facility, a still higher proportion, 94.3% have no facilities for training; about 74.3% have no hobby and 93.4% have no opportunity to develop their talents (Arimpoor, 1992). Even the recent study done in Chennai among the homeless also confirms that 83 per cent are illiterate and 75 per cent of the children in the age group of 7-14 did not go to school (ActionAid, 2003).

In Indore study among 300 street children about 65 per cent were illiterate, nearly 24.7 per cent of children belong to the primary level, and the rest 9.7 per cent studied till middle level (Phillips, 199). Majority 56 per cent of the homeless people in Delhi were illiterate, 17 per cent were primary level, 14 per cent were middle level and only 10 per cent were in high school level (AAA, 2001). Even in Delhi also half of the respondents never studied and 34 percent were drop out, it clearly indicates the education was not at all in the reach of street children (Anjali, 2003).

The street children were indulges in four primary activities to improve their life style: 1) drop in shelter, 2) night shelter, 3) half- way homes, 4) sick bays. The process of mainstreaming street and slum children aims to prepare children for formal schools and residential camps; mobilize local resource from community and other donors; have community based coaching centers; provide counseling on individual or group basis to help children and parents; and create a supportive environment and ensure education (DoctorNDTV Health News, 2002).

Work:

The street children were looked as beggars and thieves since they were very dirty and involve in rag picking and other menial jobs but if the same child works under them

then their attitudes changes and mention them as servants (Kane, 2003). They scavenge for food in the bins on the platforms and trawl the tracks for discarded plastic for recycle (IPS, 1997)

Street children learn to cope with life on the streets very quickly. Street children undertook various activities and occupation to earn their living. Collecting and selling waste paper, plastic, scrap metal, Cleaning cars and two-wheelers, Selling water, sweets, biscuits, clothes, Sell newspapers and flowers on streets, begging, pimping, pick pocketing, stealing, Work in roadside stalls or repair shops, Coolie work or work in small hotels (kitchens etc) (Manihara, 2002).

Street children in Indore mainly engaged in tea stalls, garages and hotels account which accounts for 33.7 per cent, and rag picking and begging were undertaken by 22.9 per cent and nearly 18 per cent of them were in other type of jobs which they kept on changing (Phillips, 1992). Most of the street children in Chennai worked as coolies (22%), hotel workers (10.4%), rag pickers (9.6%), cycle rickshaw pullers (8%), flower sellers (7%) and others on lesser percentages. The world's oldest profession, prostitution, also claimed 0.3% of these unfortunate children (Arimpoor, 1992). Even the other study done in Chennai also showed the same that majority of the homeless people were engaged in rickshaw pulling, loading and un loading, small vendor, rag picking, construction work, domestic work, begging and other forms of casual labour (ActionAid, 2003). Even in Delhi the street children engaged in same sort of occupation (Anjali, 2003).

Mostly in the age of 6 they start as rag picking and begging, as they have no other source of living. Moreover 29 per cent of the street children have to put in more than ten hours of work; 23 per cent have to work for about ten hours. The mean income of these children is Rs10.46 (Phillips, 1992). Even in Chennai the street children claimed that they work for long hours, some times 10-12 hours and earn mere pittance for their efforts. While only 68 per cent earned above Rs.100 per month, 15.7 per cent received Rs.76-100, and 5.6 per cent earn Rs.51-75. About 9% earned only

Rs.26-50 per month and 2.2 per cent earned a meager Rs.25 or less than even a rupee per day for all their efforts (Arimpoor, 1992). It was shocking to see in Delhi a recent study showed 44 % of the street children started working before the age of 8 years.

In Delhi majority 29 per cent of the homeless people were engaged in rickshaw pulling, another 26 per cent engaged in casual work. The daily income of them 20 per cent earn less than Rs.50, 34 per cent earn Rs.51-75, 18per cent earn Rs.76- 100 and 16 per cent earn above Rs.100. The expenditure was less than the earning nearly 60 per cent of them save money and sent it back home (AAA, 2001).

Family ties and Network:

In Chennai 91.4 per cent of the street children lived with their family members, 8.2 percent lived with their relative and only 0.2 per cent lived alone in the streets. Very small percentage i.e. 4.5% of these children were orphans. '*It is this tiny minority that can truly be called children of the streets, rest 90% of the children were living with their parents who were perhaps pavement dwellers'* (Arimpoor, 1992: 10).

Children's participation in formulating programmes is very important. Their perception, response and concern are very much important in formulating programmes. In Butterflies (NGO) they had Bal Sabha (children council) highest decision making mechanism formed by the children themselves to participate in the programme formulation. Most often they discuss the issues of police harassment, non payment of wages, need for better jobs, wage, education, saving schemes, problems of gambling and drugs (Kane, 2003).

Except 17% lonely soles, all street children in Indore had 1-4 friends, or perhaps more. Nearly 31 per cent had two friends, 26 percent had three and 14.7 per cent had four or more friends. As regard the age group of the peers group, it mostly ranged between 8 and 16 years. The mean age of the friends of street children was 12.05. The attitude of the street children towards their parents was not very hostile. Only 15.7 per cent of these children had an indifferent attitude; the remaining 79 per cent display a

very good to good attitude towards their parents. It means on knowing their parent's situation and their appealing poverty conditions they lived in, they have nothing very serious against their parents. In case of attitudes towards society only 14.3 per cent of these children felt that society was kind to them. About 29.3 per cent find it tolerant, 48 percent felt that it was indifferent and 8.4 per cent find it strict (Phillips, 1992).

Majority 71.33% of street children in the observation home Delhi, belonged to families with both parents alive and 15.3% had single parent family, 6.66% were from families with step parent and rest of them were staying with their grandparents or relatives before running away from home (Sarbjeet, 2004). Majority 76 per cent of the street children father was not alive. Majority of them take up jobs to support their family economically. Because their family was big, nearly about 73 percent of the children had more than 4 siblings (Anjali, 2003)

Drugs:

In Indore some 17.3% of the street children have the habit of smoking, while 16.4 per cent use tobacco in one form or the other. The percentage of tobacco users was as high as 33.7 per cent, which was indeed alarming. This figure gets worse we include use of alcohol, bhang, ganja, opium etc. along with smoking which means that in all some 47.6 per cent use tobacco at 12 years of age (Phillips, 1992).

The total percentage of children having any history of substance abuse was 55.3%. A wide range of substance abuse was elicited, 49.6% of children gave history of tobacco intake. Glue sniffing was reported by 2.66% of cases and 0.67% reported ganja (marijuana) intake. High hopelessness was seen in 20.7%. Out of these, 12.9% gave history of suicidal thoughts, 12.9% reported planning suicide at any point of time and 3.2% of children gave history of attempting suicide (Sarbjeet et al, 2004).

Among the street children interviewed in the observation home Delhi, 57.4% had indulged in substance use any time in their life. The minimum age at starting substance use in our study was 5.5 years. The most common substance consumed was

nicotine, as cigarettes or "*bidis'* and "gutkha". Inhalant / volatile substance use in the form of sniffing of adhesive glue, petrol, gasoline, thinner and spirit was reported by one fourth of children. Twenty per cent of children reported having sold cigarettes; "*bidi*" and "gutkha" while 2.5% had been anytime employed in preparation of "charas" cigarettes. *Nearly about 34 percent of the children had lungs problem because of substance abuse* (Pagare et al, 2004: 222).

Substance use was significantly associated with domestic violence, maltreatment of the child, nuclear families, running away from home, and working status of the child. Running away exposes children to stressful life on streets, which accompanied by lack of parental care and supervision and easy access to intoxicating substances, creates an atmosphere conducive for indulging in substance use. *'Maltreatment of the child emerged as the only significant predictor of substance use in the study. The knowledge of harmful effects did not deter children from indulging in substance use'* (Ibid: 223).

Health Problems:

The health condition of street children is generally poor. Many suffered from chronic diseases like TB, leprosy, typhoid, malaria, jaundice and liver/kidney disorders. Venereal disease was rampant among older ones (14yrs+). Scabies, gangrene, broken limbs and epilepsy were common. HIV & AIDS cases were now widely seen. Most street children were exposed to dirt, smoke and other environmental hazards. They were constantly exposed to intense sun, rain and cold. Though there were supposed to be "free" Government / Municipal Hospitals in all cities, street children did not have easy access to them due the need to pay bribes to enter, or the indifferent or hostile treatment meted out to them by the staff. Bangalore, Vijayawada and Hyderabad report extreme conditions in this regard (Manihara, 2002). The major health problem that the street children faced in Delhi was skin problem 38 per cent, next comes fever 20 per cent, cold 12 per cent, diarrhoea 13 per cent (Anjali, 2003).

Street children in Banglore showed 31.3 per cent respondents suffered from fever, gastric illness 14.7 per cent, skin disease 3 per cent, wounds 3.3 per cent. No illness 37 per cent for the last one year and only 12 per cent were ill during the time of data collection (Reddy, 1992). Street children in Kanpur showed the main health problem as skin problem 2.7 per cent and during data collection some had respiratory tract problem 1.2 per cent.

In Chennai majority of the street children, 68% were undernourished and 11% were severely undernourished while only 20% got adequate nourishment. Even majority of them, 67% had protein and vitamin deficiency. Eighteen per cent of the children were in good health, while 68.9 per cent were in moderately healthy and the rest 12.6 per cent are in bad health. Mostly 81.5 per cent went to the government hospital for treatment. Their main ailments were diarrhea and dysentery 30.8 per cent, malaria 14per cent, common general illness 29.7 per cent, asthma 13.7 per cent, skin disease 7.7 per cent (Arimpoor, 1992: 10).

The harmful effects of substance use named by children in Delhi were lung problems (28.2%) like "burning of lungs" and tuberculosis (6%), some stomach ailment like stones, rupture and bloody vomiting (12%), cancer (10.9%), death (10%), blackening of teeth and rupture of cheeks (7.3%), closing of heart or kidney stones (5%). Thirty per cent denied any knowledge about this issue (Pagare et al, 2004: 222).

An ethnographic study by Lori Mc Fadyen (2005) in Delhi shows that each month, on an average, 4-5 times the kids have stomach problem because they scavenge their food from garbage and dust bins.

Tuberculosis is known to be among the first symptoms AIDS victims in India display. Twenty percent of the street children at the new Delhi railway station have TB, 'says Dr. Batra George, a physician with the 'Salam Balak Trust', an NGO working with street children at the New Delhi railway station (Inter Press News Service, 1997). Sexual exploitation and rape of both boys and girls at the station are common, making

it almost impossible to enforce the practice of safe sex here, even though most of those interviewed were aware of AIDS and the importance of using condoms.

But more than intravenous drug use, the children in Delhi were at risk of unprotected sex. In a survey carried out by Dr George of the Salam Balak Trust, 80 percent of the street children (mainly boys) interviewed admitted to being homosexuals. Dr George said 'They know of condoms, but do not want to use them'. According to him, the younger boys were abused by those older, and they soon graduate to heterosexual relationships, frequenting the city's red light district, which is next to the railway station. A sample survey of 14 street children, all aged 14, for Syphilis, Hepatitis B and HIV/AIDS in 1994 revealed two were HIV positive. Two others tested were infected with hepatitis B and syphilis (IPS, 1997).

In Delhi high rates of homeless children with mental health problems indicate that in adverse situations, it is the most vulnerable who suffer the most. Physical and sexual abuse by parents or guardians was found to be very high in the present study and is a cause for concern. Depression (as observed by Beck Depression Inventory - BDI) was seen in 8% of children. Out of these depressed children 25% gave history of suicidal thoughts, 16.6% planned for suicide and 8.3% gave history of having attempted suicide (Sarbjeet et al, 2004).

Suicidal behaviors (either thought, plan or attempt) were present in 8% of the children. 6.6% of the subjects reported having suicidal thoughts at any point of time in their life. 4.7% of the children gave history of ever planning for suicide. 2% of the children confirmed that they had attempted suicide at any point of time in life. Majority 69.33% of the children scored above the recommended cut-off score of 9 or above on Rutter-B2 scale. 81% of children had antisocial behavior, 7.8% were neurotic and 10.5% remained undifferentiated (Ibid).

Children in Chennai have expressed high levels of dissatisfaction in the areas of creative expression (46%); social maturity (41%); as well as dissatisfaction with the

security and protection (25.8%); recognition and praise (35.8%); adequacy and contentment (38.8%); social acceptance (36.7%); and social security (34.8%). A sense of inferiority was fairly apparent in 68.6% while in 11.1% this was very acute. Only 19% of them have shown signs of aggressiveness while the majority 80.7% of the street children were submissive. Further, 61.9% were social and 72.3% were calm and composed (Arimpoor, 1992).

Even in Indore the same pattern exists around 185 children were booked in the remand home for deviant behaviour in 1980- 81. But it gradually declined to 103 cases in 1988-89. This clearly shows that the '*street children were not deviant, as the public perceive*'(Phillips, 1992: 34).

The section on perspective from India clearly shows the access to basic amenities for the street children in different cities at a varied point of time. It clearly indicated that in almost all the places these children lacked access to toilet, potable water for drinking, bathing and washing, three meals a day, nutritious food, cloths and sleeping in inclement weather. They also face problems from the police and the *gundas*. They were in the drug trap all over India along with this they had to face physical and sexual abuse which caused them stress, anxiety, depression and suicidal tendency. Though Delhi is the capital of India the condition is not better than the other place. So this study explores how the living condition of the street children in Delhi and the way it affects the health condition of the children.

CHAPTER- III

LIVING CONDITION OF THE STREET CHILDREN

PERSONAL PROFILE:

The present study was undertaken among 20 street children in Hanuman Temple (Connaught Place) and New Delhi Railway Station. Majority of the respondent (70 %) were in the age group of 13-15, 10 per cent of them were from the age group of 10-12 and 20 per cent were in the age group of 16-18. Most of them left their home at a very early age between 8-10 and five of them fled their homes between the age of 11-14. The present study also showed similar age distribution found by National Labour Institute, Noida in 1992 in various parts of India.

The age-group 11-14 is very crucial time as it is the period of attaining puberty. They also undergo physical and psychological changes leading to lot of confusion and queries Thus, those undergoing it need care and protection. They need psychological support from the parents. One of the issues that the young adult confronts is attraction towards opposite sex and tendency to indulge in sexual activities. Moreover, due to peer pressure and curiosity they are vulnerable to HIV/AIDS and STI. Since street children are without adult protection on the street, they are more vulnerable.

The inter play of many factors pushed the children to streets out of home. There is a necessity to understand the social milieu of the children to explore the complex interplay of various factors. As was with many of the children, at some point of time some factors instigated the children to take that discussion.

The street children in Hanuman Temple and New Delhi Railway Station clearly showed this phenomenon. Many children were forced to flee from their home because they were beaten by their parents. Most of them were beaten up without proper reasons by alcoholic parents and brothers. Another reasons were being forced to go to

school and some of them for taking substances. The following case study collaborates the statement:

> *HTC4 was from a very poor family. He had an elder brother who stayed with his uncle used to go to school in the morning and worked in a mechanic shop the evening. His father worked in a factory as a Cooley and spent all his money in drinking alcohol. His mother ran the whole family with the help of her meager source of income. When he was 5 years, he was put up in a shelter home in Azadpur where he stayed for 3 years. They provided food, shelter and education. But he was not interested in studies combined with other problems in shelter so he left the shelter and went back home. There he did rag picking without his mother's knowledge; he earned Rs. 20-40 in a day and spend the money in gutkha, bidi and food. One day he met an elderly guy while rag picking, their friendship developed. He allured him about the city life moreover he wanted to escape from the adverse family condition, so he came with him to Delhi.* *(HTC4 aged 12, U.P.)*

This narrative of HTC4 clearly showed the complex interplay of various factors pushing the children out of home. In this case he had undergone so many difficulties in life, like physical abuse by father, adverse family condition, substance abuse and allured by city life which led him to run from home.

A good family environment with focus on proper education could have stopped him from suffering in the streets. In most of the cases, adverse conditions combined with other factors push the children out of home. Apart from the above-mentioned factors, few children ran away to take up jobs in the city and some fled from home as they had failed in exams. Only 3 children ran away from home allured by the city. In contradiction to the common perception that the children fled home lured by the city life, the present study showed a different picture. Mostly children moved out of home due to adverse conditions and to find economic opportunities in city.

HTC3 (14) told the reason of fleeing from his home:

> *He was from Calcutta. Four years back left his mother and two elder sisters. His father's death shook his whole family and changed the family condition adversely. He had to leave his studies in the middle and started to work at a very early age to support the family income. Because of heavy work load which made him to fled home in search of good job in Delhi.*

Majority of the children were school dropouts or illiterate when they left home. It clearly showed that though the children fled home for various reasons, the underlying factor was their poor economic condition. The family could not support their children with congenial environment to pursue their education due to which most of the children were forced to support their family economically apart from that they had to support domestic work. This heavy workload combined with lack of care and affection affected the children psyche negatively. They felt alienated from other children and did not find much time to mingle with other children and enjoy their childhood. The dejection by their parents and loneliness made them feel that there is no one to understand them and help them.

The primary survey showed half (11) of the children were from Uttar Pradesh and 5 from Delhi. Rest were from other states. Several studies undertook among the street children in Delhi also showed the similar trend. Mostly the children migrated from U.P, Bihar, Delhi and other neighbouring states. About 70-80% of the children came by train.

Except 7 respondents, rest of the respondents had both father and mother as their parents. Only 4 were single parent children, 2 children were orphan and one child was of separated parents. It clearly showed majority of the children had both their parents and few were from single parent family.

During the fieldwork period, a casual interaction with the public was done to know their opinion on street children like where they come from, why they come and their problems, etc. The common public told that the street children are form big families and their parents did not have any responsibility towards them. They give birth to many children without giving proper care so the children run away from home. In contradiction to this, the sample showed except 5 cases, rest of the cases was having 1-3 siblings.

Entry into Street Life:

The majority of the children entered Delhi by train and a few came by bus. Conveyance by train made it easy to reach Delhi as most of the children came from the neighbouring states. They did not have proper education nor were they technically qualified. So they could not take any skilled jobs and had to enter into the informal sector. Since they were below the age group of 18 years, they could not be taken in factories as per the Child Labour Abolishing and Maintenance Act (1986). So many children took job in the *dhabas* and small eateries. They have to work for more than 12 hours in a day for low wage. Since these children did not have a place to stay, it looked attractive for them to have a job provided with food and sleep. Most of the hotel owners exploited them to the maximum as they did not give them proper food, good place to sleep and also they pay very less. Either children were forced to sleep out side or sleep in a small room without proper ventilation. Even after their hard work they were not paid low wages and if asked, are physically abused.

> *NDC5 worked in a hotel in New Delhi Railway Station for 2 months but when he asked for the salary, the owner refused to pay and had beaten him black and blue. The owner was a very awful person he not even gave him good food to eat. He left the job and moved to New Delhi Railway station with his street friends. Then he started collecting water bottles from the train.*

HTC7 aged 16; a resident of Hanuman Temple shared his experience of working with flower vending shop:

> *HTC7 worked in a flower shop in Palika bazar hoping to get paid and slept in front of a flower shop. As he learnt that the shopkeeper was not going to pay any remuneration, he looked for better options, which would fetch him some money. Working for a flower shop at Hanuman Temple was one such option he learnt, which in fact fetched him at least 500 rupees per month. Even after he worked for six months the owner refused to raise his income, he was forced to work with meager income that forced him to leave the job. Later he found that the street children in the temple were independent and earning much more money by taking party jobs, working in dhabas, cleaning and rag picking and have fun and frolic. He joined with them.*

Work:

The street children in New Delhi Railway Station were not different from the general trend. Most of them collected rags in group as well as individual to lead their life. Though they collected rags. The only difference to be noticed was that they did not collect papers or other waste materials. Since they were located proximity to the railway station they collect the plastic bottles and sell it to the recycle shop. They sold 3 bottles for Rs. 2 or else a kg of plastic for Rs.40. They kept all the bottles in a place outside the station and in the evening before sunset they counted all the bottles and took it to the recycle mart. Before taking it to the mart they checked all the bottles, pour the left over water, blow with air from the mouth to bring it in proper shape as if it were not in proper shape they would not be paid.

NDC3 a resident of New Delhi Railway explains his work pattern,

> *"...we collect water bottle and food mostly from Rajdhani and Shatabdi train. Even we check trains, which terminate at New Delhi Railway*

Station. Because in these trains we get lot of bottles so we prefer these trains. We can earn up to Rs 50 – 60 in a train. If we check in more trains we can earn more than 150. It mainly depends upon how many people are competing in a train. I collects bottle alone but some children collect bottles in groups and share the money after they sell the mall (heap of bottles)".

In the Hanuman Temple, the children took different sort of jobs. Their main job was to go for parties as servers. Children those who were less than 4 feet in height and looked less than 18 years carried light in marriages and other ceremonies. Since these jobs were seasonal, in the season time they earn good money though they had to work very hard. Those children who had the appearance of above 18 years went for parties as servers.

HTC8 (16), while sharing about his nature of work he described that:

"In Hanuman Temple I go for catering work they paid Rs. 110 per day for 24 hours work. It is very strenuous and it is only a seasonal job".

They mention it as '*party ka kaam*' (as server in parties). The contractors picked and dropped them in the park behind the Hanuman Temple. That place served as a hub, elder peers took in-charge of sending the required children to the contractor. They paid them Rs. 120- 140 depending upon the demand for the children. In the peak season they pay well because of too many jobs and limited children. But in the lean season they were feeble and they could not demand much because getting job itself is tough so they went even if they were paid less. Even if the party was in the night, they had to go in the early morning taking all the materials to make the arrangement for buffet hall. They had to serve and clean the whole place. They come back in the next morning. They did not get proper sleep as they sleep in the tempo itself because they had to take job for the next day. The children said that through out the year some or the other functions would come such as birthday parties, anniversaries and other

parties. So there was no problem to get a job, but still they stayed ideal for at least more than 4 months. If they did not get job in Delhi, they traveled to the nearby states if they get offer. They go to Rajasthan, Haryana and other states for weeklong parties for about 7- 10 days.

HTC6 (14), from U.P, shared about his work nature:

> *"During the marriage season we go for carrying light. They pay Rs 60- 70 per night. Most of the time we have to carry the light for a long distance along with the marriage procession. It creates body and backaches. Some time even I also get pain in the chest. Even then without missing the opportunity I try to go for two marriages since it is seasonal job, I tried to capitalize the opportunity".*

The children who were in small stature were not allowed to go for party jobs especially in the lean season. So, mostly they went for carrying light in procession. Some kids took jobs in the dhaba and temple but these jobs were available only on Tuesdays and Fridays as many devotees come to the Hanuman Temple and they offered food for all the poor, weaker and disabled people.

HTC5 describes that:

> *.... in the hanuman temple he got job in the puri dukan (food shop, dhaba) weekly two days Tuesday and Saturday they paid Rs. 50 per day but he could earn extra. Sometimes the devotees gave tips for distributing the food items to the people. He took up jobs as server and carried light during the marriage season.*

HTC1 15 year old from Rohini, Delhi illustrated that:

> *.... on Tuesday and Friday he did the temple cleaning work they paid him Rs. 50. Only the elder kids (kids those were staying there for long time) would get that job. Nearly 8-10 kids would be employed in that job. During marriage season he went for catering work or light carrying work.*

The children will take any of the above mentioned jobs in Hanuman Temple to fulfill their basic needs. They would not stick to one job because there were very few opportunities. As the jobs were seasonal and weekly, some of them did rag picking and some work in the flower shops. Even these children go for the party jobs in the season time.

Begging:

Though few children were involved in begging, it is an initial option to lead their life in places like New Delhi Railway Station, Hanuman Mandir and Jama Masjid till they get a suitable job. They left begging as their age increased to improve their living condition with dignity. Some children did not like begging because public scolded them with bad and filthy words and tease them when they ask for money. Though the children in Hanuman Temple took food in the offering, yet they did not consider it as begging since the food was provided in the Temple.

One of the boy in New Delhi Railway Station, expressed his opinion about begging, in the following words:

> *"In Jama Masjid I took begging as livelihood option, some people scolded me with derogatory words, so I felt very bad. Then I started rag picking and felt that was better when compared to begging because I could work and earn my bread".*

Earnings:

The children in New Delhi Railway Station went for bottle collection from the train. They felt they had regular job and regular income unlike Hanuman Temple. Several trains arrive daily in the railway station so they could engage regularly in collecting bottles. In Hanuman Temple, they did not have regular jobs. During marriage season they worked as server in marriages and other functions or carried lights. In the lean season, they worked either in the dhabas, clean temple or do other menial jobs in the temple. They earned well only during the marriage season. Since they were engaged in different sort of jobs and each job fetched them varying income, it was difficult to figure out the fixed earning of a child in a month. In the marriage season they earned more. They earn around Rs. 3000-4000 in a month. But in the lean season they earn around Rs. 1000-2000.

> *HTC6 from hanuman temple described his income pattern; "during the marriage season I carry light in the precession. They pay Rs 60- 70 per night".*

> *HTC10 in Hanuman Temple, "I go for catering work they pay Rs. 110 per day for 24 hours work".*

> *HTC9 from hanuman temple described his income pattern, "I go for party kaam (as server in parties) they come here and pick up me and drop me here. They pay Rs120- 140 depending up on the demand".*

In New Delhi Railway Station it was easy to figure out their income since they engaged in bottle collection for the whole year. Though the earning for the day fluctuated but it was easy to figure out their income approximately. Majority of the children claimed that in a day they earned around Rs.100. Sometimes they might earn more than Rs. 200. More than 400 children were there in New Delhi Railway Station so the competition was very high leading to fall in their earning.

NDC4 a resident of New Delhi Railway Station said, In a day on an average he earned Rs. 100, some times even he would get Rs. 100- 200. He saved some money with Sister (Social worker from Butterflies, an NGO) now he had a saving of Rs. 400.

HTC8 from Hanuman Temple told his experience in New Delhi Railway Station that, he collected bottles from the train and earned around more than 150 rupees in a day.

We could see a link between these two places. Many Children land in New Delhi Railway Station but latter they moved to other places. One such place is Hanuman Temple. The children selected places based on the exposure on various parts in city. Their friends and peers sometimes played a major role to select the place. So now we will see the inter-linkages between these two places.

Though the children land up in New Delhi Railway Station, they stayed there for some time and then they moved to other places. They move out from New Delhi Railway Station as they were beaten up by the police, booked in false cases and sent to children home. Some children moved out in search of better livelihood opportunities. But some children stayed back in the New Delhi Railway Station.

HTC8 a resident of Hanuman Temple expressed his opinion on police problem:

"After two months of stay in New Delhi Railway Station I came to know about Hanuman Temple, I was beaten up by the police many times and I was frightened of being sent to children home, so I moved to hanuman temple along with my friends. I stayed there for few months latter I went back to New Delhi Railway Station, where I stayed for another 5 months, because of police problem; again I was forced to return back to Hanuman Temple. The place in which I stay for the past three years".

Some of them moved out fearing that they might be thrown into *children jail* (children home). If they get in the hands of police, either they beat them or they might be hand over them to the children home again.

> *HTC10 fled his home, he came to New Delhi Railway Station where he stayed for about two months. He collected bottles from the train and earned around 150 rupees in a day. He was caught by police and put in Children Home, which he refers as 'jail'. He was there for 5 ½ months, then his father came and took him back home. During his one year stay at home he was again beaten up by his father, which forced him again to ran away from home. Again he came back to New Delhi Railway station where he had to face problem from police again. He shifted to Hanuman Temple as his friends suggested that where he would not face problems from police.*

Street children refer the children home as jail because of they are treated like accused persons.

> *NDC2 was sent to the 'children's jail' by the police, they made all of them nude and asked them to take bath; he was very embarrassed he never took bath nude in front of other people. Initially he was hesitant and refused to remove the clothes they instructed him that if he fails they would beat him, then he saw all the children were nude and standing in a queue. Though they provide food, education, recreational facilities and health facility. They did not treat them properly with dignity and self-respect. The in-charge beat him even if other person commits mistake.*

The children in the New Delhi Railway Station felt that the Hanuman Temple was not the good place to stay. NDC2 felt that:

To stay in New Delhi Railway Station when compared to Hanuman Temple, Cannought place or other places. According to him, to stay in Hanuman Temple is very difficult. Even if they beg, they would not get sufficient money but in railway station they could collect bottles and earn some money. In trains they could some good food but in temple they have to stand in a long queue some times police would beat and push out of the line and they have to suffer with out food. He once visited Gurudwara washed his clothes and had food. He liked that Gurudwara but in Hanuman Temple, they give good food on Tuesdays and rest of the days they had to suffer. Where the police would beat during the nighttime it's a dreadful place to stay. The center people forcefully take the children to the center.

It is very clear that the children living in a place for a long time knows the niche well and got accustomed to that condition. So the children prefer to stay in the known places rather than to move around or stay in unknown places. Moreover, in all the places they could face some or the other problem so they prefer to stay in a place, which is comparatively less vulnerable. Some children prefer to stay in a place but other would not, it all depends on their experiences. Its very subjective and selecting places and the criteria of selection vary between children.

LIVING CONDITIONS:

The street children are living in unhygienic condition. They did not have protected places to sleep, nutritious food to eat, better livelihood opportunities, potable drinking water, sanitation facilities, winter garments etc. They have to sleep in the open place mostly without any roof over their head. Since they mostly sleep in the pavements and other places which are close to roads, they are exposed to all sorts of dust, vehicular smoke and toxic gases and also to the noise pollution and the disturbance of streetlight. They inhale all these substances throughout the night creating respiratory tract infection among these children. Most of the time, the police and the gundas

disturb the children's sleep. The police beat them and chase them away. They have to sleep after all the shops are closed or the after the city becomes calm and they have to get up early in the morning before the shop owner reaches there or the city wakes up. It disturbs the psyche of the child and makes them restless and hampers the next day's work. It affects the children mentally because of lack of proper sleep and restlessness. In New Delhi Railway Station, they go to bed at 11-12 pm after all the major trains arrived. Many trains arrive in the nighttime so they would be awake till they finish their work. In the morning, they would get up 7-8 am. Some get up early to collect the bottles since the competition would be less in the morning. Moreover, many trains arrive in the morning hours. In the nighttime, the noise of the train would be there so they would not get proper sleep. Some of them told that they will get good sleep if they were in intoxicated state. They take some rest in the afternoon since there will not be many trains but even then they would not get a place to sleep because the open space would be sunny. They are exposed to all dusts but not much pollution. The police problem always prevails and they do not let them sleep properly.

In Hanuman Temple except Tuesdays and Fridays, they go to sleep by 10- 11 pm in the night. Since these two days are auspicious day of the temple, all the shops will be open and the devotees would visit the temple till 12 am.

NDC10 a respondent from New Delhi Railway Station describes the availability of place:

> *"Earlier we slept beneath the big peepal tree that time we did not face much problem, but after the place got cleaned the police started drive us away from that place".*

It clearly indicates the kind of place they get in the urban areas. The children in Hanuman Temple use the temple area and the park behind the temple. This is almost similar with other urban poor in India. Even they would not be allowed to occupy clean place to live in, so mostly the poor migrants from villages occupy low lands and

places near to drains, which is unused in the cities so that civic bodies would not drive them away from the place of stay. That is the same case with these children if the place is dirty, filthy and unclean they can stay. They are not allowed to stay once it is cleaned.

Though the street children are the citizens of India, they are considered illegal. The government is liable to provide proper place for the children in need of care and protection. But the government has very few homes due to which these children stay in the street. Even the functioning home fails to fulfill the need of the children so they do not wish to stay in the home. So it needs lot of change in the maintenance of the home. Instead of carrying out these functions, the government puts the blame on the children and makes them criminal and illegal occupants of the city. Since these children are considered as illegal occupants they are not allowed to enter in the railway station. Whenever they venture into the railway station, they have problem from the police, as they will beat them black and blue. They have to enter the station since their livelihood is in the station (even to get water, food and sanitation).

But if we see the space available for the children, in Hanuman Mandir the children are allowed to stay and move around with the general public in the daytime. But in New Delhi railway station, they were considered as untouchables as they were not allowed to move along with the general public. The reason might be Hanuman Temple is a religious place so culturally the people offer food and other things to the poor, disabled, women and children. So the police are restricted not to beat the poor children in front of the public even the donors need someone to collect their offerings. This might be one of the reasons that help the children in Hanuman Temple to stay in the public vicinity. But the police beat the children in Hanuman Temple during nighttime and chase them away from the place

But in the New Delhi Railway Station whenever they are found on the platform or during rag-picking the police beat them as they don't want them to be in public spaces. It was considered as public nuisance. But we cannot mention this as the only

reason because they even chase them away and beat them in the night while they sleep.

Service Provider Perception of the Children:

SH1 police constable in hanuman temple in an interview elicited his opinion about the street children:

> *"These children are drug addicts and do all sort of illegal activities they should not be allowed to stay in the streets. We know how to bring these children out of drugs; if the NGOs did not intervene in our work with in three months there will not be any street children in hanuman temple. Either they will go back home are will be there in shelter home. They are staying in streets only to have drugs and roam around".*

Though his opinion about the children is partially correct that they are into drugs and few involve in stealing and pick pocketing, but he is not ready to look into the other side of the children's lives. If they beat them, they might shift to other place and the problem would not get solve. It would spread in other area. If the concern is really about the children life then they have to explore what forced these children to move out of their home. They should provide remedies to the root cause of the problem as just beating children will not solve the problem.

Food:

Street children seldom take three meals a day. They get mostly either one or two meals a day. Even that too it won't be a nutritious food. They get food from temple, roadside shops, dhabas, begging, scavenging from dustbin etc. Often the food prepared in bulk to distribute to people at free of cost will not be prepared properly and it won't be nutritious because they try to provide it for large numbers of people. They used to get the waste or the left over food from the hotels and from the dustbin which often were not fit to be eaten. It will create stomach problem, food poison and diarrhea among the people. Even though if they purchase food from the shop they

won't get nutritious fruits. Mostly it is not because of the lack of awareness but it is basically due to the peer group pressure and the cultural influence and the taste preference and the way of life. They prefer to get food from the roadside dhabas and also they eat the noodles, fried rice but not fruits with the same money, which would be more nutritious.

They were thin and weak and often fall sick because they lack nutritious food. Mostly they are stunted in growth because of the chronic malnutrition and lack of sufficient food for over a long period of time. A large number of children were wasted also because of the infirmity that affects them often. The children are not going to school so they cannot avail the Mid Day Meals. As a result, the needy children cannot get food from any of the government schemes. If they were in the government or in shelter run by NGOs they can avail these facilities. Mostly from the shelter, children are send to schools.

In the New Delhi Railway Station the children does not have breakfast. While searching for bottles they also scavenge food from the train, if they were fortunate they would get food or some snacks. In the afternoon again they scavenge food from the train. From the pantry dustbin they collect the left over food. They will separate all the left over food from the aluminium foil and they eat. Rarely they may get unopened food packs. Some times they heat the food material before they eat, outside the station they have a place to keep the bottles and rest they use that place to prepare the food. They have made an oven made of two bricks, as vessels they use the aluminium foils. Even they prepare tea and milk in the same process, they get sachet of milk powder and tea pack from the dustbin, they heat the food items it in the aluminium foil and have in the evening. Some times if they have money they will get food from the roadside shop.

NDC4 a resident of New Delhi Railway Station:

> *Do not have break fast mostly in the morning, some times he get snacks from the train. In the afternoon he scavenges food from the pantry or if he had some money then he buy food from the roadside shop. It costs him Rs10 for roti and subji or noodles or fish rice.*

Another resident:

> *NDC5 said, "food would be available whenever I am hungry, moreover I would always have money in the pocket". On the other hand*

> *NDC7, loves to eat chicken. He buys sometimes at Rs. 20 per plate, which contains two pieces and rice.*

In Hanuman Temple the availability and accessibility of the food is different from New Delhi Railway Station. On Tuesday and Friday they did not have any problem for food. Since these days are special days for the temple they will get food for the whole day moreover they will get sweets, tea and snacks. Rest of the days also they would get food but there is always uncertainty. So some of the children go to Guradwara to have *langer* (free food provided in Gurudwara).

With regard to food pattern HTC4 form Hanuman Temple says that:

> *Apart from Tuesday and Friday they go to Gurudwara to have lunch and evening food. Some devotees prepare food from the home to distribute he prefers that than the Dhaba food. If he has sufficient money then he goes to the nearby Mohan Singh Palace to have food. If he goes for the party work there itself he will have food.*

But the only problem is that they would not get breakfast in the Gurudwara or in Hanuman Temple. In Gurudwara they start giving food from 12 pm and in the evening they will get food not for the night.

> *HTC8 an ex resident of New Delhi Railway Station said, in New Delhi Railway Station he earned a lot and took variety food from near by roadside shop but most of the time they managed to get food by scavenging in the train. While the train halts in the night they get fish rice, fruits and ice cream from pantry for free of cost. Even if they have to go out and have food was very cheap. But in Hanuman Temple the job was not regular and in the temple they gave only Poori and Aloo Subji.*

> *NDC2 from New Delhi Railway Station on contrary to HTC8 said that he once visited Gurudwara washed his clothes and had food. He liked that Gurudwara but he told that in Hanuman Temple on Tuesday they give good food rest of the days they had to suffer.*

Not only food they would also get fruits as offering from the temple, usually they get banana but during seasons they would also get mango and orange. Especially during mango season they got mangoes from temple they sold those mangoes to the roadside fruit vendors at cheap rate to meet out their daily expenses.

Availability of Water:

The children in New Delhi Railway Station have no water crisis since they reside near the railway station. More over while they collect water bottles, which could have some water. They use that water for drinking since that water is purified. For bathing also they do not have much problem inside the station there are some taps, to fill water in train. They use these taps to take bath. Though water is accessible to them most of them take bath weekly once or twice. Some of them would not take bath for months.

Water is not accessible for the children in Hanuman Temple. They drink water from roadside tank and taps, which is mostly infested with bacteria (Fadyen, 2005). The water might have not been treated well and purified. Since they are very dirty in physical appearance the dhabas owners will drive them away if they ask for water. They cannot have a water bottle with them since they are very mobile. In the hot scorching sun in Delhi they have to move without water. If they have money then they can take a tumbler water from the roadside water shop for 50 paise. Some times they drink water from the tank kept for the devotees. Though there are 4 Sintex water tank attached with taps they are not functional. Most of the tanks were broken; only in a tank they store water. That too is used by the shops around the temple.

Less amount of water would be left in the tank. Mostly the elder peers take bath with the left over water, and they will drive the children. They need a bucket and a pipe to take bath, but they were not access to bucket and pipe. The elder borrow it from the shops but they would not lend it to the children. The children working in the dhaba would get access to bucket so they would take bath weekly once or twice. Some children who are interested in bathing they would join with them.

Another important thing is that after bath they need a changing cloth, but unfortunately most of the children do not have changing clothes. Earlier they keep extra clothes in the park but latter the police burnt all their clothes, it happens very often. So now- a-days they did not keep changing clothes. So if they want to take bath they do purchase new clothes from the Gol Market where the clothes are very cheap, some times the devotees distribute clothes. At least they have to invest Rs 100 for a pant and a shirt. Since these children are highly addicted to drugs if they have that much money they will invest in substance rather than in clothes. They did not prefer to wash the clothes even if they have spare cloths.

Very few children wash cloths and have spare clothes mostly these were the children working in dhabas or in other shops. So they wear the clothes till it become fully dirt and some time till it become unusable and torn then get a new cloth and take bath.

Moreover there is no family pressure for them to keep themselves clean and to force them to take bath. So they feel there is no need to take bath even if they are dirty also they will earn the same money. Mostly children would take bath weekly once or twice, some children may not take bath for months. Especially during the winters many children will not take bath.

> *HTC11 said, "to take bath we need Rs 5-6 to get a shampoo and soap and fill the bucket with water from the tank and take bath. But we are not ready to spend money to take bath. Rather than we spend that money to purchase solution or to purchase food".*

In the summer many children go to India Gate both from the Hanuman Temple and New Delhi Station to take bath. In India Gate water would be available in the big tubs they enjoy themselves to take bath in summer to reduce the heat. But only problem is that they need money to travel and for food, even they also need solution (correction fluid used as intoxicating substance) when they go to India Gate, so that they can enjoy themselves fully. Some of them go to the zoo (which is located nearby) also to take bath.

Sanitation Facility:

The children in New Delhi Railway Station did not have free toilet service though they are near to the railway station. Mostly the children use the railway track for the toilet purpose, but it is very risky in the nighttime as there are risk of accidents. They can use the train also but most of the time in the station the doors would be closed they will open only half an hour before the departure. Other wise they have to go for pay and use toilet.

In Hanuman Temple also there are no toilet facilities they have to go for the pay and use toilet. For latrine they have to pay Rs. 2 since many of the children could not afford to pay. They go in the open air, near to the temple beside the petrol pump there is an open space they use that space.

ENTERTAINMENT:

Street children are always fun loving they want to be independent without any worries and want to enjoy their freedom fully. Some of the children would be interested to roam many places so they save money and go to various parts of India, some are interested in games; some would be interested in movies. So they spend all the free time in some or the other ways which gives them fun.

> *NDC1 a resident of New Delhi Railway Station said, he roams so many places, he goes to Chidia Ghar (Bird Sanitariums) and Appu Ghar (Zoo) weekly once or twice. Visit India gate for bathing some times he visits 3-4 times in a week. For Appu Ghar he needs Rs. 50. Mostly they go in group so that the expenses would be reduced, they pool the money together each Rs. 40- 50 for food and other expenses.*

Many children go to Nizamudin to watch movie, in a slum they screen movies in television with VCR. In more than 4-5 places in Nizamudin they screen movies. They have to pay only Rs. 5 for 4 movies. They screen both new and old movies. They put English, Hindi and other regional movies. Street children from all the areas gather there to watch movies. If they want to see the recent release then they go to theaters whenever they have excess money. Very few children occasionally go to theaters to watch movies. They can't live without solution so whenever they go to movies they take solution bottles with them. So that they can have fun through watching movie and at the same time have solution.

> *HTC3 described his experience in going to Nizamudin, "I go to Nizamudin to watch movie there I have to pay Rs5. Lot of children come there to watch the movie I watched one Hindi, Bengali and English. I came very early because it was very rushed today. I don't go there often because I have to spend at least Rs. 40-50 moreover it was too far. I have to take*

money for food, bus and I prefer to have solution, so if I have enough money then only I go there".

Mostly the children spend their time in gambling especially playing cards. Both the children as well as the elder peers stay along with them in street play cards for the whole day, but they play in separate groups. The New Delhi Railway Station children spend some time in playing cards. But this is one of the major entertainments among the street children in Hanuman Temple. They play cards sometimes even till 12 midnight if they have money. They consider playing cards as bank, if they lose money today surely they will get the returns with interest tomorrow or day after, especially whenever they were in need of money. So they play cards daily in order to get back the lost money.

HTC9 told "even if I lose money today surely one day I will get back my money with interest"

Many of the children have pet dogs both in New Delhi Railway Station and Hanuman Temple they spend lot of time in playing with the dogs. Some children chase and throw stone on the monkeys in the Hanuman Temple.

DRUGS

The children are often in the clutches of drugs; the main reasons behind these are peer influence, to dominate other children, responding 'better' to outsider who are arrogant and rough, other children and authority, family problem, escaping reality, loneliness, to make themselves part of some group, to escape from the shivering cold etc. They get addicted at their early age, mostly they get addicted at the age of eight. Mostly the street children are addicted to glues, nail polish, cigarette lighter refills, hair spray, paint thinner, gasoline, correction fluid, injections, alcohol, charas/ganja, and other pharmaceutical drugs.

De-addiction for the street kids are very complex as they don't have any parental guidance and they were not guided by any elder person. Even if they go for de-toxification it is not that much useful to these children. Since the kid has to come back to the same environment, so the change of environment is must along with de-toxification. The social and physical environment in which the children live determines the attitude of the child. Mostly they use drugs as coping mechanism for their daily problems so it as become the part of days life. This very reason only makes the children more vulnerable even if some initiative taken to rehabilitate the child and provide vocational training the addiction stand in between and not allow the children to come out of the circumstance.

The other problems that come across in detoxification were the mobile nature of the children. Once they get addicted they spend most of their income in the drugs and they won't bother about the food. It affects the health condition of the children very drastically as they succumbed on both the side. It affects the children not only physically but also mentally.

Kinds of drugs and expenditure:

In the study area the children mainly take solution correction fluid/whitener used for erasing (which has toluene, an intoxication substance), ganja (marijuana), bhang (a intoxicating substance made from the seeds of a fruit tree), *bidi*, *gutha*, smack (brown sugar) and cigarette. Almost all the children are addicted to intoxicating substances. Most of the children are addicted to solution (correction fluid) they put the solution in a cloth and sniff. In a day majority of the children consume 6-8 solution bottles. In New Delhi Railway Station they consume less than Hanuman Temple, they take 2-4 solution bottles. So most of them spend around Rs. 30- 50 in solution and others in intoxicating substances. Very few children spend more money on solution, earlier some were addicted to smack while they stay under the stairway, because of the construction they moved to near the *peepal* tree. The change of place along with the bad experiences on using smack slowly helped them to move out of the trap. It is a

highly addictive and harmful to health. Some of the children who take solution for long time take ganja.

In Hanuman Temple the children take more solution than New Delhi Railway Station but the reason was not explicit. They take around 6-8 bottles and they are fully addicted to solution. In a day they spend around Rs. 60- 80 and some of them spend more than Rs. 100 on various substances. Their consumption of ganja is also more. It is a group activity they sprinkle water with marijuana and make a solid paste and put it in a clay-smoking pipe and have it in a group. Since it's a group activity whoever has the money for the day they will purchase marijuana and smoke except few.

Stages of addiction:

Mostly the children start with taking *bidi* and *gukha* at their first stage, this stage will last for few months. In the second stage they start taking solution. Most of the children start taking solution out of curiosity and of peer pressure latter they would get addicted to solution. This is the common drug among the street children. At the third stage the children start taking ganja and smack. It may be to show their superiority in the area. After taking solution for a long time they need some change so they change from solution to ganja.

> *HTC9 shared his experience; "if he takes solution he becomes very violent and scold people so he left solution. But ganja sooths him and he feels very good, rest in peace so he started ganja".*

Managing money for drugs:

The children manage money so that they can have drugs regularly. Some children give excess money to the reliable shop owner or the social worker saving and they use it in times of difficulties to arrange money for drugs. The shop owners take ten percent of the money to keep their money safely, there is no need to pay for the social worker but they usually hand over the money left with them in the night before they go to sleep that time the social workers will not be available otherwise. In the daytime

if they want to save some money they will give it to the social worker. Especially during the lean season the children face problem to manage money to get solution. Some of the children feel that playing gambling is an investment they mention it as bank. Which gives money with interest whenever the person in need. They spend their earning mainly in drugs. Few children get involved in various illegal activities to get drugs, especially during the lean season. The children in the study area of New Delhi Railway Station have regular job and they have less intoxicating substance so they will not involve much in the illegal activities.

HTC11 a resident of Hanuman Temple told that, If the children have tootan (with drawl symptom, a physical state when they don't get drugs) during late night they will take stone or any object threaten people and grab money. If they refused to give money they even break their head and steal the money from the passerby. Even they will snatch mobile phone, pick pocket and steal during that time to get the drugs.

HTC2 a resident of Hanuman Temple shared his experience, two bottles cost Rs 20- 25, so all together in a day spends 100- 150 for drugs. He goes for catering work during the marriage season and rest of the time he does some or the other job. If he does not get any job even he steal chapels from the temple and sell, pick pocketing and threaten people with blade for money to get the solution. He does any things to get the solution.

Why drugs:

There is always a question, which bother every one, why more than 80 % of the street children are in the clutches of drugs. The children responded that,

"In drugs we have both good and bad. If we are in drugs there is no tension, full fun, even when the police beats we will not bother. There is no worry about food, no appetite. Even if we are alone, we would not feel bored. Once after taking drugs it rejuvenates us and we would eat well,

become very active. It will make us strong especially against harsh weather, other wise we would become very weak, unable to work. We would become handicapped if we are not taking drugs. Even if some one beats or scold we will not bother. We get pain in the chest and in abdomen, some times to escape from this pain we consume solution".

SOCIAL NETWORKS:

Human beings are social animals. They always have relationship with their surroundings to perform their work to earn their livelihood. That too children who ran away from home staying in street without any security and protection needs more support system. So the children try to form the suitable social network around them to survive in the streets. They children in both the area are formed on the basis of geographical settlement and based on the work. In New Delhi Railway Station all the children who collect water bottles from train form as a group that too they all live and sleep in the same place. In Hanuman Temple the children engage mainly in catering service form as a group and they mainly stay in and around the temple or in the park behind the temple. The children in the street have linkages with people in their day-to-day life. Some of them are good and help them, some of them create problems and some make use of them. In their daily life mainly they come across the police, social workers, civil society members, shop owners etc. Some children have contact with their families.

Relationship with Police:

The police were the main threat for the street children. They were afraid of the police because they beat them and chase them away from the street. They verbally abuse them with filthy languages. They also book false cases and put them behind bars if they are above 18 and send them to children home if they are below 18. They use this as a weapon to keep the children under their control. Almost all the children told police is one of the major problems they face in the street. Especially they beat them and chase them in the nighttime. The children in New Delhi Railway Station felt we

work hard to earn our bread, we were not involved in any illegal activity even then they beat us and chase us. They felt they were not chasing the people who involve in the illegal activities rather they unnecessarily put false case stealing, pick pocketing and public nuisance. Police have arrested 6 of the respondent at some point of time and hand over them to the children home; children refer it as *children jail.*

> *NDC2 said, "if we get in the hands of police at least we have to take ten shots from lathi in the buttocks, while we go for bottle collection they grab us from back side and beat us black and blue".*

Interaction with NGOs:

NGOs play a major role in the lives of the street children. There are many NGOs including Butterflies, Prayas, Salam Balak Trust, Sharan, Aman Biradari working in both the areas. There are nearly about 5-6 NGOs working in each area. They mainly do intervention in education, drug de-addiction, providing shelter, repatriation, legal provisions, health facilities etc. Most of the children have stayed in the shelter home at one point of their life, because of some lacunae they left the shelter. In an interaction with the NGO worker (SH4) in New Delhi Railway Station he claimed that,

> *Most of the children are addicted to drug so we motivate them to leave drugs and help them to start a new life. If they want to go back to home or stay in shelter home or if they need any vocational training we provide all services to these children. We teach maths, language and other necessary things to the children in the street. We also create awareness about the street life, problems of drugs and other day-to-day problems. These children need freedom so mostly we will not force things on children, moreover we try to accommodate their wishes and make them involve in education.*

Another worker (SH5) in New Delhi Railway Station said:

> *The children are living an isolated life in the station. There is no much interaction between them and the other civil society members, so many of them did not understand their problem and they have a wrong opinion about the children. So apart from providing basic services to these children we are trying to bridge the gap between the street children and the civil society. We are trying to make the civil society to take stake in changing the lives of these children.*

Even in the Hanuman Temple also the many NGOs are working in providing basic services and need. Some NGOs are working with big aspiration of bridging the local people with the street children.

In an interaction with SH6, social worker. He said:

> *We are aspiring to form child protection committee, which comprises of the police, local community members, shopkeepers, teaching staffs, NGO workers and other well wishers in all the clusters of the street children. So that when ever the children land in the street they will get proper guidance and rehabilitation.*

The children feel that though the NGOs are providing so many services they are not catering to their needs. Especially they face many problems during their stay in the street, but if they go to shelter they keep us in a closed surrounding. They will not let us to go outside. The children prefer open shelter, so that they can go and come whenever they want. They want to use the shelter only to sleep, they want to come out and work. The other problem they face is that they are not allowed to take any addictive substance in shelter home.

Contact with Family:

The present study on the basis of data, has formulated four categories of child in the street on the basis of their contact with their family.

- Some of them did not have any family contact after they flee home;
- some visits their family often;
- some visits rarely; and
- some might had contacts but left in the recent past.

Majority of the children had some contact with their family earlier except 2; rest of them did not visit their home for the last one year. Nearly 3 children did not have any family contacts from the day they fled their home. The children those who were sent to children home, were repatriated to their home. Except three who have escaped from the children home rest three were sent back to their home. Though they did not stay for a long time they continued to go to their home. Some visit their family in the winters and stay for a while and come back to the street again. Some children visit their parents and friends whenever their memories bother them. Since many children came here to take up some job they visit home when they have some money. But latter they got addicted to drugs they stopped going to home.

Interaction with other Civil Society Members:

Though thousands of people cross these children every day only very few people interact with these children, apart from the social workers and police. The respondents in New Delhi Railway Station stays in a premise belong to the railways.

In an interview with the caretaker railway garage SH3, he said:

> *They came here during last winter, I allowed them to stay in this premises on one condition that they should not create any problem. They trust me so I trust them. If they stay here there is no police torture so they continued to stay. With out any queries police beat these children. At least they should*

have the courtesy to ask why they land up in street. Most of the parents are poor and they could not provide even food, some come here for job. They are good and did not create any problem till date with me.

He is the person who voluntarily helped these children after seeing their difficulties. He stays with these children for more than 3 months he clearly indicates that the children are not problem creators. If we show love and affection they will respond in the same manner. All the children are not bad in the street, may be some children involve in illegal activities it is not necessary to punish all the children for their mistakes.

In the Hanuman Temple there are many *mehandi* shops for years. These children are in cordial relationship with the *mehandi* shop owners. So their insight on the behaviour pattern of these children was sought.

SH2 having a mehandi shop in Hanuman Temple said:

If we speak to them properly they behave well. They will not create any problem. But if you scold them then of course it's the human tendency to behave indifferent. I am here for more than 20 years till now I did not come across any problem with a child.

Relationship with shop owners:

In the New Delhi Railway Station they sell all their plastic bottles to the recycle shop in the evening. They are doing this for years so both know each other very well. So some of the children give the excess money to the shop owners as savings and they will take it whenever the need arises. They have faith in them and they feel they will not cheat them, till now none of the children have bad experience with the shop owners. Some children even keep money in the hotel where they have food regularly so that if they did not have money they can go and have food. Similarly the children in Hanuman Temple also save money in the shops. Though some children in

Hanuman Temple work in the dhaba and flower shop they have only working relationship apart from that they will not get any help from them. Moreover the shop owners were profited because of their cheap labour. The only person who gets benefited was the shop owner; they pay only Rs 500 for a child if they work in flower shop or in the dhaba.

In-depth Interview:

Twenty in-depth interviews have been conducted in two areas, 10 interviews in each location. Though lot of information of street children has been reflected above, but is was presented in a disaggregated way. It is important to know the life story of a person fully to understand the life, living condition, their coping mechanism, aspiration and problem they face and adoptability. Two in-depth interviews were selected to give a clear picture about the inter play of different factors in a child life. These two interviews were selected because they gave a very contrary picture. The first case represents a child run away from the family because of break up of their parents coupled with other family problems. His street life and fall into the drug trap. The second case reveals a child beaten up by his father and ran away from home. Street life and social relationship and interaction with the peers. The main emphasizes of this case was on saving. He told if a child need to save and come up in life there are lot of opportunities available.

CASE I: HTC7

Background: HTC7, aged 16 years and a primary school dropout, ran away from his home at ITO in New Delhi at the age of 09. The reason for his flee was that he was unable to cope up with the adverse family atmosphere caused by differences among his parents. His father, a class IV employee in Indian Railway, was an alcoholic and often indulged in beating HTC7's mother in the presence of him and his sister. On one such occasion, HTC7's mother broke-up with his father and left his sister and

father behind, taking him along with her she went to her parents' native place in Tamil Nadu. Also, his sister went missing because of his father's carelessness caused by his inebriated stage while taking her to HTC7's grand parents place to woo his mother and himself back. Adverse family situation coupled with daily torture by his father by thrashing and pressurizing to seek a job forced HTC7 to flee his home and stay in Hanuman Temple at Connaught Place, New Delhi.

Living Condition: After his flee from home, he started living in the Palika region of Central Delhi for about three months. He used to sleep in front of a flower shop for which he worked for hoping to get paid. As he learnt that the shop keeper was not going to pay any remuneration, he was looking for better options which would fetch him some money. Working for a flower shop at Hanuman Temple was one such option he learnt, which in fact fetched him at least 500 rupees per month. During his few-months stay at Hanuman Temple he got introduced to an intoxicating drug called Solution, which is generally used by street children, but earned some friends. In the next stage, he moved to Shivaji Stadium for better livelihood as his friends advised. However, there also he faced hardships only during the three months due to lack of good place for sleep and haunting of police torture. His stint at the Shivaji Stadium proved to be a failure as his intake of 'Solution' increased drastically, forcing him to return to Hanuman Temple.

Life Style: In the beginning he started taking Solution out of curiosity coupled with peer pressure, which later became a habit first and addiction later. He consumed ten bottles of Solution when he was in Shivaji Stadium, where rag-picking was his source for bread earning. Daily he earned around Rs. 50; some times he earned more than Rs. 80, but seldom he earned very less. Varying level of earning was a day-to-day affair.

'Shelter Home' managed by an NGO called Salam Balak Trust was his third and latest asylum provides food regularly. Bread, egg, bread pokkoda etc, are provided for breakfast, and 'Sabjis' made up of alloo, brinjal, ladies finger for lunch. He used to

get 'thali' for dinner. He was provided only limited quantity of food, which hardly suffices his hungry and nutrition level. Ever since he joined 'Shelter Home', he could not take solution, so he often took it from his friends. Blanket, clothes and toilet soap and detergent soap also were provided in the Shelter Home. He takes bath weekly twice or thrice at water tank in Hanuman temple. Shelter-in-Charge takes care of problems, if he has any.

The shelter teaches simple mathematics, language and any other subject, which could help for their betterment and create awareness on the evil effects of intoxicating substances like solution. Provisions for games also provided to them.

Social Network: Though he left his home seven years back, in the beginning he often visited it for a brief period of time after that he returns to Hanuman Temple, which was his first asylum. This visit continued even when he was in Shivaji Staduim, the second asylum. However, after his admission in Shelter Home in 2003 he never inclined to visit his family. But last year he visited home to attend his father's funeral as he was informed of his father's death by his maternal aunt.

For the last three years he has been staying in Shelter Home. But his seniors in the shelter home used to beat him whenever he tried to come out of the shelter for socializing with his old friends. He could not complain to the authority as such complains would irk the seniors again resulting into further beating. He feels it is very boring to stay all the time in the shelter, so he comes out of the shelter sometimes to meet some of his friends from Hanuman Temple. According to him, street children get rarely help from their friends, because they are not in a position to help each other.

Case II: HTC10

Background: HTC10, aged 13 and only son for his parents, fled his home at the age of 11 from Haridwar and came to Delhi. Again, the reason in this case was that his

father frequently indulged in beating him. It is baffling why the children were treated harshly forcing the children to fled home. His father works as 'sindhur masthre' and his mother passed away when he was very young. He had adopted sisters who used to take care of him when he was in home as she was affectionate to him as he was to her.

Living Condition: After fleeing his home, he came to New Delhi Railway Station where he stayed for about two months. He collected bottles from the train and earned around 150 rupees in a day. He was caught by police and put in Children Home, which he refers as 'jail'. He was there for 5 ½ months, then his father came and took him back home. During his one year stay at home he was again beaten up by his father, which forced him again to ran away from home. Again he came back to New Delhi Railway station where he had to face problem from police again. He shifted to Hanuman Temple as his friends suggested that he would not have to face problems from police. For three years it was a peaceful stay in Hanuman Temple as police did not bother about the street children staying there. But of late the police started harassing them. If he stayed at the temple at night time the police shooed him away. But for last 4-5 months police had not beaten them. It means again he started getting a place for peaceful stay. When asked why police beat him he said laughingly that they beat without any reason. It clearly indicates that it has become part of his daily routine and nothing much to worry.

Meanwhile, he visited his home few times. Whenever his savings reached Rs.5000, he visits home. His mode of saving is giving his earnings to known people or customized shops like waste paper mart and hotels where he frequents for his business dealings. But he would gain any financial gain in term of interest rates for the money he gives to such known people. With this kind of savings he has already purchased a plot for Rs.15,000 in his village. Now he is earning money to built house in the plot. He said he will stay here till he finishes completing his target saving. In the beginning, though it is baffling whether he was telling the truth about his exact earning, it was convincing as he appeared to be much matured even at the age of 13.

Life Style: When he was asked about his first attempt of solution he responded very spontaneously that after land in street the children would start solution and marijuana in a very short while to escape from the inclement weather and police harassment. Now he stopped taking solution but in the early days of his street life he took 10 bottles. In New Delhi Railway station he spends most of their earning around Rs200 in drugs, even after he reached hanuman temple he spends around Rs100 for solution. One day he had blood vomit, then he went to Lady Hardinge Hospital there doctor detected Tuberculosis and told him to stop solution other wise he will die. He told that he left taking solution two years back but latter he started to consume solution and marijuana in small amount since substance is must for them to live in the street.

Though he stopped solution but he takes marijuana. He had 3 'chellam'(they prepare ganja in a big clay smoking pipe and then have it in group) of ganja last night and 2 chellam today morning.

Moreover, he told that if a street child stops taking solution and start saving money they could save a huge some of money. He purchased a land for Rs15,000 earlier now he wants to build a house in that land. He needs Rs 25,000 to build the house; he has to save money for material and the construction cost. He did not get any financial support from his father, already there are two rooms his sister and father are staying now he wants to make a separate room for him then he will settle in the village.

Social Network: He came from home two days back again he had a plan to go back to New Delhi Railway Station. He and his friend could earn daily around Rs. 700, if they did not take any drugs they spend only Rs100 for food rest Rs600 they can save. Even though he claimed that he could earn Rs. 700 along with his friend it is a very exaggerated figure. They deposit money to the waste paper mart shop owner; they take Rs2000 and more when ever they need. Last time he took Rs. 5000 to home. They deposit money in a hotel also so that whenever they need any food they go and have it from the hotel. If their friends want they will give a chit immediately they

provide food for my friends also. He has a good relation ship with the waste paper mart, he saves money with them. He also saves money with the shopkeeper and the NGO staff. It implies that whenever he was in need of money he can access all these people.

This chapter tries to picture the life of the children on the street, the average age of run away children, why they run away from home, the push and the pull factors, their life on street, access to basic amenities, living condition, interaction with the public, drug trap, social network and social relationship, contact with family, the problems they face and interaction with police. Hoping all these information will form a base to know about the living condition of the children which in turn will help to know the health condition of the children. Because the health condition of the children in influenced by the culture, social, economic and political setting. The inter play of all these factors determine the health condition of these children. On this background in the next chapter we are going to see the health condition of these children, their perception of health and illness, health seeking behaviour, utilization of health services. Since it would be one-sided arguments if we not looking into the perceptive of the doctors. So we are capturing the doctors perception on street children.

CHAPTER- IV

Health Seeking Behaviour of the Street Children

Perception of Health and Illness:

Broadly understood, person's health condition is looked as whether he/she is 'sick' or 'well'. If he/she says he/she has some disease then we consider him/her as sick and if the person does not have any disease then we consider him/her as 'well'. Mostly the health condition is assessed on the basis of the clinically diagnosed disease. Based on these conditions we try to categorise the person as healthy or ill. We always see these two categories as distinct poles, which do not meet (Radley, 1994).

The WHO definition of health focuses on the ideal rather than the actual, since it assumes the notion of an absolute, i.e. complete well-being of an individual rather than to examine the relationship of the individual with his/her social environment. It ignores the fact that health or well-being has a range and cannot be an absolute quantity. If we consider health is the well-being of human beings, then we need the material basis and the environmental conditions. Human beings act upon nature, developing technology and social relations in the process these factor influence heavily their well-being. Health of individuals and groups are largely determined by the socio-economic, political and technical forces (Qadeer, 1985).

Health seeking behaviour and perception of the people regarding health has a very close link but they are distinct. Earlier days, studies pointed out the people for not accessing the health service. Later, interdisciplinary studies that explored these problems comprehensively have shown that 'blame' for non-improvement in the status of health and for the prevailing health culture must be laid at the door of policy planners and executors and not of the 'non-co-operative', 'backward' people. The services offered left so much to be desired that it was rational of the people not to rely upon them to any great extent. The implications for health care provision were that there is a 'felt-need' of the people for modern medicine, which 'the providers' of modern medical facilities had

failed to meet. Therefore the policy priority must be tc work out means of effectively delivering medical services (Ritu Priya, 2006).

In a community, perception of health problems, meaning of the state of health and disease and response to various institutions varies are based on the living condition. All these factors form an integrated, interdependent and interacting whole to know the health culture of a community. The health culture of a community should be seen in the background of their overall culture, social, economic and political setting (Banerji, 1982).

Based on the above understanding, the study tried to locate what it means for street children to be healthy or ill. We should not forget that they live in a condition, which is not conducive to healthy living. They live in the street in the hostile weather without proper arrangement for living. They did not have any adult protection to guide them and help them in time of need. Children are highly susceptible to disease in unhealthy living conditions. Street children do not have access to any of the basic amenities such as the water, sanitation, shelter and nutritious food. We should also take in to account their street culture, social and economic conditions.

Behaviour may not always reflect 'perception' or may do so only in a complex indirect manner because of the constraints to putting perceptions into practice. Therefore inferences drawn on perception from behaviour may not always be valid or complete. While perceptions are shaped by the concrete realities and experiences of life in the present, they are also influenced by experience of others, whether in the past or in another context in the present. Further, people reveal perceptions less readily than they would behaviour. The latter is often observable and therefore it is easier to crosscheck respondents' responses on behaviour than on perceptions. Finally, perceptions are not always consciously thought out or articulated so even a willing respondent may not be able to give complete responses. This makes study of perceptions a more complex task than the study of behaviors. Yet they are important to study because they are likely to be truer reflections of what people 'feel' and really 'want' than behaviors which have to be

within the constraints of the existing situation and the services available (Ritu Priya, 2006).

Perception of Health among Street Children:

First two-months of the fieldwork gave the initial impression that there was no health problem among the street children. Latter it made me realize that 'our' perception of health and 'their' perception about health might be different. A person who struggles every day to survive will not have the same notion of health as others have. To understand the health condition of these children it is necessary to locate their health in social, economic and cultural milieu.

As we have seen, the street children did not have proper sanitation facilities and were forced to go for defecation in the open. They seldom took bath because of inaccessibility of water and various other reasons. They did not have access to potable drinking water and mostly the water they drink is infested with bacteria. They did not get nutritious food at proper time. Since they ran away from family they did not have any family members with them to support them in times of need. They did not have any social security in the street. They lived in small groups and got help within the group. Every day they took some odd job and earn money for their food and other expenses (drugs for most). They had to take any work to survive even if it was strenuous and hazardous.

HTC2 a resident of Hanuman Temple told:

> *"I had fever, cough and cold this winter neither I went to hospital for treatment nor took any medicine. I simply left it to recover by itself. Last month I had epilepsy so I stopped taking solution and I started working in the flower shop again. Though I wanted to go to hospital nobody was there to accompany me to visit the hospital".*

Mostly the children reported having fever, common cold and other common form of illness. They did not consider these as 'illness' and hence did not seek any treatment from any health institution. Even for life threatening problems like dog bite, kidney problem, respiratory problem they did not go for treatment. Mostly they approach hospital for acute illness and for accident cases. They seldom approach the hospital for chronic ailments.

H2C4 aged 12, from Hanuman Temple in his narrative expressed that,

> *"A dog had bitten me this month, I am very afraid to take injection so I did not go to hospital for treatment. Moreover there is no need for treatment it is my dog not a street dog so there is no need to worry".*

This is not the only case. Many children have been bitten by street dogs both in Hanuman Temple and New Delhi Railway Station. They neither went to the hospital nor they took medication from any other source/provider.

> *H2C6 visits hospital only for major illness, which continued for long days. Mostly he waits for self-curative rather than taking treatment. He falls sick so many times but never visited the hospital. He visited hospital three-four times, for back pain and for accident injuries. Though he visited Ram Monahar Hospital two times both the times they did not ensure good treatment. But Kalwati Hospital ensured him good treatment with medicine. Last month his friend met with an accident they took him to Ram Monahar Hopital he died their, he believes that if they had took him to Kalawati hospital he might be alive now.*

Children have lot of preconceived notion about the hospitals which stops them from going there. Mainly they got this notion by their earlier experiences or through their friends. Even when some children were very sick, they were not ready to go to hospital for treatment. The above case also clearly shows they did not have good

opinion about some of the hospital. Moreover, they feel they were not given proper treatment when ever they approach the health system. They were made to run unnecessarily between places without ensuring proper treatment. It consumes lot of time.

HTC9 in his narrative told:

> *Though for the last six months he is gradually loosing is vision, he does not bother about his vision. He told even if he loses his eyesight no problem. Even if he loses his sight he will get help from his friends so nothing to worry. Moreover he claimed he would not die if we lose his eyesight, "I can live without eye sight but I will not go to hospital.*

Health Seeking Behaviour:

The street children did not fully neglected the health services as they approach the health system whenever they have acute health problems. The only problem is that they did not go to hospital at the initial stage or did not seek treatment for the chronic ailments. So there is a need to make the system more accessible to these children. If they did not have food for the days and no basic amenities then it is difficult for them to think of good health. For them, if they get food for the day and they are able to work then they consider themselves as healthy. If the child does not go for the day work then he will die of hunger. In such case, it is difficult to go to the hospital which takes at least half a day to get treatment.

The health service system should try to provide promotive, preventive, curative and rehabilitative services as providing curative service alone will not be sufficient. Most of the children are living in poor living conditions without access to potable drinking water, sanitation and place to sleep. So it is needed to provide the preventive and promotive services along with the curative service to improve the health condition of children.

Many children especially from the New Delhi Railway Station availed treatment from various sources like the mobile clinics (from 'Butterflies', an NGO working for health of street children) and social worker who carry general medicine (Salam Balak Trust) and pharmacist. Thus, it is difficult to assume that they did not want any treatment at all but the actual reason is the inability on their part to utilize the public health hospital since it consumes lot of time. At the same time, they have to lose the day's earning. In the TB study of Banerji and Anderson (1963); they mentioned three stage of consciousness in health seeking behaviour which are awareness, worry awareness and action taking. Most of the children were aware about their condition and wanted to seek treatment only for the acute problems and accidents.

Health Problems among Street Children:

The street children both in New Delhi Railway Station and Hanuman Temple reported common illnesses including fever, cough and cold, skin disease, cuts and wound, chest pain, stomach pain, dysentery, kidney problems, dog bites and rat bites, eye sight, mouth ulcer, respiratory problems, chicken pox, accidents, epilepsies, back pain, throat pain and blood vomit. The study accepts the presence of other diseases but these were seldom reported by the children.

The social worker who was one of the key informants, informed about STI among street children in Hanuman Temple. He came across a child who had some problems in genital area so he took him to Kalawati Hospital there the doctor diagnosed the problem as STI. Later on, the child accepted that he had sexual intercourse with other street child and it was common among them. The social worker later came to know about few other kids facing the same problem. This shows that the children did not disclose all the information readily.

Except the chronic ailments like chest pain, kidney problem, respiratory problem, accidents, chicken pox and dog bite; rest of the ailments were faced by the children in the recall period of last six months. There were about 9 of them had cuts and wound due to accidents and fight; 8 of them had abdominal pain, fever this winter and

respiratory problem; 7 had cold and cough in this winter; 5 of them had chicken pox and chest pain and 4 of them have skin problem. Moreover, they also face the rest of the above-mentioned problems. Many of them face more than one health problems. Here one thing to be noted is that the self reported morbidity is very less among these children. Consequently, the number of health problems may go up if we do clinical examination.

Mostly the respiratory, kidney problems are related to sniffing of correction fluid (which has Toluene) by the street children. It is a clear, colorless liquid with a distinctive smell. It is used in making paints, paint thinners, fingernail polish, lacquers, adhesives, and rubber and in some printing and leather tanning processes. Low to moderate levels can cause tiredness, confusion, weakness, drunken-type actions, memory loss, nausea, loss of appetite, and hearing, color vision loss and affect the nervous system. These symptoms usually disappear when exposure is stopped. Inhaling High levels of toluene in a short time can make one feel light-headed, dizzy, or sleepy. It can also cause unconsciousness, and even death. High levels of toluene may affect one's kidneys (http://www.atsdr.cdc.gov).

Utilization of Health Services:

Children in Hanuman Temple and New Delhi Railway Station can avail services from the government hospital such as Kalawati Hospital, Lok Nayak Hospital, Lady Hardinge, Ram Manohar Lohia and NDMC Hospital. Apart from these hospitals, they can avail service also from mobile clinics and community based health intervention by NGOs and shelter home. Children in New Delhi Railway Station have more options than the Hanuman Temple children. Many NGOs are working in New Delhi Railway Station which offer health services. Some bring general medicines during street education so that the children can take medicine if they have any problem. If children are going for the hospital then they prefer Kalawati and some times to Lok Nayak Hospital.

If they have major health problems or met with accidents, which hampers them from doing work then they go to the shelter home run by NGOs. They stay there till they recover and later they move out of the shelter.

NDC1, a resident of New Delhi Railway Station explained what he does if he falls sick:

> *"Very often I have fever, Bhaiya (social worker) took me to the hospital. Even this winter I had fever 3-4 times; he took medicine from Didi (social worker SBT) for cold and coughs. This winter he visited hospital 3 times to take treatment for chest pain, he had stopped medication for his chest pain few months back. He never visited hospital alone, they pose lot of quires and they will not treat properly. So he goes along with bhaiya, so that they will treat him well. Bhaiya force the doctor to provide good treatment".*

Mostly the children go to hospital with the social worker, police, and with some well-wishers as they feel insecure going alone to the hospital. Even the youth above 18 years will not go to hospital alone. If children met with accidents, the information will be given to police. The case then becomes a Medio-Legal Case (MLC). Some times on seeing their pathetic condition or if they fall unconscious, some humanitarian persons take them to hospital.

Problems in Accessing Services:

Though very few children accessed government health services, many of them availed services from the NGOs, pharmacist etc. In both the areas, the 'Butterflies' mobile clinic comes weekly. Many children prefer pharmacist as they were not satisfied with the treatment from the mobile treatment.

NDC2 explained why he does not prefer the mobile clinic:

> *"I had fever so I took medicine from the mobile clinic even after two days it did not recovered. Latter I went to the pharmacist and I took medicine for Rs.2 and slept in the hot sun for some time, the fever immediately went off".*

Many children share this perception on mobile clinic of Butterflies that the tablets given were not effective and they do not recover quickly, albeit they treat then properly. Some go to the shelter home for treatment. The only problem is that they have to stay there so they prefer it only when they have major ailments. Regarding government hospitals, the following observation is relevant:

NDC5 a resident or New Delhi Railway Station shared his experience,

> *"Once I visited Kalawati Hospital, for a cut in my hand they did dressing and gave medicine. The hospital was very crowded so I was hesitant to go to hospital and moreover I have to spend lot of time in traveling also".*

Problems in using Public Health Services:

The children face lot of hindrances in accessing public health services as:

i) OPD will take at least 2-3 hours and they have to wait in long queue. So they will not go to the OPD. Emergency care is only for accident cases, sudden acute pain, vomiting, respiratory problem etc. If they go for minor illness they will send them back and refer them to OPD. So only for the major ailments they go the hospital.

ii) Hospitals will not provide all the medicines. Some times doctors prescribe medicine outside and out of pocket expenditure they have to purchase. So

they feel anyway we are purchasing the medicine from outside then why we have to take pain to go to hospital.

iii) Some children feel they have not got good treatment from public hospital as even after medication they are not getting well.

iv) Since they do not purchase full prescribed medicines from outside, they are hesitant to go to the hospital again.

They were very comfortable in their *maahol* (society) and they do not dare to move out of their place. They feel inferior and loose confidence once they move out of their place. They were very afraid of doctors and other government officials. Most of the children felt that doctors wanted to avoid them; so they were asking them to shuttle unnecessarily from one place to another. Another problem they usually face is that they need some address to get the OPD card which is very unlikely. Since they did not have any address they feel hesitant. They never visited hospital alone. A major barrier for the children to access health service is that they need adult members to accompany to hospital. They went with social workers to get good treatment without spending much time. Moreover, they will explain their problem to the doctors in English.

Many people look these problems from 'outside'. If we see very deeply, it is not simple to draw one to one, cause and effect relationship. Actually it is very complex and we need to understand three major categories of factors determining the dynamics of interaction between the host, the environment and the agents. These are the biological factors, social, economic, political, demographic and cultural factors and factors in the form of active intervention which are specifically designed to change the epidemiological behaviour of the health problems through the application of medical technology (Banerji, 1973). The interplay of these factors only determines the access of the service. Although the children say the hospital is very far so they were not going for treatment; actually they mean to say if they go they have to lose the day wage, they need money to go there and need some adult member to

accompany them. In some instance, the sub culture of the street children will not see that as a problem at all.

Doctors' Perspective:

Till now, we have seen the children's perception of health, health seeking behaviour, major health problems and the hurdles they face during utilization of health system. Moreover, there is a need to know the service provider's perspective especially about these children's health condition, utilization of services, nature of ailments, problems in accessing services, behaviour pattern of children, purchase of medicine, etc. More over, there is a need to know how doctors want to make public health service more accessible to the street children. Since these children mainly access the service from the Lok Nayak Hospital and Kalawati Hospital; doctors and paramedical staffs of these institutions were interviewed for this purpose.

Utilization of Services by Street Children:

Three medical doctors from both the hospital were interviewed from the Casualty ward. They said they met street children very often but they never came alone as either they came with social worker, well-wisher or with police. They usually came across medico legal case with the street children. Three doctors from specialties like ENT were interviewed from H1; they told that they hardly came across street children. If at all they come they will not come alone they came with some adults. An Orthopedician and a Surgery doctor were interviewed in H2. They told that they mainly came across accident cases and the unknown cases came with police. They mainly come under MLC. H1SN told, "*generally they will not come alone usually they were accompanied by some one. We will put them in some NGOs and provide treatment rest they will take care*". Even the T.B health officer of H1 shares the same perception. He felt that they did not have the courage to come to hospital to avail treatment.

Nature of Ailments:

Almost all the doctors from both the hospitals said that street children come mainly for accidents, high fever, chest pain, wound etc. H1SN said that they usually approached the hospital in death bed. H1D5 said that they never come to hospital for common illness. The orthopedic, surgery doctor and the H1D5 of the emergency care said that mainly street children approach hospital for accident case that too police bring them to the hospital. Only H1D1 of general OPD said she come across children with all sort of ailments.

Condition of the Children:

Majority of the doctors said street children were from low socio-economic background, malnourished, very sick, look very dirty and poor. H1D4 and H2D1 said, they come to hospital in intoxicated state. H1D5 said, they were addicted to drugs and need psychotherapy and counseling. They live in abject poverty without access to any basic amenities so that they do not get good nutritious food.

Usage of Services:

Majority of the doctors have a general opinion that the street children come for treatment which is irregular and liable to stop at any time. H1D1 said, *"they take treatment until they recover partially; after that they will not come. Even if they were hospitalized they stay in hospital without any caretaker. A street child was hospitalized stayed for 3 days once he felt well he immediately ran off from the hospital. This is the same case with other hospitalized street children. They do not come regularly"*. H1D5 worked in psychiatry and drug de-addiction before he came to casualty ward. He said that there were many street children in the shelter home not having access to drugs. Some how, they did not stay there for long time. They go out and steal things and start taking drugs. Initially they take drug out of curiosity and latter they get addicted. They take drugs for reducing pain, sweating, lethargy etc.

Problems in Accessing Services:

We could see some of the reasons which hamper the children from accessing service from the health provider's perspective. H1D1 said that since hospital is always very crowded, the street children feel that we will not give proper attention and treatment to them. Moreover, they would not be ready to wait for long time. *"I accept because of the crowd some times the nurse may not give injection properly they usually rush up. Even we could not spend much time with patient individually".*

H1SN said that it is lame excuse that we will not provide medicine. Their only job is to come to hospital and rest of the things are taken care by us. But unfortunately, they hardly turn up to hospital. She felt their parents might have created a false impression that hospital is only for rich and it might hinder them from using health services. They never go for OPD as no one guides them to go there. They come here only at the deathbed so they generally come to Emergency. H1TB and H2D2 said, the children have an inferiority complex so they are afraid to come to the big hospital to seek treatment. Many children believe the government hospital is for the government staffs only, so they hesitant to come to hospital. He also said that street children has a separate culture where their socialization might have created lot of misconception about the hospital hampering in accessing service. H2D3 said that there is a gap between the service providers and children in reaching out. So there should be a surveillance to map the need and create awareness among the children with the help of NGOs to access the services.

Behaviour Pattern:

Most of the doctors told that the children co-operate and behave properly. H1D1 said that some times the person who accompanies the children creates problem and misbehaves with doctors. H1D5 and H2D1 said that if they are very sick then they will cooperate. On the other hand, if they could tolerate then they will not come.

Purchase of Medicine:

Most of the doctors said that they know that these children can not afford to purchase the medicine outside so they provide all the medicines. H1D1 said that since they come with someone (if at all), we prescribe medicines and the person accompanying them will purchase the medicine for children. H1SN said that it is a lame reason that we are not providing medicine as they are not coming for the hospital. Most of the doctor also said that if they come with NGOs, they will get the medicines for the children. H2D2 said that we discharge street children with lots of drugs after their recovery. We provide treatment without any discrimination whether they are rich or poor.

How to make it more Accessible:

H1D5 believes that these children are not accessing the service due to lack of awareness. They do not have an understanding of their living condition or the problem they encounter in accessing the public health service. So we wanted to create awareness among the children about the importance of health so that they will access the service. *Even we can go and treat them at their place, there is a need for out reach programme also.*

Conclusion:

Street children faced most of the ailments because of their poor living condition without access to basic needs and services. They mainly faced cold, cough, fever, scabies, stomach ache, dysentery, low vision, dog bites, chest pain, respiratory problems, kidney problems etc. But they seldom visited hospital for common illness, some times they took medicine from NGOs, pharmacist and mobile clinics for common illness. They feel inferior and insecure so they did not access the health services. Apart from these reasons there were numerous factors, which hindered the children from accessing the services. They expected some one to accompany them to the hospital, which stoped them from taking care at the initial stage or disease. They went to hospital when it was acute. Mostly the social workers, and well-wishers themselves came forward to help them on seeing their pathetic condition.

Moreover they worked for their food; nobody was their to support them in the street. In hospital it takes at least half a day and some times even after spending that much time they could not get the treatment. They also had to loose the day's income. This pathetic condition made the children to perceive only the acute problem as disease and they will not seek treatment for the common illness. So they approach hospital if they met with accidents or at the deathbed. The doctors elicit the main health problem for which the street children approach the hospitals were high fever, accidents, injury, respiratory problem. They never turn up to the hospital for the common illness. Mostly they come to hospital at the deathbed. The doctors confirmed they never approached the hospital alone either they go with social workers, well- wishers. Often they come to hospital with the police for accidents case. They never considered the common illness as ill health and it needs treatment.

CHAPTER- V

Discussion

Street children were forced to leave their home mainly because of poverty, physical abuse, family break up, allured by the city and in search of jobs. Though they claim that physical abuse by their alcoholic parents and kin as the main factor to runaway from home, after detail enquiry it was clearly indicated that they were beaten up by their parents to go for work or to go to school or to stop them from taking *bidi*, *gutkha*, tobacco. In many cases, though it looked one single problem that pushed the children out of their home but actually it was a culmination of many problems which pushed them out of their home. Many of them left their home between the age of 8-10. At an early age they were forced to take such a big decision to move to the city without any adult protection to lead an independent life.

Though, adult members migrate to cities mainly because of pull factors such as the employment opportunities and good wage, in the case of children, the push factors play a major role to move towards city. Very few children were allured by the city life and came to Delhi in search of good employment. Mainly they are forced to leave their home due to incompatible conditions at home. The pull factors played a very minor role in moving them to the city.

Most of them were primary school dropouts. They stopped going to school as they were beaten up in school as well as home to perform well. The children mainly migrated from Uttar Pradesh and Delhi sub-urban areas. Many reached Delhi through train because of the frequent availability and easy to travel without ticket compared to other means. Though it is believed that the street children were from big families but the study showed most of them had less than four siblings.

The children run away from home and reach the Delhi Railway Station at a very early age. The city was entirely new to them and they did not had any one to support them. Some stay in the station and others move to the other parts of the city. They either

take up some menial jobs in the *dhabas*, flower shops, and cleaning or they have to beg, rag pick. Except few, rest of the children who work in the dhabas and shops were forced to leave the job due to low pay or the ill-treatment by the shop owners.

Street children in New Delhi Railway Station mainly engaged in plastic water bottle collection which they sell 3 bottles for Rs.2 or a kg for Rs.40 to the recycle mart. Apart from that, they collect aluminum foils from the pantry. The street children in the other study area, Hanuman Temple mainly go for catering work as server and the small children carry light in the procession. Apart from that, they also work in *puri* shop, temple cleaning and rag picking.

In New Delhi Railway Station, the children felt they have a regular job which fetches them around 3000 per month. But in the Hanuman temple they did not have any stable job. During the marriage they work as server and in the lean season they take up other jobs. So their earning highly fluctuates they earn Rs.3000- 4000 during marriage season and Rs.1000-2000 during lean season.

Children living in Hanuman Temple and New Delhi Railway Station lack all the basic needs and services. Especially they did not have access to potable water, nutritious food, sanitation and proper place to sleep. Living condition of the street children is very pathetic. In both the places they did not have a proper place to sleep. They do not get food, place to sleep and job in the rainy season so they suffer a lot in this season. Some times in the rainy season they awake for the whole night or have to sleep after the place gets dried up.

Moreover, in New Delhi Railway Station the children did not get proper sleep since many train come in the late night and early morning they have to sacrifice their sleep to earn their bread. They have to sleep in the noise of the train. In Hanuman Temple especially on Tuesdays and Fridays, they have to sleep after 1 am because the shops would be open till 1 am. Those days were auspicious day for the temple so many devotees visit temple on these days.

In both the places the children have do not get break fast and had to work in the morning with empty stomach. In Hanuman Temple, the children got good food on Tuesdays and Fridays since they were special day for the temple and many devotees offer food and sweets. Rest of the day, very few devotees visit the temple so they either took food from the temple or else they go to Gurudwara Bangle Sahib to have *langer*. In case of New Delhi Railway Station, they seldom get food from the train. Mostly they took lunch from the roadside *dhabas*. In night, sometimes they got free left over food from the train pantry.

In New Delhi Railway Station they have access to potable drinking water. Moreover, the children claim they get mineral water from the bottle that they collect are sufficient for them. The children in Hanuman Temple lack potable drinking water. Either they have to purchase water from shop or they have to drink water infested with bacteria.

The children in Hanuman Temple did not even have access to water for bathing apart from that they need bucket and a change cloth to take bath. Since they have to invest around Rs.100 for clothes they did not take bath till their clothes are torn. Earlier they kept spare clothes but many a times police burnt all their belonging so now they did not keep any spare cloths now. In New Delhi Railway Station, though they have access to water they also take bath very rarely since they did not feel the need to take bath as any way they have to collect rags and will get dirt. In summer, the children from both the places often go to India Gate to have bath in the tubs.

In both the places they use open air for toileting. Some times the children in Hanuman Temple use 'pay and use' toilets. The children in Hanuman Temple have a vacant ground near the petrol pump and the children in New Delhi Railway Station use the railway track.

The children in both the place wants to enjoy a carefree life and also to utilize their freedom fully. Though they work hard to eke out everyday living but at the same time whenever they got more money they went to Nizamuddin to watch movies in video player, zoo, bird sanitariums, India Gate. They spent their day with playing cards and play with their pet dogs.

Drug addiction is a major problem in both the places the places. Children were addicted to substance like correction fluid, marijuana, *gutkha*, *bidi*, cigarettes and tobacco. Drugs form the central focus of the street children's life. Many of the street children got addicted to correction fluid (which has tolune which is a special drug among them) within a month or two. Once they got addicted it was not easy to any rehabilitation or repatriation. So it is very much needed to rescue the children before they get addicted to substance. Many NGOs are involved in drug de-addiction. It was not very much useful because they leave the children in the street after the programme got over. They have to stay in the same living condition and with the peers which makes them to start the substance again. So it does not make much difference in the child's life.

The children in Hanuman Temple were more addicted to substance than the New Delhi Railway Station children. Majority of them in Hanuman Temple consume 6- 8 bottles of correction fluid in a day. In New Delhi Railway Station the children consume 2-4 bottles on an average. Taking marijuana was a group activity and they gather in a small group and have marijuana. They spend most of their earnings in intoxicating substance. In a day in Hanuman Temple they spend Rs.60- 80 on drugs and in New Delhi Railway Station they spend around Rs.30- 50.

These children did not have any saving mechanism. If they keep money in their pocket the other children will steal while they sleep in the night. So they either spent all the money on substance or in playing cards. Some time if they have more money they kept the money safely with the nearby shop owners but they have to pay 10% of the money to them. They consider playing cards as bank where they invest money

even if they loose they will get back the money with interest whenever they were in need.

They have good relationship with the shop and NGO workers. Except few, most of the policeman did not like these children. They felt they were unnecessarily occupying the place and create lot of problem to the public. Moreover, they all addicted to substance and involve in illegal activities. The children felt the police as their first enemy. Police often beat them and chase them from their living place especially in the nighttime. Except few many children have family contacts, few never visited their home after their fled.

The poor living conditions without access to basic needs and services affect the children physically, mentally, socially and economically. So all these have a repercussion on the health condition of the street children. Since they were vulnerable, most of the children reported having fever, common cold and other common form of illness. They did not give much attention to common illness and did not seek any treatment from any health institution, as it does not affect their livelihood. Mostly they seek treatment for illnesses which affects their livelihood and hampers them from taking up any jobs. They mainly visit hospital for acute problem, high fever, accidents, cuts and wounds etc.

Out of the 20 samples, about 9 of them had cuts and wound due to accidents and fight; 8 of them had abdominal pain, fever this winter and respiratory problem; 7 had cold and cough in this winter; 5 of them had chicken pox and chest pain and 4 of them had skin problem. They mainly took treatment from the NGO's especially Salam Balak Trust, Butterflies. For major problem they visited Kalawati Sharan and Lok Nayak Hospital.

They encountered many problems while they access the public health system, so it hinders these children to approach the government hospital. If the children go to OPD, it took at least 2-3 hours and they have to wait in long queue. So they would not

go to the OPD and they visit the casualty ward. Emergency care is only for accident cases, sudden acute pain, vomiting, respiratory problem etc. If they go for minor illness they would send them back and refer them to OPD. So they prefer to go only for the major ailments to the hospital. The doctors in both the hospitals confirmed it. They also told the children approach for accidents, cuts, wounds, chest pain and high fever. They never approach hospital for common illness.

The children claimed that they were not provided with all the medicines from the hospitals. Some times doctors prescribe medicine outside and out of pocket expenditure they have to purchase. So they felt anyway we were purchasing the medicine from outside then why we have to take pain to go to hospital. The doctors do accept that some times they prescribe medicine outside. But that sometimes stays on in the children's mind and stops them from taking treatment. So the hospital administration also should take care of these situations when they deal with most vulnerable groups.

Some children felt they have not got good treatment from public hospital as even after medication they were not getting well. So it is needed that the doctors should take the children living condition into their consideration when they treat these children as these children lack all the basic amenities and parental protection.

These children were very comfortable in their *maahol* (social environment) and they did not dare to move out of their place. They felt inferior and lost confidence once they move out of their place. They were very afraid of doctors and other government officials. Most of the children felt that doctors wanted to avoid them; so they were asking them to shuttle unnecessarily from one place to another. So it is very much needed that the doctors should understand them fully and treat them with love and care in a very responsive way so that the children will approach the system readily for the next time.

Another problem they usually face is that they need some address to get the OPD card which is very unlikely. Since they did not have any address they feel hesitant. The hospital administration should understand the limitation of these children and give some relaxation. Moreover, they should make the system more approachable for this kind of vulnerable section. Since these were the people face many problems it is the duty of the hospital administration to receive them properly.

Because of the hostile nature of the government hospital, the children never visit hospital alone. It is a major barrier for the children to access health service at the early stage of the problem. They look for some adult members to accompany them to the hospital. It makes them dependent on others and in many cases, the others come forward to help them only when they were very sick.

Mostly the children prefer to go with social workers because they felt they could get good treatment without spending much time. Moreover, they explained the children's problem to the doctors in English. Even if the doctors prescribe medicine outside the social workers will purchase the medicine for them.

Majority of the doctors have a general opinion that the street children came for treatment which was irregular and liable to stop at any time. Many a times it happens when they have to purchase outside they fail to take and feel hesitant to go to the hospital again. Other times, many of their ailments were related to addiction to substance. Since they were not ready to leave the substance they never turn up to the hospital. But the doctors told that the children co-operate and behave properly.

Majority of the doctors had an opinion that the street children were from low socio-economic background, malnourished, very sick, look very dirty and poor. The doctors felt that these children are not accessing the service due to lack of awareness. They do not have an understanding of their living condition or the problem they encounter in accessing the public health service. So they wanted to create awareness among the

children about the importance of health to access the service. The system needs to be responsive other wise it is difficult for the children to approach the hospital.

Government is doing only a piecemeal programme to address this problem. A comprehensive plan should be implemented throughout India. There are only 11 shelter homes in Delhi which taking into consideration of the number of street children is very less. Many shelter homes should be opened to accommodate all of them. They should have a good counseling center to do the repatriation. Repatriation is very successful when they do counseling immediately after they land in Delhi. Later getting addicted to drugs, the process becomes complicated.

As long as they live in street it is very difficult to do the rehabilitation for the children so they need shelter home. But the shelter should provide them love and care. They ran away from home because of the hostile nature in home. Moreover, they should provide all the basic amenities and vocational training to make them self-dependent in the future. The laws should be followed stringent uniformly all over India. Without providing these basic services, law alone will not be sufficient to curtail this problem.

Bibliography

Reference:

Aashray Athikar Abhiyan. 2001. *The Capital's Homeless.* New Delhi: ActionAid India Publication.

Aashray Athikar Abhiyan. 2003. Health care beyond zero. New Delhi: ActionAid publication.

ActionAid India. 2004. Special Issue on Street Children. *Exchange.* New Delhi: ActionAid India publication.

ActionAid India. 2003. *Homeless People In Chennai: A Census Study.* Un published. Agarwal, R .1999. Street Children. New Delhi: Shipra Publication.

Alan Radley. 1994. *Making Sense of Illness: The Social Psychology of Health and Disease.* New Delhi: Sage Publication.

Ali M, Muynck A.de. 2005. Illness incidence and health seeking behaviour among street children in Rawalpindi and Islamabad, Pakistan- a qualitative study, *Child: Care, Health And Development,* **Vol 31 (5)**: 525-532.

Andrew Glyn. 2006. Marx's Reserve Army of Labour Going Global. *The Hindu,* April 6: Editorial Column.

Anju Garg. 2003. *Street Children in Sangam Vihar.* M.Phil Dissertation. JNU, CSMCH. Unpublished document.

Antonio Marcos S. Souza. 1999. Children's Rights: The Street Children's Project at Sao Bernardo do Campo, Brazil. *New World Outlook.* September – October.

Aptekar L. 1988. *Street children of Cali.* United States: Duke University Press.

Aptekar Lewis. 1991. Are Colombian street children neglected? The contribution of ethnographic and ethnohistorical approaches to the study of children. *Anthropological Education Quarterly,* **Vol 22**: 326- 349

Archana Mahendale. 2004. Children's Rights: Lessons On Monitoring. *Economic and Political Weekly.* 17th April.

Arimpoor Joe. 1992. *Street Children of Madras: A Situational Analysis.* NOIDA: National Labour Institute

Arthur Lewis W. 1954. Economic development with unlimited supplies of labour, *Manchester school*, **Vol 22**: 139-191.

Augusto De Venanzi. 2003. Street Children and the Excluded Class. *International Journal of Child Service*. **Vol 44 (5)**: 472-494.

Banerji D. 1973. *A Long Term Study in 19 Indian Villages*. Un published.

Banerji D. 1982. *Poverty, Class and Culture in India*. New Delhi: Prachi Prakeshan.

Barnabe D'Souza, SDB, Larissa Castelino, Dakshayani Madangopal. 2002. A Demographic Profile Of Street Children In Mumbai Shelter. *Don Bosco Research And Documentation Center*. Don Bosco Campus, Matunga, Mumbai.

Benno Glauser. 1997. Street Children: Deconstruction a Construct. In: Allison James, Alan Prout (ed). *Constructing and Deconstructing Childhood.* London: Routledgeflamer. pp145-163

Bhargava. Gopal. 2001; *Human Rights: Concern of the Future*. New Delhi: Kalpaz Publication, pp 59, 60, 281 and 282.

Campos Regina, Raffaelli Marcela. 'et al'. 1994. Street Networks and daily activities of street youth in Belo Horizonti in Brazil. *Child Development.* **Vol. 65 (2):** 319-330.

Claire O' Kane (2003): Street and working childrens' participation in programming for their rights, *Children, Youth and Environment.* 13 (1), Spring.

Deb Sibnath. 2003. Stories of Street Children: Findings from the field study, *Social Change*, **Vol 34 (4)**:

Dhagamwar Vasudha. 1997. Childhood Denied, Under the Law. *Mainstream.* **August 23**: 30-34.

D'Lima Hazel, Gosalia Rima. Street Children of Bombay: A Situational Analysis (NOIDA: National Labour Institute, 1992).

Dunu Roy. 1998. Rights of Child Labour: Ethics, Production and Nation-State. Economic and political weekly. **31 Jan- 6 Feb**: 25-29.

Ennew Judith, Swart-Kruger, Jill. 2003. Homes, Places and Spaces in the Construction of Street Children and Street Youth. *Children, Youth and Environments*, **Vol 13 (1), Spring.**

Fadyen M.C, Lori. 2005. *Voices Of Children: Street Children In Delhi.* New Delhi: Rawat Publication.

Fujimura Clementine. 2003. Adult stigmatization and hidden power of homeless children in Russia. *Children, Youth and Environments.* **Vol 13 (1),** Spring.

GOI. 2002. *The Indian Child: A Profile.* Department of Child and Development, Ministry of Human Resource Development.

GOI. 2005. *India Country Report on Violence Against Children.* Department of Women and Child Development

Gomm Roger. 2004. Social Research Methodology: A Critical Introduction. New York: Palgrave Macmillan Publication.

Gupta D.N, Singh Chandrasekar. 2003. Human rights Acts, Status and Constitutional Provision. New Delhi: Kalpaz Publication.

Husain Majid. 2002. *Human Geography.* 3rd edition. New Delhi: Rawat Publication.

ILO. 1986. *Child Labour: A Brief Manual.* Geneva: ILO.

ILO. 2000. *Year book of labour statistics.* Geneva: ILO.

ILO. 2002. *Every Child Counts: New Global Estimate on Child Labour.* Geneva: ILO

Ismail Razia Abbasi. 2002. Another Decade of Doubt for the World's Children. *Mainstream.* **June 15**: 19-21.

John K. Anarfi. 1997. Vulnerability to Sexually Transmitted Disease: Street Children in Accra. *Health Transition Review.* Supplement to **Vol 7**: 281-306

Joshi P.L. 2000. Rights of Childhood. In: Waghmare B.S (eds). *Human rights: Problems and Prospects.* New Delhi: Kalinga Publications. Pp 225-233

Katelhut A, Schultink W, Angeles I, Gross R, and Pietrzik, K. 1996. Effects of Weekly Iron Supplementation with Folic Acid, Vitamin A, Vitamin C on Iron Status of Indonesian Adolescents. *Asian Pacific Journal of Clinical Nutrition.* **Vol 5**: 181-185.

Kavin J. Lalor 1999. Street Children: A Comparative Prespective, *Child Abuse and Neglect*, **Vol. 23 (8)**: 759-770.

Luis A. Rohde, 'et al' 1998. The Impact of Life on the Street on Latency Children's Friendship, *Review Saude Publica.* **Vol 32 (3)**: 273- 280.

LUSK, M.W. 1989. Street children programme in Latin America. *Journal of Sociology and Social Welfare.* **Vol 16**: 55-77.

Michael P. Todaro., Stephen C. Smith. 2003. *Economic Development.* 8th edition. Delhi: Perason Education Publication.

Molla, Mitikenn 'et al'. 2002. Sexual Violence among Female Street Adolescents in Addis Ababa. *Ethiopia Journal of Health Development.* **Vol. 16 (2)**: 119-128.

Mufune. 2000. Street Youth in Southern Africa. *International Social Science Journal.* **Vol 164**: 233-243.

NNMB. 2002. Nutritional Status of Rural Population: *Report of NNMB Surveys.* NIN. Hyderabad.

Olga Nieuwenhuys. 1999. Children's Lifeworlds: Gender. *Welfare and Labour in the Developing World.* New Delhi: Social Science Press.

Pagare Deepti, Meena G.S., Singh M.M and Saha Renuka. 2004. Risk Factors Of Substance Use Among Street Children From Delhi. *Indian Pediatrics.* **Vol 41**: 221-225.

Pande Rajendra. 1993. *Street Children of Kanpur: A Situational Analysis.* NOIDA: National Labour Institute.

Panicker Rita, Nangia Praveen. 1992. *Street Children of Delhi: A Situational Analysis.* NOIDA: National Labour Institute.

Panter-Brick C. 'et al' 2001. Elevated acute-phase protein in stunted Nepali children reporting low morbidity: different rural and urban profiles. *British Journal of Nutrition.* **Vol 85**: 125- 131.

Panter-Brick C. 1996. Food and Household Status in Nepal. In: P Wiessner; W Schiefenhovel (eds). *Food and the Status Quest.* Berghahn, pp. 253-262.

Phillips W.S.K. 1992. *Street Children of Indore: A Situational Analysis.* NOIDA: National Labour Institute.

Pinto G. 1993. Street Children an Urban Phenomenon. In : Kanth A, Verma RM (eds). *Neglected Child- Changing Perspectives.* New Delhi: Prayas.

Poonam Sondhi Garg. 2004. Street children: lives of valor and vulnerability. New Delhi: Reference press Publication.

Priya Ritu, Deshpande Mita. 2006. Health Perception Studies And Their Role In Public Health Policy And Planning: Some Theoretical And Methodological Issues. Un published.

Ramesh Abhinaya. 2001. UN Convention on Rights of the Child: Inherent Weaknesses. *Economic and Political Weekly.* **June 2**: 1948- 1950.

Reddy Nandana. 1992. *Street Children of Bangalore: A Situational Analysis.* NOIDA: National Labour Institute.

Rizzini Irene, Butler Udi Mandel. 2003. Life trajectories of children and adolescents living on the street of Rio De Janeiro, *Children, Youth and Environment.* **Vol 13 (1),** Spring.

Sachar Rajindar. 2004. *Human Rights: Perspective and Challenges.* New Delhi: Gyan Publication, pp 156.

Sanajaoba. N. 2000. *Human Rights in the New Millennium.* New Delhi: Manas Publication, pp 142-143.

Sarbjeet Khurana. 'et al' 2004. Mental Health Status Of Runaway Adolescents, *Indian Journal Of Pediatrics*, **Vol 71 (5)**: 405-409.

Sathe S.P. 1997. Child and Human Rights. *Radical Humanist.* **Vol16 (1)**: 25-33.

Sathe. S.P. 1997. Child and Human rights. *The Radical Humanist.* April: 25-33

Sibnath Deb, Shishir Senapate. 1993. Safety Needs of Abused Proletarian Bengalee Children (major modes of casual factors). *Indian Journal of Psychological Issues.* **Vol 1**: 1-9.

Sinha P.C. 2003. *India's Global Human Rights Obligations: A Status Report.* Part-I. New Delhi: Kanishka Publication.

Sinha P.C. 2003. *India's Human Rights Regime: A Comprehensive Presentation.* Part-II. New Delhi: Kanishka Publication.

Sorsa Solomon. 2002. Health problems of street children and women in Awassa, Southern Ethiopia. *Ethiopia Journal of Health Development*, **Vol. 16 (2)**: 129- 132.

Stephenson S. 2001. Street Children in Moscow: Using and Creating Social Capital. Sociological Review. **Vol 49 (4)**: 530- 47.

Stephenson S.A. 2002. Children of the street and shadow communities of the city. *Russian Social Science Review.* Vol 43 (5), September- October: 59-75.
Tadele, Getnet. 2000. Sexuality and HIV/AIDS Risk and Perception among Male Street Youths in Dessie. *Northeast African Studies.* **Vol 7 (1)**: 109-126

UNICEF. 2005. *The State of the World Children 2006: Excluded and Invisible.* UNICEF Publication.

UNICEF. 2006. *Annual Report*. UNICEF Publication.

Web Source:

A Promise to Children. Retrieved July 19 2006 from http://www.unicef.org/wsc/
Africa's Children - Struggling to Survive. Retrieved July 17 from
http://www.abaana.org/sponsorship/africa.cfm

Agency for toxic substance and disease registry. 2001. *Tox FAQs for Toluene*.
Retrieved July 17 2006 from http://www.atsdr.cdc.gov/tfacts56.html

Asian pacific post. 2005. Asia's street kids - a looming crisis. *The Straits Times*.
Thursday, September 08. Retrieved July 17 2006 from
http://www.asianpacificpost.com/portal2/402881910674ebab010674f5ad151f17.do.ht
ml

Basant Patro Bijoy. 1997. India-Aids: Street Children are Most Vulnerable, *Inter Press News Service (IPS)*. Wednesday, 3rd September. Retrieved July 17 2006 from http://www.aegis.org/news/ips/1997/IP970902.html

Casa Alianza, Exploitation of Children. Retrieved July 19 2006 from
http://www.hiltonfoundation.org/press/16-pdf3.pdf

Casa Alianza. Exploitation of Children. Retrieved July 17 2006 from
http://www.hiltonfoundation.org/press/16-pdf3.pdf

Child Labour prevents Development.ILO Release. Retrieved July 20 2006 from http://acr.hrschool.org/mainfile.php/0164/267/

Child rights in action Path to the Convention on the Rights of the Child,
Child Rights in India. Retrieved July 18 2006 from
http://www.empowerpoor.org/backgrounder.asp?report=200

Child Rights in India. Retrieved July 21 2006 from
http://www.empowerpoor.org/backgrounder.asp?report=200

Constitution of the World Health Organization. New York, 22 July 1946. Retrieved July 19 2006 from http://www.austlii.edu.au/au/other/dfat/treaties/1948/7.html
Convention on the Rights of the Child. (Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 *entry into force* 2 September 1990, in accordance with article 49). Retrieved July 20 2006 from http://www.unhchr.ch/html/menu3/b/k2crc.htm

Convention on the Rights of the Child. 1989. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 *entry into force* 2 September 1990, in accordance with article 49, Retrieved July 19 2006 from http://www.unhchr.ch/html/menu3/b/k2crc.htm

Convention on the Rights of the Child. 1989. Retrieved July 16 2006 from http://www.unicef.org/crc/

Convention on the Rights of the Child. Retrieved July 20 2006 from http://www.unicef.org/crc/

Convention on the Rights of the Child. Retrieved July 20 2006 from http://www.unicef.org/crc/index_30213.html

Convention on the Rights of the Child. Wikipedia. Retrieved July 19 2006 from http://en.wikipedia.org/wiki/Convention_on_the_Rights_of_the_Child.

Declaration of the Rights of the Child. 1959. Proclaimed by General Assembly resolution 1386(XIV) of 20 November 1959, Retrieved July 19 2006 from http://www.unhchr.ch/html/menu3/b/25.htm:

Exploring Ways for ABD Assistance. Retrieved July 17 2006 from http://www.adb.org/Documents/Books/Street_Children/Working_Streetchildren/working_with_streetkids.pdf

Geneva Declaration of the Rights of the Child of 1924, adopted Sept, 26, 1924, League of Nations O. J. Spec. Supp. 21, at 43 (1924). Retrieved July 21 2006 from http://www1.umn.edu/humanrts/instree/childrights.html

Government's Initiatives Against Child Labour in South Asia. Retrieved July 19 2006 from
http://www.ilo.org/public/english/region/asro/newdelhi/ipec/responses/govtinit.htm

Gupta Y.P. Plight of Children, Need to Remove Scourge of Malnutrition, Retrieved July 16 2006 from
http://www.thestatesman.org/page.arcview.php?clid=3&id=98000&date=2005-02-26&usrsess=1

Hari Srinivas. Homelessness - An Issue. Retrieved July 23 2006 from
http://www.gdrc.org/uem/squatters/homelessness.html
http://www.iht.com/articles/2006/01/25/opinion/edmanohar.php

ILO. Latin America: 15 Million Street Children. Retrieved July 19 2006 from http://www.unicef.org/specialsession/rights/path.htm

Information Change India. *On the street where they live.* Retrieved July 17 2006 from http://www.infochangeindia.org/ChildrenIstory.jsp?recordno=228&storyofchangev=ChildrenIstory.jsp&section_idv=4

International Covenant on Economic, Social and Cultural Rights. 1966. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 *entry into force* 3 January 1976, in accordance with article 27. Retrieved July 19 2006 from http://www.unhchr.ch/html/menu3/b/a_cescr.htm. The brief summary of this covenant is available in Sinha, (2003).

James A. Inciardi and Hilary L. Surratt. 1997. Children in the Streets of Brazil: Drug Use, Crime, Violence, and HIV Risks. *Substance Use and Misuse.* Retrieved July 16 2006 from *http://www.udel.edu/butzin/articles/child.html*

Jayashree Ramakrishnan, Mani Karott and Radha Srinivasa Murthy: experiences of sexual coercion among street boys in Banglore, India.

Jeo L.P. Lugalla., Jessie Kazeni Mbwambo. Street children and street life in urban Tanzania: the culture of surviving and its implications for children's health. Retrieved July 16 2006 from http://www.streetchildren.org.uk/reports/

Manihara N.S. Street children? Retrieved July 17 2006 from http://www.skcv.com/street%20children%20in%20india.htm

Manohar Prathima. *A child of India's street.* Retrieved July 17 2006 from. Retrieved July 16 from http://aspin.asu.edu/hpn/archives/May98/0093.html

Maria Eugenia, Chavarria Zamora. The Precarious Situation of Latin America,s Children, Retrieved July 16 from http://aspin.asu.edu/hpn/archives/May98/0093.html

National Charter for Children, (2003). Retrieved July 18 2006 from http://wcd.nic.in/nationalcharter2003.doc

National Policy on Child Labor – 1987. Retrieved July 19 2006 from http://www.indianembassy.org/policy/Child_Labor/National_Policy_Child_Labor.htm

Promoting the ILO Declaration on Fundamental Principles and Rights at Work. Retrieved July 19 2006 from http://www.sdc.gc.ca/en/lp/ila/Representing_Canada/Promoting_ILO.shtml

Raman Vasanthi. 2000-11-11. Politics of Childhood: A Perspective from South, *Economic and Political Weekly,* Special Article. Retrieved July 17 2006 from http://www.epw.org.in/showArticles.php?root=2000&leaf=11&filename=1938&filetype=html

Ratify ILO Convention on Child Labour: Report. Retrieved July 20 2006 from http://www.hinduonnet.com/2003/06/04/stories/2003060402071300.htm

Rights of the Child. Retrieved July 19 2006 from http://www.indianembassy.org/policy/Children_Women/rights_children.html

Sinha Shantha. 1996. Child Labour and Education Policy in India. *The Administrator.* Vol: XLI, July-September: 17-29. Retrieved July 20 2006 from http://www.ashanet.org/library/articles/rnvf.199607.html

Sixth SAARC Summit Colombo, Declaration , South Asian Association for Regional Cooperation. Retrieved July 19 2006 from http://www.saarc-sec.org/main.php?id=52&t=4

Social Defence, Programme for Care and Protection of Children. Retrieved July 17 2006 from http://socialjustice.nic.in/social/children.htm

Street Children And Homeless, *Cyc-online- issue* 68 September 2004. Retrieved July 18 2006 from http://www.cyc-net.org/cyc-online/cycol-0904-Homelessness.html

Street children: The Situation in East and Southern Africa and the Need for a Strategic Global Response. Retrieved July 16 2006 from http://wwwa.house.gov/international_relations/109/sex091305.pdf

The Children, the Challenge. Retrieved July 17 2006 from http://www.unescobkk.org/index.php?id=3346

The State of the World's Children 2005, Childhood Under Threat. Retrieved July 16 2006 from http://www.un-az.org/dpi/index.php?option=com_content&task=view&id=1060&Itemid=73

UN System in India: Position Paper on Child Labour. Retrieved July 19 2006 from http://www.undp.org.in/hdrc/childrenandpoverty/UNDPCH/POSITION.HTM

UN System in India: Position Paper on Child Labour. Retrieved July 19 2006 from http://www.undp.org.in/hdrc/childrenandpoverty/UNDPCH/POSITION.HTM

Who are the world's street children?. Retrieved July 16 2006 from http://www.childhopeusa.com/kids/index.html

Working with Street Children, A Profile of Street Children. Retrieved July 23 2006 from http://www.unodc.org/pdf/youthnet/who_street_children_module1.PDF

Working with Street Children. Retrieved July 23 2006 from http://www.unodc.org/pdf/youthnet/who_street_children_module1.PDF

World Conference on Human Rights, Vienna, 14-25 June 1993. Vienna Declaration and Programme of Action. Retrieved July 19 2006 from http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.CONF.157.23.En?OpenDocument. A brief summery on Vienna Declaration is available in Bhargava, (2001).

World Health Organization. 1993. Programme on Substance Abuse. July. (WHO/PSA/93.7). Retrieved July 23 2006 from http://pangaea.org/street_children/world/who3.htm