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**STREET CHILDREN OF SANGAM VIHAR,
SOUTH DELHI: AN EXPLORATORY STUDY**

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CERTIFICATE

This is to certify that the Dissertation entitled "**Street Children of Sangam Vihar, South Delhi: An Exploratory Study**", is submitted in partial fulfillment of the requirement for the award of the degree of Master of Philosophy of this University. This dissertation has not been submitted for any other degree of this University or any other University, and is my own work.

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Needless to say, that the responsibility for any remaining errors and shortcomings in this dissertation rest with me.


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CONTENTS

	Page No.
List of Tables and Figures	<i>i – iv</i>
Chapter No.	
I. Introduction: Statement of the Problem	1 - 6
II. Review Of Literature	7 - 50
1. The Concept: Definition & Categories	
2. Street Life: Living & Working Conditions	
3. Health Condition of Street Children	
4. Understanding Myths about Street Children	
5. Policies and Programmes	
6. Rationale of the Study	
III. Methodology	51 - 70
1. Conceptualisation	
2. Objectives of the Study	
3. Research Design	
IV. Socio – Economic & Demographic Profile of the Street Children	71 - 98
1. Demographic Profile: Age & Sex	
2. Place of Living	
3. Phenomenon of Migration	
4. Nature of the Family	
5. Educational Status	
6. Economic Profile	
V. Child's View of Life	99 - 122
1. Play and Entertainment	
2. Perception and Attitudinal Profile	
3. Addictions in Street Children	
4. Aspirations and Expectations	

CONTENTS

Chapter No.	Page No.
VI. Health Conditions of Street Children	123 - 143
1. Access to Promotive Health Services	
2. Health Problems	
3. Medical Treatment	
4. Basic Needs: Food; Shelter	
VII. Discussion and Conclusion	144 - 166
1. Matters Arising out of Findings	
2. Recommendations	
BIBLIOGRAPHY	167 - 180
APPENDICES	

LIST OF TABLES

Table No.	Name of the Table	Page No.
1.	Age-wise and Sex-wise Distribution	71
2.	Religious Background	73
3.	Place of Living of Street Children in the City	74
4.	Migration of Street Children to Sangam Vihar	75
5.	Reasons for Migration	76
6.	Parental Status of Street Children	77
7.	Employment Status of the Parents of Street Children	78
8.	Siblings of Street Children	81
9.	Family Size of Street Children	82
10.	Educational Status of Street Children	83
11.	Education of Street Children; Reasons for not Studying	84
12.	Education of Street Children; Living with Families / Run – Aways / Alone	85
13.	Advantages of Education as Perceived by Street Children	86
14.	Occupation of the Street Children	88
15.	Age of Initiation of Work	92
16.	Duration of Work Hours of Street Children	95
17.	Average Income of Street Children	97
18.	Expenditure of Earned Income by Street Children	98
19.	Leisure Time Activities of Street Children	100
20.	Playing Cards & Gambling in Street Children	101
21.	Incidence of Addictive Habits in Street Children	102
22.	Habit-wise Percentage Profile of Addiction in Street Children	103

Table No.	Name of the Table	Page No.
23.	Peer Interaction: Number of Friends of Street Children.	105
24.	Preference of Street Children for spending time with Family, Peers, and Alone	106
25.	of Affection of Street Children for Family Members & Others	108
26.	Can You Live Alone? Self Reliance in Street Children	110
27.	Coping Behaviour of Street Children during Stress	112
28.	Street Children's Perception of Police	114
29.	Street Children's Perception of Forms of Harassment Caused by Police	115
30.	Forms of Harassment caused by Police	116
31.	Attitudes of Street Children towards Employer	118
32.	Assistance Received By Street Children	119
33.	Type of Assistance Suggested by Street Children	120
34.	Aspirations of Street Children	122
35.	Exposure to Contaminated Environmental Elements (Dirt, Smoke, etc.).	125
36.	Health Status Of Street Children	126
37.	Diseases Street Children Suffer From .	128
38.	Kind of Treatment Availed During Illness	134
39.	Care during Illness In Street Children	136
40.	Frequency of Eating Meals in Street Children	138
41.	Place of Eating Meals In Street Children	139
42.	Sex Differences on Frequency Of Meals	141
43.	Number of Meals Eaten By Children Living In Families and Alone & Runaways	142

LIST OF FIGURES

Fig. No.	Name of the Figure	Page No.
1.	Parental Status of Street Children	77
2.	Parental Status of Street Children (Mother)	77
3.	Siblings of Street Children	81
4.	Family Size of Street Children	82
5.	Educational Status of Street Children	84
6.	Education of Street Children; Reasons for not Studying	85
7.	Advantages of Education as Perceived by Street Children	86
8.	Age of Initiation of Work	93
9.	Work Satisfaction in Street Children	94
10.	Duration of Work Hours of Street Children	96
11.	Expenditure of Earned Income By Street Children	98
12.	Street children's perception of Time for Play	99
13.	Leisure Time Activities of Street Children	100
14.	Playing Cards & Gambling in Street Children	101
15.	Incidence of Addictive Habits in Street Children	102
16.	Addiction in Street Children	103
17.	Peer Interaction : Number of Casual Friendships	104
18.	Number of Friends of Street Children	105
19.	Preference of Street Children for Spending time with Family, Peers, and Alone	106
20.	Age-Wise Percentage Profile of Level of Affection of Street Children for Family Members & Others	108

Fig. No.	Name of the Figure	Page No.
21.	Street Children's Perception of Parental Love for Self	109
22.	Can You Live Alone? Self Reliance in Street Children	110
23.	Home Climate as Perceived by Street Children	112
24.	Coping Behaviour of Street Children During Stress	113
25.	Street Children's Perception of Police	115
26.	Street Children's Perception of Harassment Caused by Police	116
27.	Forms Of Harassment Caused by Police	117
28.	Attitudes of Street Children Towards Employer	118
29.	Assistance Received By Street Children	119
30.	Type of Assistance Suggested by Street	121
31.	Aspirations of Street Children	122
32.	Facilities for Bathing	126
33.	Health Status Of Street Children	127
34.	Street Children Suffering From Chronic Disease	127
35.	Diseases Street Children Suffer from	128
36.	Kind Of Treatment Aailed During Illness	128
37.	Care During Illness in Street Children	136
38.	Frequency of Eating Meals in Street Children	138
39.	Place of Eating Meals of Street Children	139
40.	Number Of Meals Eaten By Children Living In Families And Alone & Run aways	142

CHAPTER - I
INTRODUCTION

The problem of street and working children is a global one. Children working and living on the streets is a phenomenon as old as cities themselves. Although street children is not a specific problem of developing countries and is not a new phenomenon, it is only in recent years that it has become a matter of political and educational interest and a subject of international concern. International exposure of their plight goes back many years.

Street children are a mute testimony of economic recession, increasing poverty, the breakup of traditional patterns of social and community life., family disruption and the inability or unwillingness of governments to respond because street children exist in greatest numbers in the most troubled societies, their needs often go unattended.

Street children are very unfortunate and forgotten, sometimes orphaned children, many of whom have taken a very big decision for a small mind, and have run away from home. A large percentage have even perhaps been forcibly thrown out by uncaring or poverty stricken family members. The reasons are mostly conflicts with parents or step-parents, broken homes, ill treatment by family members, or there are the rural children who have simply become attracted to big city life through the mass media, mainly films.

Having run away or finding themselves on the street, they are forced to live on the pavements, under bridges or in makeshift shelters, eat from dustbins or obtain food by begging or stealing.

Some are rag-pickers, others sometimes help out in small tea shops, shine shoes or do myriad odd jobs. None attend school. Very few have good health. Many, especially the very young, die an anonymous and agonising death.

The number of street children in India, and the world, has increased dramatically over the past few years due to deteriorating living conditions in both rural and urban areas, and the migration of the village family or members into the city in search of work to pay back loans taken from village money-lenders. The children are the first and worst sufferers. They are left most of the day uncared for, and when the parents get weak, sick, or worse, die, the children are left alone.

A percentage of these homeless children are "gainfully" employed as tea-boys, mechanics' helpers, errand-boys etc. Others are self-employed as rag pickers, newspaper boys/girls or shoe shine boys. Most just wander aimlessly in the streets and on railway platforms, begging, stealing, pick-pocketing - eventually coming under the control of "dadas" or manipulators who live on the meagre pickings of these young children. Many street children are forced into prostitution, thievery, drugs etc., and are exposed to AIDS, crime and terrorism, or are lured with promises of so-called good jobs and good living into occupations like carpet weaving, fireworks factories etc. where they work under inhuman conditions unable to escape. A large majority simply dies. They are the forgotten children of the world.

The very terminology "Street Children" has been introduced and popularized in social science vocabulary about twenty-five years ago. The term "street children" was universalized when international agencies such as the UNICEF, WHO, etc., started to identify this group of children in urban areas as very vulnerable in need of care and protection. Perhaps it was important to categorise these children as "street children" for the purpose of policy and programme formulation.

The United Nation's Year of the Child and its Declaration on the Rights of the Children (1989) focused much attention on the situation of the street children in the less developed countries through out the world.

In 1993 Street Children's Convention brought street children to the attention of the public, the media, NGOs, the policy makers and prepared the ground for today's many activities to rehabilitate them and to present other children from following them on to the streets.

The phenomenon of street children is finally being recognised as one of the major problems affecting major towns and cities in both developed and developing countries alike. It has begun to receive increasing attention in both media and academics literature. This critical issue is now beginning to get the attention it deserves. Some major initiatives are the formation of Inter-Non Government Organisation (NGO) Program for street children and street youth in Geneva, and a series of International Conferences and seminars in various cities all over the world including Marseilles, New York, Bogota, Sudan and Brazil. The recent one include: the European Network of Street Children Worldwide Constitutional Conference held in Brussels in April 1997 and Global Call for World Bank Commitment to Street Children 2000 in Washington.

United Nations' Children's Fund (UNICEF) has contributed in the creation of a dialogue and focusing on the magnitude and extent of the problem. At the National level, with the launching of the scheme by the Ministry of Welfare with assistance from UNICEF for care of street children, India joins countries like Brazil, Philippines and Sudan that have running programmes for the street children with assistance from UNICEF.

Awareness about the phenomenon of street children has been responsible for three significant conclusions emerging. First, the recognition that the problem may be disturbingly larger than originally thought; second, the beginning of a pragmatic theoretical framework for model program development for street children; and third, an awareness for the need of an increased publicity for the free exchange of ideas and for effective advocacy on behalf of these children (Ideas Forum, 1984).

Recent commitments of resources have been made by the International agencies especially UNICEF supporting the joint efforts with certain Governments to address this pressing social problem. The need for social action has long been evident and the initiation of these collaborative efforts is indeed welcome. To achieve this however, it is important to arrive at a clear definition as there is no specific definition for street children and a lot of ambiguity exists in defining them. Multiple terms are used for these children and often some sections are left out of the welfare programmes. Legislation is also inadequate.

In India, the emergence of countless street children was never seen in any National Plan or Policy, despite of the fact that the country has the largest population of street children in the world. There are no current statistics that give the exact number of such children in India. In 1991 Census, about eighteen million children were found either living or working on the streets of urban India. It can be said that without an iota of doubt that the number of such children will further increase drastically.

Children are the future of any nation and no nation can look forward to a healthy and prosperous society without the proper development, support and care of its future citizens. The number of street children in India is enormous and under no circumstances can we afford to ignore this vast chunk of population in the most formative years of their life. The issue is central to humanitarian concern. It is unfortunate that despite our commitments in the International Conventions and National Policy formulations and the legal and Constitutional provisions, the street children are deprived of their basic rights and are exposed to all forms of hardships. Among various categories of neglected children, including the non-school going children and/or child labour who are said to be numbered between 80 to 100 million in the country, the street children perhaps undergo the most severe, yet unnoticed sufferings.

India's slum population is more than 62 million of which around 32 million are living in metropolitan cities. In accordance with the Sixth Educational Survey, Government of India, nearly 21 million children are added to the population of India every year, out of whom about 8 million die due to lack of adequate health facilities and proper care. Still, 13 million are being added to the child population of the country every year. Even if one goes by conservative estimates, nearly half of these children would belong to the category of children in distress or children in especially difficult circumstances. These are also the children who are engaged in some form of work or the other. They are either into wage employment, self-employment or part of the family labour and thus deprived of education.

According to an ILO study undertaken by Choudhari, there are 74.6 million children who are in the category of 'nowhere' children. These children are those who are primarily not accounted for in the Census figures and belong to migrant families who have settled in unauthorized urban settlements. Looking at the pattern of habitation in Indian metropolises, nearly 45 percent of Delhi's population lives in slums and squatter settlements.

The increasing rural-to-urban migration adds to the population of the urban poor and the slum dwellers therein. Slums and shanty towns are emerging with a startling speed. The urban poverty and the 'fourth world' living have become the common characteristics of the new human habitat. Trapped in poverty, children have become the most vulnerable group to the risk of urbanization.

Children in cities are now encountering several problems, including child labour and exploitation, sexual harassment child abuse, neglect and abandonment, and a variety of unhealthy parent child relationships. Multiplicity of factors is working against child labour.

In the words ascribed to Peter Tacon, "Then poor have been abandoned, and the poorest of the poor the children have been cast into the streets". When children are abused, neglected, abandoned and maltreated in many different ways, they venture on to the streets. In fact, street children are a symptom of a deep and disturbing trend in society. Such children are forced to live their life on or of the streets of the cities.

With an increase in urbanisation there is more unorganised labour, augmented by the new economic policy, which is capital-intensive instead of labour intensive. This further increases the number of people being poor and a breakdown of the families, giving rise to the number of street children. This is a serious concern for the urban planners. Further, it is seen that the children without families are relatively few in numbers as compared to the children with family and on the streets.

To explore these specificities a study was undertaken in Sangam Vihar colony in South Delhi, one of the biggest unauthorised colonies in Delhi. A lot of work is done on child labour but not on street children. It is important to note that the lives and situations of these children could defy our traditional responses to take them out of the streets and market places. Hence we ought to be guided not so much with the approach of replication but rather identifying and developing innovative programmes suitable and relevant to the lives of these children. The thrust of the study is to develop an in-depth understanding of the socio-economic and cultural background of street children and understand their day to day life and its dynamics. It is hoped that the study would clarify the problems of definitions, help evolve suitable programmes and improve legislation.

CHAPTER – II
REVIEW OF LITERATURE

- 1. The Concept: Definition & Categories**
- 2. Street Life: Living & Working Conditions**
- 3. Health Condition of Street Children**
- 4. Understanding Myths about Street Children**
- 5. Policies and Programmes**
- 6. Rationale of the Study**

The problem of street children is global, and enlists in both, the developed as well as the developing countries. With a difference in its size and magnitude the developed countries have the necessary resources and administrative machinery to organize the rehabilitation and welfare services for the street children, the developing countries feel the strain of this additional problem, as they are already grappling with the problem of urban poor and those which arise as a consequence of rapid urbanization and urban growth. They have to look for allocation for more pressing problems like those of housing and supply of basic services to the voluminous size of growing slums. Serious attention has to be paid to the problems of street children and both the preventive & rehabilitative measures have to be planned and implemented simultaneously and effectively.

Any discussion on street children essentially involves some basic questions as to who these children are, how they live, what they eat, how they pass their time, how much time they work for their livelihood, where do they spend the nights, and so on. The other important question is whether these children have a social bondage in the form of family. In order to analyze and understand the issues relating to street children's education, it is essential to define these children and understand their basic characteristics and traits.

Unlike orphans or disabled children, it is difficult to identify a street child by a precise definitional criterion. The expression is broad and wide ranging and covers a number of those previously referred to under different headings such as; child laborers, drop-outs, maladjusted children, abused children and deprived children. Many of them, at various times, spend a significant part of their day in the streets, without necessarily sharing any other common characteristic 'children without families', 'high risk children', 'children in need of care and protection' and 'children in especially difficult circumstances are terms

commonly used while referring to street children and these terms tend to overlap (Agnelli, 1986).

Little is known and understood about these children. The general or popular perceptions that a society has towards street children reflects the children's image and also society's response, attitudes and degree of tolerance towards them.

Definitions and Categorisation

The concept and categorization of street children also help in identifying some peculiar traits of such children. For most of the children; street, unoccupied dwellings, wasteland, public places, etc. are their 'homes'. It has been found that the working conditions for majority of them are exploitative, in terms of nature of work, time and income. They are highly vulnerable and exposed to the ills of urbanization. While family relationship is found continuous for some of the children, many of them have only occasional family contacts. For some of them, it is completely lacking and so is their protection and guardianship, thus categorizing them as street children.

According to UNICEF definition, street children, are those who are vulnerable to many dangers and abuses for the following reasons:

1. The vast majority of such children are on the street for making a living for themselves or their families, so that even if their earnings are meager, street is their work place.
2. They spend a large portion of time on the streets and have low returns on their labour.
3. Most of them find their way into the unorganized, informal sector as petty hawkers, shoeshine boys, scavengers of waste, rags and raw materials, even as peddlers, thieves or street sex workers.
4. By the nature of their work and life, they are normally on their own, largely unprotected by adults.

UNICEF observes that of the total number of such children, about 75% are in contact with their families, 20% stay away from home for several reasons, whereas the remaining 5% have no family at all.

Although the concept of street children and their numbers are discussed in terms of their relationships with their families, the generalization of the above statistics provided/collected by the UN may not be very true of India as a whole. In fact, in the absence of a precise definition of street children, it is very difficult to take up an exercise of enumeration of such children.

UNICEF categorizes street children into three groups:

1. Children on the Street

Such children have family connections of a more or less regular nature. Their focus in life is still the home. Most of them return home at the end of each working day and have a sense of belonging to the local community to which their home is situated. They are children on the street.

2. Children of the Street

This group is 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. They are children of the street.

3. Abandoned Children

This group may appear to be a part of the second group and in daily activities the two are particularly 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. They are also children of the street. This categorization of street children provides more insight into the concept of such children. These three categories can be found practically in all developing countries and, more so, in the South Asian countries, including India.

Agnelli (1986) defines a *street child* or a *street youth* as any minor for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and who is without adequate protection.

A street child is one who spends considerable time living and eking a livelihood on the streets. Myers, (1991) defines street child as a term closely applied to and through encountered wing or living on urban streets. Some other sociologists define this category more narrowly are those income earning child in the street who also essentially live there having weekend or several ties with their families. It is pointed out that given the approximate nature of the definition, no objective basis for a proper statistical calculation exists (Reddy, 1993).

An attempt has also been made in India to categorize street children into various groups, based on the relationships of such children with their families (Reddy, 1993):

1. **Children who live with their families**, whether it be on the street, in slums, or waste land or abandoned/derelict buildings, etc., but spend a lot of time working or hanging about on the streets.
2. **Children who work or live on the street** (that is, in the widest sense of the word) and yet maintain occasional contacts with their families, who live either in other cities, or more often, in rural areas. These children, sometime, send money to their families. They see the street as their home.
3. **Children who live and work on the street** (that is, in the widest sense of the word) and have no family contracts, whatsoever. These children are orphaned, abandoned, neglected by or estranged from their families.

The classification of Reddy, like other categories based on the child-family ties in India, by and large, matches with that of the UNICEF. Her first category includes also a large chunk of slum children, most of whom are on the streets

because of parental neglect or shortage of living space within the so-called dwellings or settlements. To that extent, there is an overlap, because slum children are at times considered to be different from street children.

The basic idea of categorizing children into various groups is to determine the specific needs of each group, including the health and educational needs. This will facilitate in formulating programmes for street children as a community having common features and needs as well as for individual categories of street children. Differences in the degree of isolation from home and family will necessitate differences in the kind and nature of services required (Mohsin, 1993). Depending on the degree of family contact and support and the economic status of the family various services can be created including the programme of education.

Dallape, (1989) while defining street children incorporates four forms of disadvantages:

1. **Isolation:** in a geographical sense, from schools, hospitals and other services, and socially, because people do not accept them and they are isolated from informal support networks.
2. **Vulnerability:** to diseases or illness
3. **Poverty:** because they have hardly any income
4. **Powerless:** due to the fact that they come from the families who being poor are isolated from political power.

To this list of attributes, Mohsin, (1994) has added a few more. According to him, the social status of the street children is always looked down upon with condemnation; perception about self is completely lacking and a majority of them are illiterate as far as their educational status is concerned. *Their value orientation is largely individualistic.* These traits can be useful in identifying parameters for future studies related to problems of such children in the third world and in evolving the programmes and services for them.

It is very difficult to conceptualize a street child or put it within boundaries. Such children carry various nomenclatures in different parts of the world. Efforts have hardly gone into enumerating and identifying such children. In India, they incorporate a large variety of children (Mohsin, 1994), such as those in especially difficult circumstances, children in distress, children in need, disadvantaged children, deprived children, neglected children in irregular situations, delinquents, latchkey children (Pandey, 1993), child labourers, school dropouts, etc.

A deeper analytical and comprehensive understanding of these children and their conditions is essential before formulating a universally acceptable definition of street children. At present, there is no precise and objective criterion to define specific strategies and planning services for responding to their special and varied needs.

Whatever may be the categorization of street children, one commonality among all of them is that they are a neglected lot mostly without education, health care, proper food, recreation and thus deprived of their right to childhood. The environment in which they are groomed and grow up make them more vulnerable to the world of crime. They are susceptible to drug/alcohol abuses and to many other socially deviant behaviour. In exchange, they invite for themselves a host of physical and psychological problems. They resort to pick pocketing, petty thefts and even commit crimes that are more serious. As they are young, small, poor and ignorant of their rights and mostly have no family members who come to their rescue, they are more vulnerable to all kinds of physical, sexual, economic, political and other forms of exploitation.

2. Distribution and Magnitude of Street Children

Most of the figures on street children are open to challenge. There are varied estimates of street children but to date no satisfactory means for determining

the global numbers of the phenomenon has been developed. Estimates tend to be controversial as street children are not easy to count, numbers depend on definitions used and criteria chosen, on which there is little consensus. The definition or concept of street children, as it exists today, is ill-defined and ambiguous and thus an objective statistical calculation of the total number of street children does not exist. Depending on how the street children are defined, estimates of their numbers vary (Agnelli, 1986). It is also difficult to ascertain statistical figures either in terms of absolute numbers or proportion of children who consider the streets as their home to children who maintain contact with their families but spend most of their time on the streets.

A report published by the Association of Children's Court Judges of Brazil in July, 1984 states that more than 30 million children live in the streets of Brazil alone (cited in Ideas Forum, 1984). China is reported to have very few street children. Its strict family planning ('*one child*' policy), and the 'street committees' closely linked to the formal police structure, are presumably the responsible factors. Ethiopia, in contrast, has a high number of street children mainly because of natural and man-made disasters (Agnelli, 1986).

Figures show that nearly 20,00 children in Columbia are abandoned by poverty-stricken families annually. About 5,000 of them live on city streets, roam together in gangs during daytime and take refuge in the warmth of the sewers during the chilly Andean nights (Castellanos, 1991). The number of street children in all of Latin America and Caribbean, which includes children up to 18 years, probably exceeds 50 million. There are an estimated one million street and working children in South Africa according to the University of Pretoria (Child Hope, 1991).

While Latin America represents only 10% of the world's children, it has more than 50% of the world's street children. The numbers are; 20 million abandoned

in Asia, 10 million in Africa and the Middle East and 30 to 40 million in Latin America (IAPG on population in development, 1984, cited in Ennew and Milne, 1989).

In India there are no reliable statistics available on the number of street children. The nature of the group of street children is such that they are excluded from official records.

A report on the situational analysis of 11,864 street children in seven major cities of India (Mumbai, Kolkatta, Chennai, Delhi, Bangalore, Hyderabad and Indore) attempts to give an idea about the complexity of the problem (Mahajan and Gathia, 1992). According to this study there are 3,14,700 street children in these seven cities. In Bangalore, unofficial estimates put the number of street children at about 45,000 out of which, approximately 25,000 are said to be homeless. It has also been estimated that Bangalore gets an average of 12 children every day coming to city (Mahajan and Gathia, 1992).

According to Government sources, street children do not exist as a separate category but as a sub – group of 'neglected children'. New Delhi, Bombay and Calcutta have around 1,00,000 street children each and Bangalore 45,000. Street children are one of the most obvious signs of urban deprivation". (The Hindustan Times, May 22, 1993).

There are some statistical data available on the Union Territory of Delhi as per the 1981 census. The population of the city was 5,768,200. The child population within the age group of 6 to 14 was 12,95,741. Children enrolled in schools in the age group of 6 to 14 were 3,03,366. Of the 3-lakh children not going to school in 1981, 2.65 lakhs who were below the poverty line were in the labour force. Many children who were above the poverty line, which is Rs 122 per month in the urban areas, also worked to enhance their income. Apart from

that, a large number of school going children took part in employment. Thus it is expected that the total number of working children in Delhi was nearly 3,00,000 in 1981. The annual increase in the magnitude is estimated to the tune of nearly 10,000 children. Therefore it can be estimated that the strength of child labour in Delhi in 1988 was nearly 4 lakhs (Choudhari, 1996).

It was estimated that out of the 700-working children surveyed in the Union Territory of Delhi about 30 per cent were street children. In a similar study, Nangia (1987), inferred that there were about 15 per cent street children in a sample of 350 working children. On the basis of the two studies, the UNICEF has calculated that an average of 25 per cent of the working children is street children. Thus it was estimated that in the Union Territory of Delhi there are approximately 1,00,000 street children among the estimated 4,00,000-working children. Similarly, if we accept the figure of ORG of 44 million working children in India in urban areas, then the 25 percent of this, that is, 11 million are the street children. According to UNICEF, this would still be a conservative figure if seen in the context of the steadily growing numbers of street children in the metropolitan cities of India. It has been clearly established by the studies that with the growth of urban centers and industrialisation, the problem of street and working children is assuming an alarming scale (Human Development Report, 1993).

In a sample of 2169 street children in Mumbai, 71% were working for a living. Half of them were self employed working as rag pickers and petty traders of edible and non edible items; 14% working in shops, 32% as casual labour carrying loads, cleaning and washing utensils at marriage parties and doing other such manual works. Most of the children worked for 10-12 hours a day, some for 7-9 hours. 48% of Mumbai's street kids earn less than Rs. 400/- a month. Those engaged in rag-picking were able to earn Rs. 50/- a day. But for this they had to put in 10-12 hours of work every day. In Hyderabad there were

5,000 street children in 1983 which increased to 25,000 by 1988 and at present the figure is believed to be 40,000. According to the estimates Delhi is believed to have more than 0.5 million street children (Ifthekar, 1992).

In Mumbai, the Missing Persons Bureau in 1979 stated that on an average 2,00,000 persons leave their home annually. 50% of the cases do not get reported, but of the 50,000 who are registered as missing, 45% are minors below the age of 16 years (cited in *Waiting for Tomorrow* (1991), Society for Promotion of Area Resources Centres, Mumbai).

India has the largest population of street children in the world (HDR, 1993). At least eighteen million children live or work on the streets of urban India, laboring as porters at bus or railway terminals; as mechanics in formal auto-repair shops; as vendors of food, tea, or handmade articles; as street tailors; or as rag-pickers, picking through garbage and selling usable materials to local buyers (HDR of UNDP, 1996). None of the above estimates explains what constitutes abandonment; the criteria used to define street children and identify them. Estimated number of street children worldwide range from 52 million to 145 million (ILO, 1996), out of which those living on the streets are thought to number about 100 million.

3. Living Conditions and Problems

Street children vary with respect to their family backgrounds, occupations they are engaged in, circumstances in which they live and the kinds of problems they have. However, all of them present major needs arising from their particular and especially difficult circumstances. (Aptekar, 1994).

UNICEF, in collaboration with the Ministry of Social Welfare, Government of India, sponsored field studies on children in Bangalore, Mumbai, Kolkatta, Delhi, Indore, Kanpur and Madras. (Reddy, 1992; D;Lima and Gosalia, 1989;

Ghosh, 1992; Panicker and Nangia, 1992; Pandey, 1993 and Arimpoor, 1992). These studies have revealed broad characteristics of Indian street children. Bose (1993), summarises the characteristics of Indian street children based on the findings of these studies. Most of these studies reveal very similar results that street children in the Indian situation share similar life situations, socio economic factors, needs and problems.

3.1. Most children are over the age of 6, the majority over 8

Initiation into active street life begins very early. Younger children are more likely to be in the company of an older sibling, relative or a parent, and to be found closer to a place of safety. The Indore study reported 25.4 percent under the age of 10 years; 26 percent between the ages of 10-12 years; and 48.6 percent over the age of 12 years (Philips, 1989). The Bangalore study showed 20.2% to be 6-10 years of age and 79 percent in the 11-15 years of age (CWC, 1989). The Kanpur study found that 13.5% were under six years of age. 72.4% were between 6-12 years of age; and 14.1% were in the age group of 13-18 years. (Pandey, 1993).

3.2. Most children are Boys

Mainly because of the socio cultural factors, limiting the girl child's mobility, the various surveys conducted in different parts of the country did not indicate equal ratio of boys and girls in their sample distribution (Bose, 1993). Bangalore study reported 31.3 percent girls and Mumbai study had 28.8 percent girls (D'Lima and Gosalia, 1989) the Kanpur study found that only 8.6 percent were girls (Pandey, 1993).

3.3. Most of the street children have never attended school

Most of the street children have never attended school and the majority of those who have, drop out before completing the primary school. Few were attending schools. The Mumbai study reported 54.5 percent as having never

enrolled and only 11.4 percent as currently attending schools (D'Lima and Gosalia, 1989). The Indore study reported 66 percent as illiterate, the incidence being much higher among girls (85.4%) than boys (61.8 percent), (Phillips, 1992).

3.4. Not all children are recent migrants

The Mumbai study reported that only 29.6 percent of the street children had migrated to the city within three years prior to the investigation (D'Lima and Gosalia, 1989). Most of the street children migrate to the cities with their families, although some come to the city alone to earn money to support their impoverished families back in the villages. A smaller percentage of children (including the very young have run away from homes which had become intolerable because of poverty, neglect, maltreatment; and the break-up of the family due to death or desertation, or harsh working and living conditions. (D'Lima and Gosalia, 1992; Ghosh, 1992)

3.5. Parents of street children mainly hold low-paid, unskilled jobs or are self employed

19.5 percent of the street children in the Bangalore study reported that their father engaged in vending and 60.9 percent stated that their father was a coolie, labourer or a construction worker. In most cases where the mother was alive, she was reported as being self-employed or working in low-paid, unskilled jobs or employed in domestic works (Reddy, 1992; Pandey, 1993).

3.6. Most street children work for a living and work exclusively in the informal sector

Most street children work in the jobs that do not require special skills, training or a sizable capital investment. Picking rags and scraps, carrying loads, vending (usually of inexpensive goods), shining shoes and cleaning vehicles are among the jobs they typically undertake. Only few have more skilled jobs , such as

auto repair work. Only a small percentage of the younger children engaged in begging (Pandey, 1993; D'Lima and Gosalia, 1989; Reddy, 1992; Verma and Dhingra, 1993). They work for a living and work exclusively in the informal sector (ILO, 1995; Mohsin, 1996).

3.7. The majority of street children are self employed

Many of the street children may carry out more than one job on the same day, and in other cases, different jobs in different seasons (Bose, 1993). The hours they work show wide fluctuations as some occupations are usually carried out in the mornings (selling newspapers, flowers or vegetables, for instance); others only in the evenings. Some children work part time, especially those who combine work with household chores and marginal schooling. Majority of them work for 8-10 hours a day (Reddy, 1992; Arimpoor, 1992; Pandey, 1993).

3.8. The current earnings are low and occupational mobility is very limited

Because of lack of education, skills, training, finance or even guidance and help, street children' earning capacities and occupational mobility in the market is rather low. Like their parents, street children have no occupational or career ladder. Their earnings show a wide fluctuation, but are usually just enough for subsistence (from Rs. 10 to Rs 25 per day). (Panicker and Nangia, 1992; Reddy, 1992; Verma and Dhingra, 1993).

3.9. The nutritional intake and health status are poor

Food intake is both qualitatively and quantitatively inadequate. Street children have inadequate medical care; they lack bathing and toilet facilities; and they are exposed to various health hazards, unclean surroundings and climatic variations. Girls who live in the street are more prone to difficulties and disadvantages in this regard than boys. Occupational hazards include car

accidents for street vendors and cuts and infections for rag – pickers (Paul and Mathur, 1990; Bose, 1992; and Ghosh, 1992).

3.10. Street children are exposed to physical abuse and extortion

Street children are exposed to physical abuse and extortion and although most are law abiding, the need to survive forces some of them into illegal activities. *They may get caught up in violence over territorial rights or may be forced to share profits with the local dadas (bullies) who demarcate the right to operate in choice spots. Street children also acquire the habit of smoking and gambling at a very young age* (Pandey, 1993; Bose, 1993).

3.11. Street children's survival strategy

Street children are engaged in strategies for day-to-day survival. Thus develop resourcefulness, self-reliance, independence and other survival skills in a hostile street environment. Street children hardly have a social status in the larger society where their existence is tolerated but not trusted, as their background is not known. They live in a world of their own, seeking the protection and support of the local gangs for companionship or to learn the ways of street life. They sometimes develop a group identity, and occasionally a spirit of camaraderie, which meets however, imperfectly, their emotional and psychosocial needs. Street children who have no contact with their families, or who have no family at all, are especially deprived and marginalized (Bose, 1993).

4. Causes of Concern for Street Children

The problem of street children has been widespread for many years. A relatively insignificant amount of objective, scientific research has been done on the subject in India (Pandey, 1993). A careful review of the literature in educational, public health, medical, policy, developmental and social work journals of the past reveals that little has been published regarding the

dynamics and problems of the nature of the problems of street children. The process of factors that separate children from their families have so far attracted little attention. Speculation about the root causes of the problem rapidly leads onto the shifting grounds. There are a host of factors that leave the child unprotected ranging from economic, social, environmental, intra-familial and psychological factors (Agnelli, 1986).

Tacon, 1981 and Hollnsteiner and Tacon, 1983) indicate external or environmental circumstances as the sole etiology of their condition. Factors such as poverty, rural-urban migration, civil strife and family crisis play a central role in the genesis of the phenomenon of street children (Tacon, 1981).

Felsman, (1981) suggests that an interaction of the factors, including physiology, temperament, intelligence play a major role in these children's running away from the home and the nature and pattern of their daily street life is also affected by these factors (Agnelli, 1986). According to statistical indicators, divorce and separation, child abuse and alcoholism are all increasing inexorably. These factors also give rise to street children (Agnelli, 1986).

Street children are primarily an urban phenomenon linked to the voluminous rural to urban migration. Industrialisation has not kept pace with this population shift, which has brought the poverty of rural areas to urban centers (Felsman, 1984).

The 20th Century can be called as the age of urbanisation. The world population was expected to reach 6,1222 million by the year 2000 and 8206 between 2000 and 2025 (United Nations Department of International Economic and Social Affairs, 1993). The urban population of the world, which was estimated as 1,983 million in 1985, would reach 2,854 million by the year 2000

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(an increase of 44%). The population of cities is also becoming younger. It was estimated that by the year 2000, half of the world's population would be under 25 years. In the age group of 5-19 years, there would be 247 more urban children than in 1990. Of these, 233 million would be in developing countries, where 25% of the population would be less than 14 years of age. The number of street children living in complete or partial abandonment is thus bound to grow on a large scale (Agnelli, 1986).

Agnelli, (1986) describes street children in developing countries as " products of rural to urban migration, unemployment, poverty and broken families ", in industrialised nations they are considered as " victims of alienation and systematic exclusion".

According to the UNICEF Report, 1996, street children are the phenomenon of the modern times when urban centers in developing countries are faced with the process of rapid urbanisation. At the micro level the child is on the streets typically because his family is in crisis (Agnelli, 1986). Staggering number of children live in poor settlements (29.4 million) in inhuman conditions with nearly all (27.2 million) being below the poverty line, unable to meet their basic needs of food, shelter and security (Punhani, 1996).

Large-scale migration from rural areas to urban settlements will continue at a fast rate in the coming years. The slum dwellers, footpath dwellers, unskilled and casual workers, workers in unorganized sectors and street children constitute a major proportion of the urban poor population and this segment of the society has not been given adequate attention. Global Consensus on the need to reduce and eventually eliminate poverty was emphasized in the Plan of Action emerging from the 1995 World Summit for Social Development held in Copenhagen. In order to reduce the number of poor, it is imperative to take steps to increase economic and social development. The Summit emphasized the need for policies that lead to labour intensive economic growth, increase

poor people's access to productive resources and basic services and ensure adequate economic and social protection of all people (Report of the World Summit for Social Development, 1995).

The root of the urban crisis is poverty, whether it is poverty of rural areas that drives people to the cities, or the poverty of underemployment. Delhi has experienced phenomenal demographic change and urban growth since Independence. The population of the city has grown from 1.4 million in 1951 to an estimated over 8.0 million in 1990 (Singh R.R. 1990). The breakdown of the family support systems and traditional values leaves a number of children in urban areas than in rural areas to fend for themselves (UNICEF, 1987).

Insufficient income and high costs of living in cities demand that both parents be at work to meet the basic subsistence needs. Without family safety nets in cities these children are left unattended, missing schools to care for younger siblings or are at risks of abuse. These children often accompany parents to unfriendly work places such as construction sites, domestic places etc., is often equally unsafe besides keeping them away from education and hygienic environment (D'Lima and Gosalia, 1989; Reddy, 1992; Pandey, 1993).

5. Health and Nutrition of Street Children

Health services are one of the main factors that influence the health status of the population, there are many other significant factors that influence the health of a population, such as, social and economic factors like nutrition, water supply, environmental sanitation, housing, education, income, and its distribution, communication, transport and social structure (Banerji, 1978). Thus health service system is a complex of research, education and delivery systems (for preventive, promotive and rehabilitative services), but is only one of the many inputs required to improve the health of the people. (Qadeer, 1985).

Poor housing, sanitation, malnutrition, exposure to infections, high environmental risks, exposure to vagaries of weather, lack of parental guidance and supervision and early childhood labour are endemic and contribute to ill health of younger children. The circumstances in which street children live seriously jeopardize their health, safety and moral welfare (Shah, 1985).

Apart from physical and sexual exploitation, undernourishment, poor health conditions and a high prevalence of diseases and infections are features common in the lives of street children. Because of the vulnerable and precarious situations in which they live, the incidence among them of under nutrition and other health problems seems particularly high. Poor, inadequate shelter arrangements adopted by homeless street children, inadequate and poor quality diets, at times starvation, lack of access to medical facilities, respiratory infections, skin ailments, and high environmental risks especially hazardous living and working conditions, have been found to contribute to the ill health of the street children (Shah, 1985; Heredia, & Kaul, 1987; Nangia, 1988 and Sondhi, 1989).

Young street children are particularly vulnerable to sexually transmitted diseases. A study by the Child in Need Institute, Kolkatta, 1990, revealed that child prostitution at Sealdah Railway station was widely prevalent. Around 250 children runaway children were found on the platform. Out of these, fifteen children in the age group of 5 - 14 had been found to be sexually exploited for periods ranging from one to two years. Sexual exploitation of very young street children, in lure of some money or the promise of shelter for the night, was common at the platform or on the streets (Mohan, 1990).

Street children, particularly those living alone without families, are an integral part of the urban scenario and they lead harsh, precarious and hazardous lives. They have specific problems like deprivation of basic needs of health, nutrition, education and recreation, physical and sexual abuse, harassment and coercion

by authority and by other people involved in anti – social activities. Some children, unsupervised by adults, spend their days on the street but are able to return home at night. Others have no home to return to and they sleep anywhere they can find shelter. They do not have access to basic amenities like toilet facilities or a place to bathe. There is no place to keep their belongings and the money saved by them (Reddy, 1992; Ghosh, 1992; Pandey, 1993).

According to situational analysis of street children carried out in Mumbai, Bangalore, Kolkatta, Delhi, Hyderabad, Indore and Chennai by the Ministry of Welfare, Government of India and UNICEF in 1988 – 89, health of most of the street children sampled in the studies was found to be in a poor state. A test of the degree of nourishment showed that 90% of the total of 2,301 street children sampled in the city of Kolkatta were undernourished while 3% of them were severely undernourished. Of these 65% of them have been reported to suffer from excessive lack of protein and essential vitamins. The data were based on the study of quantity and quality of food usually taken by the street children (Ghosh, 1992; Bose, 1993).

Although street children are more in need of health services than other children because of the 'high – risk' environment, in which they constantly work and live, their access to health care is limited (Arimpoor, 1992; Ghosh, 1992).

In Indore, an analysis of the height – weight ratio of the 300 street children showed that 86% of the boys were below the normal ration of height and weight. Only 20% of the street children included in the sample in Chennai were found to be adequately nourished, while in Bangalore 87% were found to be undernourished (Arimpoor, 1992). In Mumbai, it was observed that though 60% of the children had two meals a day, the nutritional value of the food was poor. As a result of under nutrition, intake of nutritionally poor diet and unhygienic

living conditions, children often suffered from diseases like: gastroenteritis, ringworm infections, anemia, vitamin A deficiency and rickets (Philips, 1992).

In another study of street children in Bangalore, of the total sample of 1,750 street children, 87% of them were stated to be undernourished and 7% severely undernourished. Moderate or excessive protein and vitamin deficiency was found in over 95% of the sampled children. However, the age – height ratio was found to be satisfactory for 72% of the children. The study also revealed that children constantly suffered from scabies, tuberculosis, anemic, dysentery, rickets, sores, ringworm infections and ear, and throat infections (Reddy, 1992).

In Mumbai study more than 25% of the children suffered from ill health and majority of them did not have access to primary health care. Nearly all the street children of Mumbai suffered from one from of chronic disease of the other (Reddy, 1992). In Bangalore study majority of the children suffered from various forms of hazards like environmental hazards and occupational hazards. Children were exposed to sun, smoke and dust (D'Lima, 1993).

Generally the street children suffer from seasonal illnesses like cough, cold, fever, and work related illnesses like scabies, backache and stomachache. Lack of hygiene in their lives increase the chances that wounds or infections picked up in the streets, where accidents and assaults are all too common, will become worse. It is difficult for street children to go to dispensaries partly because of their own fear about requiring to reveal their identities and also because of lack of awareness about available medical facilities. Majority of them do not get any treatment. 9% suffer from chronic illnesses, 16% suffering from 4-5 years. For 87% children in Hyderabad, medical facilities are not available. In Kolkatta, situation is equally bad. They usually get themselves treated at private clinics or medical stores inspite of being aware of the Public Health facilities, they use these, very little. (D'Lima and Gosalia, 1989; Reddy, 1992; Pandey, 1993; Verma and Dhingra, 1993).

Homeless children are in poorer health than children who are not homeless. Lack of a going health care and the problems of growing up in unhygienic, hazardous and unprotected setting are primary factors that negatively affect the child's health (Mohan, 1990; Pandey, 1993).

One of the seven children born in India, says a study suffer from breathing problems. Frequent illnesses keep children away from schools, stunt their growth and reduce their learning potential. In the unhygienic environment of the squatter settlements, where there is no regular process of garbage disposal or drainage of the wastewater, children suffer a range of health disorders. Public health care services are often the last choices of the families with sick children because of their distances, transportation difficulties, overcrowding, besides incurring a loss of daily wages (cited in Poverty, Newsletter, 2000). These children are susceptible to various diseases due to their stay in unhygienic environments for most of the time (Zutshi, 2001).

Work conducted by Philadelphia Health Management Corporation (1985) and other research as well suggests that homeless children are also highly vulnerable to developmental delays and emotional disturbance. Developmental delays and emotional problems in homeless children may have their roots in the stresses of family life and homelessness and / or long – standing family problems (Fox, & Roth 1989).

The incidence of HIV infection among street children is increasing. The Houston Chronicle reported that among 121 Mexican street children tested for HIV in 1988, about seven percent tested positive. The Mexican government's AIDS agency said then that the cases were only the "tip of the iceberg" among the estimated two million children living in Mexico City's streets. In the Indian context, data about HIV infection or prevalence among street children is very limited and more research is required in the area. National AIDS Control

Organisation (NACO has listed street children as one of the "at – risk" groups of HIV infection (1999).

6. Education and Recreation among Street Children

Besides having no stable environment, street children are denied their right to education. Most of them are hardly literate and have never gone to school or have not finished primary schooling, though some have had a few years of education. Poverty, running away from home and distressful experiences at school are common reasons for dropping out of school. Sometimes poor performance at school, and consequent beating by the parent and / or the teacher are also causative factors of children leaving their homes and taking to streets (Panicker and Nangia, 1992; Reddy, 1992; Verma and Dhingra, 1993).

Life on the streets deprives them of their legitimate right to education, opportunity for play, recreation and social security. Without adequate education, street child's opportunities and prospects to develop are markedly reduced. In the long run, these children are likely to be on the lowest rung of the urban socio – economic ladder and lead a marginal ~~existence~~. Street existence thus deprives them of educational opportunities, minimizes their chances for vocational training and forces them to remain as unskilled labor (Panicker and Nangia, 1992; Reddy, 1992; Verma and Dhingra, 1993).

Extensive studies have been carried out to prove that education should be made free and compulsory, making it obligatory for parents to send their children to schools. Weiner, (1991), a strong advocate of this view states, "Modern States regard education as legal duty, not merely a right, parents are required to send their children to school. Children are required to attend school, and the State is obligated to enforce compulsory education. Compulsory primary education is the policy instrument by which the state effectively removes children from the labour force".

However, the moot point is whether compulsory education can be implemented effectively without addressing other related problems of poverty, unemployment, increasing population and massive rural – to – urban migration. It is to be noted that all these problems are inter – related and attempts to tackle only one of these will not solve the problem of child labour. Subrahmanyam, (1992) states, "the feasibility of compulsory education for children in India seems a utopian dream. The intervention strategies of providing better water facilities in villages, providing clean food grain, and encouraging community tending of cattle in rural areas might free more children to attend school. Schooling will only be acceptable if it can be conceptualized as providing a meaningful contribution to the people's lifestyle. Until this is done, it will continue to be an unattractive propositions without any relevance to grass root realities at the village level."

Many street children are emotionally immature and ~~show a strong and~~ desperate need for affection and love. They have a strong need to, but experience difficulty in gaining intimacy. In a street child's life, psychological deprivation may manifest itself in the form of feelings of rootless ness, a decreased sense of purpose and direction in life, and a diffused sense of self (Verma and Dhingra, 1992; D'Lima and Gosalia, 1992).

The situation is particularly complicated for street children living without families because firstly, they do not have a permanent dwelling, and secondly, they are highly mobile. Because street children are constantly on move from one place to another which, makes it difficult for them to form stable relationships with people in their environment. It is quite possible that they may be psychological isolated from others and have only superficial social contacts (Pandey, 1993).

In order to cope with this insecurity, uncertainty, stress, tension of street life, low self – esteem and feelings of rejection or alienation, the street child turns to drugs. The use of drugs by street children, because of peer pressure,

emotional disturbances, and societal rejection or to escape from pressures of life, is widely reported. Street children to escape from pressures of life, is widely reported. Street children have also been found to sniff glue, shoe polish, paint – thinner or cleaning fluid (Agnelli, 1986). These children, living in misery and daily hopelessness, easily fall in the trap of drugs and become their unfortunate victims.

Street life is most often denies the child the pleasures of childhood and opportunities for play and recreation. As for games, sports and leisure activities, the child's basic needs are not adequately met. Almost all – street children seek refuge in the cinema. Movies are perhaps the all – time favorite pastime and also a source of entertainment. They provide temporary escape from boredom, tension and stress associated with living on the street (Agnelli, 1986).

The child copes with harsh, violent, competitive and risky environment of the street by forming street gangs or being a part of them. Street gangs are mechanisms to ensure survival and they provide protection, security and comradeship (Agnelli, 1986). It also meets the suggested that by observing street children in their peer groups, attempt can be made to look into their psychological functioning.

While on the street, exploitation and abuse by the police, municipal authorities, hooligans, 'dadas' and people in their environment are common. An evaluation study carried out by the Social Science Centre, St. the Xavier's College, Mumbai, for 'Sneh – Sadan' – an organisation working for the welfare of street children, in 1987 describes the street life for these children as 'savage, poor, nasty and brutish'. Except for the groups or gang members other outsiders on the street are feared and distrusted.

Children in the gangs devise their own special languages, by rearranging words or by a secret vocabulary or gestures, cries, whistle or signal. They very often

conceal their real identities, their names for the fear of being caught by the police. They give each other alias so that they won't be recognized (The UNESCO Courier, Oct. 1991).

Another diversion in the life of street children is gambling, which can take the form playing cards, pitching small coins or bottle caps or even empty plastic glasses, which can be sold later. Like drugs and gambling, violence is also common in the lives of street children. Living without any adult guidance, control and supervision, these children are more likely than others to turn to violence as a way of living. The danger and fear of beatings and brutality at the hands of employer, older street boys, peers, police and other hostile people in the child's immediate social environment is always present (Reddy, 1993).

7. Vulnerability and Exploitation

Marginalisation also results in children engaging in anti – social activities. They are lured in to pick – pocketing, stealing, gambling, drug peddling and prostitution. The earnings of street children are often confiscated by unscrupulous adults. Reports of exploitation and extortion by the police have been frequently reported. Policemen on the beat often take away the child's earnings on the grounds that the money was obtained through unlawful ways or it also taken away as a form of 'protection money' to let the child work and sleep in a particular area on the street (Human Rights Watch, 1996).

It is now being increasingly recognized that street children are deprived of adequate care and protection and therefore, are in especially difficult situation. These children who need substantial protection beyond what their families now offer have been termed by UNICEF as "Children in especially difficulty circumstances" (UNICEF, 1988). All these children who are neglected, deprived and abused, irrespective of the fact whether they live with or without their

families, are in vulnerable conditions and require special assistance and protection.

Rane; Shroff, and Kapadia, (1986) identified and categorised children in especially difficult circumstances in various groups. They include: children living in families in extreme poverty; working children especially in the unorganized sectors; orphans, destitute and abandoned children; abused children; illegitimate children and street children. These categories are not mutually exclusive and often tend to overlap.

It may be noted that the list of children in difficult circumstances is not exhaustive and should not be considered complete as other categories of children e.g., child beggars, child prostitutes, bonded labour, etc., can also be included in this classification. However the focus of this study is to highlight the plight of urban, homeless, working street children and describe and analyse the especially difficult circumstances affecting their health status adversely. Street children comprise of children belonging to extremely poor families, destitute or orphan children, working children and abused children. Thus while discussing the phenomenon of street children it is essential to establish linkages between these varied but related aspects of this phenomenon. The categorization is done primarily to illustrate the multi – dimensional nature of this phenomenon.

8. Understanding Myths about Street Children

The problem of street children has been widespread for many years. A relatively insignificant amount of objective, scientific research has been done on the subject in India (Pandey, 1993). Researchers have studied developmental aspects of the life of street children in different cultures to generate empirical data to understand and explain the phenomenon of street children. The studies cover perspectives on family and socialization of street children; peer influences, skills and competencies, delinquency and drug abuse

on high light many myths and misconceptions, which are attributed to street children due to a vulnerable street existence.

Almost all researches in different parts of the world point towards the understanding that most children on the streets are not homeless. Over three quarters and as many as 90% of the children found on the streets in various developing countries, worked on the streets but live at home. Most of them are working to earn money for their families (Ennew 1986; Myers, 1989). The predominance of boys among street children, is particularly striking since in many cultures girls are more likely to be abandoned and abused than boys (Korbin 1981). The most common claim for finding fewer girls in the streets have been that they are taken off the streets to become prostitute (Agnette 1986; Tacon, 1981a, UNICEF, 1985, 1986, 1990).

A plausible reason for gender differential is that because girls are needed in the household, they tend to stay in the family. Many street children come from female headed homes in which boys are socialized into leaving homes much earlier than western middle class sensibilities been appropriate and in which girls are encouraged to stay at home far longer than is typical in the developed world (Aptekar, 1989)

Many hypotheses have been advanced to explain the origins of street children. One relates to urban poverty; a second relates to aberrant families (e.g. abandonment, abuse or neglect), and a third is associated with modernization.

Almost all street children begin their life on the streets by a gradual and predictable process. They leave home in a measured manner, at first staying away for a night or two and then gradually spending more time away from home (Aptekar, 1986; Connolly 1990).

The myths and misconceptions, which often get attributed to street children due to insensitive judgments of their physical and psychological life by mainstream population, are further exaggerated by media. "Most writings about street children assume or even insist that they live in disorganized illegal misery (Agnette, 1986).

Koller, Banderia and Hutz (1996) studied middle class children and street children's stereotypes about each other as shown by human figure drawing. Middle class children drew street children with a sad face, barefoot, with little clothing, using drugs; begging on the streets, or standing outside cases. Street children drew rich children with happy faces, well dressed; carrying money on their hands; clean and inside their cars.

Misconception also exists concerning the degree to which street children are violent. Prevalence and incidence of some violence can be expected since most of the street children encounter, and live in, situations for children. Research on street children suggests that even though street children find support within their peer group, they feel lonely and are insecure about how to deal with their lives (Bandeira, Panizimi and Koller, 1996). There is documented evidence that the older boys take advantage of the younger ones in India (Subrahmanyam and Sondhi 1990); and in South Africa (Hiekson & Gaydon, 1989)

Often these children are perceived by public and portrayed by press as drug dependent, violent and delinquent children, vulnerable to a point of 'criminality' and anti social behaviour. Although most of the claims of a high number of drug dependent street children do not come from empirical research (Aptekar, 1994).

The popular belief that street children are "nothing but little criminals" as based on portrayals which, create an impression in the population that these children

are inherently vicious beings, incorrigible "bad individuals" who must be eliminated from rather than re-integrated into society. (Diversi, 1995).

Many authors on the other hand, have pointed out that street children are resilient (Aptekar, 1988, 1989C; Felsman, Tyler, et al 1987; Tyler, Zhang 1992). The authors believe that the prevailing stereotypes of the children in labeling them as delinquents and drug users reflects more blame and less accuracy.

Tyler, Tyler, and Zia (1991) and Tyler et al (1987) assessed self esteem, trust and active painfulness in street children on their psychological competence scale. They showed that the children showed a high degree of autonomy; and actively defined their lives in their own terms. The children were highly creative and engaged in a network of caring and supportive friendships. The Tyler group believed that the act of leaving home and becoming street children is in itself an act of empowerment. Similar findings from a study of 300 "twilight children" in Johannesburg (Hickson and Gaydon, 1989 suggest that the underlying motivation of leaving the home was to seek freedom, which gave these children a previously unknown control over their lives (Aptekar, 1994)

Oliveria et al (1992) described the "street kids" of Brazil as "vibrant energetic, highly skilled fast thinking youngster". The common view on street children as deprived, emotionally disabled and culturally back is inaccurate. As a whole, "street kids" is a much more complicated and complex group of children than one might think of. They vary as do other children and street life affords them thrill, challenges, fascination as well as danger and risks". The author further believes that if one would the best they have, these kids could contribute substantially for the development of culture and society, instead of being considered as risks and problems. What is amazing about street children and working children, is the human capacity to construct meaning and to develop a universal human capacity (Burner 1982; Burner and Haste).

One must not always think that life on the streets for the child is particularly bad (Aptekar, 1989a; Felsman 1984; Tyler, Tyler Echeverry & Zea 1991). Very often, the child may find the life on the streets more rewarding and richer in experiences as compared to deprived home conditions (Connolly, 1990).

As development vary according to cultural norms the special situation of street children in different parts of the world must be considered as a culturally relevant and scientific interesting phenomenon to learn from and as a possible consequence, try to change (Quarsell, 1993).

III. POLICIES AND PROGRAMMES CONCERNING STREET CHILDREN

- **International Programmes of Action**
- **Government Response to Child's Needs**
- **Role of Voluntary Organisations**
- **Social Dimension on Urban Development - Children.**

India signed the Convention on the Rights of the Child on 11th December 1993. In addition India has ratified the various ILO Conventions. The country is therefore under an obligation to implement the articles therein. However, if the initiatives are not translated into action such as resolutions and reports, will be condemned to the archives.

What the child need today is not an expatriation of their rights, but concrete action that will guarantee them the basic human dignity along with justice, love and compassion.

The present chapter discusses various actions taken by various groups at International and National levels to meet the plight of these children.

1. International Initiatives

In 1959, the UN General assembly unanimously adopted the Declaration on the Rights of the Children. Several UN bodies provide monetary and technical support to the member countries and voluntary groups (NGOs) for the welfare and development of street children, which also includes the health of such children. Among the UN agencies involved in the education of street children in India are ILO, UNESCO, UNICEF, UNDP and the World Bank. Besides these UN bodies, governmental agencies of several advanced nations have also been supporting programmes in specific areas. Governmental agencies like USAID, DFID, Norwegian and German governments are in the forefront in tackling the problem of street children.

Well before the United Nations and even the League of Nations existed, International action specifically meant for the street children was first initiated by the voluntary organisations related to religious order – the work of *Don Bosco and the Salesia Fathers*. Within International Catholic Child Bureau (ICCB), several members have been working for street children before the problem attracted international attention. in 1979. With the **Declaration of**

1979, as International Year of the Child (IYC) it organised an international seminar on street children in Mumbai, which was a forerunner to the International action that was followed in 1980.

Since the scope of the problem was far too wide for one single organisation to tackle, this pilot programme envisaged close cooperation with other International NGOs. The *Covenant House*, a major programme for street children in New York, envisaged 'Shelter 83' – An International Conference on Street Children, in December, 1983, with representation from all over the world. UNICEF organized seminars for the field workers on "Children at high risk", a term which includes street children in Brazil, Colombia and Mexico.

The **Inter NGO programme** reached the end of its mandate in August 1985. By then the street children phenomenon had been put on agenda of several international and national organisations and came to be recognised as a major policy issue by some Governments.

April 1986 was a turning point for International concern for street children. Three significant events occurred giving the problem a public recognition:

First: The Independent Commission on International Humanitarian Issues, Switzerland, brought out a book on street children – first of its kind for the public.

Second: The UNICEF Executive Board adopted resolution fully recognizing the importance of the issue, and recommended increased action by the UNICEF.

Third: A new worldwide movement for the street children "CHILD HOPE" was established by the founding members of the Inter NGO Programme. The executive Board Directors of CHILD HOPE included representatives from international children's agencies and individuals who worked directly with street children.

On 20th November, 1989, the thirtieth anniversary of this Declaration, the UN General Assembly adopted the Convention on the rights of the Child, drafted by the UN Commission on the Human Rights. The Convention came into force as an international law on 2nd September, 1990, following ratification by the stipulated minimum of 20 member states. It is envisaged that by the end of 1999, all countries of the world would ratify the Convention.

The Convention consisting of 54 articles is derived from a basic set of values and ethical premises that recognize the inherent dignity and the equal and inalienable rights of the members of the human family as the foundation of freedom, justice and peace in the world. It is a set of International standards and measures that intend to protect and promote the well being of children in the society.

The Convention draws attention to rights of children related to their survival, protection, development and participation. The **Right to Survival** includes the **Right to Life**, the highest attainable standards of health, nutrition and adequate standards of living. It also includes the Right to Name from Birth, the Right to acquire a nationality and as far as possible the Right to know and be cared for by their parents. The **Right to Protection** not only includes the freedom from all forms of exploitation, abuse, inhuman or degrading treatment and neglect, but also the Right to Special Protection in situations of emergency and conflict. The Right to Development includes the right to education, support for early childhood development and care, social security, and the Right to leisure, recreation, and cultural activities. The **Right to Participation** includes respect for the views of the child, freedom of expression, access to appropriate information, and freedom of thoughts, conscience and religion.

The Convention was strongly endorsed by the **World Summit on Children held on 30th September, 1990**. Infact this was the first major global action for the implementation of the Convention. The World Summit adopted the

Declaration on the Survival, Protection and Development of Children along with a **Plan of Action** for implementing the Declaration. Together the Declaration and the Plan of Action of the World Summit for Children and the Convention on the Rights of the Child constitute an ambitious and focused agenda for the well being of the children to be achieved by the year 2000. In committing themselves to pursuing these goals, the leaders of the world have agreed to be guided by the principle of '**First Call for Children**', a principle that the essential needs of the children should be given high priority in the allocation of resources, in bad times as well as good times and at national, international as well as family levels.

As a part of the Plan of Action for implementing the World Declaration of 1989, major and sectional goals were formulated. All the Governments were urged to prepare their own National Plans of action by 1991, to achieve the targets set in these goals with appropriate adaptation to the specific situation of each country in terms of standards, priorities, and availability of resources keeping in mind the cultural, religious and social traditions.

ILO's programme in India, known is the International Programme on the Elimination of Child Labour (IPEC). It was launched in 1992 and is being implemented in India through various Action Programmes. It was identified by the National Steering Committee of the Ministry of Labour with a focus on welfare measures like nutrition and health care, awareness building on the issue of child labour among children, parents, community, employers and other social groups.

The other ILO programme, known as the Child Labour Action Support Programme (CLASP) was supported by the German government and the financial assistance received under this programme was used for supporting on-going activities under National Programme on Child Labour.

Some of the international donor agencies supporting welfare programmes for street children are:

- Save the Children (UK & Canada)
- Alternative for India Development (UK)
- Child Relief and You (CRY)
- S.O.S. Schools
- Radda Barmer BLLF (Sweden)
- Terra Des Hommes, Bread for the World, Rugmark Foundation, Care and Fair, Misesior (Germany)
- Christian Aid, Anti Slavery-International, and Project Mala (UK).
- Labour Rights Education and Research Foundation, National Consumer League (United States)
- Asian American Free Labour Institute, Child Labour Coalition and International Organisation.

Apart from all these international agencies, several other organizations and research institutes are supporting the initiatives of NGOs in different ways.

2. Indian Government's Response to Child's Needs

In India the post independence era has experienced an equivocal expression of the commitment of the Government to the cause of children through the Constitutional provisions, policies, programmes, etc.

In the Constitution of India the **Directive Principles of the State Policy** provide that the state shall, in particular direct its policy towards securing that the children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity and that children and youth are protected against exploitation as well as moral and material abandonment **(Article 39 clause A)**.

As a follow up of this commitment and being a party to UN Declaration on the Rights of the Child, 1959, India adopted the **National Policy on Children, in 1974**. It took more than twelve years for the Indian Government to officially reaffirm the Constitutional provisions and seeks to provide adequate services to children before and after birth and through the period of growth to ensure their full physical, mental and social development.

Since Independence, various programmes and policies have been adopted by the Government as a welfare measure to protect the life of children by giving them better education, nutrition and health facilities. The **ICDS, Universal Immunisation and Nutrition Supplement programmes** are initiatives which cater to both women and children.

In spite of the Constitutional guarantee for providing opportunities for children, working street children have become victims of exploitation in our society. Many of these children are denied access to adequate nutrition, medical services and vocational training. Their growth is hampered by economic, psychological and social barriers.

“Both NGOs & GOs are working for street children. But how much are they reaching to? What facilities are provided by them?”

Studies have indicated that the coverage of these children through institutional care by both Delhi Govt. run institutions and voluntary organizations are limited to the extent of 3,000 only. It is also established that non-institutional community based services mostly run by the NGOs are innovative, participating, efficient and cost effective. Government the limitations of existing infrastructure, manpower and magnitude of the problem the coverage by existing schemes of both State Government and Central Government remains most inadequate (Weiner, 1991; Boyden and Myers 1995).

13. Role of Voluntary Organisations

A number of NGOs spread over different cities are also involved in their programs for working and street children. While their approaches and strategies vary, all of them have health and nutrition components, non formal education, vocational training, recreational facilities and some have counseling and saving schemes.

Though they are not very large in number, they vary in their approaches and strategies. Some of them are as follows:

Bangalore Oneyanare Seva Coota (BOSCO) – an important NGO working for the street children is basically an association of the street people. It establishes contact with the street children in areas of concentration in the city such as bus stands, railway stations etc. it emphasizes on helping the child return to the family. Regular counseling and home visits are made so that the child does not revert to streets again.

Jan Rajendra Rag Pickers Project, Bangalore, (REDS) is another successful project concerned mainly with the rag pickers. The project's help gives dignity to the child rag pickers. Attempts have been made to institutionalize rag picking and towards this end, facilities have been made available for the collection of rags, sorting, weighing and packing and selling to the major dealers. This resulted in the elimination of middleman who used to exploit such children.

Vatsalaya Project of College of Social Work, Nirmala Niketan, Mumbai, is an innovative project busy making contacts with the groups of children in the streets of Mumbai. The main objective is to provide entertainment and healthy recreation to the children who have forgotten to enjoy in their struggle for survival on the streets. The workers of this NGO and the volunteers working with the street children are involved in recreational activities such as songs, plays and dances besides promoting non formal education.

Missionary's Charity (Brothers) Calcutta, a very important NGO, providing flexible facilities for the street children. The agency premises are kept open for the children even on Sundays. Bathing, recreational and medical facilities are provided. This NGO plays an important role in making child feel at home.

Prayas - an important NGO working in Delhi, Gujarat and Bihar, is a center for the neglected children. It provides vocational training and non formal education to street children and engages them in various income generating activities like scooter repairing, stitching, dyeing, cooking, etc, Prayas also helps in the rehabilitation of the street children to their families and sees that they do not take to the streets again. Further the NGO is instrumental in creating awareness by organizing various consultations and workshops for the stakeholders.

Sneh Sadan – is a Mumbai based NGO that provides shelter for the run away and destitute children. The younger children attend schools and the older ones are offered vocational or technical training.

Mobile Creches – it is an important organisation, providing day care, education, nutrition and training to children of construction workers in many metropolitan cities such as Delhi and Mumbai. The services offered include supplementary nutrition, non formal education classes, play activities, health care, immunization and all round professional day care to the children of migrant construction workers and working slum mothers.

'NGO FORUM' for Street and Working Children– it was realized that definite and sustained effort is essential to address children through effective and innovative approaches based on meaningful partnerships between service delivery NGOs and the Government. A large challenge called for a more committed struggle, with street and working children for justice. In August, 1987, the Indian Council for Child Welfare, organized a two day workshop

sponsored by UNICEF on street children. At that time there were no organisations in Delhi working exclusively for the street children. The workshop resulted in an urgent need to assemble on a common platform and to collectively work out an Action-Plan to initiate programme interaction for the street children in Delhi. Thus the NGO Forum for street and working children was born. **The broad objectives of the Forum are:**

- ♦ To function as an interest group for the street and working children, for initiating activities, for sharing experiences and for providing initial guidance and support to each action.
- ♦ To promote co-operation and co-ordination among NGOs, individuals and government departments having programmes for the street and working children.
- ♦ To initiate a joint and co-operative action plan for the street and working children in Delhi with NGOs actively involved in service delivery.
- ♦ To publish a quarterly Newsletter for information sharing and networking.
- ♦ To organise workshops, seminars on related issues.
- ♦ To organize training programmes for its members and others for the capacity building of the NGOs.
- ♦ To have documentation and conduct research in relevant areas to have a better understanding of the subject.
- ♦ To work towards initiating and developing movement of street and working children, demanding their rights for a better, respected and satisfying life.
- ♦ To perform such other acts that are considered beneficial for the cause of street and working children.

This provides a sense of legitimacy and support system initiated through the setting up of a National NGO Forum in Delhi. The objective of networking is to

make the situation of the street children more visible and to help public officials and media realise that a rethinking on street children's problems is imperative. The NGO tries to inculcate a feeling of respect for those who are serving the society even if they are doing the menial jobs. Merely removing the children from the rag picking without giving them support services will not solve the problems of the street children. The idea is to give recognition to their work and accepting them as part of the society. Gradually the children would be weaned away from the work situations.

It was not Government but NGOs who took keen interest in the problems faced by the street and working children. In spite of all the achievements, social workers and thinkers in the field felt that the programmes offered are not satisfactory and upto the mark, and not able to show the required results.

It is time to take a more holistic view of this urban problem, adversely affecting the health status and well being of the future generation of the nation. Delhi should be able to take innovative measures, in addition to learning from the experiences of other states.

Concern for the street and working children both at Government and NGO level is encouraging. But much work remains to be done. It takes a huge commitment on the part of the policy makers to ensure that a country's reach its most vulnerable citizens.

Rationale of the Study

Through the literature review and preliminary exploration of the area chosen for the study i.e. Sangam Vihar, it was revealed that the problems of the street and working children are wide. It was generally observed that a large majority of children are exposed to contaminated environmental elements. They do not have bathing and toilet facilities – public or private. Malnutrition and ill health are common amongst these children, and for many of them life is a hard, unending grind of poverty. In case of street children there is a general lack of

any protection at work places or at home, which in turn exposes them to negative forces.

Knowledge of the root causes of the problem of street children, in the age group of 5-16 years, which also happens to be the most formative years of life, is a must for the formulation of policies and programmes. This necessitates a basic understanding of their social, cultural and economic life and its links with the political and administrative system of the city. However, there were very few studies, which examined these in detail.

Through visits to the agencies that is two NGOs, and the four MCD schools functioning in Sangam Vihar, along with four anganwadis, it was found that none of them has till date undertaken any study of the children on the streets of Sangam Vihar. It was felt that this further limits the scope of services provided by these agencies, as they are not based on the felt and actual needs of the children but were based on the perceptions of service providers. This further makes the study more relevant as through it an effort has been made to realise upon the needs and limitations faced by the street children in the existing socio-economic conditions.

It is critical that both our society and government should not only acknowledge the problem but also take this issue of finding appropriate solution very seriously and to implement constructive rehabilitation programmes for these children. The answer is not in the paternalistic attitude and institutionalization of these children, but is self help, participatory solutions that will foster self reliance, solutions that offer physical, emotional, social, cultural as well as the economic needs of these children and their communities. These solutions should also be based on the root cause of the problem, whether they are linked to the economic developments, the socio – cultural and the political system.

Few social scientists have studied children, let alone street children. Children have lack of power as compared to adults. Children are not consulted at all. But the Convention on Child Rights provides them with the right to have their opinions respected. The general response of the government to the speed and scale of global changes has been a reluctance to acknowledge the need for institutional change. Therefore there is a need to study the lives of street children and to ascertain the areas and occupation of their concentration.

This and several other micro level studies are required to make a beginning at understanding the conditions and forces that breed such children. The issue of neglect and abuse of such children in the slums and in the homes or in the factory or work units where they work has to be understood in its entirety if it has been dealt with.

The study therefore must also be viewed as an attempt to define and understand the menace of child labour and street children in general. Further no study has been done to look at the health status of street children in particular. The awareness and acceptability of the existing health programmes and services and their relevance to the needs of the street children has also been reviewed.

The street children are at high-risk behaviour because they face the complex task of self-development. They lack emotionally supportive relationships from a caring adult or with peers and they are marginalized and perceive themselves as having few options. They are vulnerable to ills of urbanisation and are prone to exploitation.

Such a study will serve to bring to light the dynamics of poverty and its implications for the street children. The understanding of the grass root situation would provide reliable strategies, which, could possibly assist in designing an appropriate plan of action. Analyzing their needs and aspirations,

can possibly serve as basis for development tasks, which will be specific, and need oriented; and be able to pay attention to the group as well as the individual. This in itself reiterates the need for undertaking this and other such kind of studies.

Based on this need the research questions identified are the following:

Research Questions

- What socio-economic processes are likely to produce street children?
- What kind of families do they come from?
- What are the existing services and programmes for street children?
- What are their basic needs - economic, physical, psychological and social?
- How do these children deal with complexity in different domains of life: social, economic and political?
- Do the street children have low or no aspirations towards improving their quality life?

CHAPTER III
METHODOLOGY

- 1. Conceptualisation**
- 2. Objectives of the Study**
- 3. Research Design**

CONCEPTUALIZATION

The present study has been designed to reach out the children in Sangam Vihar, one of the biggest unauthorized colonies of South Delhi. The study aims to gather relevant information about the health conditions of the street children, in the age group of 5-16 years. Health, as discussed earlier, is a dynamic concept influenced by the health services, and even more significantly by other factors such as social and economic factors like nutrition, water supply, environmental sanitation,, housing, education, income and social structure. Therefore to develop an analysis of the health condition of the street children in Sangam Vihar colony, the study aims to assess the existing socio – economic realities of the life of street and working children through intensive interactions with them.

The nature of investigation is both exploratory and descriptive in inquiry and presentation with an attempt to ascertain relationship between social network and health situation of children.

Given the close links with the problems of rural – urban migration, the study would attempt to explore the degree of links with the family. The major focus of the study is the “child” as he experiences life and needs and communicates to the investigator. Any discussion on street children essentially involves some basic questions as to who these children are, how they live, what they eat, how they pass their time, how much time they work for their livelihood, where do they spend the nights, and so on. The child’s perspective is an important consideration. The situational analysis of the life of street children will be focusing on the work opportunities that street children have in different sectors, the degree of their exploitation at the work place and otherwise. While work provides sustenance it also breeds disillusionments regarding society and adults. The study will explore their perceptions regarding these and their response to selected health problems and their health seeking behavior. The

study aims to create a profile of street children (family, work, street experiences, health status, aspirations, mutual bonds, control by adults, use of drugs and availability of health services) to facilitate further research and programmes in meeting needs of various categories of street children and contribute as a field research input.

An important aspect to explore is whether these children have a social bonding and if so what is its nature. This would cover bonds with families, friends and patrons. In order to analyze and understand the issues relating to street children's health and education, the study will also explore existing organisations involved in welfare work with these children. For our study it was essential to have a clear definition of street children and we discuss that in the following section.

Operational Definitions

The operational definition of the term street children, which would be used in the study, is:

1. *Street Child – one who*

- Is between 5-16 years age (Juvenile Justice Act, 1986);
- May or may not have family contacts;
- Spends most of the time on the street;
- Is usually working in the unorganized sector and his work is low paid and hazardous;
- Is usually earning for his / family's livelihood;
- Is not covered by any labour legislations and regulations;
- Is subjected to exploitation and ills of urbanisation

For the purpose of this study, the street children are categorised into three types based on the contact with their families.

1. Children who live with their families, whether it be on the streets, or

wasteland or abandoned buildings, plots etc., but spend a lot of time working on the streets, it has been estimated to be the largest category. A category amongst these street children can occur as commonly seen, as those, who have loose relationship with their family inspite of living with them. They often challenge the authority of their parents. They may also leave their place of staying only to return after a day or two.

2. Children who live and work on the streets, yet maintain occasional contact with their families who live either in other cities or more often in rural areas. These children sometimes send money to their families. They see street as their home.
3. Children who live and work on the street and have no family contact whatsoever. These children are orphaned, abandoned, neglected or estranged from their families.

The Objectives of the Study have been:

The objective of the study is to develop a profile of the living conditions of the street children in the age group of 5-16 years, living in public places, jhoppad-pattis, etc, in the various blocks of Sangam Vihar.

The Objectives can be broken into:

- To analyse the physical, social, and economic conditions in which the street children are living and their consequences for health of the street children.
- To assess the availability and quality of health and education services provided through private, government, and non-governmental organisations.
- To examine the perception and response of street children to the above.
- To assess the perception of the children of the various personnel and social institutions responsible for intervening in the situation and improving the way of life of street children.

Data Required

The main data required for the study are the following:-

1. Life of the Street Children:-

- Demographic Information: Sex & Age
- Socio-economic Background: education, migration, place of living, caste, religion, length of stay.
- Family: Family background, size of family, relation with the family members, children without family, parents, occupation.
- Category of Street Children: living with or without family.
- Psychological Aspects: Leisure time activities, aspirations, perceptions, and stress and strain, control by adults.
- Economic Aspects: Occupations or sources of income, wages, behaviour of employers, exploitation, amount spent on self.

2. Health condition of street children:

- Health conditions of street children, Diseases children are suffering from.
- Availability of medical services, food, clothing.
- Role of State, NGOs.

3. Perception of street children: about their work, freedom, family, employers, friends, police and providers of services.

RESEARCH DESIGN

The study does not confine itself to a single discipline but uses an interdisciplinary approach to present the lives of street children. An exploratory cum descriptive research design has been used for the study which is mostly qualitative. However quantitative aspects have not been ignored. It is exploratory because it attempts to define the links between the existing

situation of the street children and its links to their health, work and perceptions about their life and surroundings which are not known explicitly. This kind of research calls for a design that would be based on in-depth exploratory efforts as well as surveys to get some basic information on conditions of their life.

The Study Area

Sangam Vihar colony is one of the biggest unauthorized colonies in South Delhi, inhabited by more than six lakhs people who are struggling for their existence in the morass of gross neglect and apathy. It is an unauthorized colony of South Delhi, divided into thirteen blocks from A – M.

This area was chosen purposively due to its location towards the outskirts of the city, away from the health care facilities and near the Okhala Industrial area.

The area spreads over 15 square Km² and is divided in to 21 pockets. The colony marks a confluence of migratory population of myriad religions and customs living together. It is situated on the side of the main road, and there are basically only three roads to enter the colony, namely, 'Ratiamarg; Harbansmarg; and Tigri road.' The colony has been in existence since early 1970's, originally it was an agricultural area known as Debli gaon. The original village had around 450 – 500 households who still continue to stay here. It is inhabited by more than six lakhs people who are struggling for their existence in the morass of gross neglect and apathy. In early 1980's there was increased migration into this area from all states including Uttar Pardesh, Madhya Pardesh, Rajasthan, Orissa, West Bengal, Bihar, Haryana. This huge spurt of migration was due to two reasons;

- It's closed proximity to Okhala Industrial area and there by better chances of employment / better employment opportunities.
- Availability of land at cheaper rates in south Delhi.

Due to this rapid immigration, the population density of the area is very high. Through initial survey it was found that these thirteen blocks had different water electricity supply. Of the thirteen blocks (A – M), A - D has only water supply and no legal electricity supply. E – M has neither of them and Tigri camp has the supply of both water and electricity legally though no in all houses.

The houses mostly are semi- pucca / pucca construction, with an erratic water supply some people have done boring and charged from others for that unhygienic water, that is known as 'kuccha pani' in the colony. There are only two tube wells and a hand pump per hundred households in term of common water sources. Electricity contract are given to single person per block by Delhi Vidyut Board (DVB), who charges Rs. 3500/- initially and then for each months reading. Due to these high charges, it was found that maximum people have opted for illegal electricity connection from the pole or underground.

There is no public toilet facility nor are there any toilets attached to jhuggis. Most residents used the land / vacant plots for the purpose of defecation. There is no drainage system in the colony except in Tigri camp but that forms a very small proportions of the whole population, which lives in a grossly unhygienic environment. Thus, water, feces, wastes of all types is present on all roads where most of the children loiter around or work during the daytime and then sleep as well. There is no common garbage disposal system as well.

The area spells neglect and sorrow, congested lanes, dilapidated houses, and jhuggis, sheer insanitation and lack of safe drinking water. Scantily health and education facilities are available. The onus of these services rests on quacks or stray private clinics. The private practitioners who are not even registered medical practitioners (RMPs) charge exorbitant fees for small health problems from the residents. Fever, skin problems, diarrhoea are common problems among children. Though Batra hospital is opposite to the colony, it was found

by the researcher that it is rarely used by the residents because of its expensive services.

The vast area with a population of around six lakhs depends on only four MCD schools; both primary and high schools. Majority of the young population therefore does not go to school. Not only the area, the children in the area are all in the throes of disadvantaged conditions and neglect.

The actual research was planned and carried out in three phases: -

Phase – I

Exploratory Phase

The preliminary fieldwork prior to data collection began in the mid of July 2001 and continued till first half of the August 2001. This preliminary phase consisted of identifying and surveying few areas in South Delhi (railway station, Khanpur) before finally selecting Sangam Vihar as the chosen study area. This is one of the biggest unauthorized resettlement colonies of Delhi.

Selection of area

It was not possible cover the entire population of street children. Therefore, 150 children were befriended over time without any statistical sampling. Often one brought another and through self approaching the study group expanded. Of these, 100 who could be followed up to our satisfaction became the study population. The families, work places and living spaces along with the organisations working for street children were covered by this study.

It was decided to cover all the thirteen blocks for this study so that the situation of street children of entire Sangam Vihar area could be fathomed. Street children vary according to age and sex. As compared to boys, less number of girl street children were found on the streets of Sangam Vihar, South Delhi. Almost all the girl street children who were spotted on the streets were tried to

be included in the sample. Children as young as 5 – 8 years of age were found on the streets and included in the main samples. Larger number of children was found in the “middle childhood” age category (9 – 12 years) and in the adolescent years (13 – 16 years). All the street children were found to be working or employed in different situations.

Through initial survey it was found that there were more of street children in the age group of 9-16 years as compared to those in 5-8 years of age. Therefore the respondents were selected in a manner that they have higher concentration in the respective age groups representing all the three age groups of street children. The main sample consisted of 100 – street children, which included both boys and girls.

During this phase, preliminary fieldwork, contacts were established with the people in the field area. It included the identification and mapping of street children, a time consuming process. The activities of the children on the streets were observed without intruding them as well as at times participating in activities as well, by engaging in activities of the children under study. The researcher visited the colony at different points of time in a day and spend considerable amount of time. As in many situations observation is the only way to gather data. It served as a good source of learning behaviour, general social atmosphere and concrete details. It made possible to observe from a close range the routine of street children’s life. Notes were made on each phase of the observation as well as on the difficulties encountered during observation, like at times passer by commented and questioned.

Phase – II

The Study Proper

During this phase of preliminary fieldwork, contacts were established with the people in the field area. It included the identification of and rapport building with the street children, a time consuming process. The activities of the children on

the streets were observed without intruding them as well as at times by participating in the activities of children under study. The researcher visited the colony at different points of time in a day and spent considerable amount of time. As in many situations observation is the only way to gather data. It served as a good source of learning behaviour, general social atmosphere and concrete details. It made possible to observe from a close range the routine of street children's life. Notes were made on each phase of the observation as well as on the difficulties encountered during observation, like at times passer by commented and questioned.

Drawing upon the major concerns of the life of street children, whose needs are rarely understood, an **in-depth interview schedule** for the children was formulated. This was further supplemented by **observations** of the existing situation and **interviews with several key persons** in each block of Sangam Vihar.

The questions in the interview schedule ended with multiple choices. It was only for the last two sections on 'Attitudinal Profile' and 'Aspirations and Expectations' of street children that open ended questions were framed in order to obtain varied responses of street children.

It was however realized by the researcher during this phase that there are several problems in studying street children. Firstly, they are illiterate, poor, and homeless and have their own justifications for their way of life. Secondly, they are totally unused to answer questions about kinds of things; interview schedules are designed to answer. Further it was found that the street children in Sangam Vihar have never been studied by any agency – government or non governmental – they are not used to the habit of precision in answering - what they say should be understood to mean about.

As during the initial phase, children used to question the researcher, in place of her questioning them like “madam, aap to padhi hogi, roj-roj kyon aati ho, tum is dool mitti mein. Apne ghar jao.” (madam, you must be studying. Why do you visit this place full of dust daily? You should go to your home.) But over the time the children were at ease with the researcher and able to approach her and talk to her otherwise. The communication with the street children was established by first developing rapport by sitting, talking, and sharing experiences in a ‘personal way’ and not in an ‘investigative way’. Casual conversations and informal discussions with the street children, supported by observations and participation highlighted the methodology of data collection. All the children were informed regarding the relevance of the study and of their significant contribution in providing the information.

Almost all the children responded to the situation of informal conversations with them with some understanding. Majority of children could clearly understand and answer the questions asked of them. All the children reacted to the situation in their individual manner, exhibiting different personality characteristics. Few children were found to be shy and withdrawn, answering only in brief ‘Yes’ and ‘No’ despite considerable probing. More attention and time was required to interview these children. Majority of children were vocal, clear, confident and quick in comprehending the questions and expressed their experiences freely. With the younger children, the nature of asking was more direct or specific. Categories were added to the questions based on the responses of the street children, so as to accommodate their varied responses apart from the prescribed categories provided in the format. Care was taken to include all the responses of the street children in order not to miss out an individual/unique response/s.

As a matter of fact these children are abused, neglected and abandoned in or by the society; so they lack or have very little or no faith in the outsiders.

Further, street children, feel no compulsion to finish the interview or cooperate with the interviewer in getting through an interview schedule. The researcher, thereby used to visit the each child as per his/her convenience, sometimes two – three times in the same day, so as not to break the established rapport in any particular interview or discussion.

The places visited by the investigator for locating the street children were the main market, footpaths, tea stalls, garages, factories, restaurants, bus stops, vacant plots, their residence (if any), etc. There is no way by which the representative nature of the sample can be verified, except to say that the children have been selected from a wide variety of job situations, which may ensure a good representation. Rag picking, assisting in restaurants and as mechanics in garages are the major situation in which we find street children, along with some children who were uncertain about their jobs.

It was considered appropriate to supplement the analysis with **case studies** of the street children – that is by obtaining information about the individual and his social history. The main aims of conducting case studies of the children were to understand their life situations in their specific cultural contexts. Detailed interviews, participation and observations to study the life context of the children were used as the basis of the methodology. The case studies touched on the major phases of the life of the concerned street children, viz., parental relations, work conditions, health conditions/problems, and their socio-cultural problems. The cases for the study were chosen from the different categories of children on or of the streets. The selection of cases mainly depended on their reliability for giving correct information and their time convenience and availability. Fictitious names have been used in order to hide out the identity of the street child.

Researcher made efforts to establish contacts with families of street children in all the blocks of Sangam Vihar. Repeated visits were made to each household,

the various Governmental and non-governmental organisations functioning in the area so as to gain familiarity with the study area. As an ethical consideration, number of key persons was contacted and the objectives and purpose of the study were explained to them. This phase partly included an initial review of the literature relevant to the study.

Phase – III

This Phase of the study comprises of coding the data obtained from the blocks of Sangam Vihar, South Delhi; planning the analysis of the data on street children; preparation and presentation of the results; and collection and reporting of the case studies of some of the street children, with special reference to the run – away children.

III.I. Coding the Data

The obtained data from the 100 street children from various blocks of Sangam Vihar colony in South Delhi was coded. The coding of data was an elaborate process requiring to code responses in sometimes as many as ten categories.

III.II. Analysis and Interpretation

From the coded data, analysis was done on all the sections of the interview schedule. Many of the sociological and economic variables for the street children were analysed qualitatively as well. The data is presented in the following chapters.

This chapter presents the results of the research investigation and interpretations and discussions follow along with the findings. The analysis comprises of the following areas of inquiry related to the different facets of the life of street children:

1. Life of Street Children

- Socio demographic data; child and the family
- Work and Play

- Work experience
- Attitudinal profile; personal habits, peer interaction, perception towards family and society.
- Educational status
- Aspirations and expectations of street children

2. Health Conditions of Street Children

- Health condition of street children
- Availability of food, clothing and shelter; basic needs

3. Role of the State and NGOs

Tools for Data Collection

Looking at the subtle nature of the problem, two broad techniques of study were adopted: qualitative and quantitative. The qualitative techniques were used under the assumption that the situation of street children cannot be apprehended adequately only by quantitative techniques. Several aspects of street children's life, such as inter-personal relationships, exploitation, and the like call for forms of analysis which cannot be simplified down to purely quantitative method without the loss of essential features. Considering the scope of the study only one tool for this research problem would not have been adequate to serve the purpose. Therefore more than one tools of data collection have been used.

For the purpose of tis study, various research tools that were used are:

1. Observation
2. Interview Schedule
3. Focus Group Discussion with the Children
4. Field Notes
5. Case Studies

Observation

The observation was a good source of learning the behaviour of the street child on the street and the general social atmosphere that the street child is enmeshed in along with concrete details. Participatory observation usually involves direct observation, respondent interviewing and informant interviewing and actual participation. The researcher maintained a face to face relationship with the observed. There were instances when the researcher had to be active, maximising participation especially during focus group discussions. through this method the researcher gained an insight into the activities and motivations of the group, which would have been impossible in the formal methods of investigation. this intimate participation led to many sources of information.

Interview Schedule

One of the quantitative techniques employed was the interview schedule through the help of which the primary data was collected on different dimensions of street children and their situations.

The interview schedule had questions concerning street children's background, family, present conditions they are living in, different problems, personality development as well as important facts about their aspirations. The questions in the interview schedule were both open ended and close ended with multiple choices. The open-ended questions made the respondents come out with their view, their varied responses at the same question

To ask questions from the children was not easy. First the researcher undertook visits to the area to have a feel of the area and to build rapport with the children. The activities of the children were also observed. On this basis, the interview schedule was prepared covering the minute details like, the reasons for leaving the family, the desire to go back, their work life, habits, peer group, expectations and aspirations, their feelings for their parents etc. This schedule was prepared with the help of the help of the children in the sense

keeping in mind their prejudices and hopes. Drawing upon the major concerns of the life of street children, whose needs are rarely understood by the limited health care and education services, an in – depth interview schedule was formulated. In other words, it made an attempt to perceive the society through the eyes of the street child. Their views were captured in the forms of questions in the schedule.

Field Notes

Field notes were prepared as a crucial aid in field observation. The researcher focused on the recordings and analysis of the observations. The participant observation unlike most other research methodologies usually combines data collection and data analysis. Recording of observation is necessary and helps in writing important words and notes ensures against forgetting details. The field notes requires commitment to write what has been observed and is difficult as it takes time. It generally contained running description of the events, participants, settings and behaviours. There were times when field notes could not be prepared at that particular time, as that would have acted as an obstacle. The notes were prepared at times using Dictaphone at the end of the day.

Focus Group Discussions (FGD)

Focus Group Discussion was used with the children in a group of 6 – 10 children, to ask about their aspirations and needs. This gave the researcher an idea about the general opinion of the street children on particular issues including habits, drugs, alcohol, expectation, aspirations and their attitudes towards people and society at large. Here the researcher had to keep motivating the children with songs, games, craft skills to maintain interest.

FGD was more successful with children belonging to the families. In FGD, the conversation would simply begin with an overview of the day, or the local movie

or the fashion and the topic would be drawn. It was seen that the children were at comfort in an informal atmosphere with minimum disturbance.

In one of such discussions, the children came out with the anguish that they felt for their parents and in particular towards their father, for the life they were leading. One of the children felt his contribution towards the family income, as he remarked:

"Ghar mein kuch nahin hai. Agar hum kaam na karey to ghar ka kharcha kaise chalega. Baap ki kamai mein kuch dum nahin hain, jise who pine mein uda deta hain."

(There is nothing in the home. If I do not earn, how the family will meet its expenses. There is no stake in father's earnings and whatever he earns, spends on liquor.)

Case Studies: *Voices of the Children*

Further, in order to obtain greater details about the life of the street children, in – depth studies were conducted through the case study method.

The main aims of conducting case studies of the children were to understand their life situations in their specific socio-cultural contexts. Detailed interviews, participation and observations to study the life context of the children were used as the basis of the methodology. The case studies touched on the major phases of the life of the concerned street children, viz., parental relations, work conditions, health conditions/problems, and their socio-cultural problems. The cases for the study were chosen from the different categories of children on or of the streets. The selection of cases mainly depended on their reliability for giving correct information and their time convenience and availability. Fictitious names have been used in order to hide out the identity of the street child.

Among the various categories of the street children living on their own; (without family support), four were studied during the course of data collection and were interviewed at length with on an average six sessions per child, each of 2-3

hours duration. These boys were living/sleeping on pavements outside the shops, in the vacant plots, and were in difficult situation. One case study deals with the situation of a girl child. No girls were found in the category of children living alone or 'run away'.

The prime goal of case studies was to explore some of the significant behavioral components of street children, which required more detailed information. The study attempted to make an assessment of the physical conditions, clothing, health in general, hygienic conditions, nutrition, addictive habits of street children; and observe more closely their emotional responses and social interactions with reference to their relationships and family bondages. Many of the conclusions and interpretations are based on thoughtful insights of the facts instead of statistical analysis. This has helped in understanding the situations and difficulties apprehended by the street children of Sangam Vihar colony in South Delhi.

Analysis of the Data

From the coded data, frequencies, percentages were calculated on all the sections of the interview schedule. Many of the sociological and economic variables for the street children were analysed quantitatively. The data will be presented by the use of tables, bar diagrams and linear graphs to facilitate visual understanding of the situation.

Limitations of the Study

The data on street children was collected in a period of six months i.e. from July till the first week of January. The respondents comprised of children, both with and without families who spend most of their time on the streets and sleep on the street as well. The data was collected through a series of questions conducted in an informal atmosphere. During the preliminary phase, it was realized that there were more children in the age group of 9-16 years, spending

their time on the streets and also there were more number of boys as compared to girls. Recognizing one's limitations and those imposed by the time factor it was decided to cover the children from the various blocks and to take accordingly more number of children in the dominant age group, as the representative sample for the whole population.

The children who were abandoned by the families or run aways were difficult to interview, as they did not have any regular place of work or night shelter. Further to get a good depth of the interview, focus group discussions were held on various issues.

The data was tabulated manually under various headings, which were then divided into a series of tables. These were analysed by simple percentages. While interviewing children, passer-by used to crowd to see "what was happening", which made the children wary in answering.

More so, the children got distracted at the slightest pretext and to get back to the schedule was difficult. Most of the times, it was required to cross check the information received during the next visit. Further the visits were made when the respondents were free for e.g. the paan shop attendants, vendors, worked till late nights and slept till late mornings. Shoeshine boys came back to their houses late in the afternoons. It was also realised that the respondents were often overly anxious to please the investigator, especially in case of the girls and answer the questions in the way they believed the interviewer would like. Like on being queried about the treatment and care during illness, most of the children initially responded that elders or peer group takes care, however it was soon realized through other related questions that the children were least bothered about their health conditions. As these children needed services such as food, clothing and shelter and for medical treatment, they often either did not have money or if necessary wanted to pay meager amounts.

There were questions which had to be approximated like age, hours of work as these questions were based on a perception of 'time span' that was not familiar to the street children. The concept of migration was also not so easy to understand.

The children were difficult to contact and long hours were required to interview them. It was the children of the area who helped the researcher to contact them during her next visit. But those who were not with their families and not with any agency were the most difficult.

Besides the needs and problems of children with family and without family were rather different, hence the application of the same questions to both the categories had to be supplemented by additional noting to bring out the real situation in each.

The whole schedule required a number of visits in each block, mainly to establish familiarity with children. This was done to bring out the true responses especially from the children who were involved in activities like selling liquor, substance abuse etc.

Besides the researcher carried with her at times a Dictaphone to record conversation, as it was difficult to write down all the answers at once. The recorded conversation was then filled in the schedule, for this the children were shown the cassettes with their voice-recorded top replayed again and again. This was fun filled activity for them and helped in losing inhibitions.

The open-ended questions made the research flexible and therefore participatory. The respondents selected, represented a wide variety of job situations, which may ensure a good representation, even the family background was different as the respondents were staying with colony-based families, families on pavements and with no families.

The selection of a proper scientific sample was not possible because of the difficulties faced in enumerating the exact number of the street and working children in Sangam Vihar.

CHAPTER – IV

Socio – Economic & Demographic Profile of the Street Children

- 1. Demographic Profile: Age & Sex**
- 2. Varieties of Street Children on the Basis
of their Place of Living**
- 3. Phenomenon of Migration**
- 4. Nature of the Family**
- 5. Educational Status**
- 6. Economic Profile**

Demographic Profile: Age & Sex

The **age-wise** distribution of the total sample was carried out. The children were categorized in the three age groups, **5-8, 9-12 and 13 –16 years**.

Street children are strongly influenced by the age norms, the rules that define what is appropriate for them to do or to become at various ages. Individuals are strongly influenced by the age norms – the rules that define what is appropriate for people at various ages. Age grading constitutes an important connecting link and organizing point of reference in many respects in relation to other structural elements, such as kinship structure, informal learning, social support, occupation, and community participation. We present data on these aspects later.

The information regarding the age of the street children is presented in the Table – 1

Table-1
Age-wise and Sex-wise Distribution of the Sample

Age Group (in years)	Number of Children	Boys	Girls
5-8	9	5	4
9-12	41	35	6
13-16	50	44	6
Total	100	84	16

The largest number of street children (50%) fell in the category of 13-16 years, and the second largest number of children (41%) was found in the category of 9-12 years group. Street children in the age group of 5-8 years were found to be comparatively less, comprising of 9% of the total sample. Interestingly, the few studies of street children conducted so far by Kuntay (1993); Reddy (1992); and D'Lima and Gosalia (1992), also found the largest number of street children in the age group of 11- 15 years.

A look at the age composition of the street children reveals that they are in the formative years of their life. As children rarely begin their working life before they are five years old and they often are in full control of their lives by the time they are ten. In line with our findings, Pandey, 1993, also comes up with the same findings that these children are not exposed to school and they often do not get congenial neighborhood.

These children on or off the streets, thus, fail to acquire mastery and competence to develop their personality adequately. It is only when a young street child enters in his 'middle childhood years'; that he begins to assume the status of an 'independent worker' and capable of becoming functional for street life.

During these years children encounter various experiences of handling odd jobs in the streets and by the time they come closer to late adolescent years, they are seasoned workers, being deprived of basic wherewithal crucial for personality development.

Sex-wise Distribution of the Sample

The sample of the street children comprised of 84% boys and 16% girls. The number of boys was greater as compared to girl street children. However the data does support the fact that young girls are also becoming a part of the street life and the numbers may rise as urban pressures of living on poor families continue to increase (Table 1). Also, there are fewer work opportunities for girls than boys and whatever jobs are there, most of them tend to be poorly paid, unpleasant and often leave the girls open to adult exploitation and frequently sexual abuse in seclusion. So the street girls are not that much visible though they are there.

The girl street children were often seen in the streets moving in groups of two or three on the streets of Sangam Vihar colony. A more possible reason for

finding fewer girls on the streets is that because girls are needed in the households, they do not get time to go to the streets; while boys are socialized into leaving homes much earlier, especially in our Indian Society. One of the boys, Eeshpal, a 14 years old boy, into shoe polishing remarked, "*Ladkiyan bahar ka kam sambhalat hai ka, hum logo ke gharon mein ladkin jaat sadkon per nahin nikley hai.*" (Girls do not manage outside jobs. In our homes girls do not come on road.)

Religious Background

The street children were also studied on the basis of their religious background. The findings revealed that the majority of the sample street children are Hindus (73%); 24% of the children were Muslims while 2% of them were Sikhs and 1% Christians (Table - 2). The study is therefore mainly represented by Hindus followed by Muslim street children. The proportion of street children belonging to the Christian religion and other religions is relatively less.

Table – 2
Religious Background (N=100)

Age Group (in years)	Hindu		Muslim		Sikh		Christian	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
5-8	4	2	1	2	-	-	-	-
9-12	24	4	10	2	1	-	-	-
13-16	37	2	7	2	-	1	1	-
Total	65	8	18	6	1	1	1	-
Total	73 (73%)		24 (24%)		2 (2%)		1	1 (1%)

Varieties of Street Children on the Basis of their Place of Living

The larger number of street children (74%) of them was living with their families in small-congested houses in the blocks of Sangam Vihar. These children work

on the streets through out the day and return to their homes in the late evening hours. 17% of the children were living on the streets of Sangam Vihar. These children live in small groups and can be understood to belong to the category of 'run-away children'. They separate out in the morning to work in different odd jobs and meet in the late hours of the evening to eat, play and sleep on the concrete pavements outside the shops, school buildings, bus stands. Other street children living on their own were found in the market areas (5%); near restaurants (3%); and around auto stands/bus stands (1%) but had occasional contacts with their families (Table - 3).

Table – 3

Place of Living of Street Children in the City (N=100)

Age Group (in years)	At Home	Bus Stand	On the Streets	In the Markets	Near Hotels
5-8	6	-	2	1	-
9-12	28	1	8	3	1
13-16	40	-	7	1	2
Total	74 (74%)	1 (1%)	17 (17%)	5 (5%)	3 (3%)

Among many of the myths which are attributed to the life styles of the street children, one that looms the largest is that, almost all street children are abandoned or 'run away', delinquents, living and functioning independently, often bordering over anti-social behaviour. *The present investigation and many other studies support a strong linkage of these children to their families (biological)*. Majority of street children live with their families, leaving home only to work and earn money. On the other hand, almost one fourth of the total sample population did present the 'run-away' and 'living on their own' categories of street children. This group is essentially on the edge of 'high risk' category of street children.

Migratory Characteristics of Street Children

Many children of the Sangam Vihar colony owe their plight to the exodus from village to the big cities. Trapped in poverty, parents often neglect the children or even abandon them. These children venture on to the streets.

Phenomenon of Migration

Sangam Vihar is mainly inhabited by people from all states, which gradually increased the population density of the agricultural land. In terms of years of stay in Sangam Vihar in South Delhi, it was found that 17% have migrated to the city and settled in Sangam Vihar almost 6 – 9 years ago. Most of the children (50%) remembered having settled in Sangam Vihar as early as 10 or more years before and felt that they belong to this area and Delhi. They did not consider themselves as migrants to Delhi (Table - 4). The duration of stay in Sangam Vihar or in Delhi further reveals that the street children are mainly the products of the process of migration into the city. It was found that the availability of the land and the colony's proximity to the Okhla industrial area had attracted people from various states. However, the colony remained unauthorized with an increased population and minimal job opportunities for adults. This led to deterioration of the living conditions of the Sangam Vihar colony.

Table - 4

Migration of Street Children to Sangam Vihar in the Past years (N=100)

Age Group (in years)	0-3 years	3-6 years	6-9 years	10-15 years
5-8	2	3	1	3
9-12	11	4	4	22
13-16	10	10	4	26
Total	23 (23%)	17 (17%)	9 (9%)	51 (51%)

Reasons of Migration

The reasons to migrate to the city, as explained by the street children on repeated inquiry were to search for better employment opportunities (47%); hope for progress and prosperity (7%); family problems in the village (2%) and 6% considered poverty of the family as the cause, and desire for better facilities. A large number of street children (38%) did not specify any definite reason for migrating (Table - 5).

Table - 5

Reasons for Migration to Sangam Vihar, South Delhi (N=100)

Employment Opportunities	Hope for Progress	Greater Facilities	Family Problems	Unexplainable Reasons
47 (47%)	7 (7%)	6 (6%)	2 (2%)	38 (38%)

Most of the studies on street children in line with the findings of our study indicate the migratory pattern of children, arriving in an urban city from villages, and from the neighboring States like Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh etc, (Ghosh, 1992; D'Lima and Gosalia, 1992; Pandey, 1993; Reddy, 1992; Panicker and Nangia, 1992). Compelling poverty, search for a better job/employment opportunities, family conflicts are some of the strongly inter-linked factors responsible for rural to urban migration, which make a 'child' a 'street child'.

- **Nature of the Family of Street Children**

Parent-wise Nature of Family

An attempt has been made to look at the parental background of the street children. Majority of the children (76%) reported that their father was alive. Similarly in case of (88%) of the children, mother was alive. The father of most of the children were employed mainly in semi-skilled jobs, working at car

garages as mechanics, at construction sites, in factories in Okhla, pulling rickshaws and carts, selling vegetables. (Fig. 1 & Fig. 2; Table - 6)

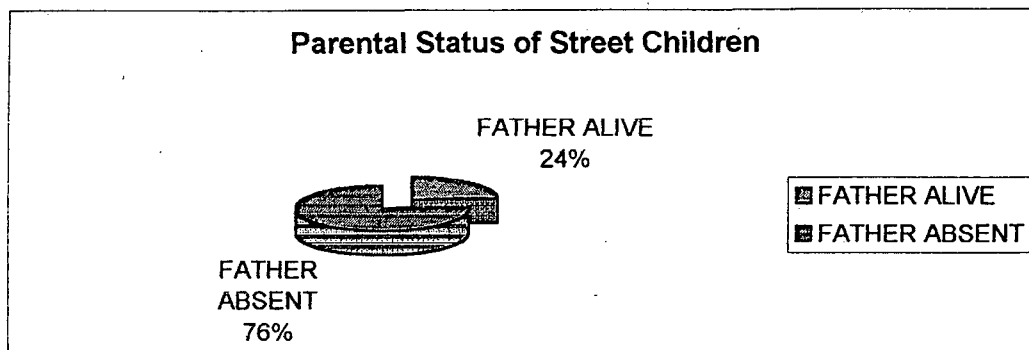


Figure - 1

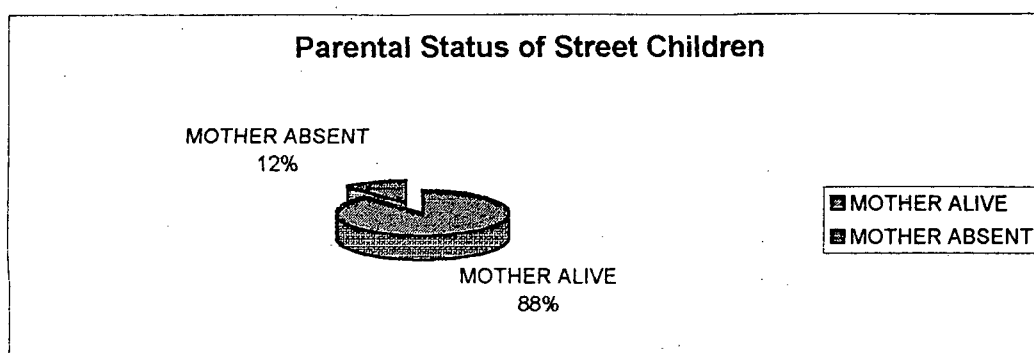


Figure - 2

Table - 6

Parental Status of Street Children

Parental Status	Age group (in years) N= 100								
	5-8		9-12		13-16		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Grand Total
Father									
Absent / Dead	2	1	27	4	40	2	69	7	76
Present	3	3	8	2	4	4	15	9	24
Total	5	4	35	6	44	6	84	16	100
Mother									
Absent / Dead	-	-	2	1	7	2	9	3	12
Present	5	4	33	5	37	4	75	13	88
Total	5	4	35	6	44	6	84	16	100

Many of the mothers did not work outside homes to add to the family income. They stayed at home to cook and look after the household chores of the households as indicated by the 60% of the children (Table - 7).

Table – 7
Employment Status of the Parents of Street Children
N= 100

Employment Status	Boys	Girls	Total
Father			
Employed	11	8	19
Unemployed	4	1	5
Absent / Dead	69	7	76
Total	15	16	100
Mother			
Employed	31	9	40
Unemployed	44	4	48
Absent / Dead	9	3	12
Total	84	16	100

Findings revealed that almost 74% children in the study were either with their parents or with their family members. The remaining 26% comprised of children who had distant family contacts and were living on their 'own'.

Most of the street children studied were from families where if the father was employed his earnings were very less or was unemployed or absent. Thus the socio economic status of the families of the street children was poor. In other words the street children phenomenon seems to be mainly due to poverty stricken urban families. However, the number of children arriving in streets because they have been abandoned by their families is far less than is commonly assumed.

The life of two run away children as described by them is as below.

Parmeshwar

Parmeshwar is 12 years old. He was born in Delhi city. He has run away from his house. He described his work and life to the investigator when he was in a relaxed mood with her. He has his father, mother and two brothers. The family is living in the industrial area of Anand Parbat, Delhi. He informed that his father is an employee of a factory and used to earn approximately Rs.800/- per month. He was a drunkard. Most of what he earned used to go in the purchase of wine. In drunken condition he was in a practice of beating mother and all of us i.e. Parmeshwar and his brothers besides hurling abuses most often. The boy told that his father was least bothered for them and never cared for the family. His mother is also working and was able to earn Rs.300- 400/- per month by doing domestic work in someone else's house. The family was basically entrapped in poverty and violence. He added that "one day my father beat me and I ran away from the home. I am on the street from the last one-year. Seldom if I ever go to home."

Ever since he started living on the streets, he has developed intimacy with two street children who were also of his age. He told that his friends were better than his father who made him flee.

Parmeshwar was smoking a cigarette, was ebullient and out spoken. He is now working as a helper in a motor garage. He remarked, "This is a useless work. Somehow I am able to manage two times' meals. All the time the employer abuses, and I have to do back breaking labour. Please do not ask further about what I do." However he felt that now he has a neat and clean place to sleep at the bus stop. He thinks he has found a way to survive. He also shares his food with friends when their earning is small. They do the same for him too.

Parmeshwar feels lonely at times. *"I miss my mother and the affection she showers on me"*, reminisces. He has not given up his family altogether. Whenever he feels like seeing the family members he goes but the frequency is minimal. Parmeshwar believes in God. He is only worried about the police harassment. The policemen do not allow him or his kind to sleep on the bus stop. Whenever he is asleep some policemen will come brandishing lathies and wake him up in the middle of the night. For him however, bus stop is a home.

Rafee – running away to freedom

Rafee, a 14years old boy; has come from Rewari, Haryana, his parents are alive and he has five brothers and sisters. He was staying with his parents whose economic condition was poor. Instead of sending him to school his parents sent him to work in a factory. He wanted to study but was forced to work. Whenever he did not go to work he received severe beatings from his father. While narrating about his family, he got very angry with his father and stated, *"Baap hamara sharab pita tha. Hamako aur mai ko marta tha. Sab kamai pine mein gawa deta tha. Hum usko dekhna bhi nahin chahte."* (My father used to drink. He used to beat my mother and me. All his earnings used to get wasted in his drinking. I would never like to see him.)

At home he did not get adequate food, clothing, and opportunity to go to school, so he felt distressed under such conditions. Once his father tried to burn his hand on being refused, to be given money. He left his home and came to Delhi.

At Delhi, he came in contact with the rag pickers, Kamal and Dinu, and stated rag picking with them. Sometimes the money he earns is not sufficient for his needs. He then resorts to begging. He has no wish to return to his parents. He says it is better to die than to go back to them.

At present he has no wish to study, he must earn to feed himself. When he earns well, he goes to see movies. He has no plans for the future and no aspirations. The investigator observed that the child was unhealthy, may be due to malnutrition and had bad breath. He had wounds on his body, which he says, were caused by rag – picking, but was under no treatment. Rafee is addicted to smoking bidis and when his earnings are good he also drinks country liquor.

At present he has no fixed place to sleep. He generally sleeps in front of the shops on the pavement.

Siblings of Street Children

64% of street children reported of having 4-5 siblings; the number which went to 6-9 siblings for 9% of the children. (Table – 8; Figure-3)

Table –8

Siblings of Street Children (N= 100)

1-3 Siblings	4 - 5 Siblings	6 - 9 Siblings
27 (27%)	64 (64%)	9 (9%)

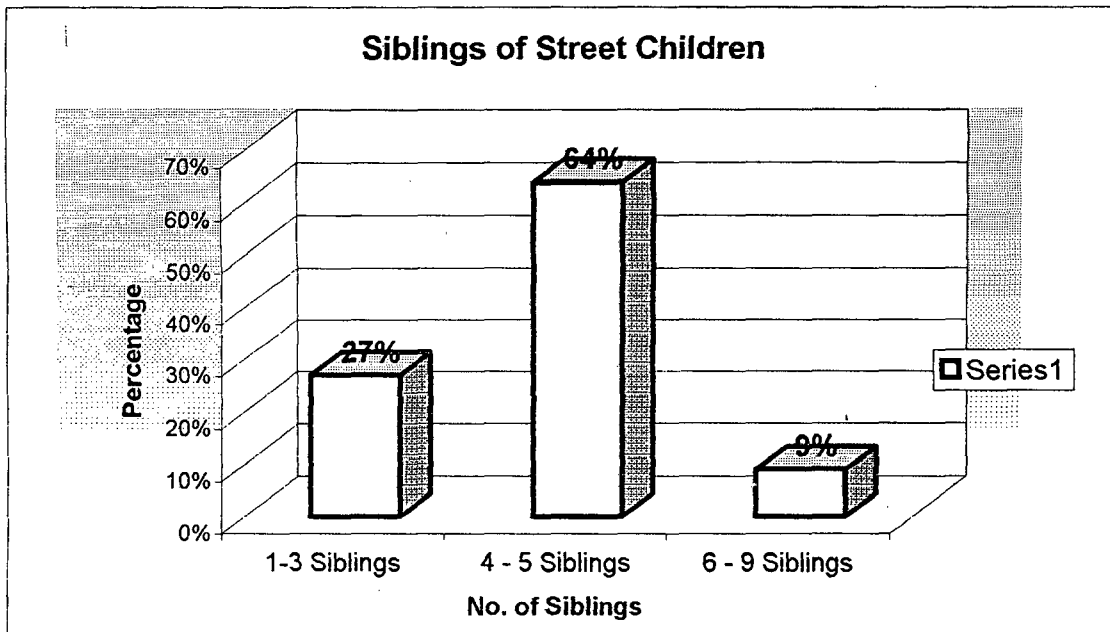


Figure - 3

Through regular visits it was realized that the families are large mainly due to the birth of many children to a parent couple. Lack of education, impoverished living conditions, poor health status, lack of information on birth control and high infant mortality and morbidity rates perpetuate the series of child births in the families of these children. Almost all the siblings of these children assume a similar life style, of eventually becoming street children; earning money as young as from five to six years of age and contributing economically towards their own survival and to the survival of the family. It was also realized that these children are quite comfortable with a large number of siblings. As they were not at all hesitant in answering as having more than or near to 5-6 siblings is a common feature with all children.

Size of the Family

Most of the street children have nuclear families but the size of their families ranged between 2 members to 11 members for different categories of street children. This was mainly because of large number of siblings. Only 3% of children reported having a family size of 0-2 members. 49% of street children indicated having a family size of 6-8 members. 28% children responded having 9-11 members in their families (Table-9; Fig.4).

**Table - 9
Family Size of Street Children N = 100**

0 -2members	3-5 members	6 - 8 members	9 - 11 members
3 (3%)	28 (28%)	49 (49%)	20 (20%)

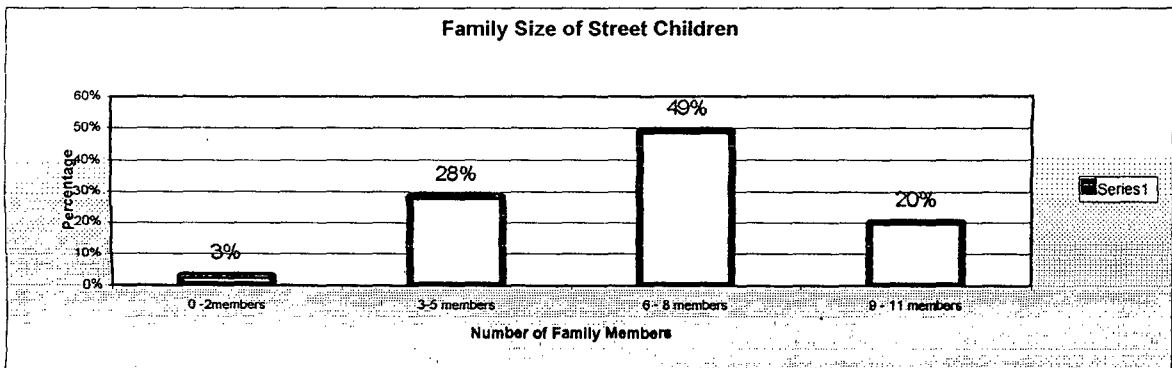


Figure - 4

The findings indicate that there is preponderance of large size of families. The family of these children is often very large, comprising of a good number of siblings. It was observed during the evening visits to the colony during evenings and at times afternoons that in a small room, mother sleeping with not less than four children, all at an age difference of not more than one year and with an undernourished look. Also, due to lack of space in a small room, it was seen that some children were sleeping beneath the cot, with mother and some children on the cot.

The reason for this large number of children could be the fact that in poor families, the desperate situation induces women to produce more children as their hope of survival. The large number of children thus remains deprived of their basic childhood essentials and forced to join the work force at home, as migrants to cities and in very hazardous works. Thus the large family seems to be the norm of the families of the street children.

Educational Status of Street Children

Educational Status

From the sample of street children, only 15% were found to be attending school, as many as 85% were not studying. Thus a small percentage of children were going to a local municipal school, run by the government. From the 85% of the children who were not attending school, 34% had dropped out of school. (Table10; Fig.5)

Table –10

Educational Status of Street Children N = 100

Studying	Drop - outs	Never Studied
15 (15%)	34 (34%)	51 (51%)

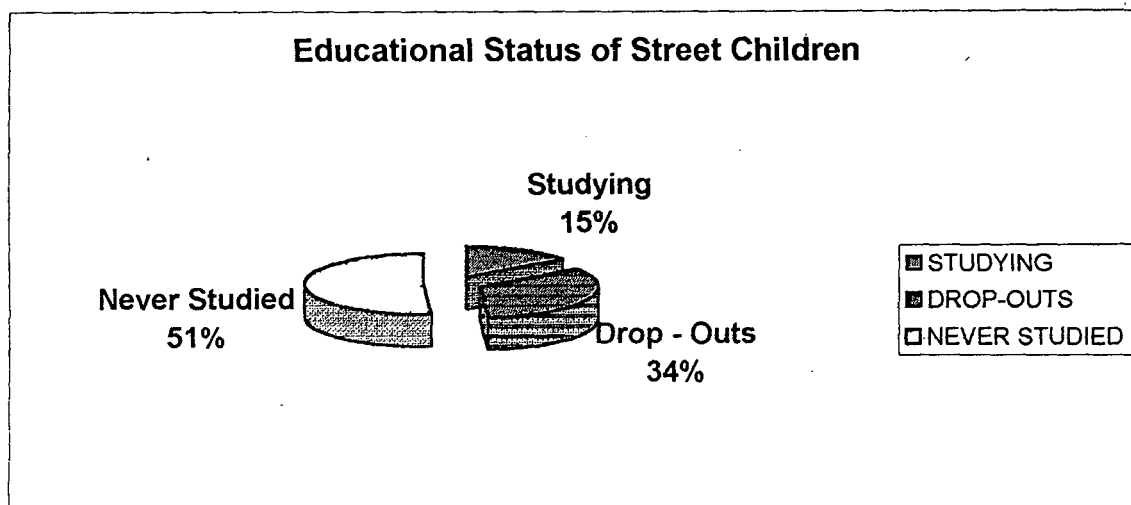


Figure - 5

Reasons for not Studying

From the large percentage of street children who were not attending any formal school education (Table-11; Fig. 6), 40% of the children explained financial constraints and economic burden as the major reasons for not studying. Other children indicated disinterest in schools, 20%; work pressure, 19%; parental discouragement, 9%; and household responsibilities, 1% as other reasons for not attending schools. On being asked if they attend the non-formal education center, functioning in their area. The children responded that they sometimes go there to have the food, if they had not been able to earn any money that day so as to purchase any. However some children told of their ability to read and write Hindi. This reflected the basic realization of some importance of studies amongst children.

Table – 11

Education of Street Children; Reasons for not Studying (N= 100)

Work Pressure	Financial Constraints	House Responsibilities	Not Interested	Parental Discouragement	No Response
19 (19%)	40(40%)	1 (1%)	20 (20%)	9 (9%)	11 (11%)

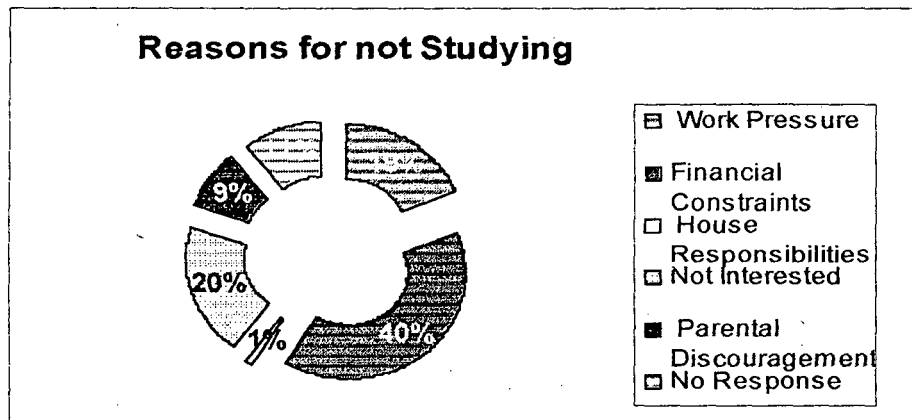


Figure - 6

The level of education was also probed into, 31% of the children had studied upto primary school, 10% children studied upto middle school while, only 1% of children reported of reaching high school level. 7% of children attended only a balwari or a nursery school (Table - 12).

Table – 12

Education of Street Children; Living with Families / Run – Aways / Alone

N= 100

Educational Status	Living with Families	Living Alone / Run Aways
Uneducated	36 (36%)	15 (15%)
K.G	5 (5%)	2 (2%)
Primary	25 (25%)	6 (6%)
Middle	8 (8%)	2 (2%)
Secondary	1 (1%)	-
Total	75 (75%)	25 (25%)

Street children's reactions to the **advantages of education** were obtained. Children's responses were categorized in four types, namely, (i) education helps to procure a good job, (ii) earns respectability, (iii) offers no advantage and (iv) helps to gain knowledge (Table-13; Fig.7). Children's responses were found to be contradictory. While an almost half of the street children, 46%

believed that education should help them to procure a good job, the other half of the children, 41% saw no advantage of education in their lives.

Table – 13

Advantages of Education as Perceived by Street Children (N = 100)

Age Group (In Years)	Good Job	Earn Respect	No Advantage	Gain Knowledge	No Response
5 - 8	4	1	3	1	2
9 -12	16	2	18	7	2
13-16	26	2	20	3	-
Total	46	5	41	7	2

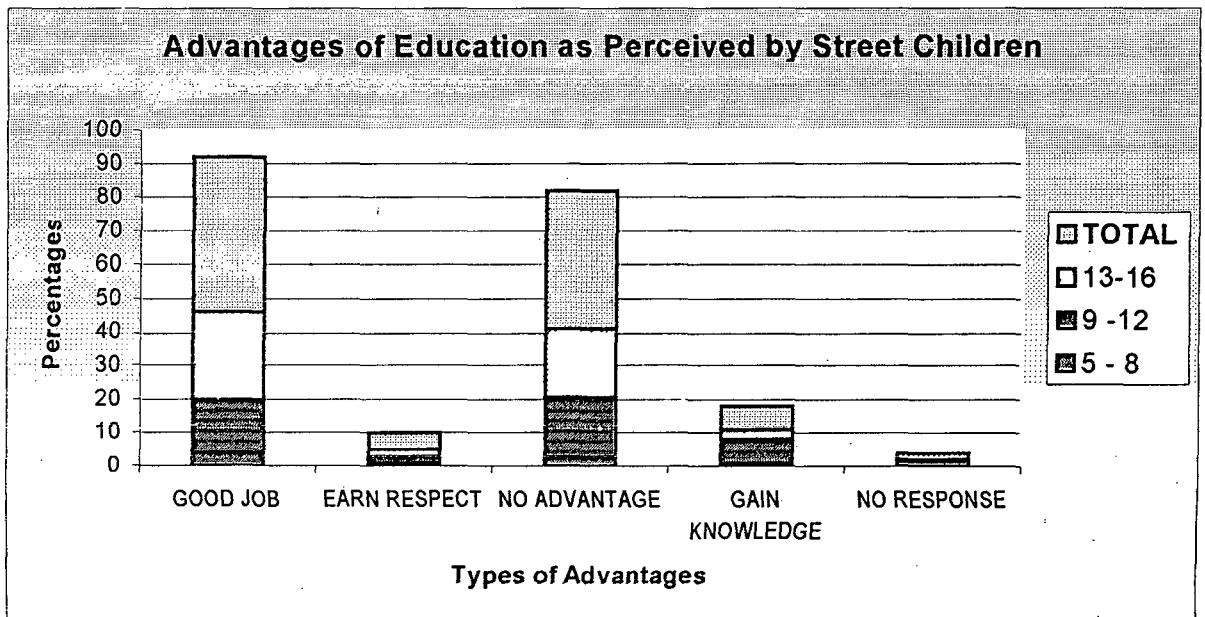


Figure - 7

In a specific query, regarding the preference for education / work, street children' responses were divided almost equally among the various choices. Many of them do not desire to give up the freedom of being on their own and being the master of their time and activities. Simultaneously, the children expressed that the money earned, however, meager, gives them a certain sense of power and support. Children also expressed the desire to study, provided it does not affect their working like Lalit told that his brother Manu was

giving 10th std. Exams through National Open School and also works in a mechanic shop.

ECONOMIC PROFILE OF STREET CHILDREN

An understanding of street children's work is important for many good reasons; the most viable is that the very survival depends on work. Street children's work is a part of the larger problem of child labour. The prevalence of work amongst street children is, by and large, a problem of the poor and destitute families. The poverty of the people has forced them to push their children in the job market. Here our attention will be on the nature of work, income, and savings, employer-street children relationship and exploitation of the street children by the employer.

Kind of Work of Street Children

Through regular interaction and observation it was revealed that right from the day street children venture on streets, they become embroiled in the struggle for survival, which means work. They start looking for jobs, whatever they could lay their hands on in the hope of staying alive, even if the job is not appropriate for their age.

In the nature of work our focus will be on the kind of work, tenure of work, duration of work, hazards of work and rest time. Street and working children are seen engaged in a variety of semi-skilled and daily wage manual jobs for which an adult worker may not be willing or available. On the contrary, there is an abundance of small and economically impoverished children who are not attending schools and are available in large numbers. There is a process of natural induction of these children into available work situations.

The largest group of street children was found to be working on the roadside restaurants selling quick street foods like tea, coffee, cold drinks, paan-masala,

cigarettes, etc. These were employed to work as assistants to the owner, helping in washing dishes, peeling and serving the vegetables and the food items. These also work on dhabas or the cheap eating joints along the busy streets, mainly employed for meeting the petty chores of food business.(Table 14). These children working in the eating joints were the most difficult to be approached because of their tight work schedule. However it was realised that the very idea of getting a good food at the end of the day keeps them energetic.

TABLE – 14

Occupation of the Street Children (N = 100)

Age Group in years)	Rag-Picker	Shoe Polish	Selling Paper	Assis-tance at road side restau-rant	Vege-table Seller	Mech-anic	Toy Seller	Beggar	Dancer	Assis-tance at Liquor Shop	Dome-stic Work	No Response
5 – 8	3	1	-	1	1	1	-	-	-	-	-	-
9-12	7	3	2	6	5	6	1	2	3	-	3	3
13-16	4	2	1	17	4	10	2	1	1	1	3	4
TOTAL	14	6	3	24	10	17	3	3	6	1	6	7

17% of street children worked in car garages as young mechanics in the making. They started their training early in life; learning to handle machine right from the stage of cleaning and polishing to mastering the dynamics of the machinery. It could be very well seen that the work is strenuous and requires concentration. Usually, it was observed that a car garage has eight to ten children working in it to meet the demands of the client pressure. This is one of the only work situation where few children are working together, otherwise, street children are a loner group who move singularly in search of occupation.

A child employed as helper in a garage remarked:

"iho kauno kaam hai. Kaison jine ka sahara hau. Duno jun ka roti mil jat ho. Kaam karat karat key baad bhi har bakht gali sunne ko padti hai."

(this is a useless work. Somehow two time's meals are available. In spite of doing hard labour, all time abuses are there.)

The third category of street children (14%) were occupied in the trade of rag-picking and selling. These children are found practically in every part of the city, near the posh residential areas, in the thick of a shopping centre, at the railway platform, around the hotel locations, close to the hospitals and the movie halls and just about everywhere. Holding a huge plastic bag on the shoulders and often bare feet, these children walk all the nearby areas during the day, to collect glass, paper, plastic, iron, tin and other metals. They walk briskly and are often in a group of two or three. Many street girl children were also involved in the trade of rag-picking. The researcher however felt that *these children are in many ways are 'environment friendly' children who clean up the environment by picking the waste and rubbish of the rich society and unknowingly becoming instrumental in the process of recycling, though at the cost of risks or cuts to themselves.*

Many children (10%) were found selling vegetables around street corners. 5% of children worked as 'shoe-polish boys, who sat in the busy market areas, awaiting a client for their business. Few children (3%) sold magazines and newspapers at roadside stalls. They had developed a strong personality of being street smart in mannerism, speech and dressing style.

3% of the street children were child beggars, whose main occupation was to stand at busy road crossings and beg money from people and foreign tourists. These children moved swiftly within their areas and caught people for little money on pretext of their poor and vulnerable condition. They held images of Indian Gods to gain sympathy of people. 6% of children were dancers and singers in the buses, who usually get into slow moving buses without a ticket to entertain the passengers and expect small sum of money from them in return. They also learn to play the locally devised instruments like 'ektara' or 'saarangi'

to accompany their song and dance performances. These children are trained singers and dancers who train themselves quite on their own to sing folk and religious songs and more often popular film songs. These children decide their destination of the journey and generally get off the bus, to catch another one, which brings them back to their area. They become like little masters in understanding the buses and journeys.

One child was working in the liquor shop. Most of the girl street children (4%), were working as domestic help in the adjoining posh areas. Some children did not communicate their nature of work. They seemed to be shifting from one type of employment to another. In summary, the street children are employed in the homes as domestic servants and other informal sectors of economy. They do not have any contracts of employment, no formal channels of settling disputes, no minimum wage and redress against unjust employer. Self-employment is one way of survival for many children in the streets. They engage in any work, on a desperate bid to earn for basic subsistence. Here is how Pankaj manages his life and living.

Pankaj

Pankaj Kumar Sharma is a 14 years old boy who lives with the street children group on the pavements of Sangam Vihar colony of South Delhi. Pankaj's family is as well staying in Sangam Vihar, but Pankaj mainly prefers to stay with the boys of his age and as well sleeps with them. He has studied until class Vth and claims to read and write Hindi and for the same is being given importance by the group members. He showed keen interest in learning English and speaking it. To him, knowing a bit of English was an additional talent. He seemed to take any form of work which comes his way. He has worked for the wedding parties and for the roadside restaurants as a waiter. He also works a helper in painting contracts in households and when neither of the two

opportunities are available, he engages himself in rag-picking. His average earning for the day is approximately Rs. 30 – 40/-.

Pankaj's father works in a factory in Okhla. His mother died a few years ago, after which his father remarried. He has two elder brothers who are both married and live separately. He does not have any contact with any of his family members and he looked very remote and distant when he said, "I am not sure if my brothers are still in Delhi or not!" he expressed no desire to visit and see his brothers. Regarding father, he mentioned that it was more of his stepmother's home, belonging to her and her two children. Thus expressing no desire in staying at home.

From the daily income, he spends a minimum of Rs. 20/- on food alone. He spends Rs. 1.50/- for a morning cup of tea and few biscuits for Rs 1 and the same amount for an evening cup of tea. He eats his lunch on the roadside restaurant for roughly Rs. 10/- (two to three chappaties at the cost of Rs. two each in which one vegetable is given along with) and a plate of rice for Rs. Three along with dal is given sometimes. For the evening meal the group children join each other and usually eat together. All the children pay for their meals. He spends Rs. 5-8/- on buying betel nuts, chewing tobacco, bidies (locally made cheap cigarettes from a special leaf). Often the remaining money left in hand gets spent on buying food/cigarettes etc., for other street friends if they have not been able to generate any income on any particular day. Pankaj does not save any money. He lives from day to day, searching work every day and earning a small amount of money to help him sail through out the day.

Pankaj threw light on the strong sense of affiliation and a kind of bond that exists among the street children. They all help each other and pay for each other's meals and other requirements, and stand by each other in the hour of crisis. He spoke unfavourably about the interference of police constables who have beaten him for no apparent reason and often harass him and take away

his money. He also told that the police constable have once locked him up in the police station, for no reason. He said that if he finds a policeman approaching at any time of the day or night, he and his friends slip away quietly.

He is addicted to smoking and some times he drinks also. His health is poor and he feels difficulty in breathing. He coughs frequently. Pankaj has the ambition of finding suitable work for himself and live with a sense of respect. He expressed that he does not want to go back to his father, neither he wants to live like an orphan on the streets forever. At the same time he cherishes is freedom to live and work and does not want to give it up at any cost.

Age of Initiation of Work

An important aspect of research information on street children is to determine the age at which these children begin work and street life. Since many of these children do not know their exact date and year of birth, their responses to age related events tend to become more ambiguous and less clear cut. However care has been taken to present the data in specific categories as precisely as explained by the children themselves, by comparing each child's responses on various questions. The responses were classified in four categories of age groups, starting from 5-8 years, 8-10 years, 10-12 years, 12-16 years and not aware of (Table – 15; Fig.8).

Table – 15

Age of Initiation of Work (N= 100)

2-6 years	6-8 years	8-10 years	10-12 years	Don't Know
20 (20%)	24 (24%)	24 (24%)	9 (9%)	23 (23%)

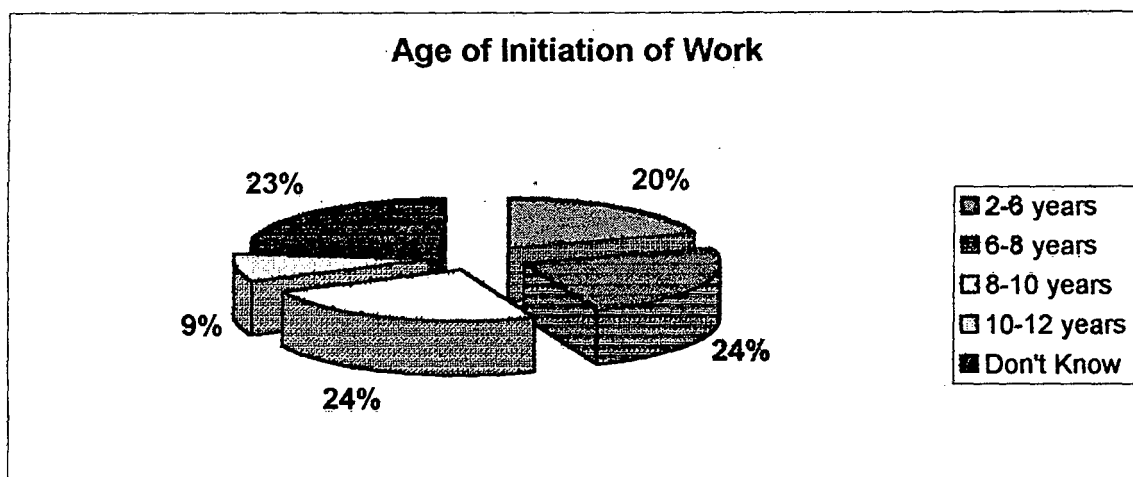


Figure - 8

30% of the children had begun working on the streets when they were as young as 5-8 years. Another 30% of the children started working between the ages 8-10 years. A lesser number of children 28% started to work around 10-12 years of age while only a small number of street children (12%) had started street life when 10-16 years of age. Majority of street children had assumed the street life by the time they were twelve years of age.

Choice of Work

The work street children are doing for their basic subsistence can be viewed from the kind of work opportunities they get. Of the two sectors: formal and informal, these children were all found to be engaged in the informal sector, characterized by irregular working hours and no official documentation of the employees' wages.

For the majority of children Figure - 9, (48%), the availability of any work became the choice of work. 30% of children were introduced to a type of work by the family member or a neighbor. Street children did not show any personal enthusiasm in selecting the work they were found engaged in, but seemed resigned to circumstances. Only 8% of the children liked their work. A still lesser number of children (8%) felt satisfied with the situation because their

work paid them well, or was simple (6%). However almost all the children wanted to change their work (80%), if appropriate opportunity came their way.

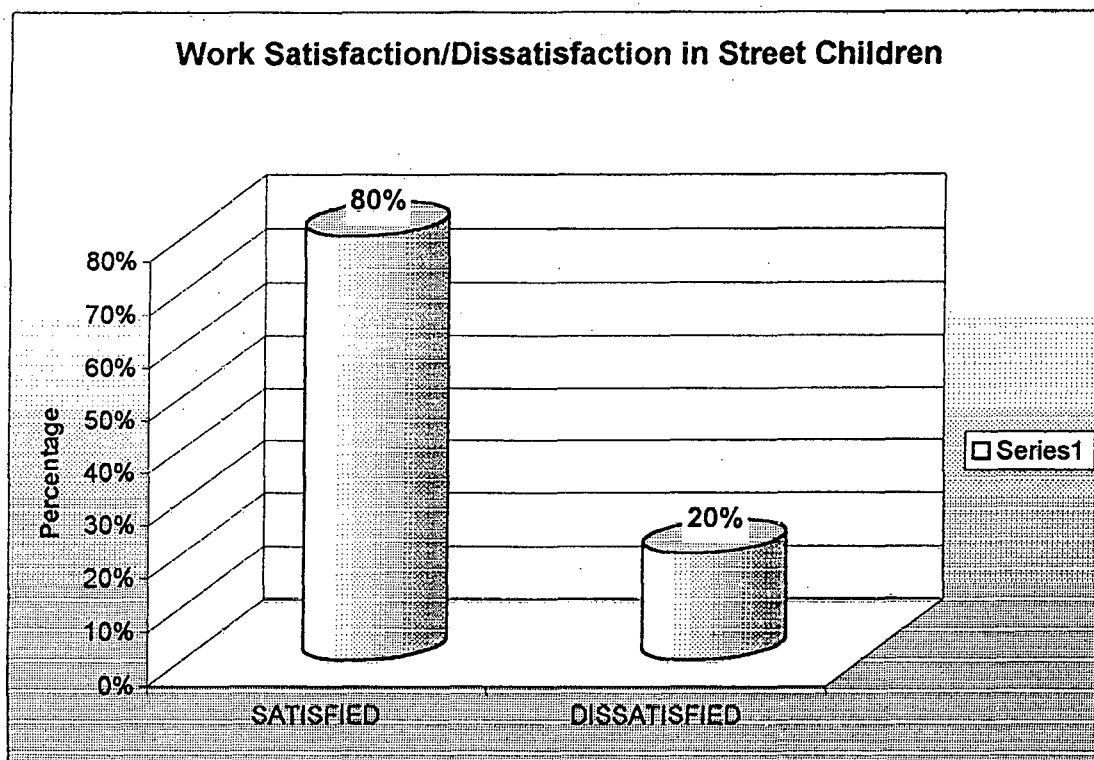


Figure - 9

The reasons children described for their work on streets were: (a) keeping busy and utilising their time (35%). (b) no other alternative besides work (35%). (c) parental expectations to earn money (25%). (d) non-availability of money in the family for education. The only choice under the given circumstances for these children is to work and earn money. Poor wages and overwork seem to be the problems of street children, covered under the study. Some children were found to be very enthusiastic about their work. As Mahendra, a 14 years old boy in the job of shoe polishing on the bus stand of Sangam Vihar asked the researcher to note about him as " *Chamakdar Khallas, joota khoob chamak jaata hai*". (Wonderful Shine, as the shoe gets sparkling shining.)

Similar type of situations these children are found to be engaged in the studies conducted by Verma and Dhingra ,1993; Reddy, 1992; Pandey, 1993. The work street children do for their survival is in the informal sector.

Looking at the income opportunities and employment in the informal sector, it can be concluded that street children have no contract of employment and no formal channel for settling disputes, no insurance against sickness or injury, no minimum wages and no strength against an unjust employer. The fact that such a large proportion of children are in some employment or the other, not because of their choices but because of the compulsions of life, speaks volumes about their condition.

Duration of the Work Hours

Street children engaged in different work situations in the informal sector were found to work for many hours at a stretch in a day. Only jobs like rag - picking required to break their work timings in the early hours of the morning and again in the early hours of the evening. This work required them to invest minimum eight hours in a day. For most of the other jobs like working in car garages, petrol pumps, road-side restaurants and stalls, cheap eating joints, cycle repair workshops and all sorts of vendor stalls, children spend their full days working as helpers and assistants.

Table – 16

Duration of Work Hours of Street Children (N= 100)

Age Group (in years)	2-4 Hrs	5-7 Hrs	8-10 Hrs	No Fixed Timings
5 – 8	1	1	4	3
9 –12	3	6	12	20
13-16	2	7	15	26
TOTAL	6	14	31	49

Duration of Work Hours of Street Children

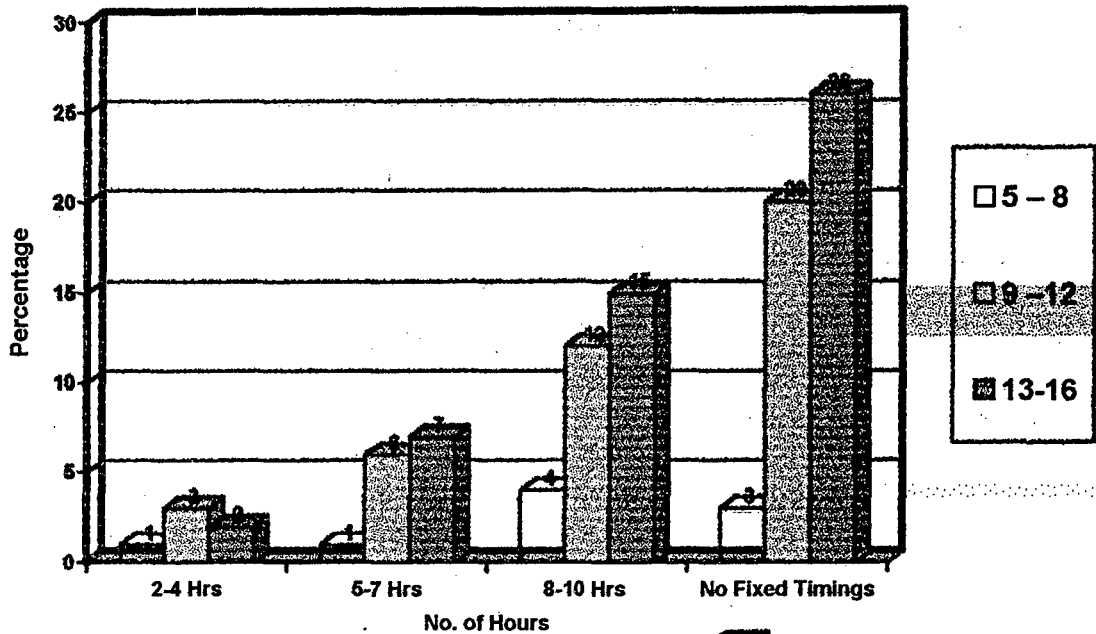


Figure - 10

Only 6% of the children were working for 2-4 hours daily. 14% of children worked for 5-7 hours every day. Another 31% of children worked for 8-10 hours per day while large majority of children, 49% did not have any fixed hours of working as they mentioned that it all depends on the employer (Table – 16; Figure - 10).

Income of the Children

Income is important from various angles. It permits an access to public and private sector services- educational, medical and recreational. Here income of the street children includes income from all sources, including main and subsidiary occupations. The data regarding the income of the street children as presented in the Table 17 shows that the money earned by the children varies within a specified range. Street children's income fell within the range of Rs.5 - 45/- per day. Specific categories emerged for the total sample. 7% of the children earned as less as Rs.5-10/ per day. 21% of the children earned Rs.10-

15/ per day. 22% of the children managed to earn Rs.15-20/ per day while 17% earned Rs.20-25/ per day (Table – 17).

Table - 17

Average Income of Street Children (N = 100)

Rs.5 - 10	Rs.10 - 15	Rs.15 - 20	Rs.20-25	Rs. 25 – 45
7%	21%	22%	17%	33%

The income of the remaining 33% of the children rose steadily touching a high of Rs. 45/ per day. Two children reported of having earned more than Rs 45/ per day. *Looking at the working hours and the hard labour that these children put into work, the money earned is less and the children are not equipped to fight for their rights.* It becomes apparent that street children have to work beyond normal adult hours of working, still deprived of the basic necessities. Over the period of time their health conditions deteriorates thus making them incapable to earn the required money for the family as adult members, with limited or no education, thus perpetuating the vicious cycle of poverty and of child labour.

Expenditure of the Earned Income by the Street Children

The analysis of the collected data (Table 18; Figure - 11) revealed that the majority of the street children (40%), spend the money either on themselves or gave it in the family, especially to the mother. 36% of the children did not use the money on themselves at all, instead gave the whole income to the family for survival. Few children 17% spend the earned money mainly on themselves, to arrange for food and to meet up the small pleasures in life. This group mainly was of the run-away children who belong to their group on a mutual understanding of give and take, (Table 18). Street children living on their own tend to show a commitment towards the peers.

Table - 18
Expenditure of Earned Income by Street Children (N = 100)

AGE GROUP (In Years)	Spending on Self	Spending on Family	Spending on Friends	Spending on Self & Family	Spending on Self, Family & Friends
5 - 8	1	4	-	3	1
9 -12	9	15	-	16	1
13-16	7	17	1	21	4
TOTAL	17	36	1	40	6

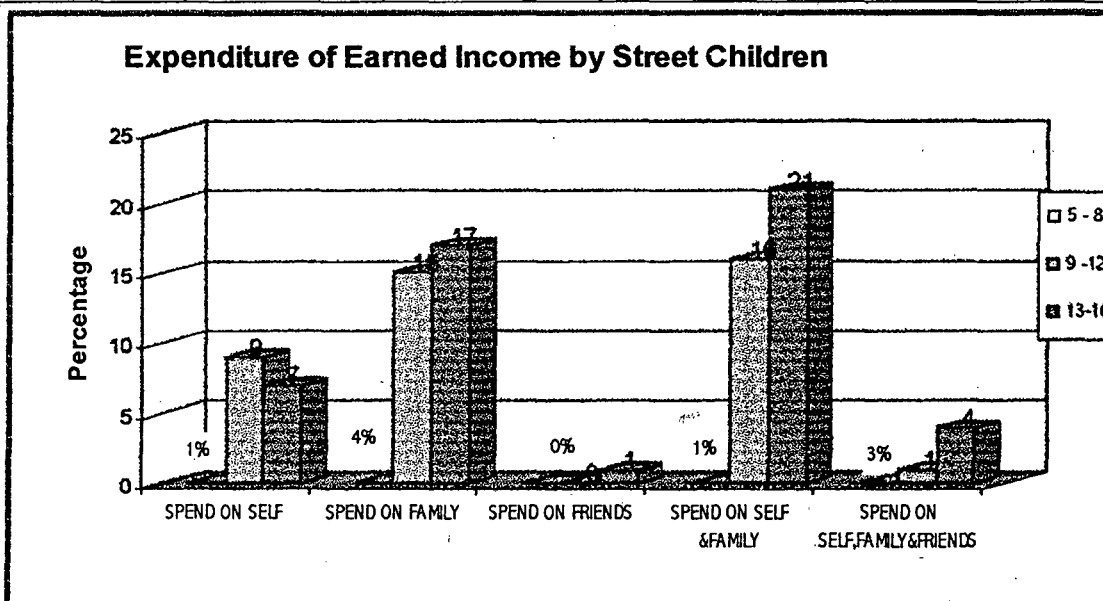


Figure - 11

In many instances if the child is sick and is unable to earn money, he would take money on credit from the shopkeeper, employer or an adult in the neighborhood and manage his affairs. The vast majority of children have no savings. The feeling of street children is well reflected by what one street boy said:

"Pet bharana muskil hai. Rupaiya kaise bachega."

(It is difficult to meet both the ends, how it is possible to save money.)

CHAPTER – V

SOCIAL NEEDS & VIEW OF LIFE OF STREET CHILDREN

- 1. Play and Entertainment**
- 2. Perception and Attitudinal Profile**
- 3. Addictions in Street Children**
- 4. Aspirations and Expectations**

Play and Entertainment

Despite heavy work schedules on the street jobs, children manage the time and small money to play and entertain themselves in various ways. 67% of street children perceived part of their time as 'play time' while 33% of children reported having no time for play (Figure - 12). As one of the street boys remarked:

"malik kaam kara kara kar durgati kar devey. Tauno par unka pet nai bharai le."

(The employer takes so much work that our condition becomes miserable. Even then they remain unsatisfied.)

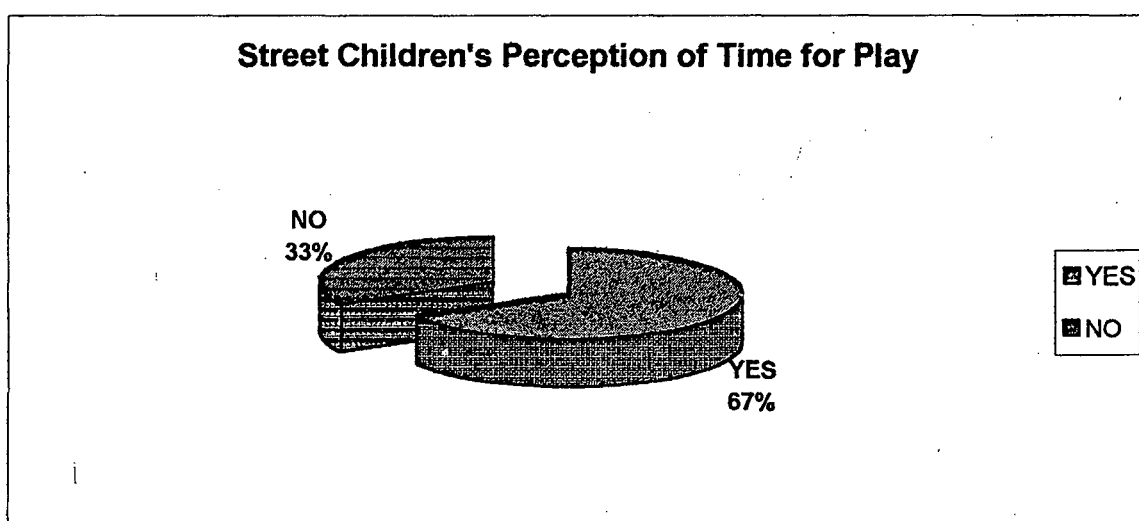


Figure - 12

Leisure Time Activities

Many children 27%, could not explain clearly regarding their choice of leisure time activities. 19% of children indicated their choice of watching a Hindi commercial movie in their free time, while others 17% of the children preferred to play outdoors with peers. Some children 17%, preferred to meet up with their friends, and a smaller number 5%, wanted to spend time with their family, roam around 4%; read and write 1%; and pursue a hobby, 2%. In 'no time' category as compared to boys, there were 75% girls. And the rest 25% girls pass their leisure time either by staying with family (12%) or watching a film (13%).

Table - 19

Leisure Time Activities of Street Children (N = 100)

Meeting Friends	Stay with Family	Film	Roam Aimlessly	Outdoor Play	Read Books	No Time
13 (13%)	5 (5%)	19 (19%)	4 (4%)	17 (17%)	1 (1%)	27 (27%)

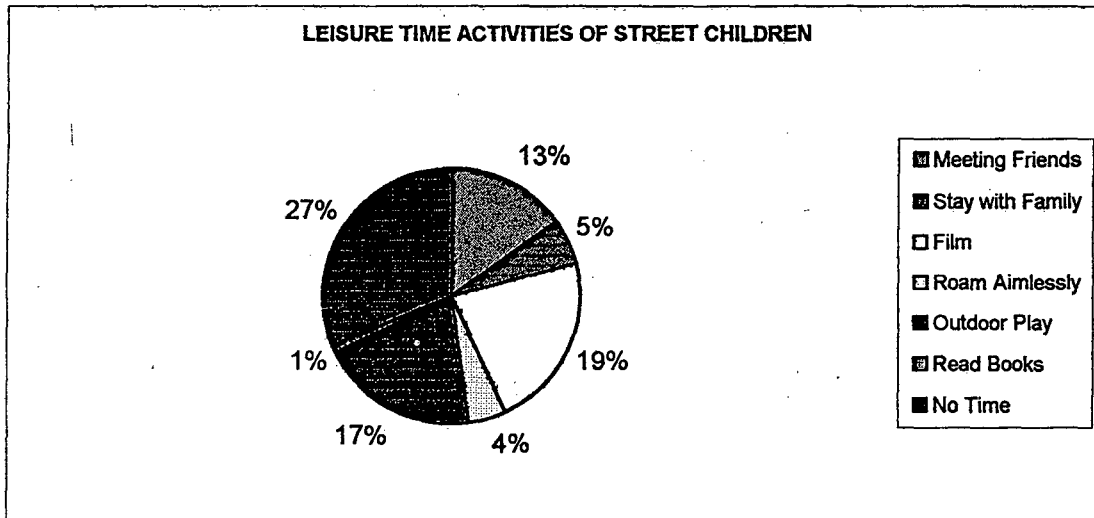


Figure - 13

Perception and Attitudinal Profile

Perception of the Street Children on Incidence of Card - Playing and Gambling

It was not possible to ask children directly regarding their habits of playing cards, gambling with money, smoking, drinking and use of drugs because children generally do not want to expose themselves on these issues. However, it became possible to obtain information on these sensitive aspects when the child was asked to speak about his observation of the other children's personal habits. Hence the following data on these aspects does not represent the incidence in total sample, but represents the responses of children of the habit of other children in a projective way. 40% of the street children reported that 'other children' play cards and gamble with money (Table – 20; Fig.14). The children preferred narrating about their friends' 'habits' of card playing.

It was generally realized that in an absence of a healthy family atmosphere, these children prefer peer group, and in the process they get involved under pressure or out of their own choice in such activities.

Table – 20

Playing Cards & Gambling in Street Children (N = 100)

Age Group (in years)	YES	NO	TOTAL
5 – 8	3	6	9
9 – 12	18	23	41
13 – 16	19	31	50
TOTAL	40	60	100

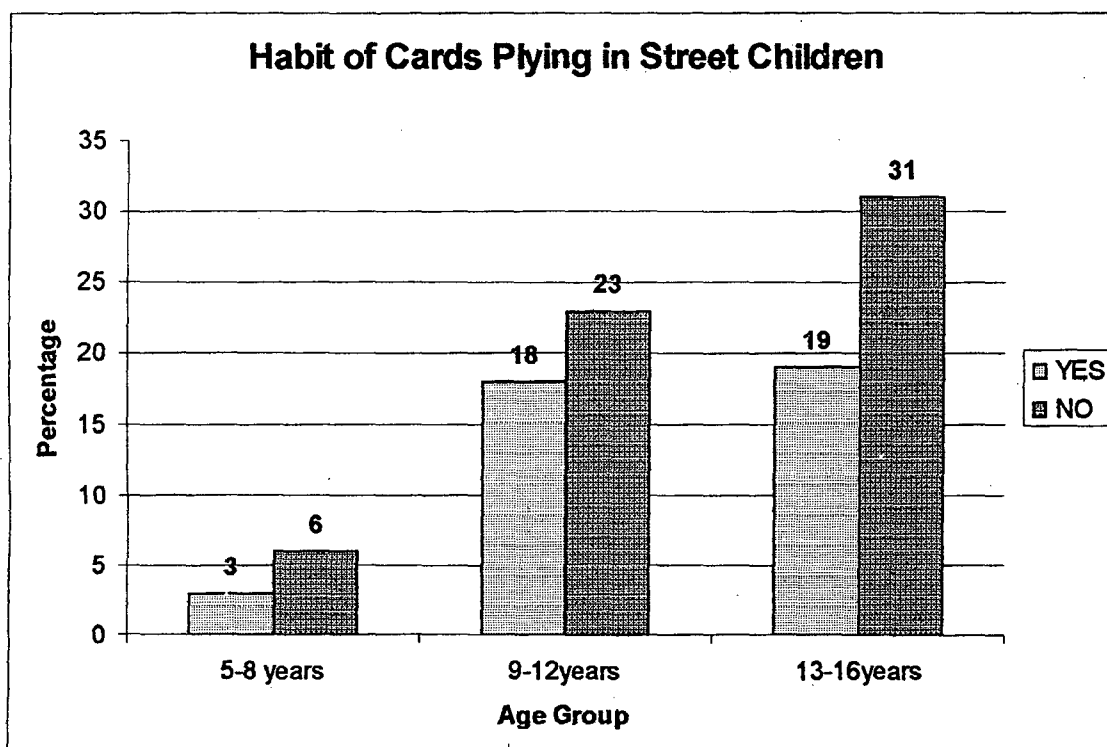


Figure - 14

Our observations during late evening hours also revealed that street children usually play with peers but sometimes they may get carried into playing with adults who will trick them out to lose the game and walk away with their money.

Young and helpless, they can do little to salvage their position. Many of the run away children specially enjoy card games and gambling, using soda bottle caps after the day's work, when they assemble on their usual pavement to stretch out and enjoy.

Addictions in Street Children

Addictive habits such as chewing pan (a betel leaf rolled with spices and betel nuts) with tobacco, smoking locally made 'bidis' and expensive cigarettes, drinking cheap liquor and alcohol and use of locally available drugs like bhang, ghanja, hashish, charas (different forms of cannabis), smack and opium, were explored. Many of the street children were randomly observed smoking cigarettes and chewing tobacco.

TABLE = 21

Incidence of Addictive Habits in Street Children (N = 100)

YES	NO
37 (37%)	63 (63%)

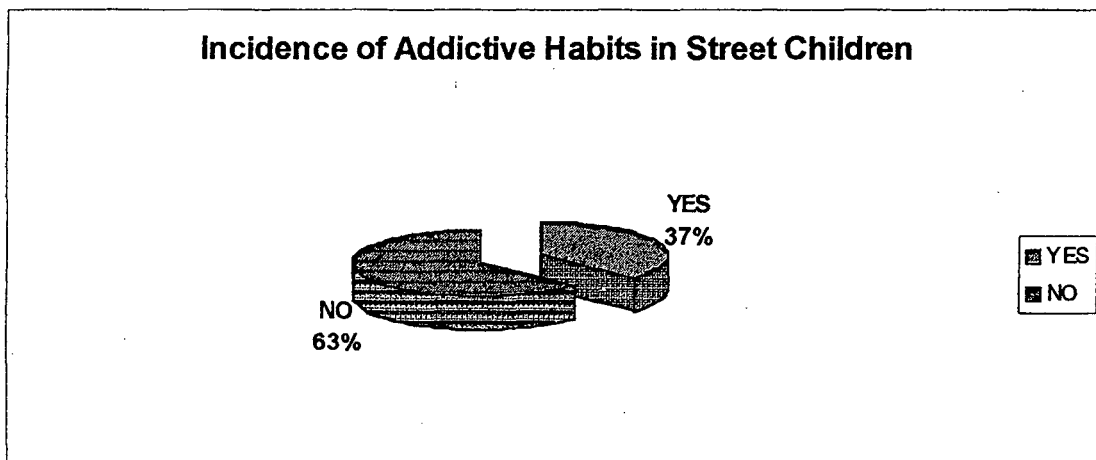


Figure - 15

A large number of children, (Table – 21; Fig.15), 63%, denied other children having addictive habits. 37% children reported other children's indulgence in addictions they denied of having any habits of addiction themselves. Chewing

paan with tobacco and 'paan masala' with tobacco were reported to be the most common additive habit with the street children (59%). Smoking bidis and cigarettes was also reported by the street children (27%). Many children would use a combination of addictive habits of chewing paan and tobacco and smoking bidis as informed by the 14% of children. No reporting however was found on the incidence of the use of drugs by these children. Children also did not report on the consumption of hard liquor/alcohol. (Table22; Figure- 16)

Table – 22

Habit-wise Percentage Profile of Addiction in Street Children (N = 100)

Paan & Tobacco	Smoking Cigarettes	Paan, Tobacco, Cigarettes
59 (59%)	27 (27%)	14 (14%)

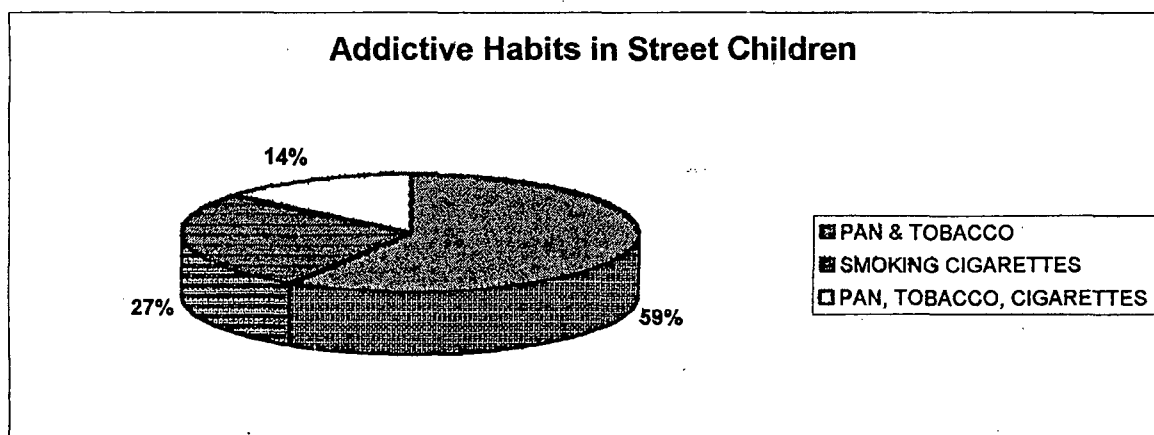


Figure - 16

Our studies point out that some addictions may become a part of the street child' habits, but on the surface the children may not want to reveal their personal habits for the fear of being rejected; at the same time it would also not be appropriate to understand that all the street children are the victims of some form of addiction or the other.

Peer Interaction

Since children move out of their families early in the morning to be on the streets for work, they come in contact with many peers who represent a similar socio cultural milieu. On the streets they pick up casual street friendships. It may depend upon an individual child's needs and personality type, to pick up few or many casual friendships. 25% of the children indicated 1-3 casual friendships while 19% of children had as many as 12-14 casual street friendships with other children. (Fig.17). On being asked "since how long have you known other children?" it was difficult for the children to answer in terms of days, weeks, months or years. Instead they gave answers such as "Since a long time" or "Since I first came here". If looked at the duration of contacts, it was found that the contacts of these children are not as short lasting as we may have thought of. During the discussion with children, one of the boys explained that the boys he was fighting or arguing with were also his best friends. Another boy seemed to have experienced the same. He told me, "I used to beat him and one day gave him a good thrash, so from that day we are friends."

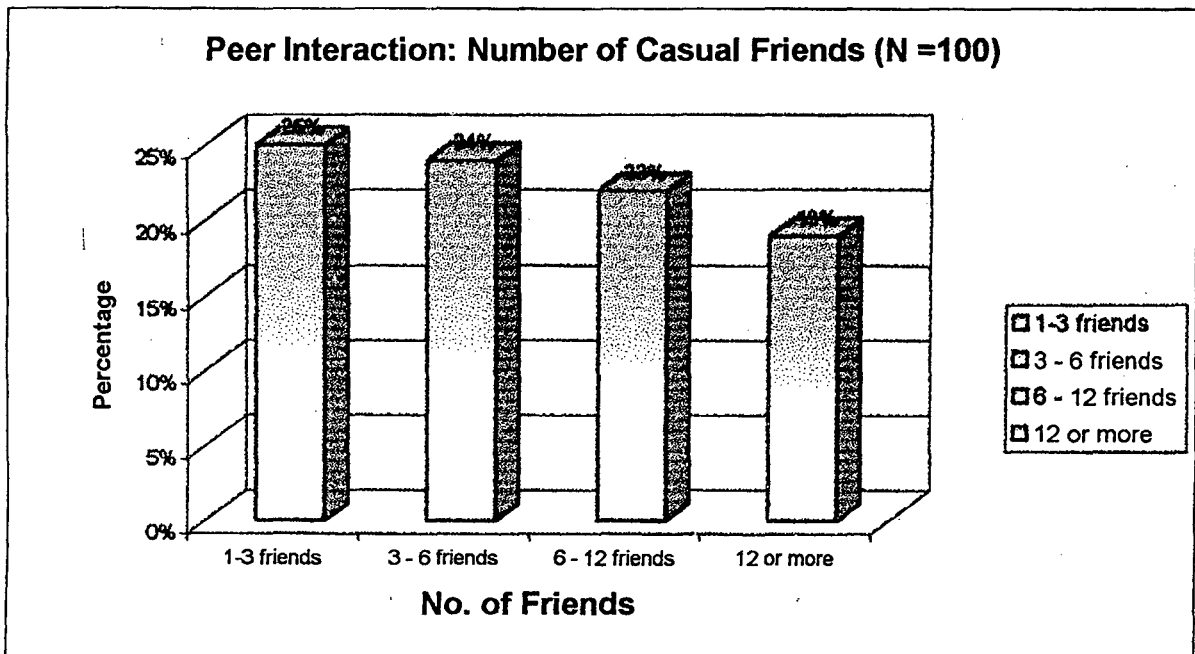


Figure - 17

Comparing the sort of answers, we find that the peer group turned out to be in the first place, those they had fun with, they fought or argued with, or those they were happy to be with.

The number of close friendships however drops, indicating less close associations. More than the half of the street children, 27.5% indicated only 1-2 close friendships, while other children reported having 3-5 close friends. 13% of the street children indicated no friends in the close friendship category. (Table 23 and Figure-18)

Table - 23

Peer Interaction : Number of Close Friends(N = 100)

Age Group (in years)	One	Two	Three	Four	Five or More	No Friends
5-8	1	4	2	2	-	-
9-12	13	15	4	1	3	5
13-16	12	10	6	4	10	8
Total	26	29	12	7	13	13

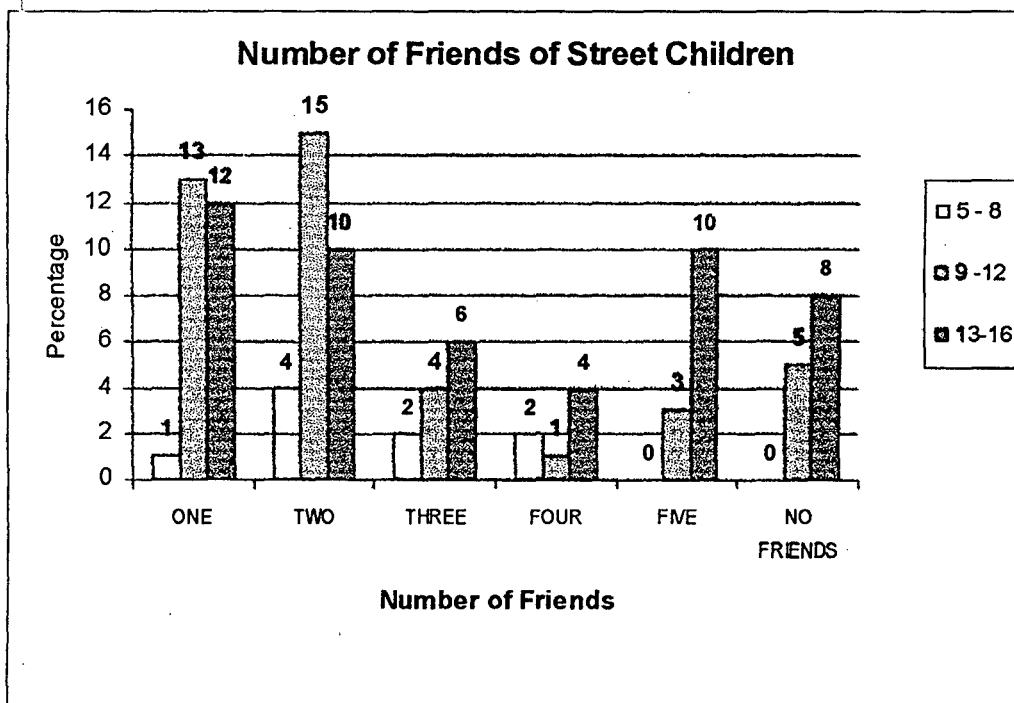


Figure - 18

The preference for spending time with the family, peer and alone was investigated. A large number of street children, 26% reported of their preference of spending time with their families. Many children, 11% neither preferred peers nor family, but wanted to be alone (Table 24; Fig.19).

Table - 24

Preference of Spending time with Family, Peers, and Alone, (N = 100)

Age Group N = 100	Family	Peers	Both Family & Peers	Alone
5-8 years	4	3	1	1
9-12years	9	24	5	3
13-16years	13	28	5	4
Total	26	55	11	8

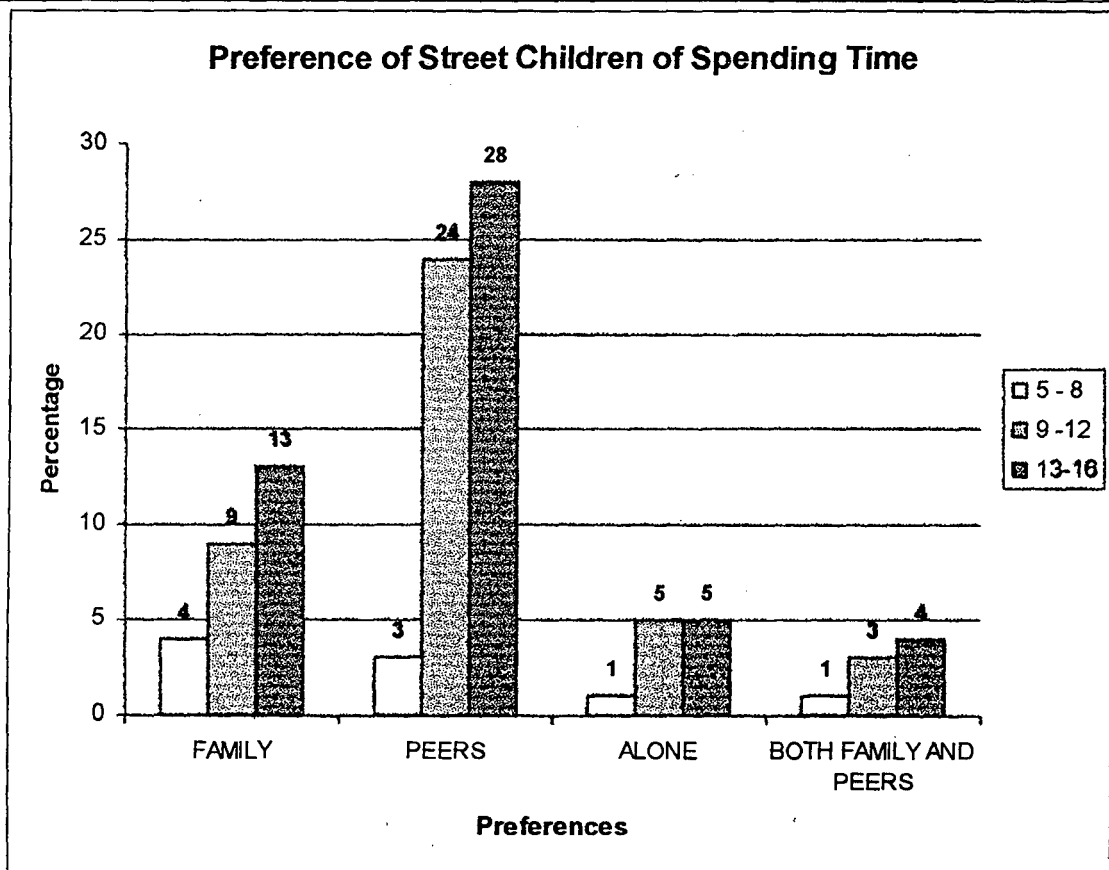


Figure - 19

It is evident from Figure 19 that the majority of street children prefer to spend more time with peers than family members. Peer interaction assumes a very significant role, especially in case of children who are 'run aways'. These children tend to hang out together and help each other in sustaining themselves in a city of strangers.

Interaction with the children revealed that rather than being abandoned, street children almost, always leave home in an intentional manner, initially staying away for a night or two, then step by step spending more time away from home. Gradually the amount of time they spend with other children increases. Yet contrary to common beliefs they rarely break family ties completely.

Findings further point out that the groups are generally determined by gender (male-male groups) and neighborhood of origin. However, the groups are fluid and many children move from one group to another. Although each group tends to hang around and sleep in the fixed area of down town, younger and weaker children were invariably more vulnerable inside the groups. Stronger and older children exercised some authority over the members.

Based on few case studies, the present research also points towards strong peer relationship, specially among the groups of run-away children, asserting that children show remarkable sense of friendship based on the situational needs of the events, behaviours and requirements of the peer groups; and reflect upon the finer emotional states of these younger children who exhibit the capability of care and concern, positive assistance, emotional support and clear-cut moral judgments in peer socialization.

Perception Towards Family and Society

Since the majority of street children were living with their biological families, and those who were not living with the families had maintained distant ties, they

had expressed affectionate bondages towards their family members and others.

Majority of street children (Table - 25; Fig.20), 39% expressed their highest degree of affection for their 'mother',. With different children, preferences fell for father (16%), brothers (19%), sisters (9%), grand parents, uncles and aunts and employer. Few street children (10%) could not specify their sense of affection for anyone.

Table = 25
Level of Affection of Street Children for Family Members & Others (N =100)

AGE GROUP	MOTHER	Father	Brother	Sister	NONE	GRAND PARENT	EMPL-OYER	AUNTS/UNCLES	NOT SPECIFIC
5 - 8 years	3	1	2	1	-	-	-	-	2
9-12years	17	9	6	3	-	-	1	1	4
13-16years	19	6	11	5	1	1	1	2	4
TOTAL	39	16	19	9	1	1	2	3	10

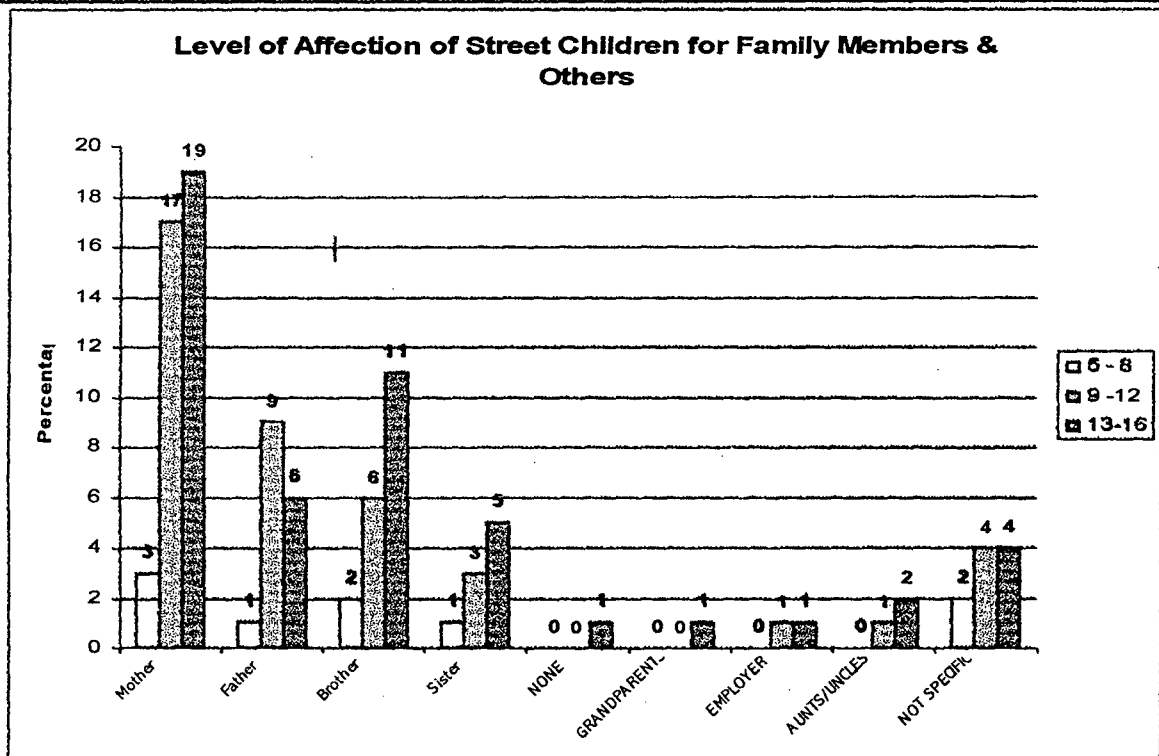


Figure - 20

Maternal support rather than paternal support is sought more often specially when children are in need of money, while doing the household chores or when there is stress due to peers or otherwise.

For a large number of street children, 'mother' remains as the principal figure towards which children feel their sense of attachment and find their sense of belonging and rootedness. One of the girls remarked, "mahi sarab to nahi peeve, gar humko marey, phatkarey to prem bhi karey." (Mother atleast does not drink alcohol, even she scolds and beats me she loves me.)

Perception of Parental Love Towards Self

The perception of parental love was reported positive by 80% of the children and negative in the case of 20% of children. A large majority of street children perceived their parents as loving and caring and 20% of children felt ignored and 'not cared for' by their parents. (Fig.21). A child was very angry at his father and said, "Baap hamara sharab pita hai, humko aur mai ko marta hai. Sab kamai peene mein gawa deta hai. Hum usko dekhna bhi nahin chahtey par kya karey lachar hain." (My father drinks. He beats me and my mother. He wastes all his earnings in drinking. I do not want to see him, but I am helpless and have no other option.)

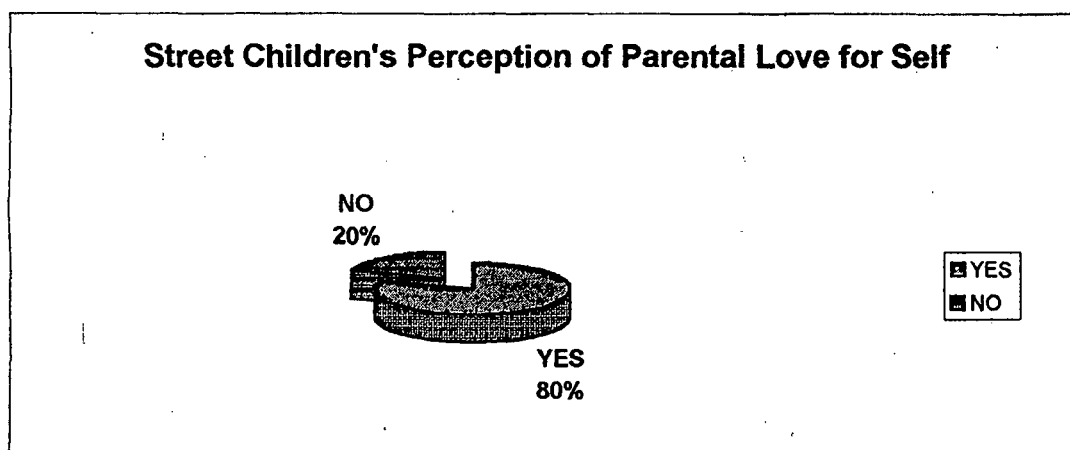


Figure - 21

Cross Cultural studies suggest that most children can cope with negative experiences and high levels of stress if they have a secure relationship with their parents., or with effective substitutes, and if these adults themselves can continue to function as sources of support and encouragement.

Self Reliance in Street Children

Despite the fact that 80% of the street children perceived parental love as positive, many of the children (52%), felt that they can live alone, without necessarily needing emotional and physical support of their family. The remaining children indicated their dependence upon the family. (Table 26; Fig.22)

Table - 26
Can You Live Alone? Self Reliance in Street Children (N = 100)

YES	NO
52 (52%)	48 (48%)

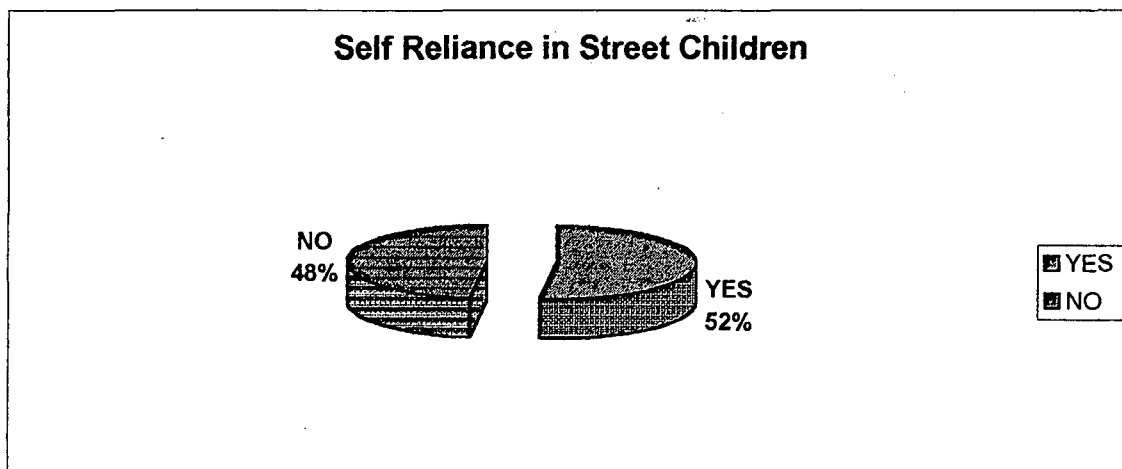


Figure - 22

Many of the children even while living with their parents, expressed weaker family ties and greater independence. For these children, to break-out from family bonding is simpler and faster. Under familial and personal crisis these

children often show greater tendencies to break loose and join the high risk category of run-away street children.

It was found that the family life of many of the street children (43%) is not smooth and easy going. These children experience aggression and hostility, physical and psychological deprivations caused by poverty and quarrelsome home climate. Some of the reasons for unhappy home atmosphere as explained by the street children were, financial stress (20%), use of alcohol or other addictive habits of father or other family members (7%), beating, shouting, quarreling and harassment (16%) and land/personal property matters (2%). An almost another half did not respond on the subject of stress in families.

43% of the children perceived 'home climate' as unhappy, 54% as happy and 3% of the children indicated mixed reactions (Figure - 23). In our attempt to examine the family life of street children, our attention was focused on the nature of family, familial exploitation of these children by parents.

The family size is by and large important. There are considerable dependents in the family. Majority of children live with their parents and siblings. Despite of some / frequent family tensions, the responses of children reflected that they are loved by and have love for their parents ad families.

Based on our findings, the street children in Sangam Vihar, are by and large, working on the streets to earn a living for themselves and their and for their families. Despite of some complaints, they do not consider their paid work as exploitative, they rather seek satisfaction from playing the adult role of contributing to family. However they feel overworked. Needless to say, this is the child exploitation by parents, even though this is being done under compulsions and not visualized by the children like that.

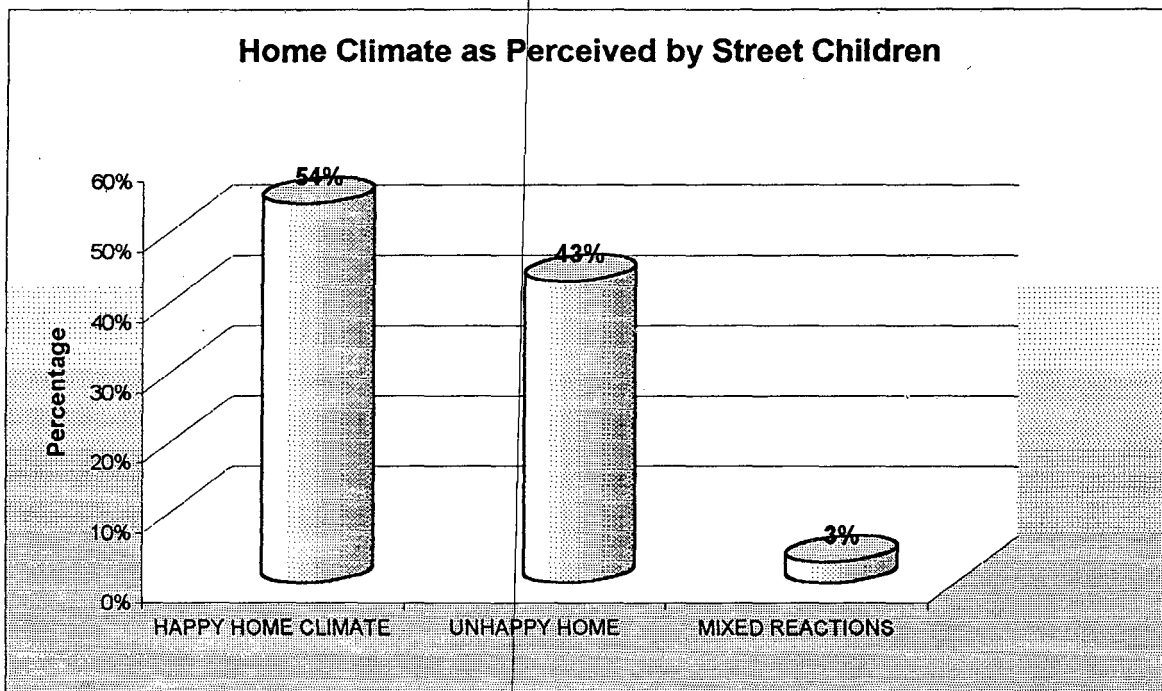


Figure - 23

Coping Behaviour

To cope with various familial stresses, these children adopt different ways of defence mechanisms and strategies. Many children (38%) try to work harder and make more money for family and themselves, some children reported that they become emotionally disturbed (15%), tend to run away from the family (14%), and some informed that they meet up with their peers or roam around aimlessly simply drifting away from the stresses, or over the time learn to become aloof and indifferent to these events in life (13%). As many as 20% of the children did not explain their feelings on the subject. (Table 27; Fig.24)

Table - 27
Coping Behaviour of Street Children During Stress (N = 100)

Age Group (in years)	Become Aloof	Run away from Home	Try to Work Harder	Emotionally Disturbed	No Response
5-8	1	1	3	2	2
9-12	6	5	15	7	8
13-16	6	8	20	6	10
Total	13	14	38	15	20

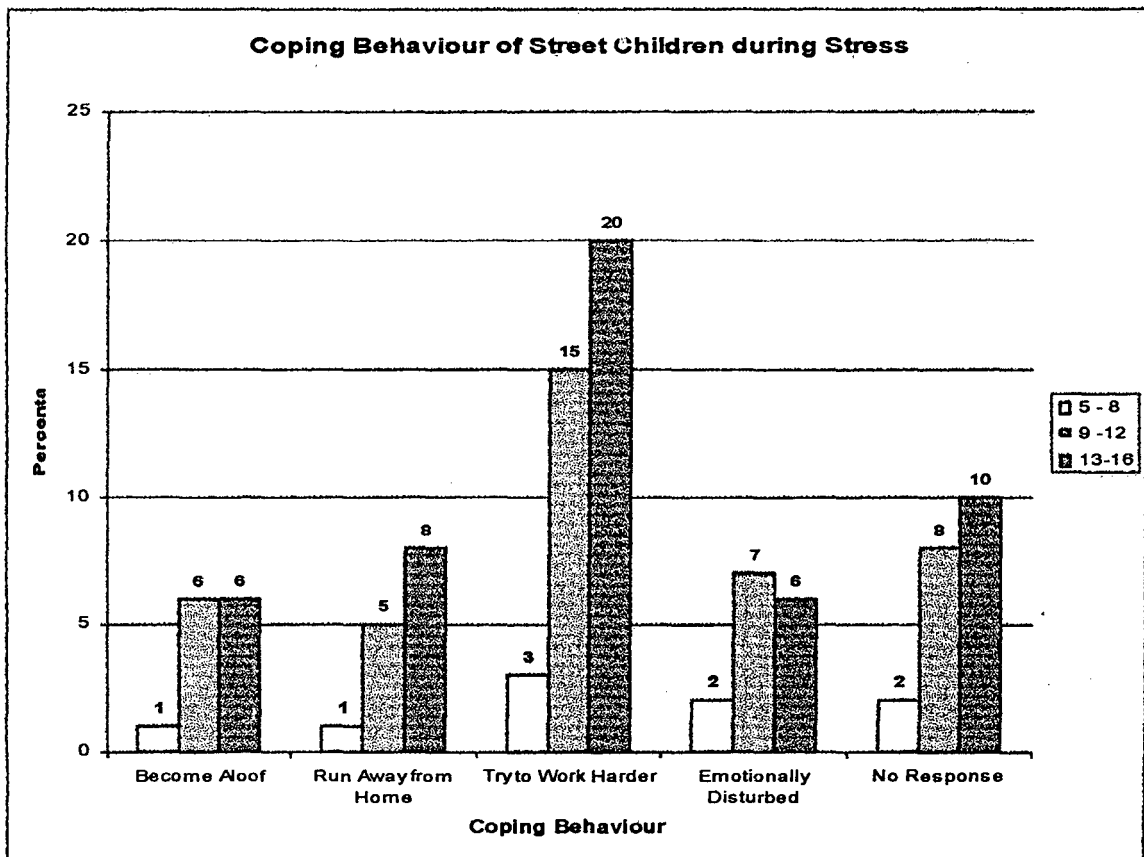


Figure - 24

It was found that the street children often feel lonely, they are insecure about how to deal with their lives and they use primitive defences to cope with their situations. Street children often formulate their own coping styles, though some may be ill-informed or anti-social. Their coping mechanism is individual specific and predominantly problem focused in majority of the stressful situations. Street children are in control of most of the stressful situations and prefer to face stress alone especially at the work place; when reprimanded by parents or after a conflict with peers.

What appears to be surprising about the life and perceptions of these children is their immense faith in themselves. Despite difficult socio economic conditions, loose family ties, tedious work situations and stressful home climate, majority of street children in the study, perceived their life to be a

happy one (83%). It was found that the children are able to put together their experiences and called them good enough. It is this remarkable ability and the capacity of these children which keep them going with a positive outlook in life and give them a will to fight and survive and celebrate the life for what it has to offer.

When the child's perspective is taken into account, the children emerge as social actors, who develop a special 'micro culture' which is in balance with what they need to survive and the wide spread cultural values. Grasping the street child's subjective sense of being in the streets was quite important for the investigator to understand him/her. This understanding of the children's street life subjective experiences, also breaks down the monolithic cultural view that presents street children mainly as victims or as delinquents ready for re-education. As the children were found to be vibrant, energetic, fast thinking youngsters, who tend to deal with the most depressing situations in a hopeful manner.

Attitude Towards Police

Street children's attitude towards police was reported with both positive and negative reactions. Many children, 40% viewed the role of police to be 'cruel', while 30% of the children considered the police to be 'helping'. A large number of children, 31% indicated 'mixed' reactions in describing the role of police in their lives. (Table -28; Fig.25)

Table - 28
Street Children's Perception of Police (N= 100)

Age Group (in years)	Cruel / Fearful	Helping	Mixed Reactions
5 - 8	3	4	2
9 -12	16	14	11
13-16	21	12	17
Total	40	30	30

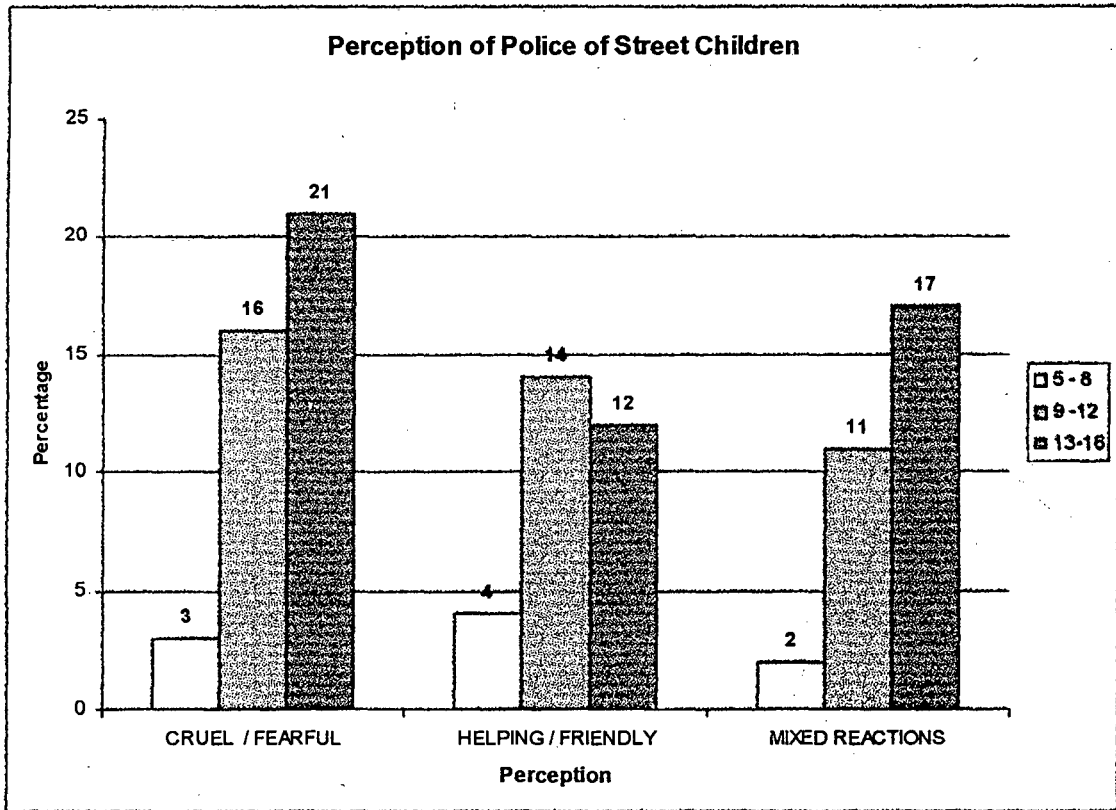


Figure - 25

Age-wise Percentage Profile of Street Children's Perception of Police

To the query on "does the police harass you without any offences on your part"? A large number of street children, 55% denied unnecessary harassment by the police without any mischief or offence on their part. (Table 29; Fig. 26)

Table - 29

Perception of Street Children of Harassment Caused by Police (N = 100)

Age Group (in years)	YES	NO	INDIFFERENT
5-8	4	5	0
9-12	15	25	0
13-16	19	24	7
Total	38 (38%)	55 (55%)	7 (7%)

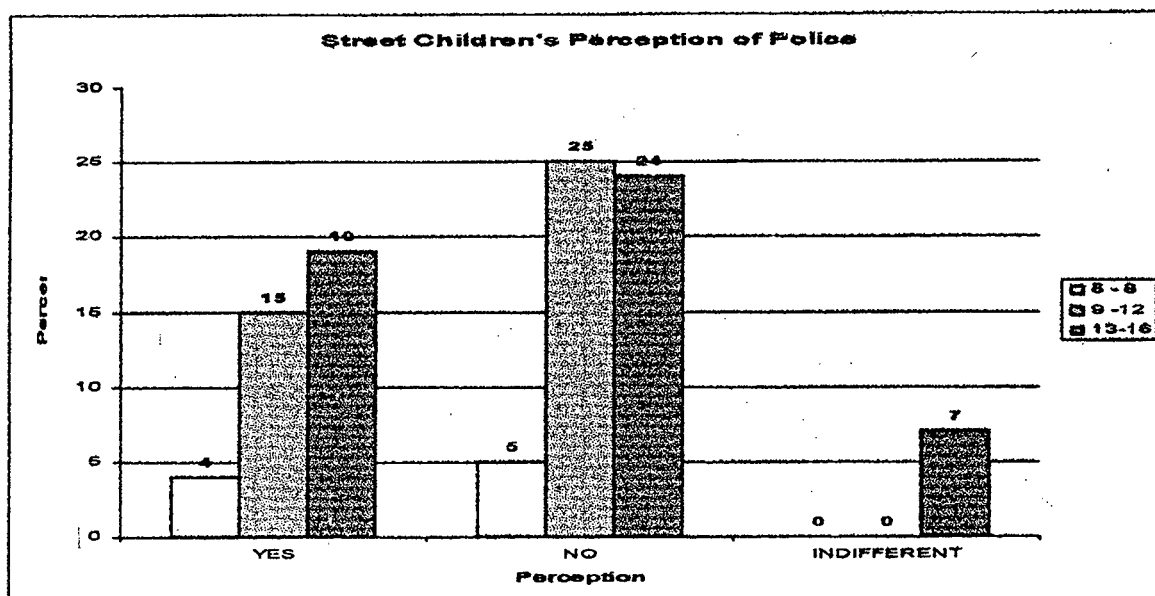


Figure - 26

The children described harassment by the police in the form of paying bribes (Table - 30; Fig.27), 25%; charging license money 12%. A large number of street children viewed police as helping in need, 55%; and 8% children had mixed opinion of the behaviour of police. One twelve years old boy working in a roadside restaurant, when talked about police, "We try to finish the tasks given but often get beaten by the police constables." Another boy told about his fights and arguments with the area police. The same boy, who mentioned policemen in the negative role, also stated that policemen helped him a lot when he was in trouble, explaining when other boys were thrashing him. And it is only police whom he could approach if someone had treated him badly, but at the same time he was afraid of policemen.

Table - 30
Forms of Harassments Caused by Police (N = 100)

AGE GROUP (in years)	BRIBE	Violent Treatment	Treat Well	Both Violent and Treat Well
5 - 8	3	2	5	1
9 -12	9	2	26	3
13-16	13	8	24	4
TOTAL	25	12	55	8

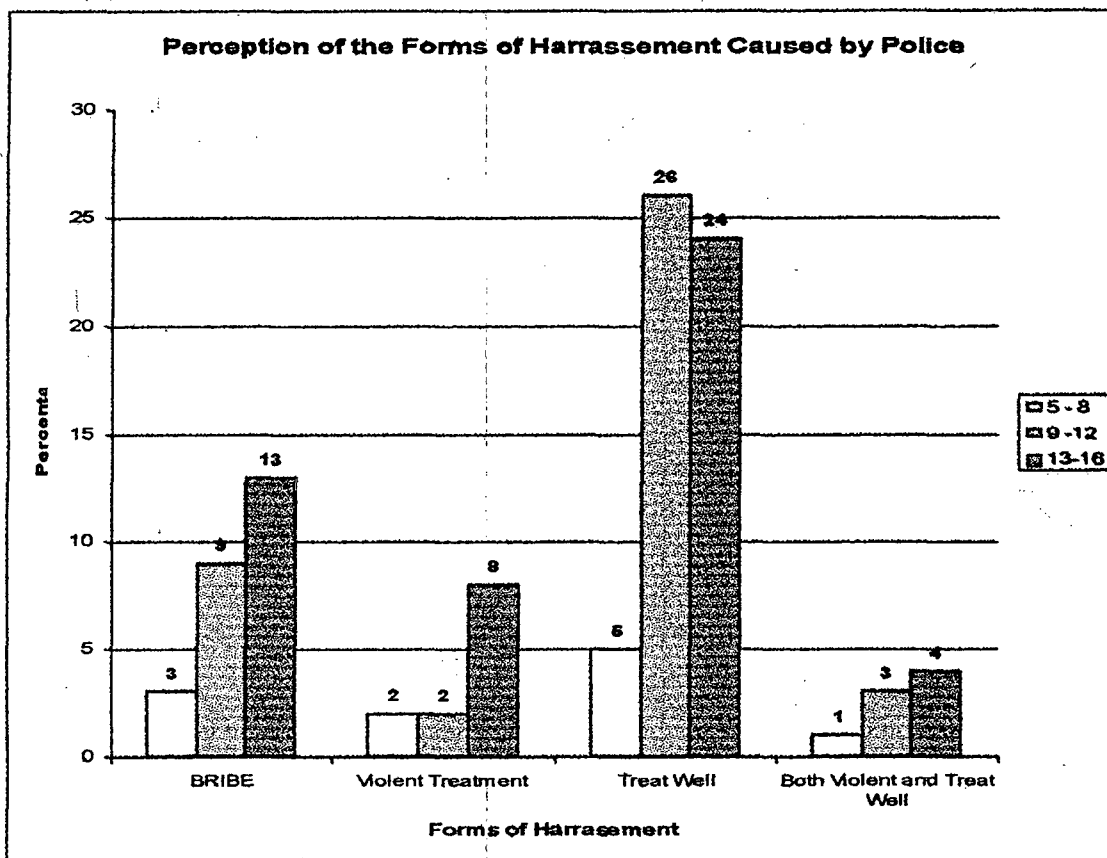


Figure - 27

Since the majority of street children live, work and move around the street corners, they develop a natural street relationship with the police guards. It depends largely upon an individual street child, in the way he encounters police in the given life situations. The experiences of these children with the police, may vary from their being cruel or helping to them, depending upon the individual child's experiences, perceptions and assessments of the situational encounters with the authority.

Attitude of Street Children Towards Employer

A large number of street children, 64% were found to be self-employed, hence they do not experience the working relationship with the employer. From the children who worked for an employer, more number of children, 17% expressed their perception of the employer as negative. 11% viewed their relationship with

the employer as positive, while 8% of the children spoke of their relationship with employer in general terms, explaining it neither as negative nor as positive (Table-31; Fig.28). The children abused the employers during the interview in different ways, viz., 'cruel', 'mean', 'wicked' and the like.

Table - 31

Attitudes of Street Children Towards Employer (N = 100)

POSITIVE	NEGATIVE	GENERAL	NO EMPLOYER
11 %	17%	8%	64%

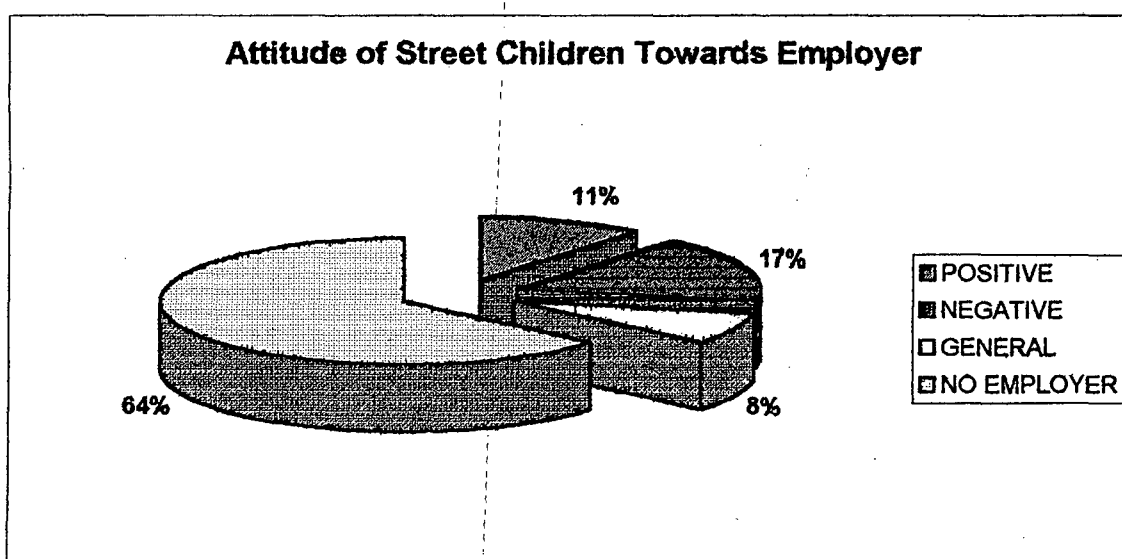


Figure 28

Forms of exploitation by employer as reported by Reddy, 1992, are inadequate pay, over-work and night work and physical abuse. The relationship of the children with their employers may vary from being both positive and negative, depending upon the quality of the individual employer and 54the subjective experiences of the individual children. The role of the employer can be seen as being both exploitative and helping, as in case of the role of police as perceived by the street children. The relations are estranged. Wherever there appears to be a positive attitude that changes no sooner they are made aware of the ways of the ways they are exploited by family / peer group / outsiders. The street children in the study feel that they are exploited by their employers, which is

close to reality. The employers take these children because they are undemanding, docile and they can be made to work for long hours with low pay. Child labour is cheap to cost and takes nothing to maintain.

Aspirations and Expectations

Do street children assistance and help extended by the members of the society? The responses of the children in this regard were mixed and varied. 53% of the children reported being helped by the individuals; 3% by the NGOs functioning in Sangam Vihar; 2% by Government aids while 42% the children were never assisted in any way by any of the mentioned sources (Table 32; Fig.29).

TABLE – 32
Assistance Received by Street Children (N = 100)

NGO SUPPORT	GOVERNMENT SERVICES	NO ASSISTANCE	INDIVIDUAL HELP
3%	2%	42%	53%

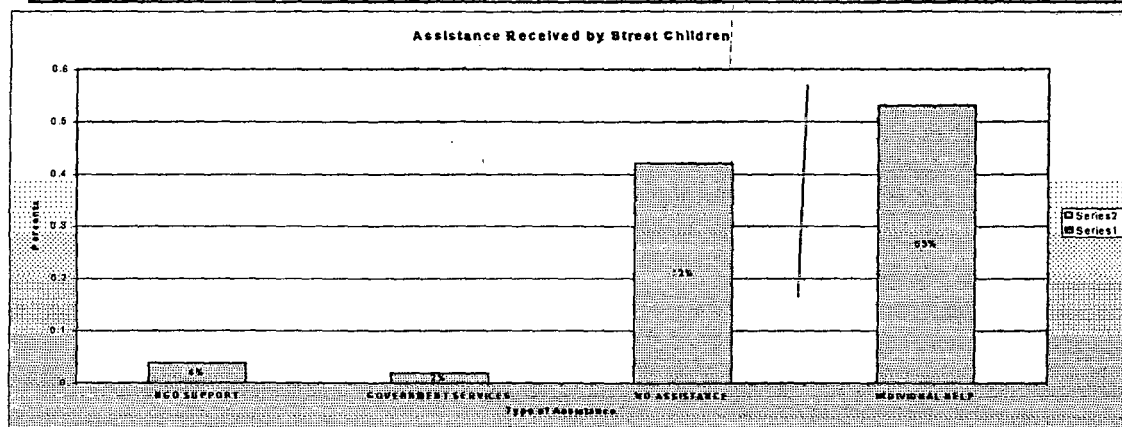


Figure 29

In the category of individual assistance: relatives, employers, peer relations, eminent individuals, caste people, neighbors and strangers were included. It was however surprising that both governmental and non-governmental organisation have not reached a large number of street children. Infact it was observed that the street children tend to dodge the services made available to

them by any of these organisations i.e. NGOs and the government social welfare organisations, such as remand homes, because these institutions lack in quality care and give children more a feeling of authority and imprisonment than security. Our findings point out that what needs to be criticized from a scientific standpoint is the lack of understanding and knowledge about the childhood and adolescence development, among the functionaries of the institutions working with street kids. One of the street child from this study remarked, *“these people open shelters and programmes to help us, they think that they do help us, but they do not know how to help us, they don’t understand where we come from, they are not prepared enough. They should learn about the kids before they start yelling at us.”*

Faith alone cannot substitute knowledge when the efforts require massive intervention efforts and social change, as in the case of street children. It was realized during the course of data collection that effective intervention depends largely on quality research and people committed to use and adapt its findings to the development of the programmes. The participation of people with scientific knowledge, about the ways in which human beings develop is of significance.

Street children explained their needs and priorities of assistance in various ways (Table 33; Fig.30). The largest number of children, 41% wanted financial assistance by which they could reorganize their lives. 33% children expressed the need of “vocational training” for a suitable employment, 11% children wanted assistance in education. Other children prioritized, 5% ‘house for living’, 5% preferred food and clothing and in ‘no help’ category, 5%.

Table – 33
Type of Assistance Suggested by Street Children (N = 100)

Education	Financial	House For Living	Medical & Health	Food And Clothing	Vocational Training	Need No Help
11%	41%	5%		5%	33%	5%

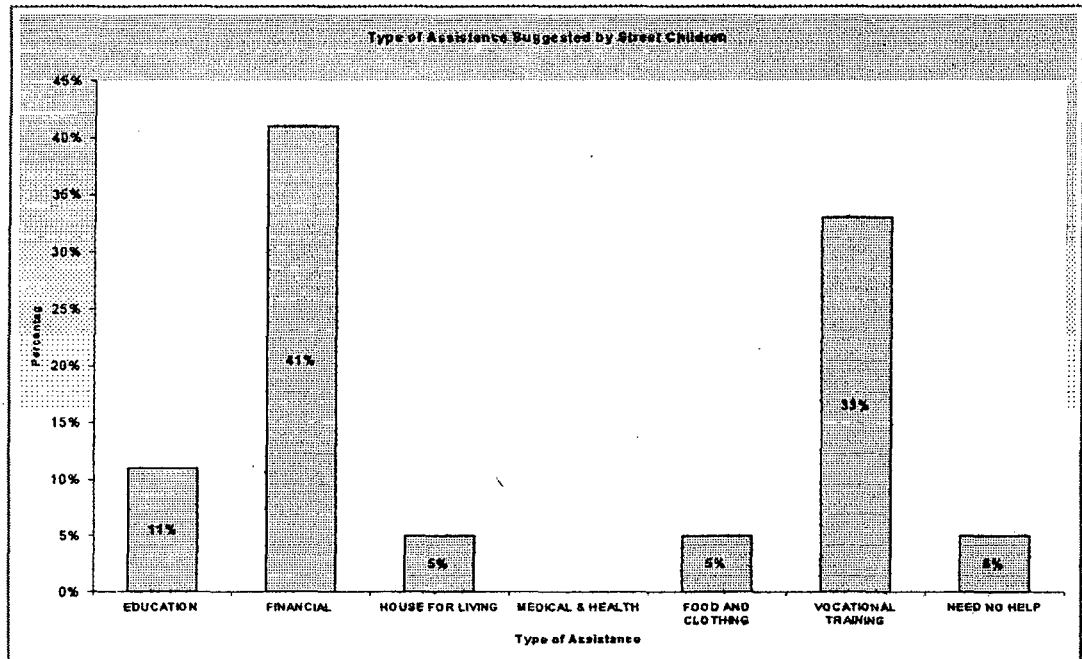


Figure 30

Majority of the street children wanted financial assistance, by which they could plan their lives better, start a small business of their own, pay debts and buy things for themselves. Many of the children aspired to have a business of their own and become the masters of their lives. The findings revealed that material success is common and a normal aspiration of the street children (Table 34; Fig.31).

Running their own business, possessing material goods, dreams of marriage and home and being adequately educated are expressed as the most observable aspirations and dreams of these children. However, the children were found least bothered about their health conditions and did not express any concern regarding getting themselves proper health and medical facilities as one of the aspiration or utilizing the earned money for this purpose. Perhaps, they're fairly and general social environment does not give them adequate space and time to think on this aspect.

The girl children, who were interviewed, expressed the desire to study and to have a better place to live by marrying as per their parent's choice or wanted to become teachers, nurses, etc.

Table-34

Aspirations of Street Children in Percentage (N = 100)

Material Possessions	Marriage & Family	Business of One's Own	Education	Comfortable Life Style
63%	8%	17%	7%	5%

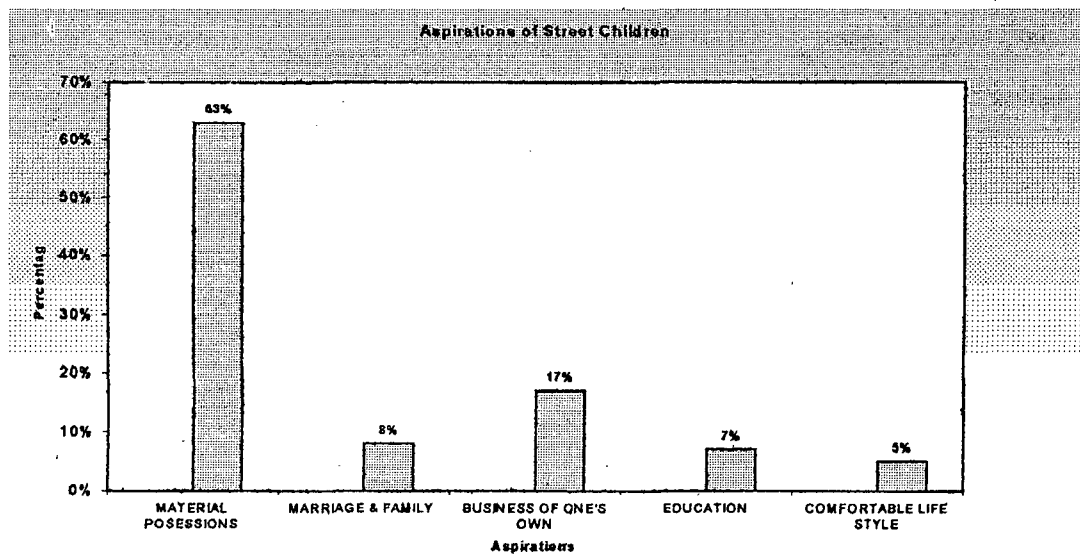


Figure 31

The dehumanization suffered by the street children might be explained only by the prejudice based on the acceptance of the ideology of domination, for their desires and dreams, which are not too different from those of well-to-do citizens. In their desperate pursuit for humanization, the children observe, learn and master the web of symbols, the symbols of the oppressor, that seem to make them more human before the society's eyes, an unconscious way of searching for recognition and acknowledgement, which is otherwise so scarce in their daily lives on streets. Perhaps underneath the desire for material symbols, there lies a most human desire of life, dignity and integrity.

CHAPTER – VI

HEALTH CONDITION & SERVICES

- 1. Access to Promotive Health Services**
- 2. Health Problems**
- 3. Medical Treatment**
- 4. Basic Needs: Food; Shelter**

Health is one of the basis human needs and access to health services is an undeniable right of everyone. In a simplistic view health and illness have medical overtones and refer only to psychological conditions. In other quarters health has to do solely with psychological aspect of individuals. However, health has a broad meaning, as defined by WHO, " a state of complete physical, mental and social well – being and not merely the absence of disease and illness." Health is a dynamic concept embracing biological and social dimensions of the well being of man (Qadeer, 1985).

An understanding of the health concept is very fundamental and necessary for persons in the field of health policy, research, service, care, etc. most professionals tend to discuss health as an individual, biological phenomenon ignoring the socio-economic and psychological reality and the context that we live in. the physical, psychological, social and environment context that we live in cannot be ignored and in fact have to form the basis of our concept of health. Health therefore is a dynamic concept embracing biological and social dimensions of the well – being of the man. It should rightly cover the different facets of the context and is essentially an evolving and dynamic concept that allows newer inputs in knowledge.

Health service system is a complex of research, education and delivery systems (for preventive, promotive and rehabilitative services) and is only one of the many inputs required to improve the health of the people (Qadeer, 1985). In the recent past, there has been a tremendous improvement in human health and in the conditions congenial to its betterment. In spite of this expansion in the health services, it is estimated that every year nearly 40,000 children die in the developing world (Philips, 1992). Almost a quarter of them are from India. The factors that hamper the access people have to medical care and health services have been documented. The Indian situation despite possessing the

infrastructure and professed commitment to provide care for all, is wrought with several maladies including the inequality of resource distribution'.

Discussing the public health problems Mukhtakar (1995) examines the housing, water, sanitation, pollution, health care delivery, morbidity, and mortality. The most common illnesses in slums as per the data available in major cities in India prior to 1984-85 were reported to be respiratory illnesses, gastro-intestinal problems, skin disorders, ENT infections, problems of worms and T.B. (Chopra, 1985).

Street children are virtually deprived of all government programmes and policies as they are being carried out through families and settlements; they hardly cover the children on the streets. Moreover health care services are not considered a priority among policy planners and bureaucrats or among the care and service providers. Attitudes suggest of a class bias, improper and inadequate care is some of the maladies to be dealt with by people interested in larger issues of health (Desai, 1993).

One important aspect of this study is to understand the health condition of the street children. In understanding the utilization of the health care delivery system and the health status of the street children it was important to assess their socio-economic situation as the social conditions in which they live often preclude them the right to have access to health services at par with the other sections of the society. Health as discussed earlier, embraces as many dimensions and medicine and medical care attend to only some aspects of the health problems. Besides health services as propounded by Banerji (1977), there are many other factors that influence the health of the population even more significantly such as social and economic factors like nutrition, water supply, environmental sanitation, housing, education, income and distribution, communication, transport and social structure.

These factors are adversely affecting the health of the poor people in the colony and the main victims of the poor sanitation are undoubtedly the children who are virtually on the streets through out the day.

Access to Promotive Health Services

In the access to promotive health services we have concentrated on the availability of bathing and toilet facilities. Through general observation and the analysis of the collected data it was observed that there is *major shortage of health facilities and functionaries in the blocks of Sangam Vihar*. The colony is big with a dense population, the health services by the Government and authorized medical practitioners is absent. The situation is further worsened by the contaminated environment of the colony such as dirt, smoke, filth etc, all around. The colony is unauthorized so it is not having cemented roads, though it is in existence from more than a decade.

The existing infrastructure of services in Sangam Vihar; supply of clean water, solid waste disposal system, acceptable housing is particularly deficient. There is no common sanitation and garbage disposal facility. The street children thus can be seen relieving themselves on the roadsides or in the vacant plots.

Table – 35
Exposure to Contaminated Environmental Elements (Dirt, Smoke, etc.)
(N= 100)

YES	NO
89% (89)	11% (11)

Bathing Facilities

A large majority of the street children, 59% reported having marginal space and facilities for bathing; almost another 41% of the children did not have any regular facilities for toilet, bathing and washing of clothes (Fig.32). Under such circumstances children managed to bathe once or twice in a week at the closest water resource available. Some of the children who worked in the hotels or the road-side restaurants managed to bath near their work areas. The children were observed using the vacant plots in the area for the toilet and

bathing purposes. All too unhygienic and infectious for the health of the children, who virtually have no other choice with them.

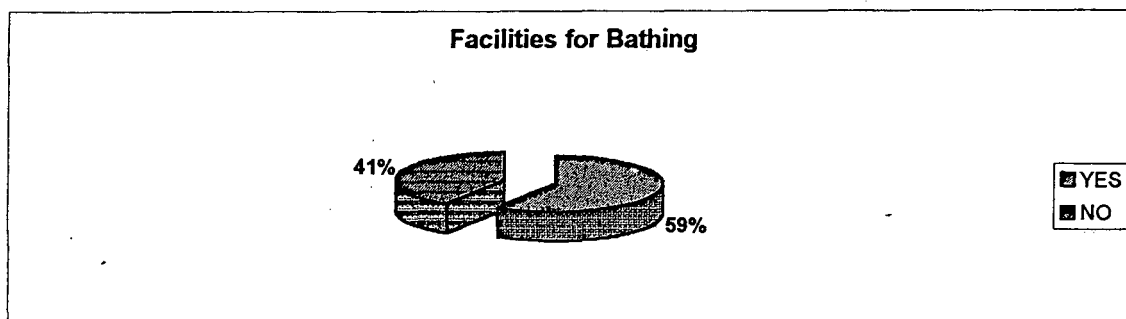


Figure - 32

Studies done so far clearly show that the street children, somehow manage toilet and bathing, although they are far from being adequate (Pandey, 1993; Reddy, 1992). As many as 92.7% of the girls use corporation taps/ tube wells which are situated on the open streets and understandably, the girls have to take their bath before the eyes of the passer by. The older ones take their bath very early in the morning to avoid public sight (Ghosh, 1992).

Health Problems

The data revealed that most of the children suffer from fever very often followed by dysentery. Due to constant exposure to dirt, children were also suffering from, cough and throat infection. Even the investigator during the course of data collection developed sore throat with cough problem.

Table 36 shows that the majority of street children have moderate health (78%), and 14% had bad health, as against this only 8% had good health. It was however generally observed that the health condition of the street girls was more poor in comparison to that of the boys.

Table – 36

Health Status of Street Children (N = 100)

Good	Moderate	Bad
8 (8%)	78 (78%)	14 (14%)

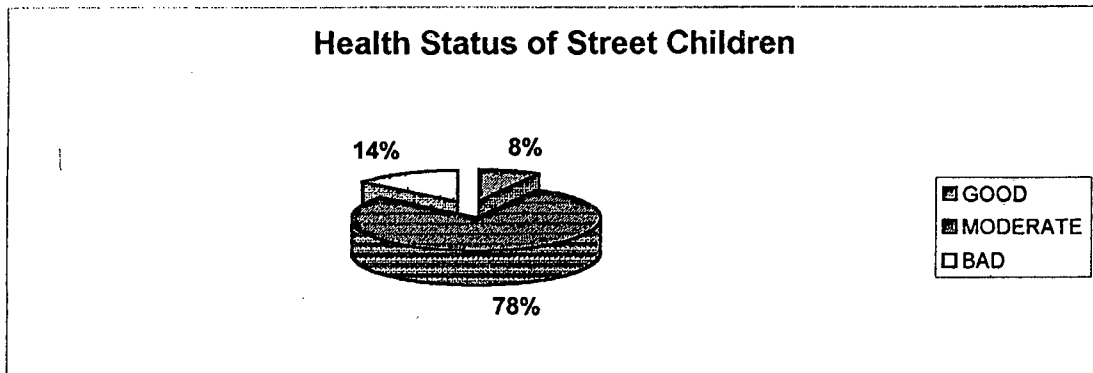


Figure 33

The findings revealed that as many as 96% of the children responded that they do not fall sick, equivalent to the percentage of the children (95%) who responded that they do not suffer from any chronic disease (Fig.34). As against this only 5% street children suffer from a chronic disease. This only reflected a *general lack of concern for health among the street children who have been deprived of other basic necessities.*

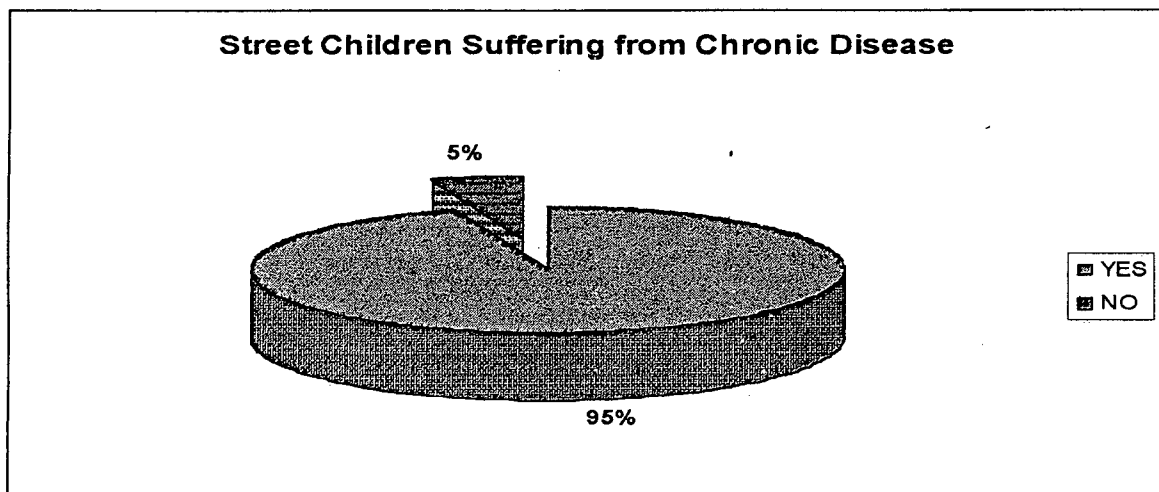


Figure 34

Attempts were made to know about the history of past illness. Table 37; Fig.35 deal with the data collected on the subject. It was observed that the children live in extremely unhygienic conditions. The common illnesses they suffer from are, mainly skin diseases (38%). Next to skin diseases 20% of them suffer from fever. Around 12% of children suffered from common cold and 13% of them

suffered from diarrhoea. 4% had wounds and 2% were suffering from T.B. and 11% had various other ailments like headaches and body aches are included in the category of any other.

Table – 37

Diseases Street Children Suffer from (N = 100)

Diseases	PERCENTAGE
Skin Diseases	38
Fever	20
Common Cold	12
Diarrhoea	13
Wounds	4
Headache / Bodyache	11
T.B.	2
Total	100

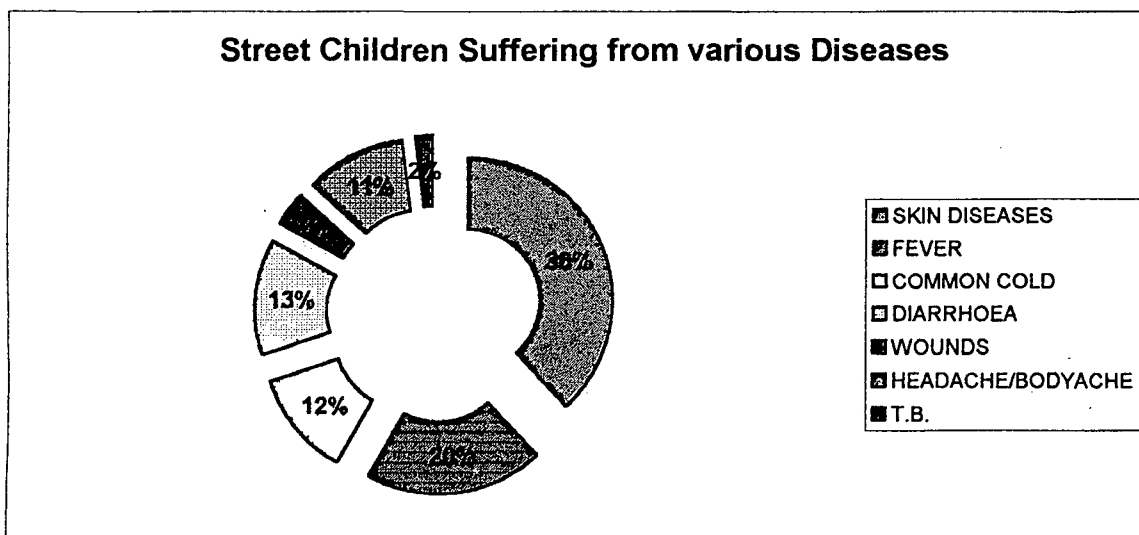


Figure 35

Researcher however faced great difficulty in making the children consider the conditions like wounds, which they often get while rag picking or headache or any other sort of pain as an unhealthy condition and therefore in need of treatment. *The children were found to be more preoccupied with the bothering*

of daily earnings and have not been made aware of the health requirements. A better way will be to let the street children speak for themselves. A large number of street children were found to be engaged in rag picking, living wretched lives, uncared for by the people, surviving by collecting discarded plastic and paper from open garbage. The rag pickers are exposed to a wide range of infections as they pick up this trash from dumping grounds without any protection. A rag picker explains his work and life as follows:

Kishan Gopal

Kishan Gopal is a boy around thirteen years of age, who was first seen sitting at the bus stop of Sangam Vihar along with two other children roughly of his age, at eight in the evening, mainly to rest. In the next meeting after a couple of days at seven p.m. Kishan Gopal was carrying a big polythene bag full of tin, glass bottles, plastic paper, iron and aluminium. When I approached him he was playing with one of the tin bottles, which created musical sounds.

Through our conversation, I realized that Kishan Gopal was a typical rag – picker who traveled all the nearby and some far off areas as well, covering 8 – 10 kilometers in a day sometimes, in search of scrap, tin bottles, plastic, etc. he sells all the waste collection to the 'kabadi' (a man dealing with purchases of waste materials) who gives him a price of the goods. Kishan told that he was able to generate approximately Rs. 30/- per day.

Kishan has lost both his parents about four to five years ago. His parents had lived in a small town called 'Garhi' near Shamli (approximately 500 kilometers from Delhi), with a direct bus service. Kishan has four brothers, he being placed in the middle, with two elder brothers and two younger brothers.

He spoke of having three sisters, but all of them died in a mishap or due to some epidemic in the village, which he did not remember clearly. After the death of the parents in the same epidemic, the two elder brothers not only ignored the younger siblings but also beat them up and harassed them. The

elder brothers got involved in drinking liquor and wanted to possess parental property and land.

Kishan seemed to have no option but to leave home and decided to come to Delhi in search of work economically. Kishan is living on the street of Sangam Vihar for the last one year. He apparently had no place to live, nor did he know any one to support him. He roams around during the day and late evenings and returns to a concrete footpath around eleven at night, simply to stretch his limbs and fall off to sleep till five in the morning. His day begins all over again. He was seen doing this rag picking work during the morning hours, by the investigator.

Out of the Rs. 40/- which he earns, he gives around Rs. 20/- to the 'paan – shop' owner, on a regular basis to keep as his savings. The remaining money he spends on his food, comprising four 'chappaties' and a plate of 'dal' or an occasional vegetable or a mutton curry, tea and plain bread for breakfast and bidis and cigarettes through out the day for smoking were a must. On being asked 'must you pay for your meals', Kishan replied, "Nobody gives you a free meal. You have got to earn and buy yourself a meal to survive." Kishan is able to save approximately Rs. 300 – 400/- in a month and half. According to him his well-wisher, 'paan – wala' sends this money to his village for the care of the younger siblings. Kishan does not doubt about the integrity of the 'paan wala', and believes that his money transactions are done honestly by him. *"Even though I have not studied Math, I can handle my accounts and no one can cheat me,"* claims thirteen years old Kishan gopal.

"I get my support from my street friends. We don't mind living like this if few of us are together. But for some reason if I am left alone on the street to sleep through the night, I get very depressed and sad," explained Kishan in a very simple and honest way. Other children who were sitting there agreed silently *"bathing is not a big problem. At least three to four times in a week we all go to*

the nearby Railway station and bathe at the tube pump. Once in a while we buy soap and oil for us.” He is addicted to smoking and drinks occasionally. The investigator observed that he is not healthy, and is suffering from malnutrition. However, he considers himself to be healthy but sometimes suffers from terrible stomachache and cough is a normal thing in his life. If the stomachache becomes more he has to spend money on it by buying medicines from the chemist. He thinks that he is strong enough to bear all such small problems. To him these are not issues of prime importance.

Kishan did not view the police as being nasty to him and his friends. *“only once in a while they come and speak to us, otherwise they don’t really bother about us. Till date they have not really snatched my belongings or taken away my money. I have nothing to complain against police.”*

Here is the ordeal of Om Prakash, a 12 years old boy who is also working as a rag picker. Wearing dirty clothes he narrated about himself as follows:

Om Prakash

Twelve years old Om Prakash definitely looked more like a seven to eight years old boy on the edge of middle childhood. He was frail and small structured but clever and sharp in the face. His parents live in Sangam Vihar but he has decided to live alone, on his own despite the availability of his parents and a home. He has found peer bondages and preferred to rather share his life and time with them, in place of living with the family.

He has one younger brother who lives with the mother. Om Prakash feels attached to the mother. She usually earns meager amount of money by making ‘chappaties’ at the road side restaurants and at the weddings. Om Prakash revealed to the investigator that his parents have not shared a cordial and comfortable relationship for a long time. His father is a rickshaw puller who used to spend his daily earnings on drinking alcohol. He never supported the

family economically, instead used to beat them after getting drunk every night. This situation had led to tremendous family stress and later discord. The father had recently married another woman and has broken down all contacts with the family.

Om Prakash has a practice of roaming around the streets of Sangam Vihar, picking waste papers, glass, plastic, iron, and other scrap materials. Like many other street children, to earn approximately Rs. 30 – 40/- per day. From this money, he buys himself food, bidies. While speaking he coughed continuously and started to smoke a bidi after the conversation was over.

He visits his mother once in a while. He lives with her for a day or two, gives her a little money and comes back to his street friends. In the late evenings he told with a smile that many of his friends collect on a concrete pavement outside a shop, where all the children laugh and play with each other. They play games with empty bottles, bottle lids and corks, explaining their own ways of gambling. Om Prakash told that every child has to be very honest in playing different games. However, some other children shared with the investigator that Om Prakash had a habit of pick pocketing of the strangers.

Om Prakash goes to see Hindi films in a nearby theatre for which he spends any amount between Rs. 12 – 20 depending on the availability of the type of ticket. "I see films only once in a while. I am not crazy about films as many other children are. I love heroes who are tough and fight well."

"My street friends are important to me. Between us we never keep an account of money. If today I have money in my pocket, I will spend my money and buy him food. If my pockets are empty tomorrow and Raj or Kishan anybody has money, a few rupees, they will spend it on me... we never keep an account like that. We all are friends and we will do anything to help our friends."

Om Prakash considers his pavement friends as his first family, who support him through difficult times. "I will never go back permanently to my parents. I have no

such desire." At a very young age Om Prakash has learnt to be alone. He is illiterate and does not want to study. He is not healthy and has wounds all over the body. He could not go under any treatment at the Government hospital, because the chowkidar of the Government hospital did not let him in. then he had to take medicines from the private doctor of their colony, who though he thinks charges more but is quite nice in behaviour. Investigator observed that Om Prakash was having an open wound in his leg, which was infected. He informed that while collecting rag he cut his foot on a broken glass. He has not been under any treatment. He says that the wound will heal by itself. When he goes for rag picking in the colonies, some people give him old clothes and sometimes food also. He has no fixed place for sleeping. Sometimes he sleeps on the footpath also.

Mixed facts emerge as one analyses the different facets and pressures of the life of Om Prakash. He is young and old, sentimental and detached towards his relationships, honest in peer codes and unscrupulous with the strangers and both strong and vulnerable in dealing with the world at large, physically not healthy suffering from cough and mild fever, yet considering himself strong and healthy – all at the same time.

In line with our findings a study on Delhi squatter settlements revealed that stomach disorder, measles, and fever were the most common health problems (Majumdar, 1983). Of the studies conducted of four Delhi slums covering 1200 households, it was reported that fever was considered to be the single most common cause of sickness (37.1%), digestive disorders(16.5%), respiratory disorders (6.3%), skin diseases(5.2% in a month period (Bhatnagar et al 1986). The same study also examined the causes of mortality in children in the slums and unqualified fever (16.7%) and diarrhoea (16.7%) ranked high again among the children reported 48 deaths in population of 4460.

Medical Treatment

Various studies have been carried out to understand the factors that influence the choice of a person while seeking help to a medical problem. Role of medical fees has also been examined as an important consideration for seeking medical treatment. Relationship with the physician and particularly the attitude of the physician as well as the caregivers (Zurbigg 1984), is of crucial importance, often the thin line between seeking and ignoring treatment (Dutton, 1986).

In understanding the health care utilization, an understanding of the health service system is an essential foundation. The heavy reliance on Western medicine, with an urban and curative bias which ultimately is shaped by the fact of colonialism over two centuries (Banerji, 1977; Banerji 1983) speaks volumes of the sociology of health professionals in our country. The factors that favour one class in becoming care providers and the factors that affect the masses from seeking help are even more relevant even today.

In line with the earlier findings the street children of Sangam Vihar, do not go in for treatments during the time of illness (Table 38; Fig.36), 16% children often do not go in for treatment, 27% receive home based remedies and 39% received from private sector and 18%, a small proportion availed services from Government hospitals.

Table 38
Kind of Treatment Availed During Illness (N = 100)

Govt. Hospital	Private Treatment	Home Remedies	No Treatment
18	39	27	16

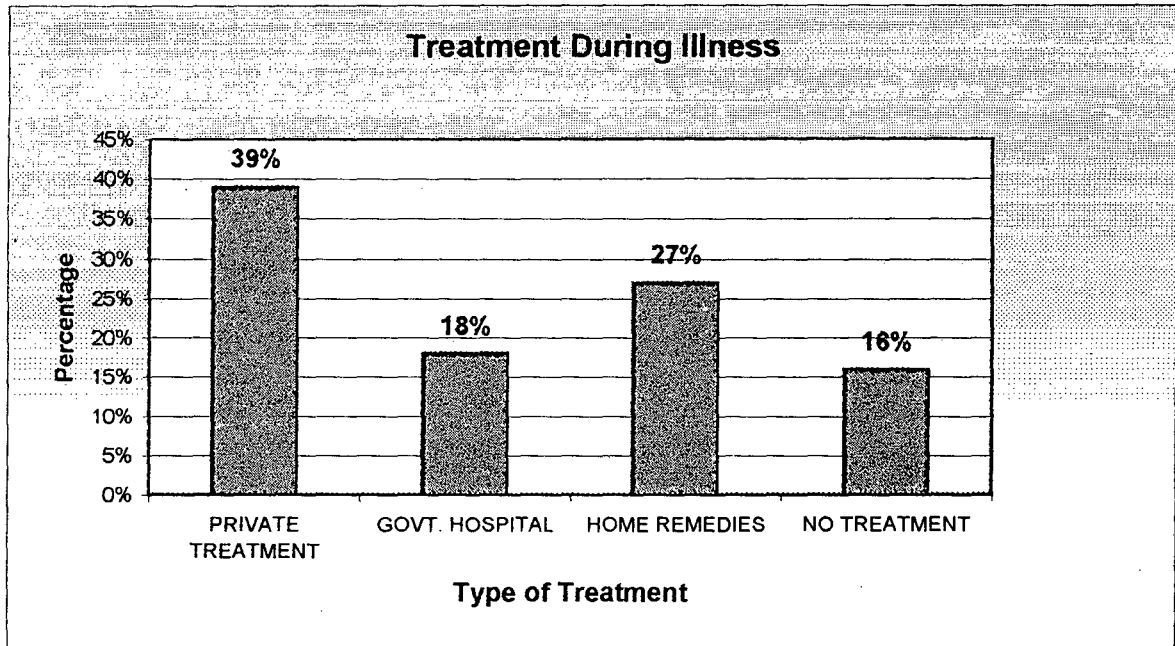


Figure 36

Access to health services is by and large restricted and children themselves go to or were taken by mothers to the private practitioners in the Sangam Vihar colony, who are not full doctors or the quacks. Even these private doctors charge a good fees equal to Rs 30-35/- for every visit and extra is charged if they give more medicine. These private practitioners are however preferred by the children as in the words of children they are neglected and humiliated by apathetic medical personnel of Government hospital like of Batra. On being asked about the OPD services at the Batra hospital, there was a unanimous response that these hospitals are mainly meant for adults and rich people. Through visits to the hospital, it was found that no staff of the hospital attends the children who are not accompanied by adults or anyone without the necessary documents of identification and to be then followed by a series of tests.

Researcher was told by a boy, 14 years old, suffering from fever that *he had to spent his full day's wages in getting the card made in AIIMS and in commuting.*

However due to long queues everyday, he could not get an access to the doctor for three consecutive days, while he was suffering from fever and in the process, he had spent all his savings as he could not work as well. Most of the street children therefore use private medical services, because they get the care and treatment though they have to pay more.

None of the street children have ever gone through a through medical check-up. Therefore their information about the health problems they have suffered from may not be fully reliable.

Table - 39

Care During Illness in Street Children (N = 100)

Family	Friends	Self	Employer	Neighbour	Not By Anybody
59%	12%	10%	1%	2%	15%

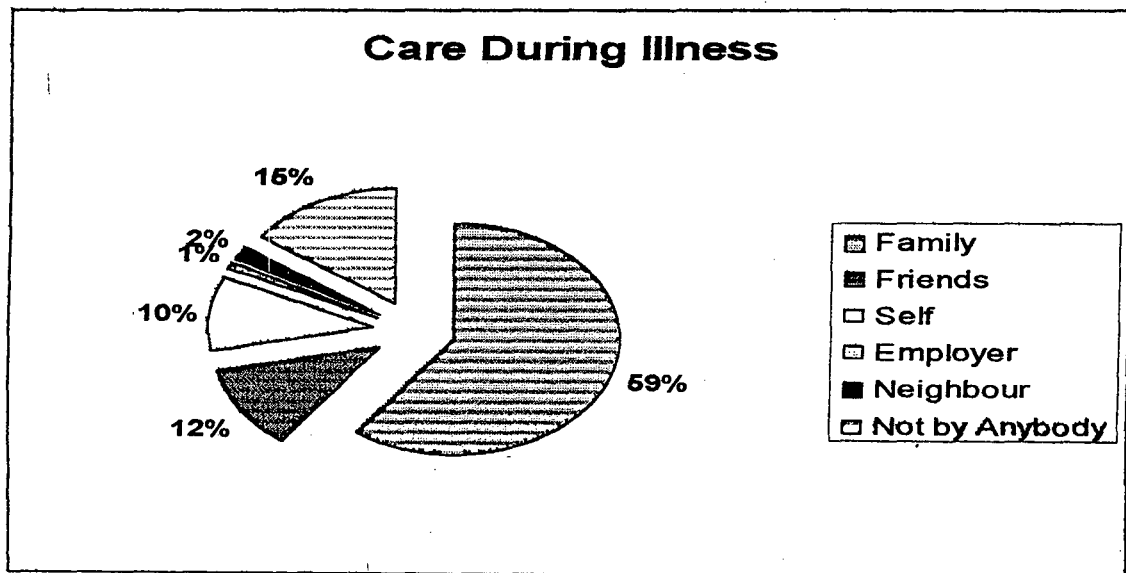


Figure 37

The findings (Table -39; Fig.37) reveal that the 12% of the street children were looked after by their friends and 59% were cared for by their families. However there was a good majority of children who were not looked after by anybody when they fell ill (15%). 10% of the street children, in the absence of proper guidance, use a number of traditional remedies they know on the basis of their

street experiences. They use paper rags/cotton wool to stuff in cuts and deep wounds. It stops bleeding and on being reasoned by the investigator, they told that it also heals the wounds faster. Pasting any dirty paper/rags on cuts or wounds is common as was observed during the visits. Majority of the children as observed go and ask chemists for tablets or ointments for fever, wounds and headaches, as this was considered cheaper and provided the children with medicines without being made to wait and being ridiculed at. However this practice has its own negative repercussions as in case something goes wrong, the chemists cannot be held accountable as the children are not in position to follow the proper channel.

Basic Needs: Food; Shelter

In the previous section, an attempt was made to present a picture of economic predicament and plight of street children. It was observed that the work through which the street children battle for their survival on the streets of the city lie at the bottom of the occupational hierarchy. The analysis of the basic needs in the following section s will focus on the street children's basic needs, where they stand in terms of satiation or deprivation of their basic needs.

To develop an understanding of the term basic needs, considered in general terms, basic needs are usually defined as those needs that are directly related to physical survival and to the most elementary conditions of a meaningful life in the society. It is believed that a community has a duty to satisfy (or help satisfy) certain basic needs of its members irrespective of their productivity, contribution, moral desert and so on.

In case of children, consideration of personal and psychological needs become necessary for they are essential for their proper development as a human being. The study concentrated on the basic needs of street children, keeping in view the necessities of the child.

Food

Food is the basic of life and sustenance and is related to other basic needs. The quality of life is meaningless without health, which has direct linkage with diet. In case of the street children, the study focuses on the availability of regular meal to the children. When, where and how many times do these children eat, constituted the inquiry on this aspect.

Findings indicated that about half of the children (51%) reported eating twice a day, 38% ate food and snack three times a day. The study did not include the type, quality, and quantity of the food children ate (Table-40; Fig.38). However regular visits to the homes of these children revealed that the girls often miss both breakfast and lunch as most of them were working as domestic servants required to leave early and then during afternoons. A vast majority of children were undernourished.

Table - 40

Frequency of Eating Meals in Street Children N = 100

AGE GROUP (in years)	ONCE	TWICE	THRICE	NOT FIXED
5 - 8	2	5	2	0
9 - 12	4	18	17	2
13 - 16	3	28	19	0
TOTAL	9 (9%)	51 (51%)	38 (38%)	2 (2%)

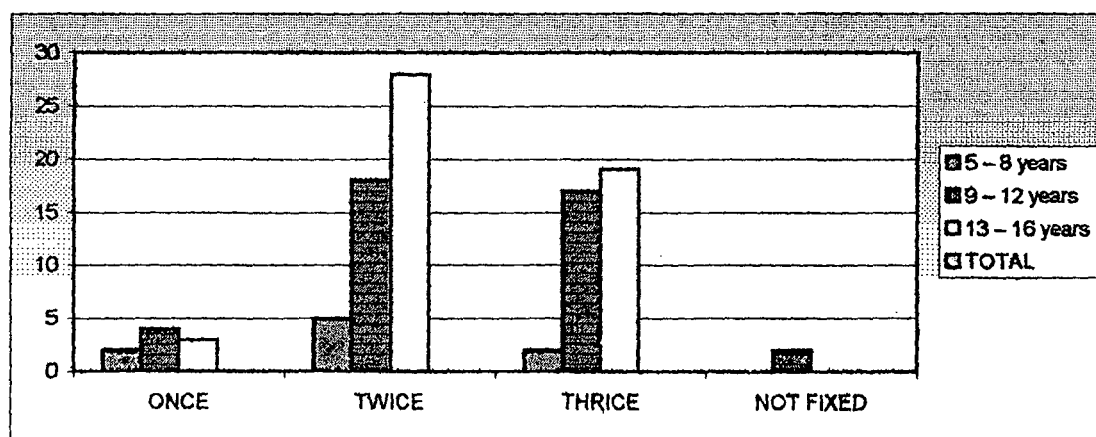


Figure 38

The place of eating meals (Table 41; Fig.39) by the street children was further probed into. It was further Most of the children (62% who were living at home with their families, ate food in the mornings and in the evenings. 12% of the children carried food with themselves and ate at their work places; while 15% of the children brought food from the market to eat. 8% of the children ate food provided by the employer. Usually these children worked in the roadside restaurants or vendor shops selling variety of street foods like tea, snacks, colas, betel leaf and cigarettes. Street children working in the food business are generally given food by their employer, but got paid less. Only 1% of the children begged for food.

Table – 41
Place of Eating Meals of Street Children (N = 100)

Age Group (In Years)	At Home	At Work Place	Buy From Wayside Shops	Beg for Food	Employer Provides	Hotels
5-8	4	1	2	-	1	1
9-12	28	5	5	-	2	1
13-16	30	6	8	1	5	-
Total	62	12	15	1	8	2

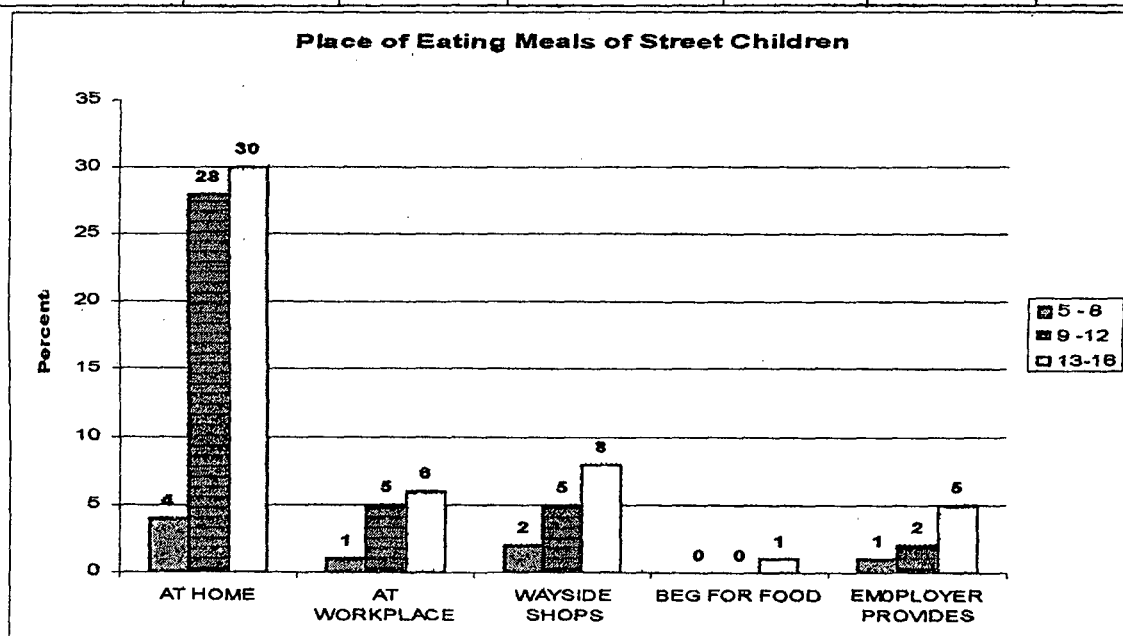


Figure 39

Sex Differences on frequency of Meals

Despite many similarities in the life of boys and girls street children, girls do confront different kinds of problems and needs. The street girls are the most vulnerable of street kids; and are more at risk than boys. A significant proportion of the street girls owe their plight to their parents, who may use discriminatory practices in rearing up male and female children. In our study a large majority of girl street children felt that they were overworked and were inadequately fed and clothed by their parents. Relatively larger proportion of the street girls than the street boys suffered from less care by their parents. More street girls than street boys have to remain contented with one regular meal. Life of a girl street child can be realized upon through the following narration:

Sarita

Sarita is a girl in her middle childhood, approximately, 9-10 years old. She engages in doing various odd jobs to earn a small living for herself. She leaves home alone to pick rags in the early hours of the morning between 6 – 6.30 a.m., and walks a few kilometers in search of waste materials. She returns home around 10 a.m. in the evening, she goes for a second round of rag picking at 6.00 p.m and returns home before it is too dark. Sometimes she earns money by carrying lights on the head for a wedding procession. She also contributes towards her share of household responsibilities by cleaning utensils, sweeping the floor, washing the floor and managing the younger siblings. Sarita is able to earn R.20 – 30 every day.

Sarita lives with her family, which includes her mother, father, three brothers, and one sister. She is the eldest child amongst the siblings. She explained that her father is working in a factory and he gives money for family food and other essential requirements only occasionally, and thus the family was in an economic crisis. She also informed that her father many times comes home

drunk and then beats his mother or abuses everybody. In such a situation mother asks her to go out and earn money for the family. Being the eldest in the siblings she has to bear the burden of meeting family needs. Sarita gives her daily earnings to the mother. Her mother provides food and other basic necessities to the family from the money earned by Sarita. In this way this young girl makes a significant contribution to the family survival. Sarita is physically weak, it was observed by the investigator during the repeated visits that her mother takes good care of the health of her brothers at her cost.

She enjoys attending non formal education programme run by an NGO, namely Prayas, which works for the welfare of street children in the Tigri block of Sangam Vihar, mainly running a non formal education programme and mid-day meal programme, for the children like Sarita. She can recognize alphabets in Hindi and numbers and can just about manage to read and write. She goes to attend the classes in the afternoon hours between 2.00 – 4.00 p.m., where Sarita learns a few good tips on health and hygiene and she along with other children plays and enjoy through the efforts of the NGO.

Sarita's mother has definite plans for her. She wants to carry on with her this kind of life for three or four more years and then get her married to the boy she is already engaged to, who lives in a U.P. village, called Khetri. According to her mother Sarita should be married off by the time she is 13 or 14years old and there is not much need for Sarita to attend the literacy classes. Probing on the question of marriage, Sarita did not understand the meaning or the implications of the married life and seemed ignorant on the subject.

Table - 42
Sex Differences on Frequency Of Meals
Average Number of Meals Eaten Per Day by Boys & Girls (N = 100)

Groups	N	Mean
BOYS	84	2.35
GIRLS	16	2.07

Frequency of Meals in Children Living in Families and Children Living Alone / Run-Away

The number of meals eaten by street children living alone or run-away, were studied in comparison to the number of meals eaten by the street children living in families. (Table 43; Fig.40)

Table – 43
Number of Meals Eaten by Children Living in Families and Alone & Runaways (N = 100)

GROUPS	N	MEAN
Children living in families	75	2.34
Children living alone/runaways	25	2.22

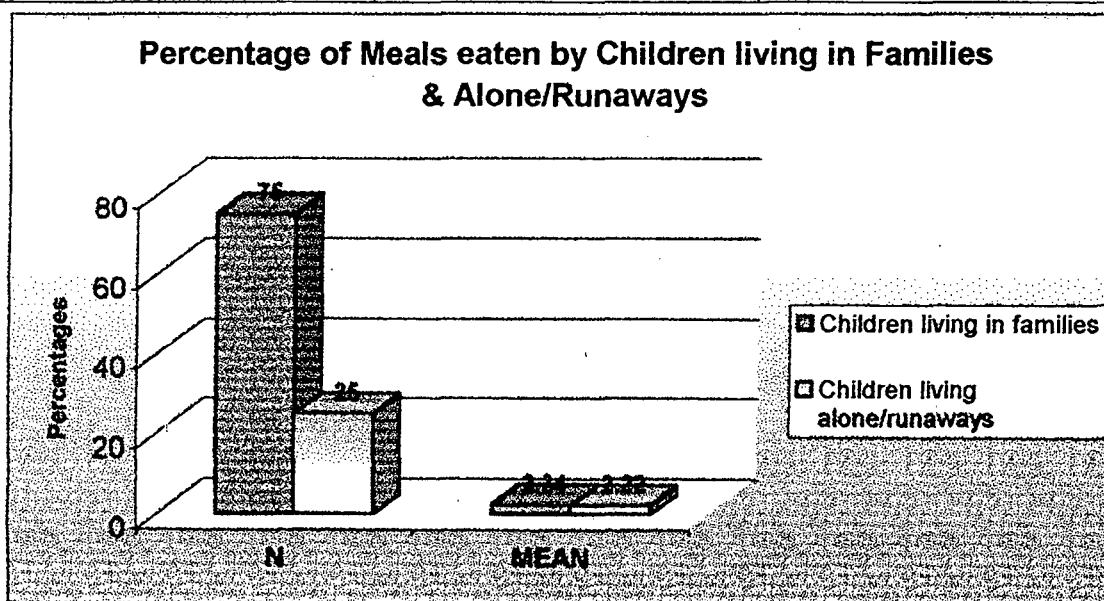


Figure 40

On an average, children who were on their own managed to eat two meals per day. Despite the fact that the children reported eating meals twice or thrice in a day, the food intake is both qualitatively and quantitatively inadequate.

A large majority of the street children in Sangam Vihar are exposed to contaminated environment. Some of them do have bathing and toilet facilities but the facts like absence of regular water supply cannot be ignored leading to

their poor survival conditions. The general health condition of street children is moderate and bad. Though the street children do not suffer from chronic diseases as they say, but we suspect its authenticity, for they have never been exposed to formal check up. Dysentery, fever, cough and skin diseases have been reported as frequent diseases from which they suffer.

In fact the street children suffer from insufficient diet, exposure to pathogenic agents and malnutrition related diseases. We found them all related to the common factor of poverty. Other sources of diseases are absence of proper sewage and garbage disposal system, uncemented roads that will be worse during rainy seasons. Our findings on the view of life encompassing details of life of street children further reveal that lack of social security and stability lead to alcoholism, drug addiction and gambling amongst these children.

CHAPTER - VII

DISCUSSION

- 1. Matters Arising out of Findings**
- 2. Recommendations**

To be born into an impoverished urban family in India sometimes means that much of childhood is spent on streets, either for leisure, work for living. The street children are very visible on streets, bus stops, railway stations, public parks, dhabhas etc., they are scattered all over and have become an integral part of our daily life. The problem of street children is now drawing a great deal of attention because of the magnitude of the problem, their visibility in public places and the extent of exclusion and marginalisation with which they suffer. India has its first and the foremost commitment for children who are more than 40 crores in our country. It is obliged to take care of them not only because of being the largest democracy of the world and a welfare state but because India has the maximum number of unprotected children and supplies largest number of child labourer in the market.

The street children are an extremely neglected group and are the offshoots of urbanisation. Due to poverty, unplanned growth of cities, unaccommodated population addition and endless flow of rural landless labourers towards cities, the problem is growing. Providing welfare services to them is difficult, given their mobility.

India now has more than 300 towns with populations exceeding 100,000 people. This number includes metropolitan cities and older colonial cantonment towns. It also includes some urban settlements that are growing at a runaway rate, over 500 per cent in the last decennial in one settlement outside Mumbai. Apart from the larger Class I towns, the areas that represent the greatest change in the last decade are the nearly 1,000 Class III towns that is urban areas with populations of between 20,000 and 50,000. These are settlements that bear a superficial resemblance to an urban area but in terms of social organisation, attitudes, affiliations, they still bear the hallmark of traditional rural systems. But because spatially they are a part of the towns, they are deemed

urban. In fact, they are neither one nor the other. As one political scientist rightly called them, these are "highway villages".

The pace of urbanisation is fast but there is no accompanying urban organisation to meet the challenges of this growth. The police, if present at all, is unable to exercise its writ. Law and order is controlled by those with money power -- and the concomitant political power. It was visible in the Sangam Vihar colony where the urban services such as water and sanitation are virtually non-existent. Power supply is erratic. And the roads--are unpaved and dirty.

The fact of existing phenomenon of infant and under five mortality rates in the country with high drop out rates at the primary level are ample evidence of the poor condition of the children living in these slums and resettlement colonies. The urban poor communities and the children within these communities in particular, are marginalized and denied access to medical, schooling and other facilities due to reduction of subsidies and privatization of the infrastructure provision.

There are legislations, policies and programmes at all levels, concerned with children and their rights. Legal support is nil as laws cover child labourers and not the street children. They are ignored but are growing in numbers. Their estimated numbers are fluctuating, as there are different definitions to define them. They suffer from homelessness, police harassment, uncertainty and poverty. They project a gross wastage of human resource and need to be harnessed and integrated into the main stream of society. They can remain unskilled and become street youth to produce another generation of street children. This aggravates the problem beyond manageable proportions. *What we require is more than mere political and policy statements. As the findings of the study, show, lack of commitment of planners, politicians and administrators resulting in the ill serviced peripheries of the city leading to the exploitation of*

the children living in these urban slums, and making a separate category of "street children", has actually not resulted in any concrete results. In reality street children are not considered as an issue of importance despite all the policy pronouncements. The street children's health, education and work related issues are seldom portrayed adequately.

The implications of such a situation have been highlighted in this study addressing issues of poverty, lack of opportunities for education, employment and mobility. Cities will remain places to migrate to, in an environment of continued economic onslaught of current policies. Delhi has always had large poor migrant populations seeking opportunities. Sangam Vihar is no exception except that its growth has been phenomenal over the past decade. It is mainly inhabited by families from various states in search of better job opportunities, where the pressures of urban life not only compel men and women to seek employment in industries, the private sector and households, but also push young children and adolescents out of homes to earn money, to contribute to family and individual survival.

The city in turn is willing to use their labour but neither its city development plan, nor its law and order machinery even attempt to devise policies to accommodate these migrants in a timely and proactive way. The inevitable result is a street child, hanging around in markets and commercial centers, often alone or in a group of two to three siblings or peers, polishing shoes or selling flowers, newspapers, lottery and cinema tickets, working as mechanic at car garages or cleaning dishes at roadside restaurants and picking wastes and rags on the streets.

Street children suffer from homelessness, police harassment, uncertainty and poverty. They project a gross wastage of human resource and need to be harnessed and integrated into the mainstream of society. They can remain

unskilled and become unskilled youth to produce another generation of street children. This aggravates the problem beyond proportion.

Though abandonment, vagrancy and delinquent behaviour still persist in the public mind as an essential characteristic of these street children. While the general public tends to view them with disrespect and rejection, the researcher who worked directly with these youngsters sees them as admirable survivors of urban ills. These children are hardworking and mostly do not feel miserable in the condition they are in. It is important to remember that the children are there on streets not out of choice but are driven to seek a solution in the absence of shelter and home denied to them by poverty and family disintegration. They also come out to earn money for themselves and their families.

Some of these dilemmas of street children can perhaps be addressed if we take into cognizance the findings of the present study and the issues it raises.

Matters Arising out of Findings

The present study covered 100 street children in Sangam Vihar colony of South Delhi. It analyses the situation and supports the belief that the problem of street children is deep rooted and has multiple dimensions. They are seen located in JJ cluster or slums, roadsides, pavements or any piece of vacant land. This is the place they call their home. They have no legal right on that piece of land and are also not recognised by the government. They are the poorest of the poor. In short their legal status is nil and therefore they are not beneficiaries of any programme. It further assesses that if the currently implemented programmes of both Government and NGOs have to be saved from the fate of anonymity than they must base themselves on adequate situation analysis of street children. It was realized that most of the families were staying in the colony in an unauthorised manner.

To understand them better let us consider the following questions as they arise from our data:

1. The Issue of Definition

There is no accurate assessment of the size of the problem nor of the definition of street children. Confusion is intensified because there is no consensus on any of the prevailing definitions for Street Children and the term street children is often used for Child labour and vice versa. Lately in 1999-2000, the Ministry has redefined the definition of the street children and the scheme covers the children of pavement dwellers, sex workers, jail inmates, abandoned children and orphan children. In their definition, children living in slums and with their parents will be excluded from the coverage of the revised scheme as it was felt that the slum children would be covered with other urban poverty alleviation schemes. The UNICEF in contrast defines the real and at risk children. *The present study shows that the children without families are few in number as compared to children with families but on the street who are at risk of becoming real street children, the abandoned children or the children with no families, as defined by UNICEF.* They are a floating population and are difficult to locate, leave alone count. They own often what they have on their backs. This key proportion of at risk children is not tackled due to a rigid definition.

A high percentage of at risk children in these areas along with their families remains idle and does nothing. These children were the ones most vulnerable to becoming street children. This was a serious anomaly in definition and therefore coverage and it was in these places where the NGOs had reached but not the state welfare services.

On the side of NGOs the vast magnitude of the street children, the lack of consensus on the definition, nature and extent of the problem, their weak financial base and dependency on Government funds have put them into a

situation where their role seems less significant. Proper definition of the street child is a must for a sound base for data management.

2. Push Factors

The study also recognizes the role of urbanisation and migration in the creation of street children. Urbanisation which is accepted as a precursor of economic development brings with it several intractable ills which are possible not because of the fault of the process itself but mainly due to the failure in regulating the process with foresight, planning and management skills.

The families of our study population narrated factors like, sale of land, lack of job, lack of resources to invest in a small piece of land, death of animals etc., that had forced them to migrate.

Our study shows that in addition to the first generation migrants there was another set of families, which had lived in Delhi, long enough to be called second generation of street families.

The study shows that the maximum number of street children studied in Sangam Vihar, is from Delhi itself. This implies that the most vulnerable migrant families have settled here and produced another generation of street children. Majority of children found living in their homes eke out a living in the streets, come from families entrapped in poverty. The income of parents is abysmally low. They lack education and training to be absorbed in lucrative work. They are engaged in works where the income is not sufficient to meet both the ends. Most of the families of the street children in Sangam Vihar are migrants from areas affected by scarcity and socially structured calamities such as landlessness, and marginalisation. The desperate situation of urban poor – native or migrant – induces them to produce more children as their last hope of survival. Children born to the poor are a tangible asset. The large size of nuclear families of these street children in our study confirms the general belief

that children in such families are considered economically useful, as a solution to poverty in many ways.

For the families of run-aways, a different plan of action is needed. As such families have a common feature of conflict amongst the members. The foremost question is "With distorted development pushing people from marginal areas to urban centers (to look for employment opportunities), what can and should be done to reduce the rising number of disadvantaged children so that the service institutions can plan and deal effectively with the problem?" This should be a serious concern for urban planners and for urbanization policy.

3. Work and Survival

Our study reveals that the street children have no opportunity to have their employment regulated. Self-employment is one way of surviving for many children on the streets. These children engage in any work, legitimate or illegitimate, in a bid to work. Working with employers in the informal sector means, they have no contract of employment, no formal channel for settling disputes, no insurance against accidents, sickness, no redress against an unjust employer and no minimum wage.

Our study suggests that the street children are quite satisfied with the meager earnings from their frequently changing jobs but dissatisfied with their work. Further some children feel that when whatever they have earned gets finished, and then only they will earn more. This indicates the non-futuristic nature of the street child and lack of purposeful saving. They are just living for today.

In addition, many street children's parents are unable to discharge their responsibility towards them because of poverty, ill-health or other reasons such as the most common reasons found were involvement in alcohol / drugs, children living with single parents or relatives. These children are by and large working on the streets to earn a living for themselves or for their families.

It is seen from this study that the parents sometimes have a very callous attitude towards their children. The children also recognize this fact and understand the mercenary relations that they share with their parents. They blame their parents for the situation they are in. It is seen that the parents who are the natural guardians deny their basic duty to protect their children. It is seen that children as young as five years old start working / earning. Needless to say that this is child exploitation by parents though it is being done under compulsions and not visualized by the children like that. Any plan of action must keep such families in context.

4. Collective Bonding as a Potential

Working in Sangam Vihar it was realized that the street children had their own resourcefulness and creativity, serving as key ingredients of any strategy to improve their situation. Even among the run aways or lost children at railway stations, staying in Sangam Vihar, many of whom have not yet been touched by any government or NGO's intervention, there exists a remarkable sense of solidarity. Peer groups devise strategies to counter the menace of local thugs or bullying policemen and cushion each other in times of need. It is important that this strength is used by able organisations for providing innovating and meaningful services.

The study suggests that there is an element of a loss of personality and loneliness in the crowded cities with nobody to care for them or recognize them enough to give them importance. They are suspected of criminal behaviour and face social exclusion. They face the evils of urbanization with no cushion for protection. They hardly enjoy any civic amenities. Perhaps this isolation and neglect is the root of the strong bonding among the group.

The role of children has been widely undermined as they are treated as dependents. Children are potential instruments of their own development. They

made valuable contributions to situation analysis by indicating what troubles them. Most children are their own best spokespersons and can be good researchers and street educators. They are aware of the key problems of their neighborhood and even of the city they live in. They are eager to help resolve problem and are happy when they succeed. *The street children's participation in decision making is important because they have already had to learn to take decisions in order to survive.*

The problems at school and their neighborhood can also be a turning point in securing municipal support. They can tell about difficulties at school, including school expenses, school location and the absences and insensitivity of schoolteachers. Involving children especially disadvantaged children, in situations where they can demonstrate competence can contribute to their self esteem.

5. Services or Amenities

Through the study it was also explored that most of the street children had families but were living on the streets with a comparatively smaller proportion of run-aways. These children live in situations where there is no protection, supervision or direction from the adults. The response of the community to the problems of street children is very-very poor. There is no specific programme for street children either from the government or from the voluntary agencies. If respondent children can be considered as an indicator of the entire community, it can be said that Sangam Vihar is comprised of mainly a migrant population from various states, who have come to Delhi for various reasons. Thus Sangam Vihar has very limited families who originally belong to Delhi. Unfortunately this causes barriers to be inadvertently erected and in turn, this seems to hinder joint action. Barriers also promote sense of individualism and minimize the chance of improving the common resources; efforts to minimize

the environmental health hazards, as any area requires support from all the community members.

This is especially difficult in a colony, which considers the areas surrounding their homes as "some one else's responsibility". The response of the community to the problems of the street children is rare. Hence there was no specific programme for the street children from both the central or local government and from the voluntary agencies or community. These children are trapped in particularly difficult circumstances, all of which need but not necessarily receive special attention and care. Both institutional and non-institutional services are grossly inadequate and government programmes, which have the greatest potential for outreach, tend to be differentially administered.

In Sangam Vihar, there are services for children rendered by the Voluntary agencies; 2 – NGOs, providing non-formal education for the street children. In the governmental programmes, there are four aanganwadis under the Integrated Child Development Services (ICDS) scheme. These aanganwadis mainly serve the children below six years of age, providing them with supplementary nutrition, immunization and basic education. They aim at promoting the growth of community children and both the services combined serve the children of varied age group but they suffer from their own limitations. Their less number limits their outreach and the overall number of beneficiaries. They are able to serve a maximum of hundred to hundred fifty children out of a population of more than a thousand.

Initial survey undertaken by the researcher revealed that the residents were not involved in community activities but they wanted to assure their children good services. Some families were sending their children to the Non Formal Education classes of the functioning NGOs. These organisations already

established in the area could be used as a vehicle for ensuring community involvement in improving the general conditions of Sangam Vihar.

There are legislations, policies and programmes at all levels concerned with children (in general) and their rights. The 1974 National Policy for Children, Government of India, developed policy statements to provide adequate services to children both before and after birth. And through the period of growth to ensure their full physical, mental and social development. To realise this goal, the measures suggested were to provide comprehensive health, education and nutrition services to all children. The priority areas identified in the programme formulation were relating to:

Preventive and promotive aspects of child health:

- Nutrition for infants and children in the pré school age.
- Maintenance, education, training and rehabilitation of destitute and handicapped children.

The study identified that the children within these communities are particularly marginalized and denied their access to medical, schooling and other basic facilities. The situation of street children is precarious in all the dimensions of life – civic, economic, social and cultural.

One important aspect of the study has been to understand the health conditions of the street children. In understanding the utilization of health care services and the health status of the street children, the social dynamics of the street children has been considered. Health as mentioned before embraces many dimensions and medicinal care attend to only some aspects of the health problems. Besides health services other factors that influence the health of the population even more significantly, such as social and economic factors like

sanitation, housing, education, transport and social structure (Banerji, 1977), have been explored in the present study.

When overall responses to the factors related to the community were analysed, it was realized that poor living conditions coupled with the lack of basic services such as water, toilet, electricity, exposes children to numerous health and nutritional risks, stunting their growth potential.

Without family safety nets these children are left unattended, least bothered about their health conditions in a situation of earning for their basic meal. And in case of children who were found accompanying their parents or otherwise going to unfriendly work places such as factories, domestic work places etc., is equally unsafe besides keeping them away from education.

An understanding of the complexity and diversity of the issues and of these smaller communities points out at the need of having an "integrated approach" to understand the problems of street and working children. Any programme of action to improve the conditions of the street children must be multifaceted. There are sectoral agencies involved in helping the children in need of care and protection comprising of governmental, non-governmental, individual, employees, etc., working on issues like education, health services, rehabilitation, and the like. Only an integrated approach can serve a meaningful purpose. The existing services must converge and be extended to cover the most vulnerable target group and new ones should be formulated to reach out them.

The problems of street children are of a special nature. Any plan of action must keep in mind this fact. The purpose here is to highlight that the health of the street children is not necessary for them alone but is important for the whole society. Therefore the promotive, preventive and curative health services should be geared so as to reach the street children. They should have

adequate access to them all. It follows that the voluntary agencies should be encouraged on a sustainable basis to participate in primary health care services.

Health Services

This study done in Sangam Vihar, brought out the fact that there was virtually no public toilet in the area. Thus compelling children (both boys and girls) to relieve themselves in the open, becoming vulnerable to the sexual aggressiveness of some predatory adults. The provision of public sanitation would give them a measure of safety.

The question of amenities, it is widely known and realized in the study as well, that the poor pay more for the amenities they use than the better-off. An analysis of health services revealed that they have been designed for the adults with rules and admission criteria, which excludes unaccompanied minors from receiving services. In the case of water, children and women spend hours queuing up for it and collecting it and, in some cases, spend money to buy it. Electricity, if not made available by the public utility, is bought through touts, who either illegally tap the utility's lines or bring electricity from nearby buildings. In either case, poor people pay several multiples of what they would have paid to the electricity undertaking if they had proper electricity connections. Also this situation of no electricity, has an adverse impact upon children's education.

If it is agreed that the provision of basic amenities in urban slums is a form of protection against illness, high mortality rates and so on, we find that the biggest stumbling block to the extension of such protection is the grant of land tenure to slum-dwellers. Inevitably, city administrators ask for the status of the slum and its dwellers: whether, according to current policy, the slum is 'regularized' or its residents are 'eligible' for these amenities. The choice then -

if we wish to extend protection to all the urban poor - is either to agree that basic services would be available to all without conditions of 'regularization' or 'eligibility' or to grant land tenure to slum-dwellers. The Sangam Vihar colony inhabited by more than six lakhs people and is in existence since a decade, is still an unauthorized colony thus deprived of all basic amenities. This aspect needs to be addressed urgently or otherwise, large sections of this population remain untouched by civic services.

Educational Services

The school and education details bring out the fact that the children who are not going to school say that they didn't consider the school important or parents were not interested in sending them to school. Out of those respondents who are school dropouts, all the respondents felt that their parents were not bothered if they left school as the money they earn was more important. Further it was seen that the negative and drab atmosphere in the school along with the substandard, non-result teaching made the child leave the school. In any case there was no educational support given to the child by the family.

The attitude of the parents towards education was not positive and they did not recognise the importance of it. Parents however did not object to Non Formal Education, as with its flexible schedule, it did not happen to hinder the child from working which otherwise a normal school would do. But there were only one Non governmental organisation running NFE classes in Tigri block of Sangam Vihar, thus able to cover a very small number of street children, and even that NGO was not having any system of follow up with the children who drop out from the classes. This NGO like other non governmental organisations aims at reintegrating the children into mainstream of the society.

The change offered by them is not so visible in tangible terms because there is no alternative that is offered for occupation/ activity on street, which can change their life style and improve their quality of life.

The question arises 'what is the mainstreaming for a child? What type of life script is written for a normal child?' is it education, play, personality development, vocational skills, protection and love from their parents or preparation for adulthood? Does this approach, which is totally futuristic gas, any place in the life of the street children? All this is not happening, as the attitude of the parents has not changed. They consider their child to be an economically productive unit with minimum investments and even the child does not want to go to school.

The increase in the enrolment of street children at the non formal education centers is not an indicator of program's success. Mainstreaming means getting opportunities for these children, which are available for average children in the society. Informal education does not lead to this.

Shelter Services

The present study indicates that most of the street children without families are not aware about the existence of the night shelter services. Those who know, think of it is an institution from where there is no escape. The role of the NGO in propagating and providing night shelter services seem to be insignificant, as even those who are offering these services have not made them child friendly.

Based on our understanding through the study we make the following recommendations.

SUGGESTIONS & RECOMMENDATIONS

Suggestions and Recommendations for street children cannot be pinpointed to one cause, as it is a massive problem. The approach to tackle this problem includes having both short and long term strategies.

Suggestions for NGOs

The NGOs need to work in a limited canvas considering the constraints they have. They still can work in rather unexplored directions for providing meaningful services. There are certain areas where NGO's can work better than the government.

- | **Advocacy:** The NGOs need to mobilize public and make them sensitive towards the plight of the street child. They need to abolish the myth that they are a nuisance and to be looked down upon. They are simply earning and trying to support themselves and their families. These poorest of the poor like rag pickers, shoe shiners, porters, hotel or dhaba boys, paper sellers, vendors, etc, are all essential components of our daily living. It would be difficult without these small mercies offered by them. It is now time to recognize their services offered to us.
 - The NGOs need to advocate to the corporate sectors and school authorities to come forward and be sensitive towards the plight of these street children.
 - School authorities should come forward in loaning their premises for education to these street children.
 - NGOs need to investigate and work against all sorts of images and preconceived notions on street children. Advocate that the street child living on the street is not by choice but out of compulsion to support their families or themselves. Given a chance they would also like to live more comfortably.
 - Further street children need not to be looked down upon as they are admirable survivors. Thus advocacy for the cause and participation of citizens in combating with the problem is required.

- **Services:** The services offered should be geared towards mainstreaming these children. The concept of welfare should not be the only aim. NGOs have adopted a soft approach, which may not be realistic to reintegrate in the society as seen in the present study. The NGOs however need to give support services such as:
 - Non Formal Education for the street children, which needs to be reviewed especially when there is no clear objective of imparting informal education. Presently NFE centers are not sufficient to combat illiteracy and are neither a substitute for regular schools. NFE centers should be taken as coaching centers or as preparatory classes. They should not be considered as substitute to regular schools. They must see to it that their beneficiary street children join regular schools otherwise the very purpose of NFR is defeated.
 - Develop a pressure group influencing policy makers to prepare a policy of 'imposing' primary and middle education on every child. Have a liaison with the government schools to see that these children are well adjusted in the schools.
 - NGOs need to work in changing the non-futuristic attitude of the street child. They are just living for today with little or unrealistic aspirations. The present situation does not give them much to imagine in a realistic manner. They are happy in the situation they are in as there are not many alternatives offered to them. The purpose of containment should be confronted, as they would give rise to street families after being street youth.
 - Make the children realise the significance of acquiring a skill so as to avoid another generation of unskilled labour.
 - Encouraging the street children to take responsibility in running their programmes and giving inputs, as community ownership would make the programme self-sustainable.

- Networking with other NGOs and concerned Ministries in the Government for improving their working and leading to a long term strategy with a better coverage.
- NGOs must act as 'Watch Digs' for the effective implementation of various Government policies and programmes.
- Dissemination of information for the target groups i.e. information and awareness programmes to the target group should be tailor made on long term basis.
- Most of the street children have health problems and some are suffering from chronic illness. They normally suffer from asthma, dysentery, skin disease, etc. To improve the health conditions of these children NGOs need to in collaboration with the local municipal health bodies.
- There exists a need to strengthen and improve the family environment in totality, through rapport building, counseling and providing support services to the families.
- To popularize the concept of night shelter amongst the abandoned children with whom they are working to protect them from anti social elements and vagaries of nature. Further the child will have a secure place to sleep. The NGOs need to protect the children by giving them a child friendly environment in the night shelter.
- To not only work with the children who are into substance abuse but also work for those who are taking panparag, naswar, tobacco chewing, etc. as this habit is seen to be more prevalent amongst street children and is also detrimental to health. NGOs can undertake situational analysis of the street children in addiction.
- Government agencies' and NGOs' exchange of best practices and problem solving methods can be discussed. Further it will save duplication of services in certain areas and scarcity in other

areas. National and International policies should not be contradictory to each other. NGOs need to be torchbearers for pursuing these activities.

Suggested Short Term Strategies for Government, planners and policy makers

- The ministry must redefine its definition of the 'street children' by including the children of slum dwellers staying with their families. They constitute the majority and are at high risk of becoming street children.
- Education is not a privilege or only a right but also a duty. Primary and middle education should be made compulsory and be made a state subject. At the same time these schools should be evening schools so that the children could work and earn their living. There should be no homework, all work should be finished in the school. Parents should be held responsible for not sending their children to school. Further, NGO's need to act as watch dogs while working in that area and see that the school going children are really going to school and receiving opportunities, which other school children are getting. The government schools need to be child friendly with result-oriented teaching. Periodical checking of the teachers in school should be the government's role. This will inculcate a serious attitude towards education in the lower class.
- Government aided and other public schools need to loan their premises for these children. This should be made compulsory and mandatory for all schools in Delhi. This is to encourage the street children to go to a formal school like the other children do. This would inculcate a sense of dignity among the street children and school would be an attraction for the children to go to. This may lead to less number in school dropouts.
- Convergence of policies into practice with regular monitoring and evaluation.

- An urgent need for data at Town and Community Level on number of children in difficult circumstance and their access to health, education, basic amenities and so forth in order to develop appropriate intervention strategies is required. The poverty alleviation programmes must be made to reach to the families living there.
- Special and regular health campaigns for providing health care facilities to protect the street child and their families should be taken up by Urban Basic Services, which need to be streamlined and made effective.
- It is important to popularize the concept of night shelter. This could be achieved through NGO's working and monitor the activities in the night shelter. Protection to younger children is a must in the night shelter. Further this needs to be maintained, giving a place of dignity for those who are using it.
- There is an urgent need for capacity building of all the functionaries at Government, Non Government and local level in order to sensitize them about the needs of urban disadvantaged children and better reach them through a more child-centred approach.
- It is obvious that urban needs are unlimited. It requires institutional intervention in a sustained manner. It is important to have organized awareness campaigns both for workers and for the families of street children. The programmes need to be targeted for the families of the street children in major vocations.
- The primary role of urban local bodies, decentralized to ward community level is important in ensuring that services reach the urban poor children. The 74th constitution Amendment is an important step towards empowering the urban local bodies. But this has not expressed any specific sensitivity to the child's rights vis-à-vis the local Government responsibilities. There has not been any specific mention of health and basic and pre-primary education, which are special needs of the child in the 12th schedule of the Amendment.

- There is a recognition of the grass root knowledge and expertise many NGO's have acquired, by Government, planners and policy makers. The voluntary agencies face a major constraint in the absence of a firm financial base. The government needs to solve this problem faced by them by providing support to the NGOs in terms of not only regular and timely distribution of funds needed to run the programme but also broaden their horizon and increase their funding realistically. Many NGOs have complained about the red-tapism and unapproachable attitude of the government officials. The lack of timely release of funds has led to many enthusiastically begun enterprises, unable to sustain themselves. This had conferred on them a somewhat fickle image.

Proposed Long Term Strategies for the Government Officials

The plans in India have not recognized street children as a separate target group and therefore not much planning has been done related to the street children. *It is seen that street children mostly, were neither homeless nor delinquent but simply looking for income to help support themselves and their families who have very little options.* They have no one to turn to for their miserable life style except their peer group with whom they feel an immense sense of belonging. The basic problem is of unprotected working children who are frequently exploited not only by public, police etc. but even by their own families.

After all, it is the poor who work for the city and the city does not work for the poor. It is important to make a specific mention of street children in the National Policy on child labour (1987) and to have special projects for protection, welfare, rehabilitation and development of street children.

To tackle the problem, there are certain long-term programmes/strategies suggested. These are,

Policies, which reduce migration and develop small towns: - Greater funding for urban development and IDSMT (Integrated Development of small and Medium Towns) program is necessary.

Sound legislation for protection of child rights: The urban poor child is under severe social, economic, environmental and psychological pressure. Therefore, it is strongly recommended that the right of the child be treated as supreme and has legal sanctity. If this legal right even comes into conflict with the legal status of the settlements, then the former should get precedence.

Recommendations to both NGOs and Government

- Enabling policies into practice at a decentralized level: Further, to ensure the basic amenities i.e. water sanitation, education and other service reach the urban poor, all Government Schemes for children should be implemented directly by the Government or Non Government authorities in collaboration with the community based organizations. To strengthen and improve community of its rights and needs is also important as to give full protection to the child as far as his environment in which he lives in is concerned.
- Children as potential parameter in their own development: It is seen that the role of children has been widely understood. They can make valuable contributions to the situation analysis by indicating what troubles them. Most children are their own best spokespersons and can be good researchers and street educators. They are aware of the key problems of their neighbourhood and even of the city in which they live in. In my rapport building with the children living in Sangam Vihar during the process of data collection I realized that they are eager to help resolve problem and are happy when they succeed. Children can really do a lot if

one involves them. They respond systematically and with a sense of responsibility. The energies also get channelised in a positive direction.

- The street children's participation in decision making is important because they have already had to learn to take decisions in order to survive. The problem at school and neighbourhood can also be a turning point in securing municipal support. They can tell about difficulties at school, including school expenses, school location and the absences and insensitivity of the school teachers.
- Involving children especially disadvantaged children in situations where they can demonstrate competence can contribute to their self esteem.
- Situation Analyses as a means to an end: -The potentials for action stemming out of Situation Analysis are undervalued.
- The Situation Analysis should be done in partnership with the people who will be an integral part of the future programmes.
- They provide a means:-
 - To engage a sector of society that may otherwise remain indifferent including academicians and journalists.
 - To create new partnerships among the participants
 - To facilitate continuous monitoring of the conditions of disadvantaged urban children and programmes for them.
 - To develop a better informed base for advocacy.
- Without an effective partnership of stakeholders, programmes cannot be successful since they alone can provide insights about problems that they face. Their partnership and their strengths and weaknesses need to be determined before any effective programme can be carried out.
- This partnership should be extended to research centers, census bureaus, potential founders, and international developmental agencies with the need to resolve the growing phenomenon of street children with the situation analysis. This should not be viewed only as an end product but as a means to an end.

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INTERVIEW SCHEDULE

INTERVIEW SCHEDULE FOR THE STUDY OF STREET CHILDREN

1. SL. No.
2. Category of Street Children →
 - a) Regular / Occasional Contact with Family: _____
 - b) Run Away / Totally on Street: _____

I Background Information

1. Name of the Child : _____
2. Age: _____
3. Sex: a) Male _____ (b) Female _____
4. Religion:
 - a) Hindu _____ (c) Christian _____ (e) Any Other _____
 - b) Muslim _____ (d) Sikh _____ (f) No Idea _____
5. Native Place:
 - a) Delhi _____
 - (b) Any Other (Pls. Specify) _____

Phenomenon of Migration

1. Since how long you are living in this area?
 - a) 0 – 3 years _____
 - b) 3 – 6 years _____
 - (c) 6 – 9 years _____
 - (d) 9 – 12 years _____
2. Reasons of coming to the city:
 - a) Employment Opportunities _____
 - b) Hope of Progress _____
 - c) Better facilities _____
 - (d) Family Problems _____
 - (e) Unexplainable Reasons _____

Nature of Family of Street Children

1. Do you have any contacts with family members?
 - (a) No Contacts _____
 - (b) With Father _____
 - (c) With Mother _____
 - (d) With Both Parents & Siblings _____
 - (e) With Siblings _____
 - (f) With Siblings & Parents (specify) _____

2. Whom do you live with :-
- (a) Family _____ (c) Pavement (with family) _____
- (b) Pavement (alone) _____ (d) Pl. Specify _____
3. Where do you sleep at night?
- (a) Home _____ (d) NGO's _____
- (b) Street _____ (e) Others (specify) _____
3. Workshop _____
4. How many members are there in your family?
- (a) 0 – 2 Members _____ (c) 6 – 9 Members _____
- (b) 2 – 6 Members _____ (d) 9 – 11 Members _____
5. How many siblings do you have?
- a) 1-3 siblings _____ (c) 6 – 9 siblings _____
- b) 3-6 siblings _____
6. Parental Status:
- Father –** (a) Dead / Absent _____ (b) Alive / Present _____
- If Alive / Present: (a) Working _____ (b) Not Working _____
- Mother -** (a) Dead / Absent _____ (b) Alive / Present _____
- If Alive / Present: (a) Working _____ (b) Not Working _____
7. What is / was the nature of your relationship with your parents?
- a) Cordial _____ (c) None _____
- (b) Not Cordial _____
8. What is / was the nature of your relationship with your siblings?
- a) Cordial _____ (c) None _____
- (b) Not Cordial _____

Educational Status of Street Children

1. Present Educational Status:
- (a) Studying → (i) Government _____ (ii) Tuition _____
- (iii) Private _____ (iv) Self – Study _____

- (b) Level of studies → (i) K.G. _____ (ii) Primary _____
(ii) Secondary _____ (iii) Middle _____
- (c) Stopped Studies / Drop Outs → (i) After Primary Level _____
(ii) After Secondary Level _____
(iii) After Middle Level _____

(b) Did not Study _____

2. Reasons for not studying

- | | |
|----------------------------------|-----------------------------------|
| (a) Not Applicable _____ | (f) Forced to work _____ |
| (b) Family problems _____ | (g) Parental Discouragement _____ |
| (c) To look after siblings _____ | (h) Money problem _____ |
| (d) Dislike for studies _____ | (i) Fear of teachers _____ |
| (e) Others (specify) _____ | |

3. Do you like studying?

- | | |
|---------------|--------------|
| (a) Yes _____ | (b) No _____ |
|---------------|--------------|

3. Given a chance would you like to go back to school?

- | | |
|---------------|--------------|
| (a) Yes _____ | (b) No _____ |
|---------------|--------------|

4. Do you see any benefit of studying?

- | | |
|------------------------------|-----------------------|
| (a) Better Job _____ | (d) No Use _____ |
| (b) Respect _____ | (e) No Response _____ |
| (c) Knowledge Increase _____ | |

Economic Profile of Street Children

I. Present Occupation

- | | |
|--|------------------------------------|
| (a) Rag Picking _____ | (h) Begging _____ |
| (b) Shoe polishing _____ | (i) Dancing _____ |
| (c) Selling Paper _____ | (j) Assisting at Liquor Shop _____ |
| (d) Assisting at roadside Restaurant _____ | (k) Domestic Work _____ |
| (e) Vegetable Seller _____ | (l) No fixed work _____ |
| (f) Mechanic _____ | (m) No response _____ |
| (g) Toy Seller _____ | |

2. Since what age you have been working?
- (a) 2 – 6 years _____
- (b) 6 – 8 years _____
- (c) 8 – 10 years _____
- (d) 10 – 12 years _____
- (e) Don't Remember _____
3. Are you satisfied with this work?
- (a) Not Satisfied _____
- (b) Satisfied to some extent _____
- (c) Satisfied to a good extent _____
4. Do you work with your own choice / will?
- (a) With Self – Will _____
- (b) On Parent's wish _____
- (c) Important for Self sustenance _____
- (d) No other alternative _____
5. How many hours a day you work?
- (a) 2 – 4 hours _____
- (b) 5 – 7 hours _____
- (c) 8 – 10 hours _____
- (d) 8 – 10 hours _____
- (e) No fixed timings _____
6. How much do you earn in a day on an average?
- (a) Rs.5 – 10 _____
- (b) Rs.10 – 15 _____
- (c) Rs.15 – 20 _____
- (d) Rs.20 – 25 _____
- (e) Rs.25 – 35 _____
- (f) Rs.35 – 45 _____
7. How do you spend your money?
- (a) On Self _____
- (b) On Family _____
- (c) On Friends _____
- (d) On Friends, Family & Self _____
- (e) On Self & Family _____
8. How is the attitude of the employer for whom you work?
- (a) Hatred _____
- (b) Friendly _____
- (c) Suspicion _____
- (d) Bossy _____
9. Exploitation by Employer?
- (a) Inadequacy of Pay _____
- (b) Long Working Hours _____
- (c) Night Working _____
- (d) Physical Abuse _____
- (e) Others _____

10. What is your attitude towards your employer?

(a) Hatred / Negative _____

(c) General _____

(b) Positive _____

(d) No Permanent Employer _____

ocial Needs and View of Life of Street Children

lay and Entertainment

Do you get time for games and fun?

(a) Yes _____

(b) No _____

How many hours do you normally rest including sleep?

(a) 6 – 8 hours _____

(c) 2 – 4 hours _____

(b) 4 – 6 hours _____

(d) No fixed timings _____

What are your leisure time activities?

(a) Meeting Friends _____

(e) Outdoor Play _____

(b) Staying with Family _____

(f) Reading Books _____

(c) Film _____

(g) No time _____

(d) Roam Aimlessly _____

(h) Gambling _____

Do you have any of these habits?

(a) Smoking _____

(d) Paan, Tobacco, Cigarettes _____

(b) Drinking _____

(e) Drugs _____

(c) Paan and Tobacco _____ (f) Nothing _____

If you have any of these habits? How did you learn them?

(a) Self _____

(d) Employers _____

(b) Friends _____

(e) Others (specify) _____

(c) Parents _____

ocial Status of Street Children

What is the nature of your relationship with your companions?

(a) Cordial _____

(c) Hatred _____

(b) Not Cordial _____

2. How many friends do you have?
 - (a) One _____
 - (b) Two _____
 - (c) Three _____
 - (d) Four _____
 - (e) Five and Above _____
 - (f) No Friends _____

3. With them do you spend most of your time?
 - (a) Family _____
 - (b) Friends _____
 - (c) Both Family and Friends _____
 - (d) With Self _____

4. In case of problem do you approach for help?
 - (a) Family _____
 - (b) Friends _____
 - (c) Relatives _____
 - (d) Both Family and Friends _____
 - (e) Employer _____
 - (f) Others (Pls. specify) _____

5. Whom do you feel most attached to?
 - (a) Father _____
 - (b) Mother _____
 - (c) Siblings _____
 - (g) Neighbors _____
 - (d) Grand Parents _____
 - (e) Employer _____
 - (f) Relatives _____
 - (h) None / Not Specific _____

1. Are you happy with Self?
 - (a) Yes _____
 - (b) No _____

2. If living with family, can you live without family?
 - (a) Yes _____
 - (b) No _____

3. How do you cope up with the difficult and stressful situations?
 - (a) Become Aloof _____
 - (b) Run Away from Home _____
 - (c) Try to Work Harder _____
 - (d) Get Emotionally Disturbed _____
 - (e) No Response _____

Attitude towards Police

1. What is your attitude towards police?
 - (a) No Contact _____
 - (b) Fear / Hatred _____
 - (c) Mixed Reactions _____
 - (d) Helping / Friendly _____

2. Does Police harass you?
(a) Yes _____ (b) No _____ (c) Indifferent _____

3. How does the police treat you?
(a) Takes Money (bribe) _____ (d) Both Violent and O.K. Behaviour _____
(b) Violent Treatment _____ (e) No Response _____
(c) Treats Well _____

Aspirations and Expectations

1. What is the aim of your life?
(a) Education _____ (d) Own Business _____
(b) Marriage & Family _____ (e) Comfortable Life _____
(c) Material possession _____ (f) Others (Pls. specify) _____
4. What do you need to fulfill your aim / dream?
(a) Education _____ (e) Food and Clothing _____
(b) Money _____ (f) Vocational Training _____
(c) House for Living _____ (g) No Help _____
(d) Medical and Health _____
5. Are you aware of the following schemes?
(a) Mid - Day - Meals _____ (f) Child labour elimination prog. _____
(b) Universal Primary Education _____ (e) Mid Day Meals and Primary Education _____
(c) Free Uniforms _____ (f) Others (Pls. specify) _____
6. Types of assistance received by you till date?
(a) NGO Support _____ (c) No assistance _____
(b) Government Services _____ (d) Individual Help _____

Health Condition and Services

1. Environmental Hazards
(a) Exposed to dirt, smoke etc. _____ (c) Exposed to sun _____
(b) Lack of bath _____ (d) Harassment by Police _____
(d) Harassment by Municipal Authorities _____

2. Facilities available in residence :-

	YES	NO
(a) Drinking Water →	_____	_____
(b) Toilet Facility →	_____	_____
(c) Electricity →	_____	_____
(d) Drainage →	_____	_____

3. General Health :

- (a) Good _____ (c) Bad _____
(b) Moderate _____

4. Do you remember to have fallen sick?

- (a) Yes _____ (b) No _____

5. If Yes, please give the following details :-

- (i) No _____ (v) Cold / Cough _____
(ii) Fever _____ (vi) Headache / Body ache _____
(iii) Skin disease _____ (vii) Wounds _____
(iv) Diarrhea _____ (viii) T.B. _____

6. From where do you get treatment during illness?

- (a) No where _____ (e) Self _____
(b) Government hospital _____ (f) NGO _____
(c) Private _____ (g) Family _____

7. Who takes your care when you fall sick?

- (a) Family _____ (d) No Body _____
(b) Friends _____ (e) Employers _____
(c) Self _____ (f) Neighbours _____

8. If you haven't availed the facility at the Government hospitals, please state reasons.

9. How many times do you eat in a day in general?

- (a) Once _____ (c) Thrice _____
(b) Twice _____ (d) Not Fixed / Whenever available _____

2. Where do you get your food from?

(a) Wayside Shops _____

(d) Employer _____

(b) Restaurants / Hotels _____

(e) Others (specify) _____

(c) Home _____

(f) Beg _____

4. How do you manage when you don't get food?

(a) Go Hungry _____

(c) Owner / Employer _____

(b) Beg _____

(d) Others (specify) _____

5. How do you manage clothing?

(a) Purchase _____

(c) Both purchase & given by people _____

(b) People give _____

(d) Employer gives _____