

PROBLEMS AND PERCEPTION ON STREET CHILDREN IN INDIA

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ABSTRACT

Children are the wealth of any nation. They occupied major portions in the composition of population and one of the most vulnerable groups in our society. Among those, street children are often desired timely justice and are woefully unaware of their rights, shortage of family environment, lack of education, low or no aspiration etc. being the prime cause of concern. The role of education has special significance in not only for economic development but also create self-confidence, face the new challenges, inner challenges among the children of any society, specifically for poor and weaker sections like street dependent children.

KEYWORDS: Street Children; Poverty; Child Rights; Aspirations

INTRODUCTION

All children in any country have all the fundamental rights to lead dignified life by accessing the resources available within. India is home to more than one billion people of whom 43 crores are children and has almost 19th per cent of the total world child population. However, the situation of this large mass of children is far from desirable. It is estimated that around 172 million or 40 per cent of India's children are vulnerable to or experiencing difficult circumstances or vulnerable which include like children without family support, children forced into labour, abused/trafficked children, children of the streets, vulnerable children, children affected by substance abuse by armed conflict/ civil unrest/ natural calamity etc. Most of the goals specified in the millennium development goals are very crucial to achieve in the case of Indian children.

CONSTITUTIONAL PROVISIONS TO CHILDREN

- Article 14 provides that state shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.
- Article 15(3) provides that, 'Nothing in this article shall prevent the state for making any special provision for women and children'.
- Article 21 provides that no person shall be deprived of his life or personal liberty except according to procedure established by law.
- Article 21A directs that the state shall provide free and compulsory education to all the children of the gar of 6-14 years in such manner as the state may, by law, determine.
- Article 23 prohibits trafficking of human beings and forced labour.
- Article 24 prohibits employment of children below the age of 14 years in factories, mines or any other hazardous

occupation.

- Article 25-28 provide freedom of conscience and free profession, practice and propagation of religion.
- Article 39(e) and (f) provide that the state shall in particular, direct its policy towards securing to ensure that the health and strength of workers, men and women and the tender age of children are not abused and that the citizens are not forced by economic necessity to enter vocations unsuited to their age or strength and that the children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and youth are protected against exploitation and against moral and material abandonment.
- Article 45 envisages that the state shall endeavour to provide early childhood care and education for all children until they complete the age of six years.

Indian state action for child welfare is not limited for certain acts and legislations. It finds resonance in the Indian economy, which is five year plans executed and monitored by the planning commission of India.

STREET CHILDREN AND THEIR PROBLEMS

The gap between rich and poor is still continuing to create unrest among major work force of the country resulted on sluggish national development. Combining with many terrible factors, people led to the creation of many strategies in pursuit of better livelihoods. As a result, the poor and economically weaker section of people involved children in to their part of economic activity. Despite the imposition of Right to free and compulsory elementary education for all children in the 6-14 years' age group (Article 21 A), the good number of children denied protection from neglect, exploitation, abuse at home and elsewhere etc. In any case children have lost their childhood and leads to little hope for a better future. Thus, in the face of detached and dependent situation by the family, children find street as one of the place for all livelihood opportunities to earn a living. 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 (Banerji, 1981; Nangia, 1987; Sondhi, 1989)

United Nations International Children's Emergency Fund (2001) emphasise that life on the streets imposes upon the inherent right to life, survival and development of the child. The reasons why children live on the streets are numerous, but poverty contributes more to it, both in developed and developing countries. According to United Nations Office for Drug and Crime Prevention (UNODC), street children are defined as children less than 18 years of age (based on how childhood is legally defined in that country) males or females who spend all or most of their time on the street, lack supervision, protection or guidance which make them vulnerable to a wide range of health and psychological hazards. Defence for Children International (DCI) described Street Children in 1988 as- they are more visible in cities than villages. In India, street children are at great risk and vulnerable. Their rights are violated and their protection is threatened, leading to abuse, exploitation and negligence (Nieuwenhuizen, 2006).

The street children phenomenon is an increasing problem in most growing cities in India, as these cities become industrialised. Many public and private industries have been established. It catalyses to other commercial activities like hotels, catering, construction works, car and scooter repair etc. In the meantime, migration from nearby villages are also

increased.

Street children are more vulnerable and easy susceptibility to various diseases and health hazards. Though the stringent efforts of the government to protect the child rights in India has improved greatly, new challenges have come about that require a different approach even then the problems of street children with regard to health and hygiene in their working environment are a nightmare.

CLASSIFICATIONS OF STREET CHILDREN

Street children are classified according to their relationship to their families, mainly to facilitate program planning related to each of these categories.

- **Children on the Street** :These are the children who work on the street but have more or less regular connections with their families. They return at the end of the working day and have a sense of belonging to the local community.
- **Children of the Street**: These are the children who have maintained weaker relationships with their families, visiting them occasionally. They consider the street to be their home where they seek shelter, food and companionship.
- **Abandoned Children**: These are abandoned and neglected street children who have no connection to their biological families and are completely alone.

Further, UNICEF in its fullest sense defined and segregated 'street children' into three types: Street – Working, Street- Family and Street – Living.

Street Working Children are children who spend most of their time working in the streets and markets of cities, but return home on a regular basis.

Street Family Children are children who live on the streets with their families.

Street Living Children, who have run away from their families and live alone on the streets.

General Classification of Street Children As Follows:

Children on the Street are regularly stay with families, but spend most of the time on streets.

Major Causes: Broken families/poor or large families, step parent, out of schools, migrant/dislocated /natural disaster families, living in slum etc.

Children of the Street are divided again into two:

- **Roofless** - These children live on street but occasionally visit their family and keep weak ties with family members.

Major Causes: conflict in family, Vices of parent, physically abused, out classed by society, one step parent etc.

- **Roofless and Rootless** – These children completely depend on street without any family or contact.

Major Causes: Orphan/abandoned, broken families with deterioration of morals, War ravaged/ Disaster sufferers,

criminals in family.

Nanda (2008) referred some points from the World Bank study and highlight the high level of susceptibility of children in the following areas:

- **Work Environment:** Since children need more sleep and often lack physical and emotional adjustment, so they develop mentally incapable of assuming some types of responsibility and work.
- **Ergonomic Factors:** Children are at a greater risk for injuring ligaments and bones since they experience rapid growth.
- **Carcinogenic Factors:** Children's susceptibility to carcinogens is increased because they undergo rapid cell growth.
- **Chemical Exposures:** Other health problems in children can arise due to their hormonal development being adversely affected by exposure to chemicals (for e.g. harmful chemicals in pollutants in the air).
- **Latency Period:** Due to rapid cell growth, the latency period of some diseases is shortened among children.
- **Tools and Equipment:** Musculoskeletal disorders such as back problems and repetitive-motion trauma can be caused among young people upon working with tools, machinery, and equipment which is designed for adults.
- **Permissible Exposure Limits:** For chemical and physical exposures established limits to inadequate protection for children.

Government of India introduced many programmes and scheme to improve the quality of life children through welfare measures. Besides such programmes of Integrated Child Development Services (ICDS), the Department of Women and Child Development (DWCD) initiated several other child protection schemes for the welfare of lives of children.

- A Programme for Juvenile Justice
- Integrated scheme for street children including child line service
- *Shishu Griha scheme* for in-country and inter-country adoption.
- Schemes for welfare of working children and those in need of care and protection
- Rajiv Gandhi National Crèche Schemes for children of working mothers.
- Integrated Child Development Scheme
- Three pilot projects on trafficking in source area, destination area and an area where traditional practices prevail
- *Kishor shakthi yojana*

In addition, the schemes for elimination of child labour are implemented by Ministry of Labour, Union Government of India.

Children of street met with different problems like beaten-up by policeman, occupancy and dominancy of seniors, defamation from the customers and other people, lesser price for their selling products. Some children were sexually harassed from skid rows and other elder street children. In this study recorded the different problems of street children like

dog bite, scaring about pigs, piercing of glass piece while rag picking or cleaning the glass wares in small hotels, scabies, skin diseases, wounds on various parts of the body, cough and fever, body pain, tiredness, tooth ache etc. These were very common health hazards to these children. Though possibility of health hazards was less among street working children compared to street living children.

CONCLUSIONS

Street children of different cities in India severely met with varieties of problems. The programmes and policies introduced by the Government is not reaching properly due to low awareness among the stake holders. Both Street-working and street-living children's needs of services should be further assessed through research. It should be combined with researching their health service use in relation to their need. The hindrance factors to these children for accessing treatment pattern needs to be analysed to understand the gap in between.

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