Developing a Coordinated Response to Counter the Public Health Menace of Street Children

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Editorial

Street children refer to a vulnerable population of children and adolescents / youth for whom the street has become home and/or source of income for their as well as their family’s survival [1,2]. On a worldwide scale, a remarkable rise in the number of street children has been detected, as evidenced by the recent estimates which suggest that within the range of 100-150 million children are either living or working in the street [1,3,4]. Furthermore, most of them have to deal with multiple obstacles; including different forms of abuse which itself questions the integrity of their survival [5,6]. Acknowledging the global presence, enormous burden and involvement of dependant population, negative influence on the quality of life, and long-term impacts, the public health professionals have realized street children as a marginalized group of the society which needs immense attention and care [7].

A broad range of socio-demographic, familial and health care delivery system associated factors such as wars and civil unrests [8], literacy status of parents [7,9], urbanization [3], absence of psycho-social support in the family [7], housing standards [4], financial stability in the family [3,9,10], large-sized families [10], familial conflicts [3], child abuse and neglect by the parents / relatives [3] either experiencing and/or witnessing domestic violence [1,9], negligible exposure to recreational activities [1,8], gender of the child [11], enrollment or drop-out from schools [1,3] peer pressure, media role [7] and hostile behavior of police [12,13] have been recognized which augments the problem of street children. From the perspective of rehabilitation / child placement center, which is established to safeguard the interests of children, parameters like lack of care, attitude of the workers, strict rules within the center itself, etc. have been identified, owing to which children prefer to stay on streets [14,15].


Furthermore, the public health menace of street children or its associated consequences is on the rise because of the negligible sensitization of the health workers to the needs of street children [20] absence of a strategic plan to employ / rope-in outreach workers or non-governmental agencies [19,20] inequitable distribution of the child welfare centers [15] and no framework to monitor functioning of the placement centers [14,15].

As living on the street tends to cast negative impact on variable aspects of a child life, there is an immense need to develop a multi-pronged strategy based on the identified potential determinants, involving multiple stakeholders, in order to meet their special needs [16]. In addition, implementation of other measures like orienting authorities including police about the magnitude and consequences [12,13] training nursing staff / outreach workers [20] facilitating strong familial bonds [1,3,7] implementing strategies to ensure enrollment and retention of children in schools [1,7] providing psychosocial assistance to the children & the family members [7] restricting family size by promotion of family planning measures [10] establishing child placement centers in an organized way & sensitizing the workers regarding the needs of the children [14,15] building a mechanism to ensure continuous monitoring on the functioning of the centers [14,15] ensuring strict action against the offenders [13] developing linkages with non-governmental / national / international agencies working for the welfare of street children [19] and promoting to gain the perspectives of the stakeholders on how to address these issues within the socio-economic context of the local settings [6,7].

In conclusion, as the future of human generation depends on today’s children, it is of utmost importance that policy makers and the society work in a coordinated way to improve the health and living standards of children living on street.

References


