

Psychosocial Distress among Children Living on the Street in Mumbai City, India

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Abstract

Children living on street are considered as most marginal and socially excluded section of the society. They are vulnerable to face problems like substance dependence, abuse, neglect, sexual problems and violence. The objectives of the study were to examine the psychosocial distress among children on street in Mumbai city and factors associated with that. The primary data has been used in this paper which was collected through a survey of 234 children living on the street during October 2015 to November 2016. The study has used the GHQ 12 scale to examine the psychosocial distress among the children living on street. The result indicates that two-thirds of children from age group 13-15 years and 16-18 years were facing severe kind of distress. Gender wise analysis shows that boys were slightly more prone to psychosocial distress than girls. Children from Muslim religion were considerably more prone to have psychosocial distress than children from other religion. Children those who were staying five years or more were having considerably severe kind of distress. About half of the children those who were engaged in begging or rag picking were having moderate kind of distress. The study has found that factors like age of the children, duration of stay, gender and their occupation contributes to the distresses among the children on street.

Keywords: Street children; Children living on street; GHQ 12; Psychosocial distress; Mental health problems

Introduction

Children living on street figure prominently among the most marginalized sections of the society and are thus vulnerable to various forms of abuse and exploitation. The number of such children is in millions across the globe [1]. Though India is the second most populous country in the world, it has a relatively large child population [2]. Alongside India also boasts of a significant number of the vulnerable children. In fact, a handful of research and documents claim that India has about 20 million street children [3] which also happens to be the largest population of street children across all developed and developing countries of the world. Mumbai, being one of the biggest cities in India [4], having 37059 population of street children, out of which 2973 were children living on street (2435 boys and 538 girls) [5]. USAID has identified four groups of street children- the first group consists of children from street families, second group of children are those commended to institutionalized care, third group consist of children those who work and return to their homes after a certain interval and the fourth group of children include the children who are disassociate with their family and staying their own on the streets [6]. Whatever be the situation or category but the main issue that reflects the fundamental malaise is that these children are spending much of their time on the streets but are unable to access their basic rights like education, hygiene, nutrition, and security [7,8]. There are many reasons for the pathetic phenomena of the street children namely abuse, neglect violence, exploitation, household poverty, natural or manmade calamities, lost contact with family, kidnapped, orphaned, etc. [9]. Whatever may be the reasons for the phenomena, the existence of problem shows the extant of socio-economic distress in the region. Once the child lands up on the streets they encounter problems like occupational hazards, substance dependence, violence, sexual exploitation, other forms of abuse, and psychosocial distress like, depression, aggressive behavior and, self-harm/ injury [10]; furthermore, they encounter crises like, barbarity, maltreatments, abandonment, torment [11]. As children on street work and stay without a responsible adult; they are more prone to the vulnerability [12]. The findings of WHO report indicate that the abuse, exploitation,

neglect, discrimination, harassment negatively affect the overall development of the individual. The further report added those who are suffering from the mental health issues are likely to face human right violation [13]. As children living on street live without responsible adult supervision and face above-mentioned problems they are more likely to face psychosocial distress. The situation and needs of the children living on street are not adequately understood. Moreover, the financial capital of India, Mumbai attracts many migrants including the children. Although their condition is somewhat documented yet their extent of problems with regard to mental health is relatively less known. Therefore, this study aims to understand the symptoms of distress among the children living on street in Mumbai and factors associated with their distress.

Research Methodology

Study setting

Mumbai city considers as the financial capital of the country; attracts migrants from all parts of the country including children. Mumbai has its fascinating and affluent status. Also, it has the Bollywood which is the Indian film industry, parallel to Hollywood. Alongside, the connectivity to all parts of India is also an ascendancy of the city. Children living on street hold's one's own moreover since their parents have deserted them or they have escaped from the cruelty and brutality at home, land up to the city [14]. The public places where children living on street were highly concentrated were primarily identified and included in the study, such as major train terminals and railway stations, business and economic activity centres, major religious places

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and health care centres were the places for the purposeful interaction with the children.

Study design

The present study has tried to describe the socio-economic and health condition of children living on street, issues of abuse/exploitation, violence and their psychosocial distress. Along with the above factors, the study also explores the factors contributing to the psychosocial distress among children living on street. Therefore, the present study has used the descriptive-exploratory research design. In consideration with the frequent mobility of the target population, the study has used the convenient sampling technique and collected data from 234 children living on street, out of which 53 were girls. There were certain inclusion and exclusion criteria to select the sample of the study.

Inclusion and exclusion criteria

Children of the age group 10–18 years, residing on the streets, railway stations, bus stations and other public places without family or responsible adult and spent six months or more on the streets were included in the study. At the time of interview, those who were in a sound condition to talk, cooperate and willing were included in the study. Children those who were below 10 years, above the 18 years of age, spent less than six months on streets and at the time of interview, those children found intoxicated were excluded from the study.

Methods of data collection and study tools

The data has been collected through semi-structured interviews with respondents, in-depth interviews with key informants (outreach workers, social workers, and service providers), Focus Group Discussions (FGDs) with research participants (peer educators) and case studies of few participants were developed. It helped to understand the psychosocial distress of the children living on streets. Interview schedule consisted of both structured as well open-ended questions. The interview schedule was prepared with the help of standard instruments like General Health Questionnaire GHQ-12, Psychiatric Symptoms Scale, and Aggression Scales. There were some sections of interview schedule which provided the quantitative data like health issues of children, substance use, types of substance use by them, experiences on violence, abuse, their involvement in violence and abuse, psychological issues etc.

Dependent variables

General Health Questionnaire (GHQ) 12 was developed in 1972 by Goldberg. It has been developed primarily with an intention to understand the psychosocial distress and mental health status of an individual [15,16]. The study uses the GHQ-12 scales to measure the symptoms of the psychosocial distress among children living on street in Mumbai. It consists of 12 items where each of the items indicates the symptoms of the psychosocial distress a week preceding the survey. Each item was evaluated on the four-point Likert scale (Not at all, no more than usual, rather more than usual, much more than usual). All the 12 items have been computed and prepared a single variable. The score of the dependent variable has been categorized with the help of mean value of the new variable into normal (below the mean value), moderate (similar with the mean value) and severe groups (the score which is above the mean value).

Independent variables

The independent variables of the study are as follow: age (years),

sex (male, female) education (illiterate, up to primary, middle school, high school and above), religion (Hindu, Muslim and Other religion), caste (Scheduled Caste (SC) / Scheduled Tribe (ST), Other Backward Classes (OBC), none of these/ do not know), duration of Stay (1-4 years, 5 years and above) type of work (Beggar, Rag Picker, Other).

Statistical techniques

The frequency analysis was used to understand the socio-economic and demographic information of the respondents. Further, the dependent variable-psychosocial distress, categorized into three groups normal, moderate and severe psychosocial distress. Bivariate analysis was used to examine variations in the psychosocial distress by socio-economic and work-related characteristics using the Chi-square statistic to test for statistical independence.

Ethical concerns

Children living on the street are the marginal and most disadvantaged section of the society. They are not staying with their family or other caregivers. Hence, the present study has taken special care while interviewing them. Therefore, to avoid ethical dilemma, we have followed the previous studies in this regard [17-19]. In the previous studies, the researchers directly approached the children living on street and took their consent for their research. In addition, we have taken opinion from some of the social activist, scholars and experts working in this field. Also, we have consulted Prof. Lewis Aptekar from San Jose State University, California and Dr Natalie from Consortium for Street Children through an electronic mode of communication (Email). They are of the opinion that the researcher can ask directly to the children unless they are very young or sick. Along with this, approval of Institute's Doctoral Advisory committee has been taken before interviewing the children living on street. Additionally, formal consent was obtained from the participants and confidentiality was maintained with the help of coding system.

Limitations of the study

The children living on streets are the mobile and floating population. Therefore, it is difficult to maintain contact with the population. It is also difficult to draw the representative sample from such population. Many children tried to dissemble some personal information like family background, information on age, education, etc., Hence the researcher encountered limitations with regard to addressing these issues properly. Gender is an essential demographic component which helps to comprehend the severity of the problem among boys and girls. But the present study has able to capture the meager number of street girls; therefore, the gender wise analysis could not be proffered in a comprehensive manner.

Results

Socio-economic, demographic and abuse related information

Table 1 indicate the socio-economic characteristics and abuse-related information of children living on street in Mumbai. The gender wise distribution shows that the majority of the study population were boys (77%). The result indicates that slightly less than the three fifth (57 percent) of children were from Hindu religion. Further analysis shows that a large section of them (42.3 percent) were not aware of their caste, while one-fourth of them were from General caste group. Slightly more than half of the children were staying since 1-4 years on streets of Mumbai city. Begging (18.8%) and rag-picking (19.6%) are the main leading occupation of these children while more than three-fifths of them were engaged in other kinds of work i.e., shoe shining,

cleaning, vendor, etc. The further analysis shows that two third of the children faced verbal abuse, 58 percent of children faced physical abuse a week preceding of the survey while two-fifths of them faced sexual abuse during their street life.

Symptoms of psychosocial distress

Table 2 shows the Symptoms of the self-reported symptoms of the psychosocial distress among children living on street a week preceding the survey for each of the 12 items of GHQ scale. The Symptoms of symptoms of psychosocial distress are been described on the Likert scale (not at all, no more than usual, rather more than usual, much more than usual). The result indicates the experience of symptoms of psychosocial distress among children living on street from the following statements. Children living on street reported 'Not at all' for the statements "able to concentrate" (24.8), "playing useful role" (34.2), "capable of making decision" (30.3), "could overcome difficulties" (33.3), "able to enjoy day to day life" (14.1), able to face up to your problems" (48.7), "feeling reasonable happy" (38.9), "losing confidence in yourself" (46.2). The majority of children living on street experienced 'much more than usual' reported in following statements, "sleep disturbance" (54.3), "constantly under strain" (66.2), "felt unhappy and depressed" (60.7), "yourself as worthless person" (55.1).

Variables	Percentage	N
Age Group		
10-12 years	40.2	94
13-15 years	42.7	100
16-18 years	17.1	40
Sex		
Male	77.4	181
Female	22.7	53
Education		
Illiterate	6.4	15
Up to primary	46.2	108
Middle school and above	47.4	111
Religion		
Hindu	57.3	134
Muslim	29.1	68
Other	13.7	32
Caste		
General	25.6	60
OBC	13.3	31
SC/ST	18.8	44
Not aware/Do not know	42.3	99
Duration of stay		
01 to 04 Years	51.3	120
05 and more years	48.7	114
Type of work		
Begging	18.8	25
Rag picking	19.6	26
Other	61.7	82
Substance Abuse		
Tobacco	76.5	179
Alcohol	28.2	66
Glue, solution, whitener, etc.	68.8	161
Abuse Faced		
Verbal	64.1	150
Physical	57.7	135
Sexual	20.1	47

Table 1: Socio-economic characteristics and abuse related information of children living on street in Mumbai.

GHQ-12 scale items	Not at all	No more than usual	Rather more than usual	Much more than usual	Number (N)
Have you been able to concentrate	24.8	1.3	12.0	62.0	234
Sleep Disturbance/ Lost sleep due to worry, tension etc.	33.8	2.1	9.8	54.3	234
Felt that you're playing useful role	34.2	18.4	3.9	43.6	234
Felt capable of Making Decision	30.3	7.3	4.7	57.7	234
Felt Constantly Under strain	23.5	3.0	7.3	66.2	234
Felt you could overcome difficulties	33.3	4.7	6.4	55.6	234
Are you been able to enjoy your day to day life	14.1	7.7	7.3	70.9	234
Are you been able to face up to your problems	48.7	11.1	6.0	34.2	234
Felt unhappy and depressed	21.8	4.3	13.3	60.7	234
Feel losing confidence in yourself	46.2	5.1	6.4	42.3	234
Thinking, yourself as worthless person	35.5	3.4	6.0	55.1	234
Feeling reasonably happy	38.9	4.3	3.0	53.9	234

Table 2: Prevalence of GHQ-12 self-reported psychosocial distress among children living on street in Mumbai.

Factors associate with the psychosocial distress

Table 3 predicts the symptoms of the psychosocial distress among children living on street by selected background and their lifestyle-related characteristics. Psychosocial distress variables were categorized into three groups- normal, moderate and severe. The finding shows that a large section of them was facing moderate or severe kinds of distress. It has also been noted that the symptoms of psychosocial distress is not similar across different age groups. Around 57 percent of children from 10-12 years of age group were having moderate kind of distress while two-thirds of children from age group 13-15 years and 16-18 years were facing severe kind of distress. The chi-square test also showed a statistically significant association between increasing age and symptoms of psychosocial distress among children living on street ($\chi^2=24.4085$, $p<0.000$). Gender wise analysis highlighted that boys were slightly more prone to psychosocial distress than girls. The religion-wise analysis indicates that children from Muslim religion were considerably more prone to have psychosocial distress than children from other religion. Further analysis shows that children

Variables	Normal	Moderate	Severe	Number	Chi-Squire
Age Group					
10-12 years	6.4	57.5	36.2	94	24.4085, p<0.000
13-15 years	8.0	26.0	66.0	100	
16-18 years	7.5	25.0	67.5	40	
Sex					
Male	5.0	36.5	58.6	181	9.3203, p<0.009
Female	15.1	45.3	39.6	53	
Education					
Illiterate	26.7	33.3	40.0	15	9.9464, p<0.041
Up to primary	7.4	39.8	52.8	108	
Middle school & above	4.5	37.8	57.7	111	
Religion					
Hindu	4.5	40.3	55.2	134	6.6012, p<0.159
Muslim	10.3	30.9	58.8	68	
Other	12.5	46.9	40.6	32	
Caste					
General	10.0	26.7	63.3	60	6.8446, p<0.335
OBC	6.5	48.4	45.2	31	
SC/ST Not aware/Don't know	6.8	47.7	45.5	44	
	6.1	38.4	55.6	99	
Duration of Stay					
01-0.04	6.7	45.8	47.5	120	5.6839, p<0.058
05 and above	7.9	30.7	61.4	114	
Occupation					
Begging	12.0	56.0	32.0	25	13.3132, p<0.038
Rag picking	0.0	53.9	46.2	26	
Cleaning	0.0	50.0	50.0	36	
Other	15.2	32.6	52.2	46	
Total	243				

Table 3: Prevalence of psychosocial distress by socio-economic characteristics among children living on street in Mumbai.

from General caste group (65%) and children who were not aware of their caste (55.56%) were having more distress than their counterparts. The duration of stay on street or open spaces was having a significant relationship with distress. Children those who were staying five years or more were having considerably severe kind of distress. This association also shows statistically significant ($\chi^2=5.6839$, $p<0.058$). About half of the children those who were engaged in begging or rag picking were having moderate kind of distress. The value of chi-square test showed the statistically significant ($\chi^2= 13.3132$, $p<0.038$) association with the type of work.

Discussion

The unplanned urbanization has leads to the many problems including the phenomena of street children. The phenomena have been seen only in context of social-economic perspectives but need to explore the mental health aspect of the study sample. As these children face brutality, maltreatments, rejection, distress which further leads to the negative effect on their health and mental health. The objectives of the study were to understand the prevalence of psychosocial distress among children living on street and factors associated with their distress. The result highlights that the children living on street exposed to severe psychosocial distress and appeared to be a risk group in terms of mental health problems. The previous research supports the arguments that these children are more prone to the various mental health problems [20-22]. The further analysis emphasize that

there is a strong correlation between the age of the children and the psychosocial distress. As the age of children increases the probability of distress also increases. The existing literature suggests that age is an important demographic component to determine the psychosocial status of an individual and young people are more prone to the mental health disorders [23]. Across all develop and developing countries, gender imbalance has been seen while dealing with the phenomena of the street children. The studied sample is also predominant with the boys. It has also seen that the boys are more prone to the psychosocial distress. The earlier research demonstrates that there are many socio-cultural factors responsible for the less number of girls on the street and society prepare girls to adjust with the family and social problems [24]. Alongside, it has also observed during the field study that there is a distinction in the work profile of boys and girls. Hence, it may be the reason for the variation in the symptoms of distress among boys and girls.

The study population is highly mobile in nature. They don't have a permanent shelter. Largely they stay in public and open spaces. Such instability and insecurity increase the chances of maltreatment and violence which further contribute to the distress among these children. The foregoing literature argues that the unstable nature of residence or shelter further leads to the mental health problems [20]; homelessness accelerates the psychosocial and other behavioural problems [25].

Additionally, it was found that there exists a positive association between the duration of stay on street and distress among these children. As these children stay on street without been commended to the care of responsible adults there appears a greater likelihood of them facing various kinds of abuse and other sexual problems which in turn leads to many distresses and behavioural problems like drug addiction, depression, suicidal thoughts or attempts [26]. The responses of key Informants show that initially when child land up on the street, she/he receive a fair or sympathetic treatment from the peers and society. As child accommodate him/ herself with the environment, start getting negative treatment from the peers and people. It includes the abuse, neglect and violence. All these factors further affect their mental health status.

The type of work or occupation is an important factor to analyze the mental health of an individual. The results highlight the children those who were engaged in begging and rag picking are more prone to psychosocial problems. The existing literature argues that working children are at high risk of physical, emotional and sexual abuse at work place [27,28]; the working girls are at an increased risk of sexual violence [29,30]; work for a long hours and at young age corresponding to the inferior mental health [31]. The erstwhile research suggests that there is a correlation between type of work and mental health of child. The adversity like persecution, maltreatment and violence at work place further add to the vulnerability to their mental health [32]. The previous research indicated that the risk factors for the psychosocial distress are multifarious inclusive of factors like young age group, work status, having health problems, place of residence and so on [33]. The present study found that the children living on street are at a high risk of psychosocial distress and the factors like age, gender, place of residence, duration of stay, type of work and work condition contribute to their distress.

Conclusion

The present study deals with the children living on street which figures most prominently among the marginalized section among the underprivileged children. These children are prone to various forms

of abuse, neglect, violence and so on which further appreciably affects their overall development. The study has found that factors like age of the children, duration of stay, gender and their occupation contributes to the distresses among the children on street. The study demonstrates that there is a strong need to focus on this section of the children and hence the concomitant need to have a multi-level plan and collaborative efforts from various stakeholders, including Government and non-government sector to bring them into the mainstream of the society.

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