CITY LEVEL INITIATIVE FOR STREET CHILDREN OF BANGALORE CITY

A One Day Consultation - 9th May, 1998

A REPORT
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Very few people realise that street children as a phenomenon have always existed. After the industrial revolution in Britain and the spread of industrialisation through out the world, street children seem to have become a brutal truth and a part and parcel of a society. With a rapid spread of the model of production around the world, street children became a global presence. In communist society street children were unknown. After the reforms of 1991, street children are being created in increasing numbers, even in the cities of Central and Eastern Europe.

The fifth year students of National Law School were offered a course on Child and the Law. Three students, Arvind, Apoorva, Padmashree decided to work on the issue of street children. These students were to work closely with an NGO, Association for Promoting Social Action, APSA, promising it be a field based experience, wherein they could make a study of 'social problems' by stepping out of their legal studies. Gradually this group of three students, became involved with the thirteen street children they were interacting with, at Cubbon park.

To begin with, these children were in a begging racket under a person by name Lambu. He was involved in a kidnapping case and was arrested and these thirteen children were also rounded up. APSA was interested in finding out ways of helping out these children and took the legal initiative. Thus the joint task began. In the course of interaction, the students realised that the children wanted to avoid being on the streets. In January, the kids approached Arvind , seeking to use his house, to sleep in the night. Arvind and his parents obliged. The students continued to interact with the children in the evenings and gradually a number of activities evolved. Sanjay and Clifton joined them. As they grew closer to the children, they gained an insight into their psychology and their past. At this stage, Prof.Babu Mathew called for a meeting with the students, APSA, BOSCO and Shekhar Shesadri from Nimhans and representatives from Childline. At this meeting APSA agreed to take the responsibility of looking after the shelter as soon as one was to be found.

Thus the immediate need was to find a shelter for these children. This was imperative for any kind of activity on a sustained basis. Efforts were made by contacting Real estate agents, Bangalore City Corporation and through News Paper advertisement. The shelter had to be location specific, since these children worked in the MG Road area. At this juncture RBANMS trust came forward with the offer of a temporary shelter at the college premises. APSA, general community, Child right activists, specialists on drug addiction from Nimhans, National Law school students, Centre for Child and Law, non-formal educationalists, prof.Babu Mathew, and last but not the least the volunteers, contributed to this initiative in their own might.

Soon the group realised that these 12 children alone do not constitute the lot of street children. That there are many more such children requiring meaningful interventions. Consequently the need to reach out to all of them at the city level was felt very strongly. Further, the group had received considerable support and encouragement from various quarters, which was also an encouraging factor for such a thought. All this prompted the group to organise for a one day consultation on City Level Initiative for Street Children.

One day consultation

The discussion started with the complexity of the issue and the difficulty involved in coping with them. This involves a gamut of questions - who are these children, why are they on street, what do they do while on the streets, and what impact does all these have on their being as individuals and on their personality?

PROFILE

Street children, who are one of the most vulnerable lot, are not a homogeneous group. There are children who have no one to go to and no where to go to. They have been either abandoned by their family members or the children themselves have abandoned their families. This category fits in with the image the society has towards the street children. In reality, however, there are other groups of children who also fall within the definition of the category called street children.

There is a second category of children, who run away from their homes and spend most of their time on the street. Street becomes the place of their work and it is there that they eat and sleep. Occasional family ties are however maintained by these children.

There is the third category of children who spend most of their time on the street, but who go back to their families at the end of the day. In this case, the family itself could be street based or it could be slum based.

Street, then largely becomes the centre of activities for these children. However the difference among the three categories of children lies in the relationship they share with their families. There is no question of family ties for children who are abandoned or who have abandoned their families. However, even those children who have either occasional contacts or even daily contacts with their families are operating from the context of eroding or weakening family ties. But their homes are invariably sites of violence against them and other family members. Working and living on the street means exposure to abuse, harassment, exploitation, violence, prostitution, drug addiction. Above all they are neglected and un-cared for.

Their identity formation is based on the societal attitude towards them. The societal attitude is one of contempt and condemnation. In the absence of family, and a class support, these children are left with nothing but an identity crisis and a low self-esteem.

These children have a strong sense of a collective and rely upon each other in times of crisis. Everything is common property resource and they have no sense of individual or private property. The way they are is a reflection of identities they have about themselves.

Sense of freedom is very high in them and they draw from their inner strengths. These children have little to eat and drink, but they are survivors and have a sense of life and a culture of their own, which is most often than not different from the mainstream. The kids at the shelter travel alone from Bangalore to Bombay and other places.

Being innovative, (given the context of limited resources) in life or play is about innovating with minimum resources. When the kids at the shelter want to play badminton and the rackets are missing, they bring in their eating plates to play and have no qualms about it. They have very high level of energy and its when they are on erasex or some other substance they are in a state of listlessness.

While the somatic processes can be easily understood, it is difficult to get into the depths of the psychology of these children. Their low self esteem, feeling of guilt, their resorting to drugs despite knowing all its adverse effects are some of the little known areas which need to be understood.

MAGNITUDE

One of the complexity involved in addressing this issue pertains to the lack of reliable data, on the magnitude of the problem of street children given the very nature of this category and the high mobility of this target group. Various studies have been conducted at different points of time, but none seem to synchronise in their findings or reflect the actual ground reality of the streets of Bangalore. Field experience has been strong in the work with street children in Bangalore, and much of the NGO initiative in this area has been built on the pioneering work done during the eighties.

During September 1996, BOSCO, an NGO working with street children in Bangalore, conducted a preliminary survey of the arrivals of street children in the Bangalore city station, and came out with the number of 65 children arriving per day, of whom most, i.e., 98% were boys. In comparison, the Concerned for Working Children's study during 1989 put the figure of the total population of street children at about 40,000. UNICEF also came out with an estimate of 45,000 children based on the 1981 census.

Hence there is an urgent need to assess the magnitude of the problem. Once this is done strategies, outreach, and interventions, can be more meticulously planned.

Myths & Realities

The rationale for this title comes from the several misconceptions about these children in terms of understanding, who these children are, what they constitute, what they do, what their needs are, etc., A conventional list, comprising of the needs of the street children is usually something like this-

* Shelter
* Nutrition
* Health care
* Education
* Vocational training
* Saving schemes
* Family reunification (sometimes)
* Love, affection, relationships, emotional support

A study done in Columbia, with a sample of ninety four boys, on an average eighteen years old, who left home when they were eight years old, did not fit into the stereotype of anti-social behaviour. They had left home as they disliked abuse. They wanted to contribute, and love, affection, relationship and emotional support was their pre-requisite. The law school students had a similar experience to share. Towards the end of the field study, the National Law School students who were interacting with these children offered to buy the boys Bhelpuri, because one of the kids, was hungry, Akbar, a handicapped child said, he would take care of his hunger- 'you have given us your love that is enough'.

Due to the gap in the myths perpetuated and the existing realities, the societal attitude is one of condemnation and stigma. The needs of these children in terms of shelter, nutrition, health care, education, vocational training is not underrated or relegated to the background, but the nature and quality of human factors, complementing and supporting the above mentioned needs, requires careful consideration.

Shelter is a biological need for these children. But these children are unable to satisfy this basic need. The children 'wanting to be on the street' is a great misconception. Shekar Sheshadri, a Child Psychiatrist from NIMHANS, says "the life of a street child is being a matrix of risk. The child is constantly at risk and under threat from preying adults, police and other authority figures". There is no physical space to which the child can come to, again and again, which reassures the child that there is somebody who cares, enabling them to feel secured. This lack of shelter, combined with a constant sense of threat, either makes the child sullen and withdrawn, or violent, or simply has a negative impact on the child's self esteem. The child's universe is enhanced, through creating a space which is permanent, and to which he/she can come back to after a hard day.

Health care and hygiene are again two major biological needs. This need for basic health care is a highly neglected area. Hygiene is not particularly high on their priorities. The children are sometimes bitten by dogs while rag picking. There are wounds on the leg and several other complications with which they survive day and night. These constructed concepts enable the marginalisation and exclusion of the sick and dirty. In the process the child's identity is marginalised. While their life is a struggle against the un-certainty of two square meals per day, it is but natural that hygiene and health are not on their priorities.

Adaptive mechanisms, that are available to the 'normal children', are not available to these children. Most of these children are into substance abuse and drugs. Once they are on the streets, they will only emulate what their peers do. The children at the shelter when asked to draw pictures, drew pictures depicting the ill effects of smoking and drinking, as they know the disastrous effects that substance abuse will have on them, Khalim says, "I know my chest will burn, my heart will have a hole, I will loose my weight and stamina, but...". We could think that it could possibly be linked to the life of high risk they live. If temperatures at night, which make us want to use a blanket, they use the erasex, which dulls their sensations and makes the cold bearable. The morning sniff of erasex, makes hunger bearable and the kids are able to ward off the pangs of hunger.

The stress, these children face, is at various levels.

1. Major life events:

* Parental death,
* Abandonment,
* Family disruption due to conflicts with stepparents,
* Migration from rural areas to cities,
* Physical and sexual assault and exploitation.

2. Everyday problems enduring life strains

* Poverty'
* Finding accommodation/somewhere to sleep/enough to eat/clothes, families demanding money'
* Unhealthy living environment,
* Avoiding violence and sexual abuse,
* coping with exploitation by police or peers,
* Lack of access to employment and recreation.

3. Life transitions
* Adapting to new situation - moving between communities/cities, with disruption in peer relationships

4. Developmental changes of adolescence
* Physical changes of puberty,
* Development of sexual and self identity,
* Adaptation to adult roles.

What may be an eyesore for us, are in-fact survival strategies for these children. Begging, smoking, erasex, stealing, age inappropriate sexual behaviour, violence are their survival strategies against the structural linkages which marginalise them.

The approach should not be one of reproach or repulsion or ostracism, but one of understanding and reasoning, as to why kids who know the adverse effects of drug abuse still resort to it. Lambu who controlled the kids previously, used to inject substance into the veins of the children. It goes unsaid that the adults have a major role in inducing the children into these habits. It might be something as explicit as Lambu did, or using the children to sell abusive substances clandestinely, or use cigarettes and bidis and leave them on the road side. The chaatwala near cubbon park , and the passers by brand these kids as 'very bad' as they smoke. But these children on the periphery, totally excluded from the expression of sympathy and pity, adopt to these adult habits. One of the kids said "the only reason I smoke is because, there are cigarettes available. Cigarettes are available, because adults smoke".

These children have either not been to school or have been dropouts. These children have a very low level of self-esteem and are bullied by the other children who come from secured or relatively secured backgrounds. The structured, formal education system does not contribute to their required life skills. The kids at the shelter responded very well to the informal and creative methods of teaching.

STRATEGIES

Strategies must be based upon the profile and complexities of the street children. As stated earlier, among the street children themselves there are different categories, and the strategies to be adopted, needs to be unique given their myriad backgrounds. A great deal of sensitivity is required in identifying their needs. Independent of the strategies adopted, a few common features need to be borne in mind -

* These children are survivors and they do not come asking for help and it is we who go to help them.
* These children lack resources and draw from the inner resources and they form their own rules and strategies
* These children are a mixture of children and adults. Children as they are vulnerable, and adults as they are on the street on their own and are survivors on the street.

Existing strategies have been largely institutional in nature. This again stems from our own understanding of the category of street children being - violent, uncontrollable, delinquent, and therefore the best way to deal with them would be to institutionalise them.

Institutional approach refers to the practice of admitting children considered 'at risk' for long term care into residential facilities like orphanages, destitute cottages, as a solution to meeting their physical and developmental needs (NIS Report '98' BOSCO) These services fall into two categories, Statutory and Non-Statutory –

Statutory (J.J. Act)	**Non-Statutory (Voluntary/Government)**
Observation Homes, Juvenile Homes, Special Homes, After Care Institution	Shelter Homes SOS Villages Orphanages Destitute Cottages

The salient features of these institutions are their residential setting, group care, and long term emphasis. These institutions are structured and regimented, with limited or no child participation, with a primary focus only on the basic needs which is achieved through a curative approach, and is characterised by either an absence or limited community participation.

An example of this kind of an approach is the very criteria on which these children are brought into the purview of institutions. For instance the inmates of an institution in an observation home at Bombay consist of -
42% apprehended for wandering
32% sleeping in the wrong place
20% petty theft
6% falsely accused

The structured environment, negative impact of correctional machinery, creates fear, anxiety, resentment, hostility, depression and other similar reactions. The quality of services and their rehabilitative approach are a few other discontentments experienced about the institutional approach. A study conducted by F.G.D., on children's perception to J.J.S. was..."observation home is a jail...beaten by staff... no freedom.... not allowed to play....nobody to talk....volunteers sit far and don't touch us....hygiene should be improved....family atmosphere should prevail....this is the punishment For running away from home...."

Experience reveals that the institutional approach has certain negative implications for the children. They are in terms of the:
* isolation and loss of identity,
* emotional and behavioural difficulties,
* failure to learn social skills,
* dependency that it creates
* failure to develop full potential,
* difficulties in adjusting to the mainstream,
* lack of love, affection, relationships, emotional support.

One cannot however under estimate the relevance of this approach. For, in certain situation its relevance is unequivocal. Its relevance lies in the following situations:

* Crisis period - ex: sickness, death of a parent or guardian,

* Need for protection - ex: girl child endangered by pimps,
* Extreme behavioural problems,
* Lack of other alternatives.

In the context of this background, one could streamline the strengths of the institutional approach by
* treating the institutions as a stop gap arrangement,
* stepping stone towards de-institutionalisation,
* applying the non-institutional approaches to these institutions eg: Sneha Sadan of Bombay, and
* planning properly.

It is more than clear that the street children are not comfortable and satisfied with the prevailing atmosphere, and the approach adopted, and the services rendered at these institutions. It is a number game, and there is no sense of ownership in these institutions, and either there is a marked absence of or a limited child participation coupled with an utter lack of transparency and accountability.

Under these circumstances it is important to examine whether non-institutionalisation is the answer. Non-institutional approach refers to the practice of encouraging family involvement, mobilising community services, strengthening family's own ability to nurture their children.

A report prepared by BOSCO on Non Institutional Strategies (NIS), highlights the role of non-institutional approach in the rendering of various services in the following manner.

Substitute	**Supportive**	**Supplementary**
Adoption	Juvenile Guidance Centre	Sponsorship (working Children)
Foster Care	Child Guidance	Family assistance
Group foster homes	Family Counselling	
Youth group homes (low cost housing schemes)	School of Social work	
	Transit shelters, street centres, children's networks, community outreach, re-integration into families, local NGO networks	

City Level Initiative

There are a few instances, where initiatives at the city level have been undertaken. This has experienced considerable success. The city level initiative for street children at Cochin and Vijayawada have several unique features which are very significant from the point of view of their replicability. Some of the important learnings from these initiatives include:

a) the approach could be institutional, yet the ambience within could be non institutional in

nature. Thus the environment within a institution is of great importance for the well-being of the children;

b)people from different walks of life are concerned about the issue of street children and are willing to translate this concern into action. The willingness expressed by the State and the police to be part of such an initiative is responsible for giving the necessary impetus in these two cities.

C) the emphasis on relationship and the need to satisfy the emotional needs as against the physical needs created a strong sense of bond between the adults and the children in these initiatives. Thus the relationship between the child and the adult is a crucial factor in the well being of a child.

These efforts also reveal that the non-institutional interventions are far more effective than the institutional interventions, in terms of cost effectivity. While the government incurs an expenditure of 7.5 crores annually, non-institutionalisation is less expensive.

In terms of outreach, while 570 government institutions are supporting 45,000 children, lesser number of voluntary institutions are supporting 1,50,000 children. The government not only deals with an insignificant number of children, but also does not address the aspect of prevention.

Mainstream and the street children & subverting the mainstream

The importance of questioning the mainstream emanates from the strong culture that these children have acquired from their life-styles, vis a vis a strong mainstream culture, which is eternally eager to coopt, encroach and absorb the alternatives.

The primary question that arose was, should these children be made like us (mainstreamed) or should their culture be preserved? These children, given their unique way of surviving, have several strengths, to name a few - community living, a very low or absence of private property, sharing. It thus becomes a constant struggle between where and how to fit them in a mainstream, and which aspect of their culture needs to be preserved.

This also makes one question the relevance of the mainstream itself in terms of the education it imparts, the life styles, the way it perceives individuals from various backgrounds etc., to mention a few aspects. There are however several such aspects of the mainstream which need to be questioned.

Given the interest and the concern shown by the various individuals the possibility for evolving a new collective to deal with street children was explored in the concluding session.

The discussion was a clear indicator of the interest, that individuals and organisations nurtured for a city level initiative, and that this initiative can rope in people from various walks of life.

A consensus was evolved on the following issues:

1. constituting a collective, for the strength of a collective was recognised by the individuals,
* NGOs being integral to this initiative

* Involve Government at ward levels, and in partnership,
* Evolve new institutions,
* Create friends of Street Children in Bangalore
* Build a student's movement, by reaching to new students, thereby generating youth power, which could be a transitory community.
* Constituting institutional partners to evolve new organisational forms.
* Involve Police and Civic authorities, not just in terms of law and order, but in terms of approaching this category sensitively.

2. Action Research

The need for an action research was strongly felt by all. This not merely to understand the extent of the magnitude of the problem, but also to understand the somatic and the submerged psychological aspects of these children. It was considered equally important to train people on it.

3. Fund raising

It was felt that all those involved and aware of the initiative could play an important role. Further, it was also felt that the funds should be mobilised only from within.

4. Access to the premises

* Efforts would be made to extend the tenure of the present shelter for one more year
* the demand for a permanent place would be followed with the Corporation.

5. Drugs and substance abuse

* In this regard, it was suggested that efforts should be undertaken to combat Sale of Erasex
* Train people to handle children who abuse drugs.

The structural adjustment programme is responsible for the increase in the number of street children. A shift in policies, which are oriented towards unequal society, creating a wider gap in the production and distribution, responsible for the increase in numbers. Industrialisation, coupled with migration, urbanization, have brought more and more children onto the streets. The worst outcome is the families that are in crisis due to the operating of the vicious circle. A structural analysis of the situation and activities involved is most crucial.

In this context we need to tackle this issue, both at the micro and macro level. It is crucial to weave in micro processes in macro analysis and vice versa.

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Magnitude of the Problem

Genesis of the Problem

REASONS FOR LIVING ON THE STREET		%
Economic Problems	65	24.4
Family Problems	51	19.2
Drug Related Family	19	7.1
By Choice	23	8.6
Drug Use by Self	9	3.4
Multiple	30	11.3
Forced to Study	1	.4
No Choice	9	3.4
No Information	59	22.2

Socidemographic Profile

CENTER	Freq.	%
Bosco	67	23.8
Navjeevana	45	16.0
Paraspara	30	10.7
Reds	28	10.0
Deeds	36	12.8
Y.M.C.A.	6	10.7
Maitri	29	10.3
Asha	16	5.7
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Total	281	100.0

Age 14.5 (3.4) years [7 - 25]
Sex 81.9% males
Education 2.4 (2.9) years
Working days 5.3 (2.4) days /week
Daily income Rs. 35 (28)

197 Drug users [incl. tobacco]
84 Non users

Living status

	Freq	[%]
home	131	46.6
street alone	25	8.9
street gang	80	28.5
others	41	14.6
street with parent/s	3	1.1
Not known	1	.4

Drug Abuse

Risk for Drug Use = (Dis)stress + Normalization of Drug Use+ Drug Effect Attachments+ Coping Strategies+ Resources

■ Stress

Intactness of Family

		Valid %
Family intact	**105**	**44.9**
Broken family	**129**	**55.1**
Not known	47	Missing

1] Major Life Events

Parental death
Abandonment
Family disruption due to conflictswith stepparents
Migration from rural areas to cities
Physical and sexual assault and exploitation

2] Everyday problems Enduring life strains

Poverty
Finding accommodation / somewhere to sleep/ enough to eat / clothes
Families demanding money
Unhealthy living environment
Avoiding violence and sexual abuse; coping with exploitation by police or peers
Lack of access to employment and recreation

4] Life transitions

Adapting to new situations - moving between communities/ cities with disruption in peer relationships

5] Developmental changes of adolescence

Physical changes of puberty, development of sexual and self identity, adaptation to adult roles

- **Normalization of drug use** (extent to which a particular drug using behaviour may be considered "normal" in a society or subculture and how that society reinforces that belief)

1] Price
2] Availability
3] Advertising and sponsorship

4] Societal attitudes and reference group norms

Attitudes			
Perceived positive benefit of drug use	**68.8%**	**35.5%**	****
Drug use perceived as dangerous	**61.5%**	**98.3%**	****
Personal disapproval of drug taking	**26.4%**	**63%**	****
Friends disapproved drug taking	**20.5%**	**60%**	****
No. of friends using drugs	**9.1 [5.2]**	**4[5.3]**	****
Drugs used by friends			
Inhalants, alcohol, cannabis etc.	**78.7%**	**28.6%**	
Tobacco only	**16.2%**	**17.9%**	
Not known	**5.1%**	**20.2%**	
Nil	**--**	**33.3%**	
Drug use in family			
Father			
Nil	**10.2%**	**14 %**	
Alcohol etc.	**71.1%**	**64.3%**	
Tobacco only	**3.6%**	**13.0%**	
Not known	**15.2%**	**8.3%**	
Mother			
Nil	**38.0%**	**37.1%**	
Alcohol etc.	**31.8%**	**35.5%**	
Tobacco only	**22.8%**	**27.4%**	
Siblings			
Nil	**64.9%**	**72.6%**	
Tobacco only	**12.3%**	**5.5%**	
Inhalants,Alcohol, Cannabis etc.	**27.4%**	**21.9%**	

■ Drug experience

Drug Use	
Smoking tobacco	76%
Age at onset of use	10.76[2.4]years
Chewing tobacco	45.9%
Age at onset	10.79[2.5]years
Inhalants ["Solution"]	48%
Age at onset	11.53[2.5]years
Type of inhalant used	
Erazex ("Solution")	11.2%
Adhesives	2.0%
Paints and thinners	1.5%
Petrol	9.1%
Cannabis	15.7%
Age at onset	12.79[2.5]years
Alcohol	42.1%
Age at onset	13.16[2.8]years
Opioids	2%
Age at onset	13.16[2.8]years
Money spent on drugs per day	Rs.18.30[16.9]

■ Attachments (to family, work and peer group)

Determined by a] exposure to opportunities and influences within the group
b] skillfulness of performance in the group
c] rewards received from the group

Young people who develop strong attachments to family and/ or school/work less likely to develop attachments to drug using peer group who expect and reward socially unaccepted behaviors

Positive attachments and negative attachments

	Drug users [n=197]	Non-users [n=84]
Attachment to family		
None	20.2%	24.3% ***
Some	79.8%	75.7%
Time spent at home [days/month	19.22[14.2]days	21.12[13.8]days
Type of sig. influence	30.8%	65.3%
Adult	**69.2%**	**34.7%** ****
Peer group only		
Jobs		
Supervised	19.3%	51.2%
Unsupervised	**72.1%**	**31.0%** ****
No information	8.6%	17.8%

■ Coping strategies and skills

To deal with wide range of stressors likely - requires acquisition of wide range of coping and social skills

Cognitive skills - self assurance, cognitive restructuring, cognitive distraction, self control etc.

Behavioral skills - problem solving, action through negotiation / compromise, withdrawal through leaving/ avoiding the situation, communication skills, assertiveness, social networking, engaging in alternate activities, relaxation

Survival skills ("aberrant") - fighting, running fast, reacting quickly, weathering physical harm

Practical performance skills

■ Resources

Access to resources affects a child's ability to learn skills, change attitudes and perceptions, decrease some of the stresses

Underutilize health and other services

- **Services rarely recognize issues of children / accomodate**
- **Children rarely identify health as major concern, regard self as invulnerable, focus on here and now and not on long term consequences; marginalization reinforces belief that noone cares - the present is all they have**
- **Reluctance to seek help: might make them different from peers or cause employers to look for healthier employee**
- **Children involved in "aberrant" activities poorly understood by mainstream services, receive low priority, are 'criminalized'**
- **Children mistrust Establishment maintained services**
- **Health and welfare agencies (esp. Govt.) have fixed rules and admission criteria c exclude unaccompanied minors from services**

■ High Risk Behaviour

- Criminal behaviour (Solitary ; Peer Group led)
- Age inappropriate sexual behavior ***(45 % of drug users vs 6% in non users)***

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a] Comfort sex
b] Survival sex Coercive and voluntary
c] Commercial sex
Unplanned pregnancies, poor antenatal care, hazardous M.T.P's
Sexually transmitted diseases incl. HIV, Hepatitis B and C

Attitudes and practices inimical to safe sex

- Self mutilation and deliberate self harm

Children with high risk behaviour in comparison with those without:
1. Were older (19[14] vs 20[14] ; t=0.46; p=0.003)
2. Had more drug using peers (10[6] vs 7[6]; t=2.8; p=0.006)
3. Had lower education (1[3] vs 3[3]; t=3.81; p=0.000
4. Started alcohol earlier (13[3] vs 15[3]; t=2.1; p=0.042)
5. Earned more (Rs. 42[20] vs Rs. 33[31]; t=2.2; p=0.029)
6. Had more drug use (71% vs 34%; $\chi 2$=22.98, df=2; p=0.00001)
7. Worked in unsupervised jobs (78% vs 39%; $\chi 2$=13.3,df=2; p=0.0013

■ General Health

Malnutrition and specific nutritional deficiencies
Infectious diseases
Skin and respiratory tract
STD's and viral incl. HIV, Hepatitis A,B,C
Parasitic
Oral health problems - dental caries
Skeletal and soft tissue injuries from accidents and violence

- **Non specific problems - headache, abdominal pains, lethargy, nausea**
- **Neurological deficits - due to drug toxicity**
- **Psychiatric disorders**
  - **Mood disorders, depression**
  - **Suicide and other DSH**
  - **Conduct and antisocial Personality disorder**
- **Cognitive disorders and learning difficulties**

■ Barriers to Care

DEFINING INSTITUTIONAL APPROACH

Institutional approach would refer to the practice of admitting children considered 'at risk' for long term care into residential facilities like orphanages, destitute cottages, as a solution to meeting their physical and developmental needs - (NIS Report '98 BOSCO)

ASPECTS - Institutions (residential setting); Group care; long term; structured and regimented; limited or no child participation; primary focus is on basic needs; limited community participation; curative approach.

INSTITUTIONAL SERVICES

Statutory (J.J. Act)	Non Statutory Vol/Govt
Observation homes	Shelter homes
Juvenile homes	SOS Villages
Special homes	Orphanages
After care	Destitute cottages

NEEDS

* Shelter
* Nutrition
* Health care
* Education
* Vocational Training
* Saving Schemes
* Family Reunification (sometimes)
* **Love, Affection, Relationships, Emotional Support.**

RELEVANCE OF INSTITUTIONS

Certain situations demand the need for institutio
facilities:

* Crisis - eg. sickness, death of parent
* need for protection - girl child endangered by pimps etc.
* extreme behavioural problems
* lack of any other alternatives

Can we look at the existing [illegible]

- a stop gap arrangement
- a stepping stone [illegible]
- using [illegible]
- with proper planning

eg. Sneha Sadan (Bombay)

INSTITUTIONAL APPROACH - OTHER REALITIES

Govt. Institutions

* Perspective and approach - (Observation home - Bombay) [illegible], attitude of staff, lack of understanding, definition of 'neglected' children

[redacted] -

42% apprehended for wandering
32% sleeping in the wrong place
20% petty theft
6% falsely accused
([redacted]).

* Structured environment
* Negative impact of correctional machinery - creates fear, anxiety, resentment, hostility, depression and other similar reactions ('The Delinquent' - Dr Sonober Shekar)
* Quality of services. * Rehabilitation

DO THE INSTITUTIONS FULF[illegible] THE [illegible] THE CHILDREN ?

The childrens responses : (Study - F.G.D Childrens perceptions to J.J. S - [redacted])
Observation home is a jail .... beaten by staff ....
no freedom .... not allowed to play ....
nobody to talk to .... call us 'bombaywallis' ...
[redacted] volunteers 'sit far' and dont touch us .....
hygiene should be improved ..... family atmosphere should prevail ..... this is punishment for running away from home ...

Cost Effectiveness

The Govt. expenditure - 7.5 crores annually. It is estimated that deinstitutionalisation is less costly

Magnitude

570 govt. institutions supporting 45,000 children

voluntary institutions supporting 1,50 000 child

Deals with an insignificant number of children

Impact

- Isolation and loss of identity. Emotional and behavioural difficulties. • Fail to learn social skill
- It creates dependancy • Fail to develop full potentia
- Difficulty in adjusting to the mainstream.
- Lack of love, affection, relationships, emotional si

Additional funding

Ownership of project

- Limited participation of children.
- Lack of transparency, accountability.

DE INSTITUTIONALIZATION – THE ANSWER !

The non institutional approach would refer to the practice of encouraging family involvement and mobilise community services to strengthen and support the family's own ability to nurture their children.

– BOSCO NIS Report

SERVICES

Substitute

Adoption
Foster care
* Grp. foster homes
* Youth group homes
ow cost housing)

Juvenile guidance centres
Child guidance
Family Counselling
School social work
Transit Shelters
Street Centres
*Children's networks
Community Outreach
*Re-integration into families. (follow-up, support) (local NGO networks intense counselling)

Sponsorship (working children)
Family assistance

hemes: out Scheme of Foster family Care. 996-97)
SCCW experience: group foster care, home placements
rom observation homes), Vocational Training and
ob placement (J.H), counselling
udent Initiative (CCL-NLS) Childrens networks,
community involvement.

CONCLUSION:

- Street children are primarily children - children with special needs.

- Family, community - best place for the child

- Recognition of the special needs of street children in the J.J.S

- Focus must be on preventive interventions non ins. strategies and community based strategies.

- Interventions must build up children, be child participative, fulfill their needs, ensure ownership is with the children and community.

- Need for creative options and experiments in response to the situation of street children.

Independent
Self-Employed
Resourceful
Self reliant
Tenacious
Mobility
Survival Skills
Resilience

- Self employed but earnings & occupational mobility are limited
- Hazardous occupations
- Nutrition (Bad Q & Q)
- No shelter
- Minimal Protection
- Minimal health facility
- Exposed to physical & Sexual abuse
- Illegal activities
- Addiction
- Violence
- Special Problems
- Its "a Daily survival Scenario"

"a Precarious life on the Street"

" Many people think that these kids deserve to be street children, and that they need to be punished. These kids who live and work on the streets, or at the railway station and bus depots are kicked around and bullied. There is not much that I can do to help them, but I think it makes a difference if they know that they can work and live in safety"

- D.S. Chaudhaury

" Poverty is one side of life. On the other side, in Brazil, is ch abuse. If the child is free, he thinks he will be better off on t street. The media plays a large part in forming this "

Herculano Campos - Brazil

"Polygamy leading to larger numbers of children living in poverty, situation where conditions often neglected, leads them to walk out their homes and onto the streets"

Itazzurako - Peru

"Mt.Pinatubo volcano displac4ed 1.5 million people from Luzon ar the numbers spilled into the urban streets"

Edward Gerlock - Philippines

"In Srilanka, due to the civil war, refugee children come to the citie as there is not enough space in the refugee camps"

Sheila Arangala – Sri lanka

"God and teachers are the same. We cannot see god and we canno see the teachers"

Fr. Jesu - India

"Urbanisation and the management of urban space form one of th basic factors leading children onto the streets. Lack of strong urba infrastructure and the problem of housing in cities chases children ou of their families."

Moussa Sissiko – Mali

Structural causes	Intermediate causes	Immediate causes
Economic system	• Poverty • Unemployment • Migration to urban areas and abroad • Unequal wages/access to resources • Urbanisation • Debt servicing • Lack of social security • Child labour • Abuse by employers • Environmental degradation • Poor housing	• Feeling of deprivation • Homeless ness
Political system	• Civil War • Internal strife	
Social system	• Racial, ethnic, caste conflict • Gender relationship in the family • Alcoholism in the family • Family disintegration • Desertion • Divorce • Polygamy • Changes in the family structure	• Parent abuse • Step parents • Use of drugs • Lack of role model
Cultural system	• Absence of education • Poor quality education • Cultural patterning • Irrelevant education • Media	• Abusive teachers • Absence of teachers • Lack of Recreation • Peer group pressure • Attraction to glamour of cities • Consumerism • Value of freedom • Attraction to NGO programmes

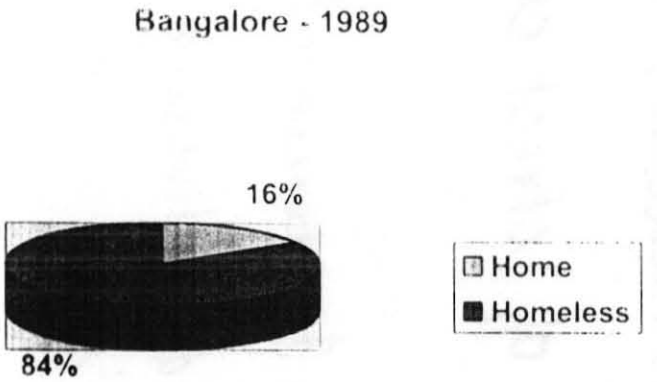
The Problem of street children can be tackled only by understanding

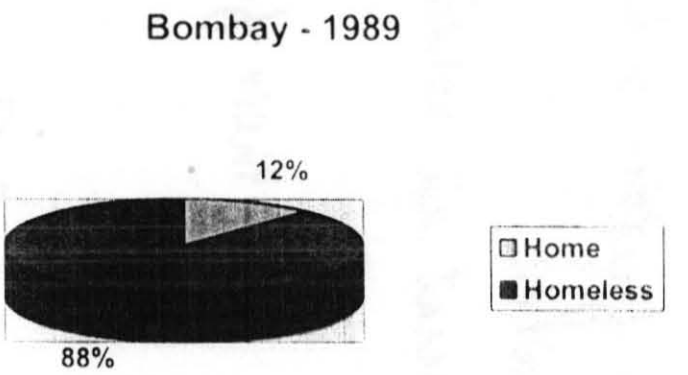
- the Socio economic factors which lea to their Current state
- the street environment in which they live and operate
- the links they have with their family and the Community

WHO WILL DO THIS ?

<u>Policy framework</u> - Government, NGO's with active participation of street children themselves.

The Main responsibility for Implementation, Designing, organising and delivering service should be vested in NGO's.





" The problem of street children should be redefined as one primarily of unprotected children who were frequently exploited and who worked under abominable conditions for very low returns"

1. Economic Assistance Programmes

Cat a) Most Severly unprotected, no families, homeless and the young (10-15%)

Comprehensive
- Shelter
- Health Care
- Education
- Vocational training
- Counselling
- Access to basic Social Services

Cat b) Children with tenuous links c̄ their families (15-20%)

- Temporary shelter & Services.
- Drop-in Centre's
- Recreational Services

Cat C Street children who live with their families. (65-70%)

- Community based project, rath than institutional
- Improvements in children's conditions planned c̄ family
- Income generation
- Savings
- Credit
- Marketing Services

All Categories
- Health Care
- Legal assistance
- Counselling Services.
- Economic programme
- Shelter
- Social Services
- Welfare Services.

- Sensitise the state & Govt, to defend child's rights & assume responsibility along c̄ other actors of Society in alleviating Macro issues.

- Advocacy & Networking in order to influence larger forces.

- Media - Immediate tool for redressing public opinion
  - Investigative reporting
  - Dissemination.

- Building alliances with other Movements, & struggles working towards just, equitable and alternate development.

A BACKGROUND NOTE

The year 1979 marked a new beginning as far as the issues regarding children are concerned. It was significant not only because it marked the beginning of a concern towards children in general as it was declared as the Year of the Child but also because it marked the beginning of a growing concern towards certain disadvantaged sections among children. Street children constitute one such group of disadvantaged children.

Street children, who are perhaps one of the most vulnerable lot, are not a homogeneous group. There are children who have no one to go to and no where to go to. They have been either abandoned by their family members or the children themselves have abandoned their families. This category fits in with the image the society has towards the street children. In reality, however, there are other groups of children who also fall within the definition of the category called street children.

There is a second category of children, who run away from their homes and spend a lot of time on the street. Street becomes the place of their work and it is where they eat and sleep. Occasional family ties are however maintained by these children.

There is the third category of children who spend most of their time on the street, but who go back to their families at the end of the day. In this case, the family itself could be street based or it could be slum based.

Street, then largely becomes the centre of activities for these children. However the difference among the three categories of children lies in the relationship they share with the their families. There is no question of family ties for children who are abandoned or who have abandoned their families. However, even those children who have either occasional contacts or even daily contacts with their families are operating from the context of eroding or weakening family ties.

These children who are the children of urban poor, usually work as rag-pickers, car cleaners, small time vendors, sell newspapers magazines, coolies etc., Some of the children eke out a living by begging. At times they are used for drug peddling. These children are by and large viewed as someone who have been abandoned and end up usually as juvenile delinquents.

Working and living on the street means exposure to abuse, harassment, exploitation, violence, prostitution, drug addiction. Above all they are neglected and un- cared for.

Sometimes they are on the street to supplement the income of the family. Most of the time it is the absence of a conducive atmosphere within the family which is intensified by the context in which these families operate, which is one of poverty. Thus, dysfunctional families act as one of the major factors for pushing the children on to the street.

Street children have limited access to urban services. The services that they are able to access is provided by NGOs to a great extent. NGOs extend facilities in terms of night shelters, vocational education, nutritional component, health related facilities etc., The magnitude of the problem is such that wider societal initiatives must also been drawn in.

It is a problem which cannot be dealt, without involving the various sections of the society, the state, police, judiciary, the general public, etc.,Experience reveals that in order to rehabilitate the street children, existing resources and facilities could be used innovatively and effectively. Effective networking among concerned individuals and organisations is however necessary for this purpose. This not only enables effective pooling of existing resource base but also ensures a greater coverage in terms of not merely the number of street children but also in terms of the types of services that are extended to the street children.

It is a couple of decades since the issue of street children has been put on the public agenda and yet the problem persists. While building on the strengths of the existing approach, perhaps it is time now to explore the possibilities of a new approach which facilitates initiatives for these children at a wider level.

unicef

INTERNATIONAL CHILD DEVELOPMENT CENTRE

THE DISADVANTAGE OF [illegible] IN INDIA

Innocenti Occasional Papers

recognize that, in the context of the economic role of the working child, the immediate need is to prevent the child from being exploited or made to work in hazardous conditions. It is equally important to protect the child's interests and ameliorate the conditions in which he or she works. The Act and the Policy also recognize that services and opportunities need to be provided which will enable the working child to meet his or her developmental needs. The list of occupations and processes in the Schedule of the Child Labour Act should be progressively expanded. This will require vigorous public action in identifying (with the help of scientists and social activists) occupations and processes which are harmful to children's health and development, and intensifying advocacy for their inclusion in the Schedule.

The Child Labour Act must be strictly enforced. Child workers should be provided access to services for their health, education and training. Projects sponsored by the Ministry of Labour should be expanded and integrated with the various action programmes covering children and their families. The role of non-governmental organizations (NGOs) in providing advocacy, exercising watchdog and fact-finding functions, and implementing services, has to be recognized. The media have a particularly important role in investigating the situation of child labour and creating national awareness of its exploitative and abusive manifestations.

VIII. STREET CHILDREN

Because of their sheer numbers and high visibility, street children are now commanding a great deal of attention. There is a growing realization that their special needs and circumstances require targeted attention. In other words, they should not be considered within the totality of abandoned, working, destitute, vagrant and deviant children, or in the context of families living on pavements, in slums and impoverished neighbourhoods, or in relation to youth unemployment, vagrancy and crime, but as a separate target group.

The difficulty of defining street children is brought out in the UNICEF Staff Working Paper *Protecting Working Children* which speaks of "street children" as,

> "a term loosely applied to children and youth encountered working or living on urban streets. Not only do different programmes use divergent definitions, but some so-called 'street children programmes' even work primarily with youngsters who neither work nor live in the street .... Some consider as street children all those youngsters who undertake any income-generating activity, even illicit, in urban streets. Most of these children live at home, and spend only part of their time working in the street. Others define the category more narrowly, considering street children to be those income-earning children in the streets who also essentially live there, having weakened or severed ties with their families. This is a much smaller group and one felt to be extremely vulnerable" (Myers 1989).

Street children have been seen to form several subcategories, based on age, sex, work statu[illegible]ds of employment, and linkage with their families. Several documents use the terms "working" and "street" children to refer to a more or less common group, reflecting the considerable degree of overlap in the two categories which are, however, not identical, as not all street children are working children and *vice-versa*.

Whatever its definition, the term "street children" does help to focus attention on the many children in India and other developing countries who can be seen working, living or just hanging around in streets, market places, commercial centres, crossroads, parking-lots, railway and bus stations, public parks, tourist areas and entertainment centres.

Information on street children in India is scarce, although studies have been undertaken of slum dwellers and the homeless in general. UNICEF, in collaboration with the Ministry of Welfare, sponsored field studies on street children in Bangalore, Bombay, Calcutta, Delhi, Indore, Kanpur and Madras.

Because street children are a mobile or "floating" group, it is difficult to make even an informed guess about their overall numbers. The Delhi study arrived at a figure of 100,000 by estimating that 25 per cent of working children were street children (Nangia and Panicker-Pinto 1988). The Bangalore study estimated 45,000 street children, of whom approximately 25,000 were thought to be homeless (CWC 1989). The studies in Calcutta and Bombay did not attempt any estimates, but the number of street children easily exceeds 100,000. It should suffice here to say that the numbers of street children are formidable enough to demand the immediate attention of policy makers to the problems and needs of such children.

Socio-economic Characteristics

The various studies have revealed broad characteristics of India's street children that make them not dissimilar to street children around the world, although statistic dimensions of various parameters may be quite different:

Most street children are over the age of 6, the majority over 8. Initiation into active street life begins early. Younger children are more likely to be in the company of an older sibling, relation or parent, and to be found closer to their place of stay. Unfortunately, the different studies of this category have not followed a uniform age grouping. The Kanpur study, which excluded children under 5 years of age from the definition of "street children", found that 13.5 per cent were under 6 years of age, 72.4 per cent were 6-12 years of age and 1[illegible] per cent were 13-18 years of age (Pandey 1989). The Bangalore study showed 20.2 per cent to be

6-10 years of age and 79 per cent 11-15 years of age (CWC 1989). The Indore study reported 25.4 per cent under the age of 10 years, 26.0 per cent between the ages of 10 and 12 years, and 48.6 per cent over the age of 12 years (Phillips 1989).

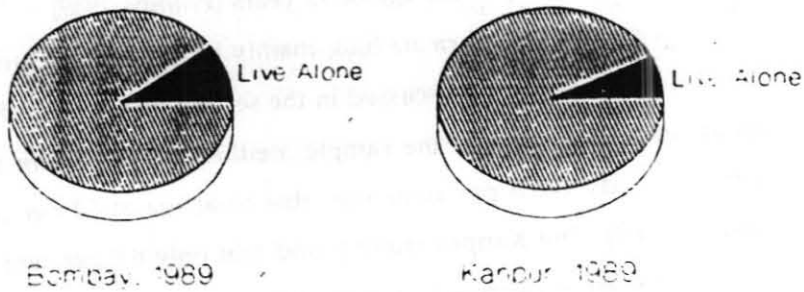
Most street children are boys, mainly because of the socio-cultural factors limiting the girl child's mobility, as discussed in the section on working children. Despite efforts to give equal weight to girls in the sample, neither the Bangalore study (31.3 per cent) nor the Bombay study (28.8 per cent) was able to arrive at 50 per cent (CWC 1989, D'Lima and Gosalia 1989). The Kanpur study found that only 8.6 per cent were girls (Pandey 1989).

Most street children have never attended school and the majority of those who have, drop out before completing primary school. Few currently attend school. The Bombay study reported 54.5 per cent as having never enrolled and only 11.4 per cent as currently attending school (D'Lima and Gosalia 1989). The Indore study reported 66 per cent as illiterate, the incidence being much higher among girls (85.4 per cent) than boys (61.8 per cent) (Phillips 1989). The Delhi study found that 61.3 per cent of the girls were illiterate, 22.6 per cent were school drop-outs and only 15.9 per cent were still attending school (Nangia and Panicker-Pinto 1988).

Not all street children are recent migrants. The Bombay study reported only 29.6 per cent of the street children migrated to the city within three years prior to the investigation (D'Lima and Gosalia 1989). Most street children migrate with their families, although some come to the city alone to earn money to support their impoverished families at home. Some (including some very young children) have run away from homes which had become intolerable because of poverty, neglect, maltreatment, the break-up of the family due to death or desertion, or harsh working and living conditions. They prefer their current status with all its insecurity because of the escape it provides from oppressive or traumatic circumstances and because of the degree of independence they have attained. A few children are drawn by the glamour of city life. While most migrants are from within the State, a sizable number are from neighbouring States, and a few are even from Bangladesh.

Most street children have close ties with their families and return to their families after the day's activities. They usually work with the full knowledge and support of their parents or guardians, especially since their earnings often bring the family income to subsistence levels. Children who do not have families often get attached to an adult's or a peer's family. Most studies reported a warm and affectionate parent-child relationship, particularly between mother and child. Both the Delhi and Bombay studies estimated that about 77 per cent of street children live with their families. A higher proportion (84 per cent) was found by the

Figure 8: PROPORTION OF STREET CHILDREN WHO LIVE ALONE (1989)



Sources: D'Lima and Gosalia 1989, Pandey 1989, CWC 1989

Kampur study. A minority of street children, and exclusively boys, live alone -- 10.4 per cent in Bombay, 7.4 per cent in Kanpur and 3.7 cent in Bangalore (D'Lima and Gosalia 1989, Pandey 1989, CWC 1989, Nangia and Panicker-Pinto 1988) (Figure 8).

Parents of street children mainly hold low-paid, unskilled jobs or are self-employed. For instance, 19.5 per cent of the street children in Bangalore stated that their father engaged in vending and 60.9 per cent stated that he was a coolie, labourer or construction worker (CWC 1989). In most cases, where the mother was alive, she was reported as being self-employed or working in low-paid, unskilled jobs, or domestic work.

Most street children work for a living, although this is more true for boys than for girls. Only the Calcutta study reported a high proportion (69.6 per cent) as not working (Institute of Psychological and Educational Research 1989). The Bombay study reported 28.7 per cent as not working (24.2 per cent boys and 40 per cent girls) (D'Lima and Gosalia 1989), whereas the Bangalore study reported only 5.5 per cent (6.4 per cent boys and 3.7 per cent girls)(CWC 1989). The wide difference in percentages is more a reflection of divergences in methodology and terminology, particularly with regard to the definition of "street children" and "work", than the result of actual numbers.

Street children work exclusively in the informal sector in jobs which do not require special skills, training or a sizable capital investment. Picking rags and scrap, carrying loads, vending (usually of inexpensive goods), shining shoes and cleaning vehicles are among the jobs they

typically undertake. Only a few have more skilled jobs, such as auto-repair work. Occasionally, a small percentage of the younger children engage in begging.

The majority of street children are self-employed. Some may carry out more than one job on the same day, and in other cases, different jobs in different seasons. The hours they work show wide fluctuation, as some occupations are usually carried out in the morning (selling newspapers, flowers or balloons, for instance), others only in the evening. Some street children work part-time, especially those who combine work with household chores and schooling. Most work for 8 to 10 hours a day.

The current earnings and occupational mobility of street children are very limited because of lack of education, skills, training, finances, or even guidance and help. Like their parents before them, 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) because there are too many children chasing too few jobs, some of which are in competition with adults. Hazardous occupations which involve work in dangerous sanitary conditions (for instance, picking of scrap material) bring in higher earnings (Rs. 30 to Rs. 50 per day). Street children hardly ever have any savings and prefer spending the little money they have, especially if they have already had the sad experience of having their earnings confiscated by older boys or the police, as related in the Bombay study.

The nutrition and health status of street children are not at satisfactory levels. Food intake is both quantitatively and qualitatively inadequate. Street children have infrequent medical care; they lack bathing and toilet facilities; and they are exposed to various health hazards, unsanitary surroundings and climatic variations. Girls who live in the street are more at a disadvantage in this regard than boys. Occupational hazards include car accidents for street vendors and cuts and infections for rag pickers.

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 have to share profits with local *dadas* (bullies) who demarcate the right to operate in choice spots. Street children may be rounded up by the police merely as suspects and end up in prison even if they are innocent. Sometimes they have to give a "cut" to enforcement staff to be allowed to practice their trade in prohibited areas or to carry out activities which are not strictly legal. A few are inducted into drug peddling, as reported in the Delhi study (Nangia and Panicker-Pinto 1988). Street children also acquire the habit of smoking and gambling at a very young age.

Street children are engaged in a daily survival scenario and develop resourcefulness, self-reliance, independence and other survival skills in a hostile street environment. Alienated from the mainstream of life, 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. Because their contacts with society are mainly casual, street children rarely develop any stable or protective relationships with non-street people. They live in a world of their own, seeking the support and protection of 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 psycho-social needs. Street children who have no contact with their family, or who have no family at all, are especially deprived and marginalized.

Street children have been forced to cope with the realities of adulthood and poverty at a young age which results in their being not only children without a childhood, but also children with very limited prospects for a better future.

Policy and Programme Responses

In India until very recently, street children were not recognized in planning and policy development as a separate target group and were usually considered in the category of children in need of care and protection. In this regard, the Brazilian situation can serve as an example to Indian policy makers. In Brazil, children were usually categorized as abandoned children and their problems were grouped under "educational" (school drop-out/school evader) and "labour" (exploitation). In the public mind, street children were largely an issue of "public safety". A joint Government of Brazil/UNICEF team found that,

> "the vast majority of street children were in fact neither homeless nor delinquent, but simply looking for income to help support themselves and their families. The problem (of street children) should be redefined as one primarily of unprotected working children who were frequently exploited and who worked under abominable conditions for very low returns."

The team further pointed out the special problems, including malnutrition, poor health, violence, low remuneration for work, and exploitation, which street children faced because of their "precarious life on the streets", and observed that "the detention and internment of poor children working on the street were not only irrelevant and unjust, but also very costly." While institutionalization "met street children's most basic physical needs

for food and shelter, it increased their psychological and social marginalization, undermining their ability to cope with the world upon discharge" (Myers 1988).

In recent years, as a result of advocacy by UNICEF and others, interest in the problems of Indian street children has grown and some action has been taken on their behalf. New NGOs have been formed to cater to their needs, while other organizations, such as the Indian Council of Child Welfare, have expanded their programmes to include these children. Some NGO projects are already providing a wide range of direct services, or access to community and social services, including education, vocational training, counselling and guidance, recreation, health care, public baths and lavatories, shelters, supplementary feeding, nutritional supplementation, and income generation. The Bombay study reported 13 organizations whose programmes, taken together, covered 800 to 1000 street children. Although a very small percentage of the total number of street children in the city, this is, nonetheless, a very valuable contribution. A Coordination Committee for Vulnerable Children (CCVC) has been formed. Identity cards have been issued to street children with the endorsement of CCVC and the Juvenile Aid Police Unit to prevent harassment. The Delhi study reported nine NGOs involved primarily with working children, including street children. The Bangalore study described the activities of four NGOs. Some cities - Kanpur, for example - have almost no NGO activity with street children.

Policy Perspectives

Because street children are a manifestation of societal malfunctioning and an economic and social order that does not take timely preventive action, success in eradicating their problems will depend on the extent to which the causative factors are tackled. While seeking to eliminate root causes, policy makers should not neglect to take steps to improve the immediate situation of these children.

The solution to the problem of street children is certainly not a policing *cum* custodial institutional approach. Street children cannot be swept from the streets through special drives and then put in correctional institutions, destitute homes or other institutional care just because genteel society regards their presence as both discomforting and unsightly. Nor can the problem be solved by administrative and legislative measures alone. The problem of street children can be tackled only by understanding the socio-economic factors which lead to their current state, the street environment in which they live and operate, and the links they have with their families and the community.

It is important to recognize that, in India's federal system, the primary responsibility for translating national policy or directiv rests on the sta governments which, in turn, will have to energize local authorities and NGOs. While the State should formulate the policy framework for street children and monitor its implementation, the main responsibility for implementation - designing, organizing and delivering services - should be vested in NGOs. NGOs can extend services to street children much more effectively than governmental organizations because they operate with greater flexibility; they can adapt strategies which are more experimental and innovative; and they can secure the participation and commitment of non-official workers. Financial and infrastructural support for their activities would, however, be necessary.

Economic assistance programmes should be designed with the needs of different categories of street children in mind. The most severely unprotected category of street children is made up of a small number of children (approximately 5 to 10 per cent) who have no contacts with their families and are homeless. Projects for this category will need to be comprehensive, providing shelter, health care, education and vocational training as well as counselling and access to basic social services. Temporary shelters and services may also be necessary for a second group of basically unprotected children, the 15 to 20 per cent of street children who have only tenuous links with their families. For the 70 to 80 per cent of street children who live with their families, community-based projects, rather than an institutional approach which separates them from their families and community, would be more suitable. Improvements in the children's conditions could be planned with their families. Income-generating projects; savings, credit and marketing services; education (mainly non-formal) and training programmes; recreational services; health care; legal assistance and counselling services could all be used to tackle street children's problems.

One approach could be to build on programmes which already exist for working children (non-formal education, vocational training, health care and nutrition supplement programmes, to name a few) on the grounds that many, if not most, street children are also workers. The other approach might be to adopt a separate policy for street children. This would entail setting up a special Technical Advisory Committee, developing a plan of action and establishing a grant-in-aid scheme for voluntary organizations to cater to the diversified needs of street children. Although the particular problems and needs of street children are likely to be better addressed by this approach than by subsuming street children under the category of child workers, the administrative costs would be higher and some duplication might occur.

Programmes for street-based or other working children should identify at-risk families and help build their capacity both for coping with their disadvantage and for improving their circumstances. The mass media can play an important part in advocacy and social mobilization on behalf of street children through investigative reporting and dissemination of research findings. Opinion leaders, legislators and academics also need to be involved in this process if street children are to be identified by society as a whole as a group requiring special and urgent attention.

Innovative and practical intervention programmes to protect street children and develop their capabilities have been tried by NGOs in India and in other countries with a reasonable degree of success. The programmes can be divided into the following broad categories:

- *Economic.* Organizing income opportunities for street children and their families; providing credit and marketing facilities for goods produced or sold by street children and their families; providing information on jobs/income-generating projects; and organizing vocational training and skill-development programmes.

- *Shelter.* Providing residential shelters to children without homes; providing foster care to children who have no families or who have an unsatisfactory home environment; organizing residential rehabilitation centres; and opening drop-in centres with toilets and facilities for bathing.

- *Social Services.* Opening street schools with a non-conventional curriculum designed to help street children cope with their problems; and providing access to health facilities and supplementary nutrition.

- *Welfare Services.* Providing counselling and guidance to families or, alternatively, arranging for placement in foster families; liaising with sponsorship programmes; mobilizing and training community volunteers; giving identity cards to street children; liaising with the police and the municipal authorities to protect street children from harassment; and organizing recreation facilities.

- *Others.* Providing legal assistance; and providing opportunities for socialization and interaction.

It has been shown that it is better to offer services as an integrated package, planned and designed as community-based programmes after careful assessment of needs. Services should be delivered at points where the children congregate or work, if possible. Building contacts and winning the confidence of the children should be stressed. There should also

be an attempt to create an organizational infrastructure which harnesses local initiative and leadership, and integrates the children into the mainstream of society. Organized under the aegis of voluntary welfare agencies, street children gain a sense of belonging, an identity and a legitimacy for pursuing their vocation, as well as more tangible benefits such as access to various community facilities and services, including credit.

IX. OTHER DISADVANTAGED CHILDREN IN NEED OF CARE AND PROTECTION

Apart from working and street children, there are certain other groups who are at particular risk and whose care and protection should be a priority. These children have been variously described as being deprived of home care, neglected, destitute, victimized or delinquent. Perhaps the term "children in need of care and protection", which has long been used in policy and planning documents in India, best describes their condition.

Statistics on the different categories of children in need of care and protection are not available, nor have scientific criteria been determined for estimating their numbers. A Working Group, constituted by the Planning Commission on Destitute Children at the time of the formulation of the Fourth Five Year Plan, estimated in 1968 that roughly 0.5 per cent of Indian children were destitute (Government of India 1968). Even if the problem cannot be quantified, there is no doubt that the numbers of such children are increasing, creating an ever-widening gap between those in need and the services available for them.

Legislative Framework. Efforts to provide a legislative framework for the welfare of children in need of care and protection first found expression in the passing of the Apprentices Act of 1850 which enabled children, particularly orphans and poor children brought up by public charity, "to learn trades, crafts and employments by which, when they come to full age, they may earn a livelihood". Any child above the age of 10 and under the age of 18 years could be bound as an apprentice by his father or guardian for a period not exceeding seven years. Another important piece of nineteenth century legislation was the Reformatory Schools Act of 1876 for young offenders.

Largely as a result of (a) the recommendations of the Indian Jails Committee (1919-20), (b) the enactment of legislation in the United Kingdom to deal with neglected and delinquent children, which prompted similar action in India, and (c) the pressure of public opinion, a number of States passed Children Acts for the protection, care, custody, trial, correction and rehabilitation of juvenile delinquents. These Acts also provided, in varying degrees, for the

care and protection of neglected, destitute and abandoned children. The earliest Children Act was passed in Madras in 1920, followed by the Bengal Children Act of 1922, the Bombay Children Act of 1924, and similar Acts in a few other States. Efforts were made to tackle the problem of child beggars through the Children Acts and also through more general enactments, such as the Madras Prevention of Begging Act (1945), the Bombay Beggars Act (1945) and the Mysore Prohibition of Begging Act (1944). Several States made use of the relevant provisions in the Municipal and Police Acts to tackle both begging and vagrancy.

The Government passed the Children Act for Union Territories in 1960 which was also intended to be model legislation to be followed by the States. This Act was replaced by the Juvenile Justice Act of 1986 which extends to the whole country with the exception of the State of Jammu and Kashmir. This is a more comprehensive piece of legislation which aims "to provide for the care, protection, treatment, development and rehabilitation of neglected or delinquent juveniles and for adjudication of certain matters relating to delinquent juveniles". The Act provides a legislative framework for dealing with neglected and delinquent children and providing services for them.

There are differing opinions regarding the merit of separately categorizing "neglected" and "delinquent" children. Advocates of a common set of services point out that, except in the case of a hard core of delinquent children, the bulk of cases do not really warrant separate treatment. The border line between the two categories is rather blurred and tenuous and there are, more often that not, situational factors which result in one child being, and another not being, apprehended as a delinquent. The opposite viewpoint is that often different circumstances lead to conditions under which a child may be categorized as being neglected. Since delinquency is the outcome of a set of factors, neglect being only one of them, such children need separate categorization, and different approaches must be adopted in dealing with their problems.

Neglected and Abandoned Children

The Juvenile Justice Act defines a juvenile as a boy less than 16 years of age and a girl less than 18 years of age. A neglected juvenile is one who,

"is found begging; is found without any home or settled place of abode or without any ostensible means of subsistence and is destitute; has a parent or guardian who is unfit or incapacitated to exercise control over the juvenile; lives in a brothel or with a prostitute or frequently goes to any place used for the purpose of prostitution, or is found to associate with any prostitute or any other person who leads an immoral, drunken or depraved life; is

being, or is likely to be, abused or exploited for immoral or illegal purposes or unconscionable gain."

The Act also covers victimized juveniles. It prescribes punishment for individuals who are cruel to juveniles, employ juveniles for begging, and withhold, or use for their own purposes, the earnings of a juvenile employee.

Responsibility for the implementation of the Juvenile Justice Act is vested with the state governments which are given authority to constitute Juvenile Welfare Boards; establish and maintain juvenile homes which provide accommodation, maintenance, facilities for education, vocational training and rehabilitation; establish and maintain observation homes for the temporary reception of juveniles; establish, or recognize, after-care organizations; and place a juvenile under the care of a parent, guardian or other fit person.

Only 210 Juvenile Homes have been created throughout India under the Act and the number of institutions by State vary considerably. In 1989, 12 out of 24 States and 5 out of 7 Union Territories had not yet set up a Juvenile Welfare Board as stipulated in the Act.

The Act provides for both institutional and non-institutional services but with greater emphasis on the former. While exact data are not available, it would appear that non-institutional services have not received the attention they merit. The institutional approach, apart from being far less cost-effective and overly bureaucratized, isolates the child from his or her family and community. Even in the few instances when institutions are well run, they cannot give the child the warmth and the psycho-social stimulation that a family (even a poor family) can.

Non-statutory services. Apart from the services for neglected children stipulated under the Juvenile Justice Act, there are a number of institutional services (such as orphanages or children's homes) as well as non-institutional services (such as foster care, sponsorship and adoption) which have not been organized under the Act and which, in fact, far outnumber the services provided under the Act. Some are funded entirely by voluntary organizations, but a large number also get grants-in-aid from the Government. A few are government-run institutions. A brief description of each type of service follows.

Children's Homes (or orphanages) represent the earliest response to provide for children in need of care and protection. Homes have been sponsored and aided mainly through private initiative. They vary significantly in terms of objectives, organization, structure, size, standard of service and clientele. Moreover, children's homes are very

unevenly spread among, and within, States. Often there are fewer children's homes where the need is greatest. While some of these homes have been established by the State, others, run by voluntary organizations, have been provided assistance for extending the services stipulated under the Children Acts or the more recent Juvenile Justice Act. However, in actual practice, services were expanded mainly for children who came into conflict with the law, leaving it mainly up to voluntary effort to develop services for other categories of children.

In order to provide more adequate and flexible services for children in need of care and protection, the Government launched a centrally-sponsored scheme in the Fifth Plan. The scheme covers both institutional and non-institutional services and is implemented by voluntary organizations. The grant-in-aid, which is shared equally by central and state governments, amounts to 90 per cent of the approved cost.

In 1989-90, Rs. 34 million was given to different States as the central government's share towards grants to voluntary organizations. There is wide disparity in the extent of utilization of central grants among States, depending on the strength of the voluntary sector in the State, the willingness of the state government to contribute its share, and the ability of the administrative machinery to identify voluntary organizations and assist them in preparing proposals of grant-in-aid. There is also considerable variation within each State, the bulk of the grant going to cities which have good voluntary organizations. The scheme has thus inadvertently resulted in the promotion and support of voluntary effort in those cities or States where the voluntary effort is basically strong.

In their evaluations of this scheme, schools of social work and university departments have pointed out that services have developed unevenly. Some of the problems identified were inadequate funding, poor facilities, insufficiently trained staff, the release of grants without proper assessment of the capability of implementing organizations, inconsistencies in the selection of beneficiaries and delays in releasing grants (Bose 1980).

State governments also give maintenance grants to voluntary organizations for running orphanages or children's homes, although they are usually at a much lower rate than those provided by the central government. There are also voluntary organizations which raise funds from public donations and receive little or no assistance from the Government. However, such agencies are finding it increasingly difficult to raise the money they need to expand their coverage, upgrade their services or even attract trained personnel.

SOS Children's Villages also provide custodial care for children through voluntary effort. Established as a national organization in 1964, SOS now has villages and family homes taking care of over 10,000 children throughout India. Under this programme, a small group of boys and girls of different ages is placed under the charge of a house mother who looks after them as if they were her own children. Abandoned and orphaned children thus receive the nurture, love and affection of a mother and are raised in an environment closely resembling that of a family home. A group of such family homes (normally 15 to 20, but sometimes fewer) form the children's village. To meet their diverse needs, children draw on community services and interact closely with the community. Nationwide, SOS also runs two foundling homes *cum* adoption services, a medical centre, a mother's training centre, schools, and a family-helper project. SOS villages are financed through donations, gifts of land, and sponsorship of individual children.

Foster care is also available in India for children who are from families facing a temporary crisis as well as for children who, for one reason or another, will never be able to return to their homes. Under this programme, a family agrees to provide a substitute home for the child until he or she can either be restored to the natal family or placed in an adoptive home, or until a satisfactory alternative arrangement can be made which is in the best interests of the child.

There is also a foster care component envisaged in the Government's scheme of grant-in-aid to voluntary organizations, but the response to this has been lukewarm for several reasons. There have been few families available to agencies, mainly because caring for children who are not kin is not conventional in the Indian social system. Moreover, most agencies that are experienced in running children's homes do not have the experience and the professional manpower needed for implementing foster care arrangements. Finally, the financial incentives offered to families and to agencies are considered modest and unrelated to the actual expenses that are likely to be incurred.

Sponsorship for the care of children in their own families or in other families is a relatively new arrival in India. Under sponsorship arrangements, voluntary organizations arrange payment of a monthly allowance by a sponsor to the parent or guardian of a child for the child's subsistence, education, health care and other needs. Sponsorship is particularly helpful in the case of poor, single-parent families. It is often also extended to children without families who are in children's homes or SOS type of care.

STREET CHILDREN - AN URBAN PHENOMENON

Gerry Pinto*

Street children are a growing phenomenon of modern times, especially in the urban centers in developing countries which face the processes of rapid and unplanned urbanization. The pressures of rural poverty contribute to the increasing tide of rural-to urban migration sending millions of families to the metropolis in search of new hope and a share in the city's prosperity. These migrants add to the population of the urban poor and the slum dwellers therein.

In such circumstances, children of the urban poor also often find themselves active participants in the survival of the whole family. If the family cannot hold together, they seek survival by themselves - on the street.

The problem of street children is global and concerns all. It is more pronounced in the cities of developing countries, including countries of the South-Asian region. The number seems to be on the rise as these countries become more and more urbanized. Big cities like Bombay, Calcutta, Bangkok, Karachi, Dhaka, Manila, etc., represent a challenge to those who care to be concerned with street children. In some countries the Governments have recognized this problem and are responding with various program approaches.

How many street children are there? Some estimates of the numbers of street children in both developing and industrialized countries today are as high as 80 million, with approximately one-half in Latin America. However, to date no satisfactory means of determining the global numbers has been developed. Anti-slavery Society, U.K. estimates that there are about 31 million street children. In India, seven studies conducted on street children in six cities estimate that these are 4,14,700 street children in these cities.

Street Children - Who Are They?

The term denotes a place of congregation as also a certain set of working and living conditions. The vast majority are on the street to make a living for their families and/or themselves. The returns may be paltry and may be in kind rather in cash. For these children, the street is a work place. Second, they spend large amounts of time on the street, frequently because of the low returns on their labour. Third, most make their way in the informal sector as petty hawkers, shoe-shine boys, scavengers of raw material or even thieves and street prostitutes. Fourth, by the nature of their work and life, they are normally on their own, largely unprotected by adults. For that reason, above all others, they are vulnerable to many dangers and abuses and they tend to receive few services essential to their protection and development. Relatively, few attend school or receive health care.

In the context of understanding street children for programming purposes, a working definition of street children can be "Street Children are those for whom the street (in the widest sense of the word: i.e. unoccupied dwellings, wasteland, etc.) more than their family has become their real home, a situation in which there is no protection, supervision or direction from responsible adults". Attempts have been made to establish categories among street children in order to try to elaborate various strategies for responding to their various needs. Three major categories have been identified:

The Children on the Street

By far, the largest of the three categories, these consist primarily of working children who still have family connections of a more or less regular nature. Their focus in life is still the home. Very few of them attend school. Most return home at the end of each working day and most will have a sense of belonging to the local community in which their home is situated.

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 essence of family among companions. Family ties exist but are remote and their former home is visited infrequently.

Abandoned children

This third group may appear to form a part of the second group and in daily activities are practically indistinguishable. However, by virtue of having severed all ties with the biological family, they are entirely on their own, not just for material but also for psychological survival and, therefore, require a different approach. It is important to stress that these children are not necessarily boys. Girls may not be as visible in the everyday street life, but they are there in great numbers and increasingly so. Any serious attempt to deal with the issue must, therefore, take this basic fact into account.

Essentially what is sought for abandoned children is a new family of some kind, often in a substitute form. For children of the street, a strengthening of their link with the family is the priority or, if this is not possible, a substitute family. For the children on the street, preventive action is needed to keep them from becoming children of the street or completely abandoned. Such preventive initiatives must see the child as a member of a family, which in turn is part of a community - with direct contacts at all levels. Such program interventions must also seek not to take away the child's work but to give it as well as the child a new dignity.

Work need not be damaging, exploitative and abusive, if it is made appropriate to a child's age and development, adaptable to educational and recreational opportunities, accessible for health and nutritional services and directed towards training for a happy and useful future, which of course includes remunerative employment.

Causes Of Child Abandonment - Street Children

The principle causes of child abandonment and, in many cases, of child neglect, abuse and

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exploitation, are certainly related directly to the rapid advance of industrial growth and the persistence of rural and urban poverty. For the family, the cycle is usually migration to the city, profound urban slum poverty and family disintegration, beginning with the abandonment of the family by the father. The consequences, thereafter, are the pressures on the deserted women, dependency of abandoned mothers on serial male partnerships and the rejection of these mother's children by the so called "step-fathers". Violence is common in the lives of children whose families are trying to survive under any or all these conditions and is a prime reason for children fleeing their home in favour of the streets.

If a child is left to the streets and cannot subsist on earnings from working or begging, then he/she must turn to other means for his/her survival. Among these means are thefts, acts of violence and prostitution. Exposure to the vicious circle of the street leads to an expert education in the art of survival and a growing anti-social stance fostered by resentment and distrust of the society that has rejected him/her.

Quite a few children take to drugs and other vices. Serious as this particular problem may be, it is obvious that the very deep problems within the family and community must be solved before life will become worthwhile enough for these children not to seek drugs or other similar addictions to relieve the burden of the horrible reality of their lives.

The Challenge

Because of the growing numbers and the special characteristics and needs of street children, simple programme responses cannot take them out of the streets and the market places. The income brought in by a child worker may make the difference between a family remaining together as a unit or not. If the family does fail apart, the child and his brothers and sisters are likely to slide into complete abandonment.

Although the situation of street children is very serious indeed, there is nevertheless hope of seeing real change, provided efforts are initiated early. In countries like Brazil, Colombia and Mexico, small modest programme interventions begun few years back have now developed into national movements. Many countries (especially developing) have yet to see the challenge. Therefore, efforts need to be made to create awareness in the government and the public so that these children on the street and of the street are seen and their problems understood and responses developed.

We need to make serious efforts and think of ways and means of reaching out effectively to these groups of children. It is important to note that the lives and situation of these children could defy our traditional responses to destitute and abandoned children. Hence, we ought to be guided, not so much with the approach of replication but rather identifying and developing innovative programme approaches suitable and relevant to the lives of these children. No matter how good institutions may be, institutionalization of street children must always be the last resort and then only for those to whom no other options are open. Child institutionalization often creates more problems than it resolves and the problems of deprived and street children must be solved at their roots.

Needless to say, prevention should essentially be emphasized over cure even in the context of street children. Programs need to be developed and the existing welfare and developmental interventions need to be adapted so that problems of economically and socially vulnerable families are addressed by these. Assistance and services must be provided to "at risk" families, who, if not helped in time, will disintegrate, resulting in destitution of their children. The children on the street have to be simultaneously served and helped so that they have adequate access to all the basic services considered necessary for healthy growth and development.

Generally, the first ones to respond to the problems of street children are the NGOs. Their experiences borne out from innovative approaches and strategies used in programs and service delivery for street children could contribute to efforts for developing National, State and City level programs for street children.

India

By the turn of the century, more than a third of India's population is likely to live in the cities. Today, 217 million of the total population of 884 millions (1991 census) live in urban areas. There are 23 metropolitan cities which account for 71 million, i.e., they are one-third of the urban population of India. Nearly one out of every three persons living in an urban area is below the poverty line. As of 1984-85, the urban poor numbered over 50 million 68% of them women and children.

The estimates of street children in the six cities - Bombay, Madras, Calcutta, Hyderabad, Bangalore and Kanpur - has been calculated at 4,14,700. Collecting accurate data on the numbers of street children in a city or, for that matter, in a country, is difficult and estimates vary widely depending very much on the definition of street child. There are such limitations as multiplicity of concepts, methods of estimation and sources of data.

The struggle for survival and growth

On an average, 47.4% of street children spend their nights on the open street. In Calcutta, almost every street child (99.6%) spends the night on the open street. The percentage of such children is quiet high in Bombay as well (61.6%). This is because there are large number of families living on pavements.

Contrary to common belief, most of the children in the metropolitan cities are not rootless or unattached. As high as 89.8% are either with their parents or with other family members and only 10% live outside their family. The majority of street children are working, i.e., 58.3%. Almost half of them (46.6%) are self-employed as porters, vendors, shoe-shiners, newspaper sellers, parking attendants, etc. About 32.7% are employed in shops and establishments. Though the law prohibits children working for more than 5 hours a day, 60% of the children work for 7 to 12 hours a day. The average income of 70.3% of the children is Rs. 100/- and many of them (28.4%) do not have any rest period.

More than one-fourth of the children suffer from bad health and a majority (52.5%) do not have access to medical facilities. About 50% to 70% of the children in Bombay and Madras and 100% in Hyderabad suffer from chronic diseases.

Their Major Problems

a. *Environmental Hazards*

An overwhelming majority (90%) of the street children are exposed to dirt, smoke and other harmful objects. An almost similar proportion (87.9%) does not have any bathing or toilet facilities and (89.1%) are exposed to sun, rain and cold.

b. *Harassment by Police and Municipal Officials*

The children complained that they are often nabbed by police for crimes they have not committed, mercilessly thrashed and put under lock-up on charges of vagrancy, gambling, street brawls or are sent to remand homes.

Municipal officials usually confiscate their shoe-shine kits, carts, etc., as they have no licence to work. Adult vendors also harass the children by shooing and beating them off from choice spots of business. Street children are also easy victims of drug peddlers who, in the children's lonely and unhappy moments, urge them to have smack (provided free) and, once they are gets addicted, force them to peddle drugs to support their drug habit.

c. *Exploitation by Parents and Employers*

More than half of the children (53.4%) felt they are not adequately fed and clothed by their parents and 36.6% felt that the parents make them work to supplement their income.

Children (35.4%) complained that their employers forced them to work long hours and did not pay them adequately. They also complained of physical abuse and assault by the employers.

d. *Recreation Facilities*

The recreational facilities for street children are almost nil, except for what they themselves improvise.

e. *Future*

In spite of the hard life the children lead, 74.1% have an ambition. 40% of them would like to have education, 29% jobs and 27% training in skills to get better and secure jobs.

Children's Priority of Services Required

Nearly two-thirds (60.7%) gave priority to food and 39.7% to clothing. However, in Bombay, 70.2% felt night shelters to be important. They were even willing to pay for such services.

Scheme for the Welfare of Street Children

The Government of India has launched a scheme in the Eighth Five Year Plan for the welfare of street children. It proposes to cover approximately 24,000 street children in 11 major cities through 40 NGOs. Rs. 8 crores have been allocated in the plan for the scheme.

While this is an encouraging and a pioneering action from the Government of India, the challenge is to arrive at a programme approach which is affordable and pragmatic in the context of a large number of street children in India. An effective approach needs active involvement of State Governments and Municipal officials in programs and services for street children. The program strategy also needs to address preventive interventions through inter-sectoral cooperation and convergence.

UNICEF's Approach

UNICEF's advocacy and program cooperation emphasizes the following working principles :

a. Prevention should be the priority in order to reduce the likelihood of destitution and children falling victim to exploitation and risk. Community-based projects, for example, can reduce the risk of separation of children from families and the interventions should emphasize combining education, training and work (to prepare children to get out of dead-end situations) and income generating activities for women to prevent family disintegration.

b. Protection against threats to children in conflicts and disasters and abandonment and neglect, the exploitation of working children and the hazardous environment of street children, is essential as an extension to the child survival and development strategy and the commitment to child rights.

c. Actions within family and community structures, including the extended family, should be encouraged rather than "Institutional" approaches. Family and community participation and responsibilities should be strengthened and supported, as a means of reaching and providing services to communities, parents, siblings, and children.

d. The child must be treated as a whole person with attention to his/her psycho-social and emotional needs as well as physical needs.

e. Extension of existing services such as Urban Basic Services and Primary Health Care (including child survival and development actions), non-formal education and vocational training, women's programmes, etc., wherever they can meet a need. These will be more effective than the creation of new or vertical programmes. Some of them may need to be extended, strengthened or improved, e.g. re-orientation and training for the staff of existing residential institutions for children and other welfare and development programs, particularly those which concern children.

f. New Services : After making full use of community resources, preventive actions and existing services, there may be a need for some additional services to fill the gaps. Such services should be initiated which are community based and self sustaining.

Possible Responses

Advocacy should be the primary activity to increase awareness of the situation of destitute, working and street children through the mass media. The public and the community should be sensitized to the physical and mental hardships faced by children at work and the struggle for survival of the poverty stricken families and specially of destitute children.

Policy Commitment

National and State governments and civic administration should have a clear commitment to eliminate child labour which is clearly hazardous, exploitative and deprives the child access to services necessary for growth and development.

Legislations

In the interest of relieving the oppressive conditions of street children, serious efforts should be made to ensure effective implementation of legislations like juvenile Justice Act, 1986, Child Labour (Prohibition and Regulation) Act, 1986, etc., so that these provide benefits (including protection to street children).

Adapting existing services

Efforts should be made for ensuring existing sectoral Government programmes, e.g., Education, Health, Nutrition, Vocational Training, Self-Employment, which should reach out to the street children.

Special Services

In order to respond to special problems and needs of street children, it would be desirable, particularly, through support to NGOs to formulate and implement effective and innovative interventions for these children.

Directions For Action

Considering the rapidly growing magnitude of the problem of children in especially difficult circumstances, namely, destitute, working and street children, welfare programs and services for these children cannot be any more considered as the exclusive mandate and responsibility of a particular Ministry, Department or an Agency. Through public education and advocacy, more partners and collaborators need to be involved in addressing these issues. Specific attention should be directed to the following interventions:

a. *Policy and Program*

Governments at all levels need to initiate policy formulation on a priority basis, followed by program development to address the needs of street children in a comprehensive manner. Urban Local Bodies, necessarily have to allocate separate resources and make necessary welfare/development service delivery infrastructural adjustments to reach out to street children. This initiative will be most effective if it is in partnership with NGOs who are involved in programmes and services for street children.

b. *Implementation of Legislations*

Generally, legislations, at most, can be considered as a statement of intentions. The difference to the lives of children in especially difficult circumstances can be made only by their effective implementation. Suitable mechanisms are necessary to monitor the implementation of child-related legislations.

c. *Public Education*

Media channels already available (audial, audio-visual and visual) should be used to disseminate awareness on the issues of these children for the purpose of public education.

d. *Partnerships with NGOs*

NGOs who have an effective rapport with these children and are often equipped with necessary knowledge, commitment, expertise and resources (though limited), should be supported by the Welfare departments to strengthen their programmes and to extend coverage.

e. *Non-institutional Services*

Because of the special situations and needs of street children, the emphasis should be on non-institutional approaches and services to address their concern. Inter-sectoral community-based approaches with NGOs' participation should be the over-riding strategy.

Actions By Social Welfare Ministries

Within the national governments, there are often special ministries or departments which are assigned the responsibilities for programmes and services for destitute children. Quite often, these programmes and services are focussed on orphaned, abandoned children and delinquents. The emphasis in approach of these programmes and services is generally institutional. No efforts are generally made to develop services for prevention of destitution, abandonment or delinquency.

Street children, as a category, because of their special situations and characteristic needs, do not get included in any of the welfare or development programmes. As a result, they do not have access even to basic services required for protection, growth and development. Hence, the ministries which have the mandate for reaching out to abandoned, orphaned or delinquent children, ought to broaden the focus of their programmes so that street children can participate and avail the benefits of such interventions initiated and supported by the government.

Because of the very special situations and needs of the street children, such ministries should consider even developing special or exclusive programmes for street children which could be implemented with the active cooperation of State Directorates of Social Welfare, Municipal Corporations and NGOs. Planning and implementation of such programmes should be such that the NGOs are *actually* involved in service delivery programmes with the *active* support of and urban bodies. Such cooperation is all the more important since the services envisaged for street children would be primarily non-institutional and community/street based.

As interventions for street and working children will be new, both in terms of the group of street children *per se* and in terms of approaches and strategies, the national ministries should set up mechanisms for effective monitoring of programmes and activities for street and working children.

Sensitivity to the subject of street children is very limited at the moment - almost negligible among the State Government's departments concerned with programmes for destitute children and among Municipal Corporations, where the problem of street children primarily exists. The Ministries should seize the opportunities to discuss issues concerning the magnitude of the problem and the need for formulating interventions and programmes for street children on occasions such as meetings of representatives of Social Welfare departments of the State Governments; conferences and seminars; circulars issued or schemes

drafted and circulated; meetings of Municipal Commissioners and City Administrators to discuss problems of urban development; orientation programmes held for officials of Municipal Corporations and officials of Social Welfare Department, etc. The Ministry of Urban Development, when convening meetings or interacting with officials of the Municipal Corporations and City Managers, should consider problems and needs of street children while discussing services for the urban poor communities.

As a group, street children have remained outside the mainstream of concerns of departments at the national government level (even amongst the departments dealing with programmes for children especially the vulnerable groups). Advocacy should be initiated by the national ministry which is the nodal body concerned with destitute children, with other ministries at the national level and departments at the state government levels who hold responsibilities for programmes and services for children, so that they incorporate groups of street children as an integral part of their concerns.

Programmes for destitute children, developed and implemented by the national/state governments especially the institutional programmes, should be adapted, for building access for street children to services and facilities that are provided by child care institutions. These services at the moment, given the policy and the traditional approaches, are focussed exclusively on destitute children and more specifically for children residing in these institutions. The existing child care institutions could also be motivated and facilitated to develop outreach or extension services which could be initiated at the community levels (especially slums) so that interventions are available both for preventing this phenomenon and welfare of the street children who are already on the street. NGOs in the cities, who are committed to the welfare of destitute children or children in general, could also be taken as partners for developing programmes and services aimed at prevention of street children and welfare of street children.

Actions By Urban Local Bodies

Street children are primarily a phenomenon of the metropolitan cities. Though the causes of family disintegration and subsequent child destitution are mainly rural based (more specifically, rural and urban poverty based), such destitute children end up in urban areas and metropolitan cities where they struggle for survival and livelihood, engaging in various trades and occupations which are street based and, hence, come to be known as street children.

Based on the experiences in developing countries, especially the city administrations of metropolitan cities, it has been established that the most effective and relevant way for the civic administration is to identify existing NGOs - those directly involved in programmes and services for street children and others involved in programs generally for children - in the cities, support and facilitate them for formulating approaches and services for street children.

The responses meant to deal with this problem are primarily expected from the Municipal bodies of metropolitan cities who are in immediate contact with the street children. To this end, the following steps may be considered:

Municipal bodies should get to know the magnitude and dimensions of the problems of street children in the city, either through compilation of secondary data or by initiating special studies on street children in the city.

Though useful to have correct estimates, it is important that major locations with high concentrations of street children and major occupations/activities, which are known to engage street children, ought to be identified to facilitate formulation of focussed interventions.

The civic services, health, education, recreation, etc., should be sensitized to facilitate access to them by street children.

If the institutional services are not able to reach the target groups, then efforts should be undertaken to set up special services and make them available at locations and time when they are effectively accessible to street children.

Facilities such as community centers, school buildings, health centers, hospitals, parks etc., set up by municipal bodies for the welfare of the urban poor like slum dwellers, pavement dwellers, etc., should be made available for street children and for programmes for street children.

In the monitoring mechanisms, developed by the Municipal Corporations to periodical assess the delivery of basic services to the urban poor, a specific category of street children should be formally stated as one of the priority target groups among the urban poor.

Many of the street children come from urban poor families residing in slums and on pavements. Therefore, welfare and service programmes available to these target populations should incorporate efforts and services which are focussed on "at risk" families, especially of single-parent, with a view to prevent destitution of children, thus preventing children from ending up on the streets.

The inspection and supervisory mechanisms of the Corporations dealing with city-based production and service units should include within their terms of operations and concerns, identification of various kinds of exploitation of street children where these are engaged in the production and service units in the cities.

As many of the street children are engaged in a considerable way in ragpicking, street side eating places, shoe-shines, porters, coolies, etc., efforts should be undertaken by the Municipal Corporations for facilitating such occupations and preventing exploitation and harassment of children engaged in such trades.

Among the street children, girls are more vulnerable and the exploited ones and have relatively a greater danger of being used in the flesh trade. Therefore, appropriate municipal departments should be advised to facilitate identifying young girls on the streets so that suitable interventions are developed for referring them to appropriate programmes and even institutions, where necessary, to prevent their exploitation

Child welfare institutions and other programmes and services for children in general, which come under the municipal administration, should be so adapted that programmes and services facilitate interventions for prevention of street children and for initiating community and street-based programmes for the welfare of street children.

A Higher priority for children

Over the past few years, in step with the sweeping political and economic changes that have transformed international life, the plight of children has been raised to a higher level on most countries' political agendas. Thus, in Brazil, with the advent of democracy, we see a new constitution that pioneers in its councils at the city, state and - soon - the national level, with children's well-being. Similar promising developments can be seen in many countries.

Programme Components And Services

Education - Formal schools are inaccessible to street children as they are not open at times suitable to them. Nor is the method and curriculum relevant to these children. The other major problem is that even when a child is motivated to attend school, the admission requirements such as birth certificate, father's name and address, etc., are stumbling blocks.

Municipal Corporations could provide space for establishing non-formal education centers at locations where there are large concentrations of street and working children. Municipal schools (after school hours) and community centers could be utilized. These non-formal learning centers should equip a child to be able to ultimately join a formal school and complete his/her schooling.

One of the ways of preventing child labour and street children is for the Municipal Corporation to organize school enrollment campaigns on a regular basis, to ensure 100% enrollment of primary school age going children and also retention.

Vocational Training - Along with non-formal education, vocational or skill development training must be provided. The skills identified must have a market and should help the child to get immediate employment or be self-employed. The remuneration must be attractive. In other words, he must earn as much or more than what he was earning as a rag picker, vendor, shoe-shiner, etc. *Shramik Vidyapeeth* could review some of their schemes and design new ones to suit the needs of the street children.

Health Care - Mobile health teams could make regular weekly trips to areas where the working and street children population is heavily concentrated. The scheme must also ensure relevant referral and backup services. This scheme could be jointly implemented with an NGO.

Night Shelters - In some cities there are night shelters. Most often, small children do not gain admittance to these places. What is, perhaps, required is separate night shelters for street boys and girls, with facilities for toilet, bath and lockers to keep their belongings. To ensure that these shelters do not become a place of anti-social activities, it is important that they are managed by professionally qualified social workers round the clock.

Police - Every zone/cluster of police stations should have a professionally qualified social worker who would first deal with every child brought to police station on a charge, to ascertain the needs and problems of the child and suggest the appropriate agency for help and follow up. Training/orientation programmes for police force may also be organized so as to sensitize them on the issues of street and working children.

Banking Facilities - Some national banks and post offices could have mobile banks which could visit specific points where there are large numbers of children and help them to open accounts. Bank officials could meet and motivate the employers and self-employed children to bank with them. They could also educate the children on various investment schemes. In the beginning, banks have to work through NGOs working with street and working to identify potential child clients and also to propagate the schemes.

Bus Passes - Street and Working Children should be given the facility of travel concession in buses just as any other school child enjoys. The employers and NGOs could recommend their eligibility.

Creation of Public Awareness - It is very important that public, i.e., parents, employers, educationalists, police and children are made aware of the Child Labour and Juvenile Justice Act and its implications.

Public have also to be sensitized about the situation of working and street children. Media such as radio, TV, literature, posters, hoardings, street plays, etc., could be used for creating awareness and also for advocacy on behalf of these children.

Actions by the Non-Governmental Organizations (NGOs)

While there are a few NGOs who are involved directly in programmes and services for street children, several more NGOs are involved in programs for children in general. They need to be sensitized so that, within their overall concerns for children, they are led to developing specific interventions suited to the needs of street children. The characteristics and needs of street children are considerably different from those of normal children or destitute children. Hence, facilities and opportunities should be developed for the orientation of NGOs and their personnel for understanding the special problems of street children so that a greater awareness is created among them and a suitable attitude, along with relevant knowledge and skills, are communicated. These could equip them appropriately for working effectively with street children.

As the phenomenon of street children is a new challenge to development and welfare workers, especially in urban areas, joint thinking and efforts need to be made by NGOs for responding effectively through innovative ways to the needs of these children. Therefore, it is important that, at least in the area of programmes and services for street children, an effective cooperation and collaboration is initiated by NGOs among themselves. Fora of NGOs could be set up in the cities for programme development and planning of services as a corporate effort by NGOs for responding to the situations and needs of street and working children.

Actions on the part of the civic administration

The public tends to have a negative stereotyped image of street children who are usually perceived to be delinquents, thieves, and anti-social. With the help of the mass media and

community education programmes, greater awareness and sensitivity needs to be built in the public and the communities. Such awareness, is likely to contribute to greater participation by the public in programmes and services for street children.

Actions for and by the Community

While the governments at various levels have a specific role to play in recognizing the problem of street children and responding to their needs, the public, collectively and individually, has a role to play in preventing the rapid growth of this problem. Street children are a group with whom the public, as a whole, especially in urban areas, sometime or the other, comes in contact with. While these children are seen and sometimes met, rarely are their situation and problems known to the public and the communities. However, each one of us makes either a positive or negative contribution to the quality of life of these children. If a greater sensitivity is built and some positive motivation is initiated, then all those who come in contact with street children could contribute, in a positive and meaningful way, to a better life for and support to the struggle of these children for survival, development and to be respectable and contributing citizens of this country.

Now The Right Time

The time seems to be just right to increase our sensitivity and commitment to meaningful actions for street children. The World Declaration on the Survival, Protection and Development of Children was agreed to at the World Summit for Children on 30th September 1990. The world leaders agreed on important principles - including that children should be given a 'first call' on resources to meet their most essential needs, in good times and bad. Most importantly, they identified 27 goals for children which are so readily achievable in the 1990s. These are practical and measurable goals, achievable in this decade.

Fortunately, the world is beginning to pay greater attention to the needs of children. The aura of inevitability that used to surround mass child death and disability is beginning to dissipate, as our capacity to prevent and relieve suffering grows and it becomes patently immoral not to do what we know how to do. In fact, beginning with the critical year 1990, this decade is shaping up as once-in-a-century opportunity to radically improve the lives of children everywhere - including, of course, street children.

The Convention On The Rights Of The Child

It was in 1990 that the Convention on the Rights of the Child entered into force as an international law. To date, a total of 122 countries have ratified this "Magna Carta", this "Bill of Rights" for the world's young. This represents an extraordinary legal and ethical breakthrough. After all, not very long ago children were considered to have no inherent rights, and the notion that the State has a legal obligation to protect the young and help parents and communities provide for their well-being is a significant step forward.

The Convention recognizes the particular vulnerability of children and voices four broad areas : *survival rights*, which include the rights to adequate living standards and access to health services; *development rights*, which include education, access to information, play and leisure, cultural activities and the rights to freedom of thought, conscience and religion; *protection rights*, which embrace all of the above, but also cover all forms of exploitation and cruelty, arbitrary separation from family and abuses in the criminal justice system; and lastly *participation rights*, which recognize children's right to express their own opinions and have a say in matters affecting their own lives.

The principles and provisions of the Convention are particularly relevant to street children, whose situation at the margins of society effectively strips them of most of the rights most children are able to enjoy. In essence, the Convention holds adult society legally accountable for meeting street children's basic needs.

Governments that accept as binding, the standards set by the Convention have to progressively carry out the measures and establish the services it recommends. They can require their observance by private institutions and individuals; by the same token, private institutions and individuals can invoke the laws to ensure compliance on the part of State agencies. Among the major goals of the Summit is "improved protection of children in especially difficult circumstances", which includes street children. Similarly, several articles of the Convention have a direct bearing on street children.

At an International Colloquium of Mayors, as Defenders of Children, held at Dakar, Senegal, in January 1992, the Mayors adopted a Declaration, affirming, among other points, that a "First Call for children" should be given high priority in the allocation of resources at all times. The Declaration included a Statement : "A fixed proportion of the taxes collected by municipalities should be earmarked and used for projects relating to children in especially difficult circumstances."

Challenge For All

Rapid urbanization, break-down of families, poverty and disruptions of the urban social fabric are continuing to contribute to a phenomenon of street children, quite often referred to as a 'Growing Urban Tragedy'.

Urban Planning and urban development, quite often, overlook the "human component" of the cities. While the urban poor get some attention in urban programmes, children do no necessarily get priority concern. The most vulnerable and neglected are the Street Children. The issue becomes more severe, because these children defy traditional approaches considered suitable for welfare and development. This calls for creative efforts and imaginative programmes. NGOs, particularly in such circumstances, can be effective partners and leaders in programme actions.

Our urban planning, especially through its dimension of social planning, needs to ensure that our cities become more "children friendly". They also need to provide a supportive and stimulative environment for street children, who grow in freedom and need protection from exploitation and support in their struggle to grow as respectable and contributing citizens of our cities.

Conclusion

The phenomenon of a street children is global. We need to respond now so that the problem of street children does not rapidly grow in magnitude and becomes difficult to handle.

The street children are children first and, hence, need all our sympathy and support in their

process of development. The government at all levels and NGOs have specific roles to play and to contribute to the improvement of the quality of life of these children. In fact, every member of the public and the citizen of the country can contribute meaningfully to improve the lot of these children. All of us need to act now.

It is important to remember that the children on the street are there on the street not out of choice, but have been driven to seek a solution to the absence of shelter and a home, denied to them by poverty and family disintegration. They are engaged in a struggle for survival and a chance to grow from childhood to adulthood with the hope of becoming decent and acceptable citizens of the country. It is a challenge for all of us to create an environment and conditions that will help them grow.

Reducing Risk Behaviour Related to HIV/AIDS, STDs and Drug Abuse Among Street Children

AD/IND/88/353

NATIONAL REPORT

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CHAPTER - II

KEY FINDINGS - DRUG ABUSE BEHAVIOUR

1. LIFE ON STREETS - A RISK FOR DRUG ABUSE

There is evidence of widespread drug abuse among street children[1] in all four cities and the present study [19,25,42,50]. The service providers[2] in most cases do not clearly understand the risks related to drug abuse. The children themselves do not perceive drug abuse as a behaviour fraught with risks to their health. Even though drug abuse may lead to serious problems, many street children abuse drugs because it either adds something to their life or temporarily solves the problem. The findings *(refer Table 1)* indicate a relationship between the problems and the choice of drugs as a means of alleviating them.

Table 1: Effect of Drug Abuse

Problems on the streets	Drug	Possible effect of the use
hunger	glue	lessens hunger pangs
fear	alcohol	provides courage
feelings of shame, depression and hopelessness	alcohol, glue	helps forget
health problems	phenargan, analgesics	self medication
tiredness from lack of sleep (due to long working hours)	tobacco based products	Stimulates and improve alertness
sudden physical violence	brown sugar	relief from pain
no recreational facilities	any drug	time pass or entertainment
physical pain	analgesics	relief from pain
loneliness	alcohol, cigarettes, *beedi*	promotes socialising
social isolation	socially sanctioned drugs (alcohol etc)	provides a sense of connection with other drug users

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[1] The term 'children' in this report will denote boys unless specified otherwise

[2] The term 'Service providers' includes street educators unless specified otherwise

Often the drug may not produce the desired effect and leave the child with even less emotional, financial and health resources than before.

> "Street children who abuse drugs do not fit the stereotype of an adolescent drug abuser. Such young children are often cheerful, affectionate and respect authority. They do not abuse drugs because they reject mainstream society but rather because they have lost their place in it." [WHO:PSA]

1.1 Stress and Strains on Streets

Street children lead extremely stressful lives. Poverty, hunger, illiteracy, unemployment, hazardous and overly exploitative working conditions and disease dog their steps. Drugs provide them some excitement and relief in the all pervasive gloom and serve to suppress hunger and helplessness.

> **"When I inhale glue, I feel that I am not alone. God is above me. After a few hours, I lose my appetite and feel tired and sleepy."** *(Unedited quote from a 16 year old street boy in Delhi).*

Most of the street child's time is spent solving day-to-day problems of finding food and work, looking for place to sleep and avoiding the police. The daily grind is time consuming and exhausting. At times they have to stay up at nights to work or avoid danger. Drug abuse offers a means of quick and easy escape.

Living on Streets means

- *poverty*
- *finding a place to sleep*
- *finding food*
- *obtaining clothes*
- *unhealthy and unhygienic living environment*
- *physical and sexual assault and exploitation*
- *major and minor accidents*
- *illiteracy*
- *persecution by police, welfare, health, juvenile justice personnel*
- *fear of being killed*
- *harmful drug abuse*
- *suicide attempts*

1.2 Mobility as a Stress

These children are highly mobile and often do not stay at a place for more than few months. Sometimes, a child will shift to another city out of sheer loneliness. They also move around in groups to taste their independence to the full, out of a sense of adventure. Since they depend heavily on each other for comfort and even survival, no child dares be the odd man out. Joining in when their friends are abusing drugs is one way of finding acceptability in the group more easily.

"In Delhi I was alone. I am happy to be with some friends at least in

Calcutta. They take care of me, find food for me. So what, if they drink? So do I. They do not force me, I do it on my own".

(Unedited quote from a 15 year old street boy in Calcutta)

Reasons why children land up on streets
- Broken homes
- Families too busy to pay attention to them
- Conflicts with step parent and/or step siblings
- Demolition of shanties by authorities
- Fulfilling the role of main breadwinner of the family

These findings are supported by the results of the research conducted in other parts of the world. According to a recent study on Drugs, Youth and Street in Canada, the street environment appears to reinforce the tendency to drug use[9]. Many street children turn to drugs in an effort to escape from some of their feelings of self-degradation, guilt and misery. Street children in Kenya say that they sniff glue to help them to be able to eat rotten food for survival. Street children in Central America report that the chief attraction of sniffing glue is that it takes away their hunger[10].

Strengths of Street children

1. Attachments
- Other street children
- Family
- Street Educator
- Sexual Partners
- Work
- School

2. Competencies are physical and performance capabilities that help children succeed in life
- juggling
- vending
- leadership skills
- craft making
- self defence skills

3. Coping strategies are the internal, behavioural and social activities that help a a street child to manage stress
- self assurance
- seeking support from others
- assertiveness
- knowing when to retreat
- problem solving
- engaging in alternative behaviour
- self control
- negotiating and compromising
- reinterpreting problems in a more positive way

4. Resources of street children
- Recreational facilities
- information
- other street children
- a sense of humour
- street educators
- family
- intelligence i.e. street smartness
- religious faith
- a capacity to work
- resilience
- optimism
- positive role models
- education and vocational training
- community organisations
- employers

Source: [illegible] and 1994

2. AGE AND PATTERN OF DRUG ABUSE

The patterns of drug abuse that emerges in the research varies considerably. It reflects a difference in drugs of choice of younger street children (8 - 14 years) and older children (15-18 years).

2.1 Younger Children

In Bombay, Hyderabad and to some extent in Delhi (particularly in the old city) the younger group inhales solvents. They use glue, petrol and xerox solution, erasing fluid (used in typing) being recently added to the list, particularly in Bombay. Occasional use of alcohol begins around 12 years of age. However the age of first drug use seems to be getting younger in all the cities for both street and pavement children. The usual pattern of drug abuse for younger children, both boys and girls, between 5-10

years is chewing tobacco powder mixed with other drugs or adulterants (*gutka, khaini* etc)[3] followed by *beedi* or cigarettes. In Calcutta, a majority of children in this age group are also dependent on *gul* and *gurakul* (local names). In Delhi, this age group also starts using *dodas* (opium extract) which is cheap and easily available.

2.2 Older Children

In the 15-18 age group nicotine (*beedi*, cigarettes, alcohol, cannabis - *charas*, *ganja* and Heroin (brown sugar) is reported in order of preference (refer Table 2). In Hyderabad, the incidence of heroin abuse is reported to be the lowest in this age group as compared to other cities. Hyderabad also reports a lower incidence of alcohol abuse due to the prohibition policy in the state of Andhra Pradesh. But a corresponding increase in "petrol sniffing and cannabis - *ganja* is reported for the 15 - 18 age group.

There are conflicting opinion about the pattern of drug abuse in this age group in Bombay. Some service providers are of the opinion that many younger street children (8-14 years) who abuse solvents do not necessarily go on to abusing hard drugs specially heroin - brown sugar. Others hold that children abusing solvents also begin abusing cannabis - *charas, ganja* as a rule, and occasionally go on to smoke heroin (brown sugar). According to service providers in all the cities heroin abusers are a separate group within the drug abusing street children and are generally shunned.

> **"We prefer to stay away from the *tootans*[4]. They indulge in all the wrong things".** *(Unedited quote from one of the FGD participant in Hyderabad).*

A comparative analysis of the pattern of drug abuse according to age group reveals an interesting difference between street children and pavement children[5]. Socially sanctioned drugs (Tobacco, alcohol, cannabis)the use of which are accepted as normal in society are common to both street and pavement children irrespective of their age group, whereas abuse of solvents (glue, petrol, xerox solution, erasing fluid, kerosene etc), heroin, and medicinal drugs is prevalent only among street children. Pavement children avoid drugs that are likely to be frowned upon by their families.

With a well organised drug industry and drug distribution network in Delhi and Bombay, it may come as a surprise that pavement children do not take to heroin. They

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Street names of the drugs indicated italics are used to make the report reader friendly, scientific names are also indicated.

[4] *Tootan* meaning withdrawals related to heroin. Hindi terms or local language is used to highlight the exact nature of quotes. Translation in English is provided alongwith.

[5] The term 'pavement children' is used in the report to indicate the category of street children who are living with families

also do not indulge in glue sniffing, though their families are not likely to discover or even identify it as addiction. Some service providers report that familial contact may be a pivotal factor in keeping these children away from these drugs. Other studies also indicate that the street environment appears to reinforce the tendency to drug abuse[10]. Data also suggests that children who abuse solvents are more commonly those "on the streets". A national survey in United States of America found that poor Mexican street children were three times more likely to use solvents than the national adolescent sample[53].

Researcher have also consistently found an association between solvent use and poly-substance abuse[16]. Solvents frequently push the user towards other drugs and one study reported that 59 out of 179 intravenous drug users had a previous history of solvent use[16]. However, findings of this research, in this regards are not conclusive as a clear relationship of poly-drug use for solvent using children does not emerge, owing to differences in the opinions of service providers.

There is scant data on the age of first use, but ancedotal research and observations indicate that it is very low and may be getting younger[10]. A recent study in Mexico city found that average age of first use of glue for street children was 14 years. 12 percent of those surveyed said they had started using glue on a regular basis when they were nine years old. In Colombia and Bolivia, social service providers and journalists have reported encountering children as young as eight years old smoking *basuco* cigarettes[10].

These results are in consonance with the findings of this research in which the average age of first use for children on the streets is 5 years in case of socially sanctioned drugs and 8 years in case of glue sniffing. However there are no studies available to facilitate comparison on use of socially sanctioned drugs by street children.

Table 2 : Pattern of Drug Abuse

Age Group	Pattern of Drug Abuse		Frequency of use	City
	Local Name	Drug		
15-18 years (both street & pavement children	Cigarettes	Nicotine	Regular	Bombay
	Bhang, Charas Ganja	Cannabis		
	Thaili, Chullu, Packet	Alcohol	Occasional and Regular	Calcutta, Delhi and Hyderabad
	Gard, Smack Brown sugar	Heroin	Regular	Bombay, Calcutta and Delhi
15-18 years street children	Glue	solvent	Regular	Bombay, Delhi, Hyderabad
	Petrol	solvent	Regular	
	Xerox solution	solvent	Regular	Bombay
	Erasing fluid	solvent	Regular	
	Mandrex	Mandrex	Occasional to Regular	Delhi

Age Group	Pattern of Drug Abuse		Frequency of use	City
	Local Name	Drug		
8-14 years street & pavement children	Khaini Gutka Beedi Cigarettes	Tobacco Tobacco Tobacco Tobacco	Regular Regular Regular Regular	Bombay, Calcutta, Delhi and Hyderabad
	Charas Ganja Bhang	Cannabis Cannabis Cannabis	Occasional to Regular	Bombay, Delhi, Hyderabad and Calcutta
	Thaili, Packet, Chuliu	Alcohol		
8-14 years Street children	Smack, gard Brown sugar	Heroin	Regular	Bombay, Calcutta and Delhi
	Glue	solvent	Regular	Delhi (Glue & Petrol)
	Petrol	solvent	Regular	Bombay (all solvents)
	Xerox solution Erasing fluid Kerosene	solvent solvent solvent	Occasional to Regular (depending on availability)	Hyderabad (Petrol & Kerosene)
5-10 years Street and pavement children	Khaini Gutka Beedi Cigarettes	Tobacco Tobacco Tobacco Tobacco	Regular Regular Regular Occasional to Regular	Bombay, Calcutta, New Delhi and Hyderabad
	Gul Gurakul	unknown unknown	Regular Regular	Calcutta
	Dodas	Narcotic extract	Occasional to Regular	Delhi

Note The age groups overlap as no clear demarcation emerges during analysis. The drugs which are regularly used are often not substituted by other drugs whereas substitution occurs for drugs used occasionally

3. PEER GROUP INFLUENCE AND DRUG ABUSE RISK BEHAVIOUR

3.1 Introduction to Drugs

Whatever the age group or the drug of choice, peer pressure is a determining factor. Peers provide food, protection and guidance about medical services in times of need. In return the grateful child accepts whatever drug is offered, at times against his better judgement. The peer group in this sense becomes a substitute for strong family bonding and its wisdom is rarely questioned. Peers also take recourse to taunts to make a reluctant child fall in line.

> **"A child refusing his first drag on a cigarette is liable to be asked, 'Are you a *chakka* (eunuch)?"** *(Unedited quote of 14 year old boy from Bombay).*

To prove himself man enough the child simply meets the challenge by reaching out for the cigarette.

Younger children in Calcutta, who start with rag picking as the easiest job

requiring no skills and no capital are introduced to drugs (mostly *gurakul*) by older boys as a means of coping with fatigue. During the festive time, when the child feels unusually depressed and lonely, the peer group steps in with alcohol as a temporary means of relief.

> **"Have a *pahua* (drink) and you will not miss home".** *(Unedited quote of a 13 year old street boy from Delhi).*

The findings with regards to the significant role of peer group in influencing drug abusing behaviour of street children are similar to the ones reported in other research studies[21,27,32]. Research shows substantial evidence that association with drug using peer makes the street child more prone to drug abuse and its related risks [8,12,22,32]. There are several processes by which association with drug using peers contribute to drug abuse behaviour. Modelling and social approval are two of the most commonly observed processes. It also seems, however, that drug abuse behaviour is a part of the conforming process that normally occurs within the street child's peer group network.

3.2 Role in Facilitating Drug Peddling

In Calcutta, children who sell cannabis - *charas and ganja* often use their 'friends' to advertise the fact that they are selling the drugs. The friends are aware of the known users in the area of operation and often direct the 'safe customers' to their own friends.

Many drug using street children in Delhi and Bombay specially heroin (brown sugar) abusers do small time peddling to earn 'free' drugs for themselves. The children buy a small quantity of the drug and increase its volume by adding adulterants. They make a tidy profit and also get their own dose for free. With a few exceptions, nearly all selling occurs within a loose 'structure' of friends who are trustworthy.

In Delhi street children also act as touts for adult dealers. They go around spreading the word that a specific dealer has high quality drugs and earn a commission on sales. Usually, children prefer to move around as a group for touting and one of the group members keeps in touch with the dealer. This informal network keeps them informed about the dangers of being spotted or apprehended by authorities.

3.3 Attachments and Bonding in the Heroin Using Street Children

The bonding among the sub group of heroin users was reported to be exceptionally strong in Bombay, Delhi and Calcutta. Probably because they are a stigmatized group. In Delhi and Bombay such a group is referred to as "*Tootan*" (meaning a group having withdrawals). The bonding in this sub-group is so strong that children often provide drugs as well as care and shelter for a fellow drug abusing child suffering from withdrawals.

4. ADOLESCENCE : THE RIGHT TIME FOR USING DRUGS

The abuse of nicotine and alcohol by adolescent street children also appears to be a function of their newly acquired adulthood. Majority of service providers supported

the fact that adolescent street boys often associate drinking and smoking with adulthood and their intake increases among adolescent street and slum boys (12-16 years age group). Prevalent community norms also play a major role in conferring this stereotype. Alcohol is a must for males in almost all social functions. Films, the only source of entertainment for street children, also portray drinking and smoking in romantic colours.

5. FAMILY ROLE IN DRUG ABUSE BEHAVIOUR

5.1 Families Pushing Childlren into Drug Peddling

Extreme poverty seems to be the determining factor in children (in all the cities) taking up drug-peddling. For many unemployed parents, children are the sole breadwinners and the pressure to survive with no skills or education also pushes the child to drug peddling for coming back home with no money means being thrashed soundly by parents. It also makes children more prone to drug abuse with its attendant health risks.

Some street children and their families live in areas where drug production and trade are a major source of income for most of the residents. One such area is Motia Khan in new Delhi where the *Sansi* families (formerly notified as a criminal tribe) living in shanties or on pavements are dependent on the drug industry for income. In such communities parental consent is also forthcoming for children taking to drug peddling as the young are least suspected by the authorities and the money is easy.

In the 11 - 16 years age group service providers in Bombay and Delhi have come across boys abusing the drugs they peddle. No conclusive evidence emerged about such drug abusers' involvement in drug peddling or vice versa in the under 10 years age group.

5.2 Introduction to Drugs by the Family

Alcohol (country made) and tobacco are fairly common drugs of choice in the lower income group, where boys are often asked to fetch them for their fathers or elder brothers. Children are thus introduced to these drugs very early in life and it is the family rather than peer group that plays a decisive role in their drug abuse pattern. A child who grows up watching his/her elder sibling abusing drugs, perceives it to be a family tradition to be continued. In Calcutta they take to *gul* and in Bombay and Delhi to alcohol and tobacco. There exists very few explicit hypotheses about the role of parental factors in street children's lives. [28,36,37] It is often presumed that parents stand for conformity and the more satisfying the parent-child relationship, the less likely the child will deviate. One of the most consistent findings in the literature on etiology of drug abuse is that children with parents involved in criminal activity are at very high risk of drug abuse. Family normlessness (i.e. the degree to which deviant methods are acceptable in meeting conventional family goals) is associated with a child's drug use. Parental drug and alcohol abuse emerges as a strong influencing factor on pavement children's drug abuse behaviour. Anti-social parental behaviour provides a negative role model for these children. Defiance of social norms, when exhibited by the parents, is quickly accepted and followed by children.

6. PRICE, AVAILABILITY AND ABUSE OF DRUGS

Given the large number of possibilities, what makes a street child pick a particular drug? Two of the most influential factors are the price and availability of the drugs. Street children normally have very little extra money to buy drugs. Consequently, they almost always choose the least expensive and most readily available drugs which are often solvents, such as glue or petrol. If they decide to drink alcohol, they tend to pick up the cheapest beverage, (whatever its quality) with the highest alcohol content.

A street child's use of drugs is likely to change when the price and availability changes.

i) They might switch to a less expensive drug. In Bombay, glue sniffing children have shifted from glue to xerox solution as the price of xerox solution at Rs. 4/- a can is much lower than that of glue at Rs. 15/- a can.

ii) They might switch to a more effective method of use. Street children addicted to Heroin (brown sugar) in Delhi, Calcutta and Bombay have started injecting heroin (brown sugar) as chasing[6] does not give them the desired high. As injecting produces greater effect on the user, children switch to it when the price of heroin sky-rocket.

iii) They try to find more money or other ways to obtain the drugs. A very small number of the street children, majority of them heroin (brown sugar) users try to earn more money by working harder, and/or committing more crime. Such children in Delhi were reported to be involved in pick-pocketing in the crowded trains and committing petty crimes like theft.

Some get involved in selling drugs. In the two metropolitan cities of Delhi and Bombay heroin (brown sugar) users are involved in small time peddling or act as couriers, or middlemen for the drug dealers on the streets.

6.1 Availability of the Drugs

Many street children cannot afford to buy drugs. They only use those drugs which are freely available like *beedis*, cigarettes, *khaini*, *gutka* and cheap country liquor. The more available the drug is, the more likely it will be abused (whether socially sanctioned or not) (Refer Table 3). Alcohol and tobacco are examples of easily available drugs which have now become 'normalised' or are socially sanctioned in India. The availability of drugs to a large extent is culturally determined. The community determines its legal status and whether a drug is acceptable or not. On the other hand, the manufacture and sale of illicit drugs are by and large restricted. This makes them less likely to be 'normalised'. Heroin (brown sugar) abuse seems to have a distinct place

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[6] 'chasing' is a method of taking brown sugar (adulterated heroin) by inhaling the fumes on silver paper through an improvised paper pipe

of its own. Though illegal and socially disapproved, its easy availability is a major factor that has helped its spread.

The findings with regard to price and availability indicate that they are in consonance with the research findings in other countries. According to World Health Organisation, "The majority of the street children in the developing world use inhalants and other solvents as well as marijuana and coca leaf by products, because they are inexpensive and easily attainable"[65].

The street children in Central America report that they prefer to sniff glue because of its price. Two days worth of glue costs about US 45 cents in Colombia, while a week's supply costs about US 75 cents in the Honduras - far less than the cost of maintaining a regular diet[10].

Table 3 : Price and Availability of Drugs

Drug	Street Name	Price	City	Place of Purchase	Availability
Tobacco	Beedi	Rs. 2.50 per packet	Bombay	Pan shop or local grocery shop	easy
Tobacco	Beedi	Rs. 2.00 per packet	Delhi Hyderabad Calcutta	Pan shop or local grocery shop	easy
Tobacco	Cigarettes	Rs. 6.50 per packet to Rs. 34 per packet (depending on the quality)	Bombay Delhi Hyderabad Calcutta	Pan shop or local grocery shop	easy
Tobacco	Gutka Khaini	Rs. 1 to Rs 3 per packet	Bombay Delhi Hyderabad Calcutta	Pan shop or local grocery shop	easy
Unknown	Gul	Rs.0.50 to Rs. 0.75 per packet	Calcutta	Pan shop or local grocery shop	easy
Unknown	Gurakul	Rs. 1.50 to Rs. 3.00 per packet	Calcutta	Pan shop or local grocery shop	easy
Alcohol	Chullu (country liquor)	Rs. 3/- per 100 ml. (Rs. 9 per 250 ml.)	Calcutta	Unlicensed liquor shops in slums / individual sellers	easy
Alcohol	Thaili or packet (country liquor)	Rs.10/- per 250 ml.	New Delhi	Unlicensed liquor shops in slums / individual sellers	easy
Alcohol	Gudumba (country liquor)	Rs. 10-12 per 250 ml.	Hyderabad	Unlicensed liquor shops in slums / individual sellers	easy

Drug	Street Name	Price	City	Place of Purchase	Availability
Cannabis	Ganja	Rs. 5-10/- per pudi (weight unknown)	Bombay	Churchgate, Play House, Marine Line, Tardeo	not easy
Cannabis	Ganja	Rs. 7-12 per pudi	Delhi	Paharganj, Kashmiri Gate, Turkman Gate, Fatehpuri, Jama Masjid	not easy
Cannabis	Ganja	not known	Hyderabad	Begampet	not easy
Cannabis	Charas	Rs. 25/- a piece (equivalent to Rs.1/- coin)	Bombay	Novelty Cinema	not easy
Cannabis	Charas	Rs. 20/- a piece	Delhi	Paharganj, Motia Khan, Jehangir Puri	not easy
Mandrex	Tablet	Rs. 3/- per tablet Rs. 5/- two tablets	Delhi	Paharganj, Nand Nagri, Shadipur Depot Bridge	not easy
Solvent	Glue solution	Rs. 15/- per box	Bombay	Any where	easy
Solvent	Glue solution	Rs. 10/- per box	New Delhi	Chandni Chowk, Jama Masjid	easy
Solvent	Xerox solution	Rs. 8/- per can	Bombay	Local shop, stationary shops	easy
Solvent	Petrol	Rs. 21/- per litre	Bombay	Any petrol pump	easy
Solvent	Petrol	Rs. 16/- per litre	New Delhi	Any petrol pump	easy
Heroin (brown sugar)	Smack, gard	Rs. 12/- per pudi (half gram)	Bombay	Masjid Bunder, Tardeo, Novelty	not easy
Heroin (brown sugar)	Smack, gard	Rs. 15/- per pudi of half gram	New Delhi	Paharganj, Motia Khan, Jama Masjid, Fatehpuri, Jahangir-Puri, Sunlight Colony	not easy

Note: The prices among the cities vary due to the demand and supply situation in each city. The availability of a particular drug at a time also influences its price, specially illegal drugs. Wherever a range of price is indicated, it is calculated after averaging the various prices quoted by the informants.

7. MEDIA PRESENTATION AND ADVERTISING

This factor appears to have a direct influence on the risk behaviour of street children. When alcohol and tobacco are advertised, people are presented with the idea that using drugs is normal and even desirable. Characters in films and television serials are often shown smoking cigarettes and drinking alcohol as part of their daily routine.

For many street children who come from stressful or atypical homes, media productions such as television shows and films are a means of finding out what a normal life is all about. These very role models appear in advertisements further reinforcing the children belief that whatever they advocate must be good. In India advertising alcohol is banned but its portrayal in films has had a damaging effect. Films emerge as the most potent source of information for these children who spend a considerable amount of money on going to the 'First show first day'. Film stars are their heroes and some have even taken on the name of their favourite stars.

> **"I take alcohol when I feel lonely and depressed like Amitabh Bachan in 'sharabi'".** *(Unedited quote from a 13 year old street boy in Bombay).*

The glamourised portrayal of depression and alcohol as a means of relief in cinema has had a tremendous impact on street children.

Service providers in Bombay and Delhi report an increase in frequency of drug abuse among the street children during festival time.

> **"During Diwali and holi, we find children abusing alcohol and bhang. The age of the child is no barrier. They also miss their families are depressed and feel more lonely during the festival season."** *(Unedited quote of a street educator from Bombay).*

8. IMPACT OF CULTURE

Some drugs like opiates are traditionally used in India as pain relievers or even as intoxicants. Some other drugs like *bhang* (cannabis) are used on certain festivals like "Holi" (the festival of colurs). Alcohol use on festival occasions is generally tolerated, occasionally even encouraged as a means to boost gaiety. Although not directly linked to street children drug abuse behaviour, such cultural memories along with a feeling of being uprooted seems to eggs them on to increase their dosage of drugs during the festive season.

9. HEALTH RISKS RELATED TO DRUG ABUSE

9.1 Health Risks in Glue Sniffing

Rags picked up from the street to use as a means of sniffing also bring various infections, specially of the lungs. Some children use the vest or shirt they wear for dipping, and the deed done, wear it again. This increases their vulnerability to skin infections, children do not relate the two and are unaware of the risks they are taking. Unhygienic living conditions also contribute to their susceptibilities.

The effect of solvents is also longer and more damaging as compared to other drugs. Impaired memory and judgement, loss of appetite and damage to lungs are long term effects of solvent abuse. The risk taking behaviour of the street child under the influence of solvents also goes up. A number of street educators and social workers in Delhi and Bombay narrated incidents when children under the influence of solvent

(glue/petrol) met with accidents on railway tracks as they could not judge the distance between the train and themselves.

9.2 Health Risks Related to Tobacco

Similarly service providers in all cities reported that very young children (5-10 years) who abuse tobacco based products like *gutka, khaini, beedi,* cigarettes gradually become so dependent that it starts affecting their health. Every time a user takes one of these, it is said to shorten their life span by 5.5 minutes[10]. Oral tobacco is said to be carcinogenic. These children often insist on leaving the non-formal education classes of contact centres for their next "dose". These children become lethargic and lack concentration.

> **"I don't feel like doing anything, if I don't use *gul*".** *(Unedited quote of a 16 year old boy from Calcutta)*

The researchers' own experience in dealing with such children in Delhi and Calcutta supports these findings. Children abusing opium (*dodas*) become lethargic or appear dull after using. It also depresses appetite and induces sleep.

Young rag picking children in all the cities pick up *beedi* and cigarette stubs to smoke. It saves money but affects health adversely. It raises the risk of oral infections. The incidence of upper respiratory tract problems and asthma is very high among them and is a direct outcome of tobacco use. Among addicts of *gul* and *gurakul* in Calcutta (nature of the drug unknown) ulcers of oral cavity are reported to be common.

Drug abuse has disastrous impact on the health of these already malnourished children. It depresses appetite and intake of nutrition goes down further. The vicious cycle has long term effects, and these children are usually sickly.

9.3 Health Risk Related to Abuse of Cannabis

Abuse of Cannabis *(Bhang, charas, ganja)* is widely reported in the adolescent street boys, either occasionally to celebrate festivals like holi or as a substitute drug (as in Hyderabad when petrol is not available). It is also used as one of the preferred combinations of drugs. Regular use has a devastating effect on the health of user. It may impair memory and a small number may become mentally disturbed, although this is not permanent. There is a risk to the lungs or bronchial damage when it is smoked.

A detailed analysis of the drugs abused, their effect and health risk is given in the table for easy reference (Table A in Appendix).

9.4 Health Risks Related to Heroin (Brown Sugar)

Heroin (brown sugar) dependence is reported among older street children (14-18 years) in Delhi, Bombay and Calcutta. The evidence for Hyderabad is not so conclusive. The preferred route of administration is 'chasing'. Children dependent on heroin are at the greatest risk. An overdose can be fatal. Sharing pipes (used for chasing) also

increases the risk of oral and respiratory tract infections. Intravenous heroin use is reported in Bombay and Delhi, although the evidence is less in Calcutta and Hyderabad. Needle sharing among such addicts exposes them to risk of HIV that can lead to AIDS. Also shooting heroin can lead to serious liver, heart and lung problems that can leave the body defenceless against HIV infections. Withdrawals are painful and the child trembles, sweats, has stomach cramps, bouts of vomiting and muscle pains. This can last from 7-10 days but the effects last for months.

9.5 Drug Abuse and Undernourishment

With majority of the children just managing to eat one square meal a day, drug abuse increases the risk of further malnourishment. -Drugs like tobacco further depress appetite of the malnourished child, thereby setting in a vicious cycle of drug - malnourishment-lack of appetite and further malnourishment.

9.6 Drug Abuse and Tuberculosis

Service providers in Bombay report that among glue sniffing and heroin addicts the incidence of tuberculosis is high. Many of these children do not report back to NGOs after being refused treatment by both detoxification centres as well public hospitals.

9.7 Drug Abuse and Risks Related to HIV/AIDS, STDs

Street children in Bombay and Delhi are reported to share needles for injecting heroin. This increases the risk of HIV/AIDS being transmitted if infected street children share needles with uninfected children. Though the incidence of HIV positive cases in the street child population is not known, the finding clearly show that the possibility of a number of children being HIV positive cannot be ruled out.

Older adolescent street boys in the three major metropolitan cities - Delhi, Bombay and Calcutta are reported to be visiting commercial sex workers and a few of them imbibe alcohol to overcome inhibitions during the "first encounter". Others often go in for homosexual gratification with younger boys. Younger boys in Calcutta report that older boys force themselves or even rape them when they are drunk. Lack of awareness about safe sex adds to the risk of being infected by STDs including HIV. Service providers in Bombay report that though some boys do take condoms from them, more often than not they forget to use it as they are under the influence of alcohol or are "high". In the Jama Masjid area in New Delhi - this high risk behaviour becomes clearly evident when older street children addicted to heroin have sex with the street commercial sex workers who also solicit for these particular customers in the 'smack park'. This park is well known in Old Delhi area as a place for buying, selling and using heroin. Addicts belonging to all age groups can be found here with a sizeable number of street children among them.

10. OCCUPATION RELATED HIV AND DRUG ABUSE RISKS

10.1 Introduction to Drugs through Rag Picking

Rag picking is the easiest and one of the most lucrative jobs that a young child takes up because it requires no skills or capital. The average daily earning is Rs. 15-20 a day, that at times may go up to Rs. 30. These children pick up *beedi* and cigarette stubs from garbage to smoke and are introduced to tobacco as part of their occupation.

10.2 Heroin as Wages for Rag Pickers

Service providers in Bombay report that some scrap dealers give heroin in lieu of cash to rag pickers to ensure that they come back for more and gradually make them bring more junk for less wages.

10.3 Rag Picking : Working Conditions

Rag picking requires working in unhygienic conditions for long hours. Children often have to walk several kilometres to get sufficient collection of junk for selling. Children working at hospital (garbage dumps are specially vulnerable to infections. A prick of HIV infected needle could pass a death sentence on an innocent child. Rag pickers, with open wounds on their limbs run special hazards while collecting hospital garbage as it contains highly infected blood and blood products, including HIV positive blood samples, tested and discarded. Labouring under such unhealthy and stressful situations young children often fall easy victims to drug abuse. Rag picking children in Calcutta are introduced to *Gul* by older children in their group as it helps them to stay awake. Occasionally children pick up hazardous substances like bottles of acid under the influence of drugs without even looking at what it is and can be seriously injured. Picking up articles of use from railway tracks is risky at any time, becomes all the more dangerous when the child is high on drugs and fails to notice an oncoming train or misjudge its distance.

10.4 Rag Picking as a Conduit for Carrying Alcohol

Children in Hyderabad report that some boys use their collection bags to bootleg illicit country liquor. The bags are used as camouflage to earn a quick buck. Mobility of the rag picking child is also an advantage as they are least likely to be targeted by the law enforcement agency.

10.5 Grave Digging

Similarly older adolescent boys working as grave diggers take to alcohol as working at grave yards is an exceedingly boring and depressive job.

10.6 Picking-up Dead bodies

Children living on the railway station in Bombay are often called by police

officials to pick up the dead bodies (and their parts) of rail accident victims from railway tracks. Children report that they cannot sleep for days after performing such a task. Working and living in such stressful conditions enhances their risk of drug abuse specially those drugs which will help them sleep even amongst the noise of traffic on roads or the railway station. Besides picking up dead bodies, particularly of those victims who could have been HIV infected, is extremely risky. Medical personnel are required to handle dead bodies of HIV infected with double gloves. However, children are neither aware of the risk nor equipped with safety measures. The fear of reprisal from the railway police looms large on the children and they can, hardly be expected to refuse doing the job.

10.7 Working at Hotels/Dhabas

Young children in New Delhi slog 12-16 hours a day at wayside eating joints. Those working near the railway station or the Inter State Bus Terminus also have to stay up at nights to cater to customers. These children take to tobacco based products like *khaini, gutka* etc. to help them stay awake and concentrate in their work.

11. DRUG ABUSE AND RISK TO LIFE

11.1 Alcohol

Traffic accidents under the influence of alcohol are a well known hazard and the risk is higher for children who live on the streets, surrounded by traffic. On railway stations, children are known to hop from one compartment to another to display bravado or simply for the thrill of it. Under influence of alcohol they are known to fall off between compartments to their deaths.

11.2 Cannabis

Abuse of Cannabis (*bhang, charas, ganja*) is reported to be highly prevalent in the 11-16 age group. Cannabis, by itself is not thought to cause physical dependence, but intake of large amounts can cause hallucinations and make children more prone to accidents.

11.3 Organic Solvents

Organic solvents directly go into the brain and can make a person unconscious or even kill at first try. Street children sniffing glue and petrol are obviously unaware of these risks. In Bombay, they do not ever perceive glue sniffing as dangerous. The main risk is death in road or rail accidents. Service providers in Bombay report that children often meet with accidents on roads and on railway lines while collecting junk under the influence of glue. A street child in Hyderabad said,

> **"First time when I inhaled petrol, I could not cross the road for an hour. My friends made fun of me. I enjoyed it initially and felt as "light as air."** *(Unedited quoted of a 14 year old street boy from Hyderabad).*

11.4 Heroin

Apart from the usual risks of accidents, heroin dependence pushes children into anti-social activities. Stealing public property is commonly resorted to, to finance drug dependence. The well known link between heroin and crime comes out quite clearly. Besides children are known to steal fish plates and manhole covers, that are too heavy for them to carry. They hurt themselves seriously when they drop these heavy metal objects on themselves while trying to run away with them.

12. PERCEPTIONS OF STREET CHILDREN RELATED TO DRUG ABUSE

Children do not generally consider drug abuse as a risk behaviour. In fact abuse of socially sanctioned drugs like tobacco, cannabis and alcohol is considered normal. They are not aware of risks associated with solvent abuse. However, heroin dependence is considered highly undesirable and risky. There seems to be an invisible line drawn between these two types of drug abuses. Most drug abusing children, specially those in late adolescence appear to become more cognizant of the effects of drug abuse on their image. As they enter adulthood, majority tend to question their own drug abuse behaviour and some even quit abusing drugs on their own. However, they do not do so because they perceive drug abuse as risky but because of a growing concern about their self image and make efforts to improve their life.

12.1 Understanding Drug Abuse: Beliefs and Myths of Street Children

Many street children display the use of or effects of intoxicants very deliberately to give out signals that they are adults. They boast of drinking and smoking to assert their independence. It is not the need for nicotine that drives a child of 14 to cigarettes, but a need to prove his independence and to ensure acceptance in the peer group that he swaggers around pretending to be carefree. The aim is to project an image of "one who dares".

The chosen drug also indicates a set of values adopted as a means of defying social mores[24]. In order to understand drug abuse among the street children, it is important to acknowledge, the vital symbolic importance of drug use within the user (street culture). Heroin addiction not only provides membership of a group, but also an active, purposeful life, albeit a deviant one. The heroin addicted child become intensely preoccupied with raising money for drugs, planning for buying and selling drugs. This life appears to be analogous to the life of the compulsory business executive[25].
It fills the street child's life with some kind of meaning and purpose, substituting for emptiness and monotony. Street children attribute the following effect to various drugs:

(a) Some get happy while other get sad;
(b) Some become pleasant and others mean;
(c) some become aroused and others sedated;
(d) Some become active and others passive; and
(e) Some become silent and others talkative.

An examination of these statements show that they are highly contradictory.

Ordinarily the effects which a drug has upon human beings conforms to a certain pattern:

(a) the number of different effects are limited;
(b) the effects are characteristic; and
(c) lay persons cannot alone decide which effects can be attributed to the drug.

The children may thus perceive the effect on the drug in consonance with the existing beliefs but actually may not feel the same effect.

Street children continue to abuse drugs despite seemingly having every reason to avoid them. Drugs make them sick, place further strains on their slender incomes and push them into crime and trouble with authorities. One reason for the continuance of drug abuse in such adverse conditions is to sustain the illusion that they could have been so much more talented or successful had it not been for the accused drug that they have got addicted to. Drug abuse in this sense become a manifestation of self-pity and a silent complaint against being deprived of all the good things of life.

Alcohol abuse become defense against poor sexual performance and effectively removes the expectations and demands of his partners. This needs to be understood in the light of the existing community belief that attaches a strong symbolic value to a man's sexual prowess. Thus, alcohol as a self chosen handicap relieves performance anxiety prior to sexual intercourse. Street boys labour under the myth that alcohol increases sexual desire. Another common myth among street children is that heroin (brown sugar and opium) give you a "kick".

But research shows that normal people receiving morphine (another form of opiate) only expect relief from pain and nothing more than that, except side effects, most often nausea[24]. Many normal people given opiates do not feel the "euphoria" usually associated with first time opiate use. It is obvious that street children experience of heroin is more socially learned in street culture, rather than a reality.

BANGALORE ONIYAVARA SEVA COOTA

STREET PRESENCE

It is estimated that there are about 45,000 Street Children in the city of Bangalore. Most of these children are forced to be on the streets because of family conflicts and economic poverty. A street child faces an insecure life on the street. He is rejected by Society and he struggles hard for survival on the street.

BOSCO's intervention at the street level is considered a necessity since it is not feasible to provide assistance to all the children independent of the street. BOSCO's street educators are available on the streets where these children spend most of their time. They remain ever vigilant in their area of operation of the street scenario and meet each youngster as he/she stumbles into the city streets at whatever state of freedom he/she may be.

BOSCO is involved in 9 areas in the city. In each area there are many contact points. The areas covered in the city are K.S.R.T.C., Bus Stand, City Railway Station, K.R. Market, New Market, Magadi Road, J.J.R. Nagar, Gandhi Nagar, Shivaji Nagar and Bhakshi Gardens.

Our Staff spend about 425 hours on the street, every week. Our volunteers spend about 100 hours a week on the street.

BOSCO Staff are competent enough to handle various situations that arise on the street. Some of the services extended to the stree are home placement, counselling, job placement, training, medication, advocacy, orientation camps, personality development programme, liter classes, drug de-addiction programmes, saving scheme and picnics.

...

BOSCO YUVAKAYA [illegible] Chamarajpet, BANGALORE [illegible] INDIA Phone [illegible]
Boys Hostel, BOSCO YUVAKENDRA [illegible] Cross, Magadi Road, BANGALORE - 560 023 Phone 0[illegible]
Girls Hostel, BOSCO MANE, [illegible] Main, Chamarajpet, BANGALORE - 560 018 Phone [illegible]
[illegible] BANGALORE CITY CORPORATION

(1) K.S.R.T.C. Bus Stand:

It is situated in the Centre of the city, close to city railway station. More than 100 children earn a living by working as unlicensed porters. Some others also work as auto drivers, travel agency, vendors, bus cleaners, etc. These children face problems from coolie porters, police, security people and hotel-brokers.

(2) City Railway Station:

The city railway station consist of 18 platforms and it is the main railway station in Bangalore. Besides, the licensed porters, more than 200 children/youth work here as unlicensed porters. One of our recent studies revealed that there are about 65 fresh children who land up in the city station, everyday. Here too the children are harassed by the police and the licensed porters.

(3) K.R. Market:

In K.R. Market, street children work as rag-pickers, coolies, vendors, etc. More than 300 children earn their living in this area. Literacy classes are conducted in two contact points in K.R. Market.

(4) New Market:

This area is also know as vegetable market. Most of the children are involved in collecting vegetables and selling them. Around 75 children are contacted here. Non-formal educational programmes are conducted here.

(5) Magadi Road:

Most of the children in Magadi Road are involved in rag-picking. Some of the children are also addicted to drugs. Literacy classes are conducted in the area.

(6) J.J.R. Nagar:

In this area, most of the children are involved in rag-picking. Around 60 children are involved in this profession.

(7) Gandhi Nagar:

In Gandhinagar, BOSCO is in contact with more than 100 children. Various categories of children in this area include rag-pickers, parking boys, black-ticket sellers, street vendors, etc.

(8) Shivajinagar:

Most of the children whom we contact in Shivajinagar are rag-pickers. We are in touch with more than 100 children in the area. We conduct literacy classes in a room provided by the Education Department.

(9) Bhakshi Garden:

In Bhakshi Garden BOSCO is in contact with more than 75 children. Here too we are provided with a corporation building where we conduct non-formal educational programme.

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CALCUTTA'S COMMITMENT TO STREET CHILDREN
The City Level Programme of Action for Street and Working Children, Calcutta
Some Extracts

In an unprecedented move, the State Government of West Bengal, the Calcutta Municipal Corporation, Calcutta Police and over 50 NGOs came together with programmatic support from UNICEF to form a network for the well- being of Calcutta's street children. It is estimated that one lakh children are living on the streets of Calcutta. 94 percent comprises of children who are between 0-15 years of age.

The need for concerted action

Several NGOs are working on the issue of street children to provide basic necessities like shelter, education etc., However, their efforts are confined to certain areas and their services reached only a limited number of street children. In order to reach out to large number of street children the NGOs had to have the support of several others beginning with the State, Police etc., Further, each of the NGOs working on the issue of street children possessed certain expertise. The NGOs realised that pooling in their resources, sharing each other's experience in the field and learning from each other would go a long way in improving the quality of the services being extended to street children. It was felt that for any kind of significant change to occur, every section of the city had to be involved. This was only feasible with an integrated effort which compelled the entire city in a broader sense to take an active interest in the street children programme.

Therefore the plan to develop a network involving the State Government, Corporation , Police, the Calcutta Metropolitan Development Authority, NGOs and UNICEF was conceived.

The Network would essentially be dealing with the following aspects:

* frame, develop and coordinate a yearly plan of action for the street and working children of Calcutta;

* help reach the street children of the entire city in a cost effective manner by encouraging optima use of available resources;

* promote capacity building, with project partners sharing their experiences, expertise and setbacks;

* divide roles and responsibilities of the network partners with the government, the City Corporation and police, providing infrastructure and administrative support and the NGOs actually implementing the project in the field;

* grow into a sustainable system which gradually involves all the citizens of Calcutta.

The fundamental objective of this programme is to provide basic services and extend protection to these children.

Operationalisation of the City Level Programme

The City of Calcutta was divided into 5 zones. A zonal Committee comprising of voluntary organisations working in a given Zone would oversee activities in the field. Each Zone will comprise of a nodal agency which would coordinate the activities of the Zone and liaise with the other network partners. The nodal agency for each zone would be elected by the member organisations.

The entire programme is co-ordinated by a City level coordinator. It is his or her task to take care of the day to day functioning of the network, maintaining communications with member NGOs, developing new programmes, accessing potential sources for funds, making the network more visible etc.,

The Structure

The City Level Plan of Action or CLPOA has a three tier structure.

At the first level, there is a Zonal Committee, which is responsible for planning and implementing programme activities within the zones.

At the second level, there is a coordination committee. This is the interface between field level agencies and Task Force. Its functioning wared include overseeing programme implementation, plan, develop, monitor and enforce inter-deptal coordination. The Committee is headed by the Director, Social Welfare, Govt. of West Bengal. The other members include the Director of Bustee Development Calcutta Municipal Corporation, Representative of Calcutta Police, Representative of Health and Family Welfare, Representative of Cottage & Small Scale Industries, Representative of UNICEF and six zonal committee convenors the members of the Coordination Committee.

Finally, the City Level Task Force would be responsible for the overall progress of network activities and the intersection

coordination among all the Government Departments concerned the children. The Task Force is headed by the Minister for Welfare, Government of West Bengal, the Chairman-member Mayor in Council (Bustee Service & Environment), Calcutta Municipal Corporation and the Convenor, the Secretary Social Welfare Department. The Commissioner, Calcutta Municipal Corporation, Secretary School Education, Director Social Welfare, Secretary Health and Family Welfare, Secretary Labour, Secretary Technical Education, Secretary CMDA, Commissioner of Police, UNICEF Representative, Secretary Chamber of Commerce & 6 Nodal Agency Representatives, would be the members of the Task Force.

The broad plan is divided into 2 sections-the City Level Plan & the Zonal Plans. The Zonal Plans emerge from a micro-planning exercise which is carried out by the member of NGOs and provide projections on the number and types of services necessary to cover the target beneficiaries over the plan year. While the City Level Plan provide an aggregate picture for Calcutta as a whole.

The coverage in terms of the services provided to the street children under CLPOA includes vocational training, nutrition, Non-Formal Education, health, etc., In addition to this training programmes for police personnel is also undertaken,

The CLPOA has emerged as a unique programme which has brought varied partners together on a common platform. There is a tremendous attitudinal change among the various partners. Child rights has become the guiding principle for most NGOs in their work. Certain changes in the attitude of the police towards these children can be seen after their orientation and training programme under the CLPOA. The schools have opened their doors to the street children. No longer are these children denied admission on account of lack of birth certificates. A letter on the CLPOA letterhead stands as proof for their age. Over 3000 children have been enrolled in formal schools since 1994. Over 2600 boys and girls given vocational training since 1994. Older children are being admitted to technical training institute to enable them to be self-sufficient.

The CLPOA has established itself as a successful network and offers great potentialities for it being replicated elsewhere.

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ADMIRABLE SURVIVORS : THE STREET CHILDREN OF INDIAN CITIES

Amitabh Rajan*

There are only two lasting gifts a generation can hope to give to its children. One of these is roots; the other, wings. Nevertheless, how does one describe a generation that has given neither roots nor wings to a substantial number of its children? How does one explain the fate of a large number of street children in Indian cities from whom the street is the main source of existence and for whom childhood is lost for ever?

The Phenomenon of Street Children

The phenomenon of street children is not new. With the advent of the industrial revolution, virtually as an eyesore, children have been observed working, living or loitering around various points in the rapidly developing towns, cities and metropolises. A fairly high percentage of them are children of migrant labourers working in the loosely organized low-wage sector of the urban economy. Others are children of poor city-dwellers, employed less than full time or working in low-skilled jobs with fluctuating wages and unregulated working conditions.

At the Tibetan Monastery Market in Delhi, 13 years old Pehani sells woollens in a stall. She stays with the stall owner (also her employer), looks after the latter's one year old child and also does the household work, as and when required. At the time of the study, she had been in employment for six years. She does not know her income (the money earned by her is reportedly sent to her parents). Sometimes, she is given Rs. 5-10 as pocket money. Her master scolds or beats her whenever anything is missing or if she gets hurt or breaks things accidentally. She attends to the stall from 8 a.m. to 8 p.m., taking a short break for lunch. When asked if she liked her work, she shrugged her shoulders, as if to say, "Do I have a choice"?

Uncertain family incomes, the ubiquitous increase in the family size and inflation push women and children out to the street as a necessity for their own and/or their families' survival. Bhola, aged 11, lives on the pavement of the Park Circus market in Calcutta with his father, a taxi driver, and his mother who, occasionally, sells different types of wares in the market. Bhola works in a *chappal* repairing shop, 12 hours a day, to earn Rs. 50-60 per month. An intelligent boy with a smiling face and an interest in everything new, Bhola needs a stick to walk since he had been affected by polio earlier on. Asked about his main worry, he mentioned that he slept under the perpetual threat of being attacked by street dogs whom he found difficult to ward off because of his physical handicap.

Researchers have found that many children, who run way from home, do so on account of

*Deputy Secretary, Ministry of Welfare, Govt. of India

abject poverty, neglect, maltreatment, break-up of family due to death or desertion or harsh working and living conditions. Babu, a street child in Madras, was only six years old when he left home. He became a rag picker and, later, started assisting a carpenter. for which he received Rs. 8/- per day (when there was some work) for some years. At the time the study was conducted, Babu, then aged 16, plied a cycle rickshaw but still dreamt of becoming a carpenter. Questioned about his parents, he gave vent to his frustration in a pained voice, "Members of my family have never bothered to visit me or took steps to get me back home. However, if my parents invite me to return, I may accept. But I will still continue to work and earn my daily bread."

As Social Beings

Scant attention seems to have been paid to the problems of street children until the beginning of the last decade. Popular notions, associating them with abandonment, vagrancy and delinquent behaviour, still persist in the public mind. The experience of social workers and researchers working the world over since last ten years , however, has been quite different. Sponsored by UNICEF and the Government of India, recent studies, conducted by various agencies in six of the most populous Indian cities provide clear evidence that the problem of street children is neither aimlessness nor delinquency, but primarily existential in nature, i.e., such children are simply looking for income to help support themselves or their families.

In a sample of 2169 street children in Bombay, it was found that 71% (76% boys and 60% girls) were working to earn a livelihood. More than half of the working street children (52%) in Bombay were found to be self-employed (rag-picking, metal and scrap collection, petty trading of edible or non-edible items, etc.), while 14% worked under employers in small shops or servicing centers. Others (23%) worked as casual labourers by carrying loads, cleaning and washing utensils at marriage parties and doing similar other manual work.

The largest group (478 children) worked for 10 to 12 hours a day and the second largest group (313 children) worked between 7 to 9 hours per day. Those who worked for lesser number of hours did part-time work like rag-picking or domestic work after school or after household chores. Nearly half of the working street children in Bombay were found to earn less than four hundred rupees per month. Children working as apprentices in garages or tailors' shops received a stipend ranging from Rs. 50 to Rs. 300 per month, depending on the number of years they had put in. Those engaged in rag-picking or manual labour were often able to earn up to Rs. 50 per day, but for this, they had to work 10-12 hours a day.

An increasingly large number of criminologists and welfare practitioners now believe that the fear and anxiety, based on notions about juvenile delinquency in cities, is disproportionate to the actual threat it represents to the social order. The Madras study, for example, found that, out of a sample of 1662 street children, only 6.6% had served time in juvenile homes for delinquent behaviour. Even out of this small percentage, an overwhelming majority (89%) were remanded for petty cases. Only 12 children out of 1662 had committed offences such as theft, robbery and drug peddling. Figures of personality traits also support the data of reported crime: Except about one-fifth, who showed signs of aggressiveness, the rest were found to be submissive in nature. The situation, by and large, seemed to be no different in other cities as well.

A Category for Social Action

While the general public tends to view street children with disrespect, fear and rejection, those who work directly with these youngsters see them as admirable survivors, potential entrepreneurs and decent citizens. The experience of NGOs have been supported by a number of studies which indicate that street children suffer from destitution, neglect, abuse and exploitation due to circumstances beyond their control. They often remain deprived of even the basic urban services meant for the general population.

Street children compete not only with others on the street (including other street children) for work, wages and security to ensure their survival but also with their own adult family members to obtain access to urban facilities despite the fact that, as children, they require specialized services and a greater degree of care. It is, therefore, necessary that, in social policy, physical planning and allocation of services, priority is given to their care and protection by treating them as a special category.

Till the beginning of the VIII Five Year Plan, street children were not recognized as a separate target-group. In a way, it led to their categorization as abandoned children (requiring admission to child care institutions) and identification of their problems as being related to education (school dropout/school evader) and labour (exploitation of working children).

They are, however, now finding a place in the planning efforts in India through a new scheme initiated by the Ministry of Welfare. The new scheme proposes to assist, support and strengthen NGOs working with street children to enable them to reach out to large numbers and to use the so far almost unexplored linkages with the existing programs, schemes and infrastructural services of the Central, State and Municipal Governments. The basic idea is to: 1) satisfy short term emergency needs within the perspective of the overall development of street children as a vital human resource, and 2) do justice to the approach which is non-institutional and community-based.

The Government of India also intends setting up city level 'Task Forces' of NGOs and government officials. This scheme for the Welfare of Street Children will be implemented in collaboration with UNICEF through 45 voluntary organizations in 13 cities: Ahmedabad, Bangalore, Bombay, Calcutta, Delhi, Hyderabad, Jaipur, Kanpur, Lucknow, Madras, Nagpur, Pune, and Surat.

Remedial programs for street children are not easy to implement. One of the major problems is identifying people with sufficient commitment and the right kind of attitudes to work with children on the streets. It can taken months to break down the psychological barriers built up by these children for self-protection. Street work also involves operating in parts of the city that are dirty, crowded and sometimes very dangerous. It also means being out at night and coming in contact with adult exploiters.

Besides, the above, all remedial work for the socially isolated and economically disadvantaged is sure to become very costly if not linked with the ongoing programs of education, health, nutrition, vocational training and entrepreneurship development. Integration, knowl-

edge, determination, persuasion and state-patronage are likely to be the five key words determining the success of remedial social action for street children. Given the quality of bureaucratic response, criminalization of urban politics and the lack of committed social workers, it is indeed a tall order for the generation to which we all belong.

TOWARDS AN UNDERSTANDING OF THE PSYCHOLOGY OF THE CHILD

Our approach is to understand the child as an individual. We concentrate on the impact that the activities the child participates in, have on the mind of the child. The problem with a pure psychological approach is that there is a tendency to identify individuals as maladjusted and then work towards getting them to 'adjust' to society. There is no recognition and encouragement of difference.

However we feel that in a world where identities are mediated by broader societal discourses and our identities are linked to our sense of comfort with ourselves, it becomes important to look at a child's sense of self.

Each child has a distinct personality but because the children have been on the street for some time now, we can hazard a few generalities.

One of such generalisations, is as regards their lack of trust. Though they exhibit a sense of pleasure when they meet new people, this is actually another manifestation of the true " child" in them. Once the interaction stabilises and they start perceiving you as a part of their immediate surroundings, narrations of their past are much different; some are even an absolute contrast to the earlier ones.

In children such as street children, foster children, etc there is an actual absence of "adult presence" as perceived by the child. To explain, such children experience a fleeting adult presence (activists, foster parents, etc) in their lives such that at a very early age, they are skeptical about continued adult presence; an adult presence on which they can count on as a part of " growing up" itself.

There are, no doubt, enriching experiences as a result of interaction with a number of adults but their skepticism as regards such adults' presence on which they can depend upon in times of need makes them wary and closed. Therefore, building upon their trust is one of the most important steps to get through to them.

The street child typically has severe behavioral disorders including depression. One feature that is frequently observed, is that the child is at an emotional 'high' one minute and the next he is depressed. Instances of slashing wrists are common, especially when The children are mainly involved in either begging or rag-picking. Both these 'occupations' do not have any value as far as society is concerned. Such non-recognition has an impact on how the child sees himself. Coupled with it is the fact that while begging, you are appealing to someone's kindness and pity. Such dependence also induces the child to see himself in a poor light.

A sense of purpose changes this dramatically. The children after they started school and vocational training talk about these activities with a lot of enthusiasm. Their work/ school has given them as sense of self- worth. Two of the boys who are with MAYA were the most non-communicative amongst the children, and their reply to anyone who asked them why they don't talk would be that they have nothing to say. The situation now is that they come, initiate conversations, and speak of their activities. One boy whose manner of asking for anything would come across as if he were " begging" started school and now is in Namma Mane. He has become a very "giving" child and plies us with sweets every now and then.

One aspect of rehabilitation has also been introduction of work that increases their self-worth. Experiments world-wide have shown this to be a success. For example, Street Kids International(SKI) started a courier service in Khartaum, Sudan in October 1986. This program employs street children as courier boys. Similarly, the New York street children are employed to patrol subways at night. A study conducted on these street children in New York showed that the children open up when their role in society changes from " aggressor" to that of a ' protector" [1]

The other aspect is the notion of the psychological impact of the profession of begging. We saw a certain carefreeness as the children would clearly tell that go right ahead and lay us peanuts, after begging in front of us. However, if self-esteem is not only about how you see yourself, but also linked to the question of how others see you, then the psychological impact of begging can be devastating. The weight of condemnation of the society rests on the back of each child, as he moves around from social space to social space.

We see the impact of begging on each individual child from the lens of psychology, the profession, does not help them to have a "sense of coherent individuation and identity", it does not give them a "sense of being one self and being alright."

We would conclude that the psychological impact of begging operates through a process of exclusion of the child from sympathy from all quarters and contributes towards a self-esteem that is fairly low.

The psychology of each individual child would be important if we are to think in terms of strategies for getting them off the street.

[1] Mark Ely, Building On Our Strengths, 1996.

ONE DAY CONSULTATION ON CITY LEVEL INITIATIVE FOR STREET CHILDREN

JOINTLY ORGANISED BY APSA, CCL AND BOSCO
9.5.98

9.00-10.00 am	Welcome Babu Mathew, Faculty, NLSIU	(05mins)
	Introduction Mr. Sanjay, Ms. Padmashree & Ms.Apoorva NLSIU	(15 mins)
	A response from : Dr. N.L. Mitra Director, NLSIU, Bangalore	(10 mins)
	A Few Words by Dr.Vasantha RBANMS Educational Charities	(05 mins)
	Lighting of the Lamp Mr. V.C.Damodaran, President, RBANMS Trust,	
	Inaugural Address Shri. Ravindra, Commissioner, City Corporation.	(15 mins)
	Presidential Address Mr. Madhav Narrain Honorary Secretary, RBANMS Trust	(10 mins)
10.00 -10.15 am	TEA BREAK	
10.15-11.15 am	**Street Children: Magnitude and Complexity Of the problem**	
	1) Magnitude of the problem in Bangalore City. Ms. Arlene Manoharan	(20mins)
	2) The complexity involved in dealing with street children. Dr.Vivek Benegal, NIMHANS	(20 mins)
	3) Limitations of Institutional Approach Ms. Bindu	(20 mins)
11.15-12.00 pm	Discussion	
12.00-1.15 pm	**Street Children and the Existing Interventions**	
	1) Government Intervention on the issue of street children. Ms. Latha Krishna Rao, Director, Dept. Of Women & Child Welfare, Govt. Of Karnataka	(20 mins)

2) UNICEF perspective on the issue of street children
Ms. Sudha Murali, UNICEF Field Office, Hyderabad. (20 mins)

Discussion

1.15-1.45 pm LUNCH BREAK

1.45-3.00 pm **Community Based Initiative and the issue of street children**

1) Initiative of an NGO
Dr. Kshitij, APSA (20 mins)

2) City Level Initiatives for Street Children - Vijayawada & Cochin
Father, George Kollashany, Don Bosco Tech, Hospet (20 mins)

Discussion

3.00-3.15 pm TEA BREAK

3.15-4.30 pm **Subverting the Mainstream**

1) Street Children's Initiative on Society
Mr.Clifton, Mr. Arvind, & Mr. Sanjay, (20 mins)

2) Action Plan & Concluding Session

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ONE DAY CONSULTATION ON CITY LEVEL INITIATIVE FOR STREET CHILDREN

(9TH May, 1998)

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ONE DAY CONSULTATION ON CITY LEVEL INITIATIVE FOR STREET CHILDREN

(9TH May, 1998)

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