



Partnership in Development Research

Research Briefs

No. 14



An Evaluation of the Health Conditions of Street Children in Cairo

By: Maha Ghobashi, Maissa Shawki, and Iman Al Tahlawi

Introduction and Research Problem:

Street children is a world phenomenon. It has grown all over the world, and particularly in Egypt. Many studies have addressed this issue, trying to focus on reasons behind it. It is certainly not a new social phenomenon, but because of the increasing number of street children, we are under pressure to address it. Several factors contribute to the increase in number of street children, including the socio economic and living conditions. United Nations data point to 40 million street children in 1981. According to UNICEF, there were 30 million street children around the world in 1986. Recent data indicates that there are around 80 to 100 million street children according to figures from WHO, UNICEF and Child Hope. One of the studies had estimated that the number of street children would increase by scores of million in 2000. According to these studies, in 2000 city children aged 5 to 19 would number 247 million, 233 million of whom are in the developing countries. A large percentage of these children live in abject poverty. Life in the street without protection exposes children to a number of diseases, violence and sexual abuse. It is therefore important to learn about the health conditions of these children, which is the main concern of this study. It seeks to come out with an awareness package to help individuals concerned with this domain to protect street children.

Objectives of the Study:

To identify the health conditions of street children in general, with the following sub-objectives taken into account:

1. Examine the health conditions of street children
2. Examine the living conditions of street children and link them to their health status

Methodology:

The study was undertaken between March and November 2002. Two hundred street children were examined in cooperation with Al Amal village society (NGO) which offers day care for street children. The study included all children who visited the day center of Al Amal Village in Sayeda Zeinab (boys), Rod Al Farag (girls) and Shubra (boys). Work in the study was temporarily interrupted in August and September as children did not go to the centers during these months because of the tight security around these places. The work team designed a questionnaire to collect quantitative data. Social aspects were handled by social workers, while the medical aspects were covered by physicians.

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Six focus group discussion sessions were held with the children in the selected sites. Before each session, a meeting was held with the social workers to identify the most important questions. By the end of the sessions, the children were totally aware of the dimensions of the study, and were able to participate in it. Blood samples were taken fearlessly from them. Five to eight cases were studied daily and a test was undertaken to measure the level of lead in the blood on a sample of 50 children ie 25% of the total sample.

Findings:

The most significant findings were as follows:

-Around 8% of the children could not answer questions about their mother because they simply did not know her; 8.5% of the children could not answer questions about the father, because they did not know him either. 13% of the mothers were dead and 51.6% of the children did not live with their mother, the main reason being that parents were separated: either divorced or mother is abandoned, accounting for 64.5% of the sample

-Asked about the education of mothers, it was found out that most of the mothers were illiterate (86.4%); around 45.1% of the children said that their mothers had no job. When asked about their mothers' age, it was found out that mothers less than 40 years were equal in number to mothers more than 40; 11.9% of the children could not estimate the age of their mothers and 39.1% said that their mothers were beaten up by their fathers.

Asked about their fathers, 183 children were able to give full answers. 19.7% of the fathers were dead; 57.4% of the children did not live with their fathers because parents were separated (divorce or abandonment constituting 49.9%). The majority of parents can be considered illiterate (90.2%). Most of the answers indicated that the father had seasonal work or did not work at all (45.4%). One third of the children could not identify the father's work. In 66.6% of the cases, the age of the father was above 40.

-On how the children earned their food, they said they begged it or it was given to them by other people (13.5%). Children who work to earn their food constituted 65.5% and those who obtain their food from associations account for 20.5%. Of the sampled children 41.5% said that they went to the care center for their hygiene and health care.

-67% of the children sleep in the street or the work place. 9% sleep in parking lots and 14% go back home to sleep.

-75% of the children could not read or write; 86% said they did not go to school regularly. On reasons why they did not go to school, they quoted economic reasons (87.1%); not having a birth certificate (5.3%) and disliking school 6.6%).

-61.5% of the study sample work; the majority have irregular jobs (75.5%). These jobs included serving at homes, seasonal work, porters, and shoe cleaners. Reasons for going out to work included supporting oneself (58.2% of the children who have regular jobs) followed by helping parents (30.3%). Describing some of the most difficult situations they faced during work the children mentioned beating and humiliation (38.5%), followed by risky work (7.3%), distance from home (2.4%), and low pay (2.4%). Asked about their hopes for work in the future, 27% said they had no dreams or expectations for the future. The children who answered (73%) said their dream was to own a workshop (27.4%), complete education then work (28.1%), and own land and money (4.8%).

-Clearly the reasons why children run away from home to live on the street were abuse by the family, and bad treatment and problems within it (45%). 8% said that they did not know where their families were and have never had a family life. 184 children lived within a family and when asked about their family problems, they said it was separation (divorce or abandonment) (44.5%). Death or serious illness of one of the two parents accounted for 35.3%.

-Asked about health problems, 45% said they suffered no problem that required medical care. 53.5% said they had many health problems most important among which are road accidents (44.9%), violence and beating (14%), and dog bites (11.2%) Children who went to care centers to receive medical care accounted for 53.3%. On how they were treated, 94.7% said the treatment was good and 89.5% of the children were given medical treatment.

Children who smoke regularly constituted 74% of the total number of children. 7.6% of the children experienced drugs (hashish) and 53.1% take it regularly. On why they entered the world of drugs, the children said that it takes them to a world that is different from their painful reality; it makes them happy and not feel what happens around them.

31% of the children had sex and 91.9% had genital diseases; only 36.8% consulted others on their health situation; girls formed 48.5% of the study sample and 54.2% actually got pregnant. When asked about their current status, 31.3% said they were actually pregnant during the time of the interview and 12.5% said they did not know if they were pregnant or not.

The medical check up revealed that all the children were below the normal weight for their age. 7.5% of the children were handicapped; 73% had low levels of hemoglobin (simple, moderate and severe); 30% had high levels of salt in their urine and 2% had eggs of bilharzias, which means that the disease is active in their bodies and is infectious. Children with parasitic diseases constituted 17% and findings pointed out that 43% suffer high levels of lead which reflects the level of pollution in the air.

Recommendations:

1. Find a way to reconcile children with their parents; take the children back to their families or find them secure and safe places.
2. Provide support for institutions that look after street children including governmental and non governmental institutions.
3. Establish cooperation between security agencies and centers that offer care for children in order to solve their security problems
4. Expand the health education messages to address problems faced by street children

About the Author

Dr. Maha Ghobashi, Professor of Public Health, Faculty of Medicine, Cairo University.

Dr. Maissa Shawki, Assistant Professor, Public Health, Faculty of Medicine, Cairo University.

Dr. Iman Al Tahlawy, Researcher, Ministry of Health and Population.

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The Egyptian Partnership in Development Research Program aims to inform development policies and strategies by linking those who conduct research with those who can utilize its findings to promote development in local communities. It promotes a research agenda which is responsive to the needs and priorities of local communities. The program is characterized by a multi-disciplinary, demand-driven, and participatory approach. The program began in Egypt in 1999. The program is directed by an Advisory Board of prominent members who are concerned with development issues.

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Partnership in Development Research
American University in Cairo
Social Research Center
11th Floor ,Cairo Center
106Kasr Al-Aini Street
Cairo-Egypt
Tel: 00202-797-6959
Fax: 00202-795-7298
Email: [pdr@aucegypt.edu](mailto: pdr@aucegypt.edu)
Website: www.aucegypt.edu/pdr

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