Impact of Unhealthy Exposures and practices of Street Children on Their Health and Wellbeing in the Bamenda Municipality of Cameroon

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Abstract

An estimated 100 million children are growing up in urban streets around the world. It is likely that the number will increase as the global population grows and as urbanization continues apace. Some 10 million children in Africa live without families, mostly in towns as street children. In many major cities, especially in developing countries and may be subject to abuse, neglect, exploitation, rape, or even, in extreme cases murder by cleanup squads hired by local business or policemen. Gender, age, ethnicity, and disability influences the risks of violence to which street children are exposed likewise their responses to violence.

The main objective was to assess the knowledge of street children in the Bamenda municipality on the impact of their exposure to unhealthy habits on their health and well-being. The study population consisted of street children <18 years on the commercial streets of Bamenda municipality. A structured questionnaire and an interview guide as the main data collection were employed.

Ten percent of street children had dropped out of school due to poverty, 25% were influenced by peers. 25.0% were aware of the effects of some activities on the street to their health. Fifty-five percent proposed to be sponsored by assisting them to learn a trade or have a job, 25.0% proposed formation of associations for street children, 20.0% proposed reunion with families. The unstable nature of the home and peer influence are some major reasons for children leaving their homes rendering them opportunistic criminals.

Keywords

Street Children; Crime; Violence; Sexual Abuse; Rape; Prostitution; Banditry; Opportunistic Criminals; Drug Addiction

1.1 Introduction

Worldwide estimates reveal that about 100 million children were growing up on urban streets [1]. Fourteen years later [2], reported the latest estimates at 120 million, and even more recently, the exact number of street children is impossible to quantify, but the figure certainly runs into tens of millions across the world. It is likely that the numbers are increasing, as the global population grows and as urbanization continues apace [2]. Studies determined that street children are mostly boys aged between 10 and 14 years with increasingly younger children being affected [3]. In practice, every city in the world has some street children, including the biggest and industrialized cities of the world [4]. There are up to 40 million street children in Latin America, and at least 18 million in India [1].

An estimated 10 million children in Africa live without families, mostly in towns as street children [5]. Gender, age, ethnicity, and disability influences the risks of violence to which street children are exposed as well as their responses to violence [6]. Girls tend to be more vulnerable to additional forms of violence in crisis

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situations as compared to boys [7] and more likely to be subjected to sexual abuse (violence), often with limited access to preventive measures and other health services [8].

They are called street children because they live most of their lives on the street. They sell fruits or candies, shine shoes, carry bags, wash cars, beg and do whatever it takes; even steal or sell their bodies, to buy a meal. Sometimes they sleep in the streets because they do not have a home to go to. They ran away from abusive parents and found a home in the street. Many street children abuse solvents, glue or gasoline and sometimes when they can afford it they smoke Marijuana or Coca paste. Data from various studies confirm that drug abuse is high among young people living in vulnerable situations. The reasons they use drugs are many, but mainly they do it to forget and to survive. They want to forget the pain they suffer when they feel cool, hungry and when they have to sell their bodies to earn money. They want to survive another night in the street, beatings from the police, the fear of being arrested and put into an institution [4].

They take drugs to keep awake for physical work, to get to sleep, to reduce physical and emotional pain or to alleviate hunger. It is not surprising therefore that many street children turn to drugs to endure the life in the streets. Many, but not all, street children use drugs. Studies report big differences from country to country. In some cases up to 90 per cent of street children take drugs; in other cases the percentage drops to 25 per cent. The health risks related to drug abuse are many. Under the influence of drugs, many children suffer accidents, violence, rape, poisoning, burns and a whole series of problems including HIV infection [1].

Evidence is strong across countries; children survive abuse at home in fragile families, live in poverty-afflicted, chaotic neighbourhoods; their access to educational and health care services is erratic, discriminatory and exclusionary; they confront risks in the streets, experiencing violence, subjected to abuse and neglect in detention centers and welfare homes designed to protect them, they are stigmatized and shunned by mainstream society. Children who work or live on the streets are recognized as being particularly at risk of violence [9].

In 1992, the United Nations issued a Resolution on the plight of street children, expressing concern over the emergence and marginalization of street children, and the acts of violence against them. The Resolution called for international cooperation to address the needs of street children and for enforcement of international child rights law [10].

Children who are vulnerable to street life include those who have been abandoned by their families or sent to the cities because of a family’s intense poverty, often with hopes that a child will be able to earn money for the family and send it home. Children who run away from home or children’s institutions frequently end up in the street since they rarely return home due to dysfunctional families, or physical, mental, and/or sexual abuse.

In several areas of the world disabled children are commonly abandoned, particularly in developing countries [11]. Also, unhealthy relationships between young people and parents or guardians predispose children to the street, divorce and separation with single parents with dependent children is also a factor.

In a 1993 report, WHO offered the following causes of street children and homelessness: Family-breakdown, armed conflicts or wars, poverty, natural and man-made disasters, famine, physical and sexual abuse, exploitation by adults, dislocation through migration, urbanization and overcrowding and orphan hood caused by HIV/AIDS [12, 13]. The majority of the children whom we find on the street are first and foremost, a consequence of the war being waged against this country and the accompanying political, military, economic and social destabilization [15].

Difficulties faced by street homeless children include depression, low self-esteem, self-hatred, lack of sleep and nutrition and feelings of shame and embarrassment [16]. These children are exposed to harsher realities of life. Street children lose their rights to emotional, physical and social development, survival, health and education, to play, cultural activities and recreation, to protection from cruelty and exploitation, to participation, freedom of expression, access to information and to a role in public life and personal decisions [17].

Street life has extremely detrimental effects on children. Their unstable lifestyle, lack of medical care and inadequate living conditions increase young people’s susceptibility to chronic illnesses such as respiratory or ear infections, gastrointestinal disorders and sexually transmitted diseases including HIV/AIDS. Children fending for themselves must find ways to eat; some scavenge or find exploitative physical work. Many children are enticed by adults and older youths into selling drugs, stealing and prostitution. Studies have found...
that up to 90 percent of street children use psychoactive substances, including medicines, alcohol, cigarette, heroin, cannabis and readily available industrial products such as shoe glue usually leading to addiction [18]. The mental, social and emotional growth of children are affected by their nomadic lifestyles and the way in which they are chastised by authorities who constantly expel them from their temporary homes such as doorways, park benches and railway platforms [19, 10]. Many countries in Latin America like Columbia, Brazil, Guatemala, are notorious for the torture and violence inflicted on street children, many times escalating to murder by police officers or death squads. Street children lack security, protection and hope, and continue to face a deep-rooted negative stigma about homelessness. And more than anything else, they lack love and are at risk of being trafficked, and participation in wars [19].

Though physically visible, street children are often ignored, shunned, and excluded and are therefore the hardest children to reach with vital services such as education, health care and the most difficult to protect [4]. Street children face untold hardships and dangers on the street, the lack of food, clean water and adequate health care. They are often prey to every form of physical and moral danger and as they grow older, they often become a danger to others. The Latin American model of street children since 1979 had one of its facets aligned with the largely negative public image of street children, in which they are seen as anti-social, amoral, impossible to rehabilitate and easily drawn into criminal or terrorists activities [9].

A child in Africa used to be the responsibility of each individual member of the society and therefore children had no need to fend for themselves. They were loved and cared for by society. Today’s children are the responsibility of individual parents and are ignored by the rest of the community [7].

Over 95 percent of children in the streets of Akwa Ibom State, Nigeria, have been stigmatized as “witches” by pastors and abandoned to live on the streets by their parents [19]. One characteristic of children on the streets is that they live alone on the streets, without proper or reliable shelter; they have lost contact with their parents and as such, they do not enjoy parental protection, love and care [20].

A study in Ethiopia found out that about 600,000 children live on the streets of Ethiopia, street working children reported that they commonly worked for an average of 2-3 hours a day on the streets, typically for an hour before school and for another hour in the evenings. Eight percent worked on the streets only on weekends [19].

According to a study conducted in 2000 by the ILO, The Ministry of Labour, and NGOs, children in Cameroon work in the agricultural sector; in informal activities such as street vending and car washing; as domestic servants; in prostitution and in other illicit activities such as smoking, alcoholism drug abuse, stealing and drug trafficking. The ILO has found that 7 percent of working children in the cities of Yaoundé, Douala and Bamenda were less than 12 years of age, and 60% of these had dropped out of primary school [21].

In Cameroon, some 430 children aged 4-18 years live in the streets of Yaoundé and the commercial capital city Douala, according to government statistics as of December 2008. Authorities estimate that 7 percent were girls, and 93 percent were boys.

Cameroon’s administrative capital, Yaoundé is estimated to have well over 1000 street children, and the economic city, Douala, has an even larger number. In virtually every major urban area, the problem of displaced children is becoming acute. Populations of “hidden” children can be found living in groups under bridges, in abandoned buildings and even in open fields around Yaoundé [6]. It stipulated that authorities are getting worried about the increase in the number of street children in most cities in Cameroon, because of the rising crime wave in the city of Douala involving many street children. They mostly start off as “pick pockets” and later start participating in big banditry operations.

In the North West Region (NWR), a Professional Association for the Protection of Street and Abandoned Children in Bamenda (PAPSAB) created in December 2007 was designed to protect the interest of street children. Street children as young as 10, have taken the Bamenda Municipal Stadium as their home, engaging in drug consumption. They live in schools, fields, and cemeteries, especially at night where they do awful activities like casting dice, playing cards and many other dangerous games [22, 23].

An estimated 258 street children are present in the streets, and under care structures throughout the NWR as per 2014 statistics. Only 36 of these street children were found to be placed under care structures, showing
that the actual number of street children placed under care structures is twice lower than the officially estimated number. Structures caring for street children in Bamenda are run by non-professionals of social welfare who do not differentiate between street children, children in the street and simple orphans, and 90% of the care given to street children by the care structures comprises of material and financial support, and psychosocial support rarely make up the remaining 10%. Hunger and battering are the main causes of children living their homes for the streets and about 99% of street children are from broken homes and single parenthood [22, 23].

1.2 Research Question
What is the knowledge of street children in the Bamenda municipality on the impact of their exposure to unhealthy practices on their health and well-being and what measures can be put in place to ameliorate their welfare?

1.3 General objective
The general objective of the study was to assess the knowledge of street children on the impact of their exposure to unhealthy practices on their health and well-being.

1.4 Specific Objectives
• To find out the children’s reasons for being on the streets.
• To determine whether they are aware of the dangers of being on the streets.
• To ascertain the role played by social affairs/workers in the improvement of the health of street children.
• To find out possible solutions geared at ameliorating the health and well-being of street children.

2. Methodology

2.1 Research Design
A descriptive cross-sectional design was employed in which primary data was collected from a sample of respondents which was a representative of the entire population of street children in the Bamenda Municipality at a given point in time to acquire responses related to the study objectives.

Also, an interview guide was equally administered to the social workers concern with child protection in the Regional and Divisional Delegations of social Affairs, North West Region all in an effort to ascertain the role played by Social Affairs in the improvement of the health of street children and to come out with some unhealthy practices to which street children are exposed to.

2.2 Study Population
The study population consisted of street children aged < 18 years on the commercial streets of the Bamenda municipality.

2.3 Study sample
The study sample consisted of 120 street children below the age of 18.

2.4 Sample Size
The sample size was calculated using the formula below:

\[ N = \frac{(z)^2 \times p(1 - p)}{(e)^2} \]

Where,
• \( N \) = the required sample size
• \( Z \) = confidence interval of 95% (\( z = 1.96 \))
• \( p \) = the percentage of street children (at 15%)
• \( e \) = random error of 5% (type 1 value of 0.05)
• \( N = 120 \) respondents

2.5 Primary Data Collection Instrument
The instrument employed for primary data collection was a structured questionnaire with open and close-ended questions, administered by the researcher and co-researchers to the study population in the randomly selected quarters using the cluster sampling method.
2.6 Data Collection Procedure
The structured questionnaires were self-administered and responses completed together with the children which were collected at the spot with the aid of a sub-investigator in the various strategic points concern with the study. The used of an interview guide which the chief investigator used to interview some personnel at Regional and Divisional Delegations of Social Affairs concerned with child protection with the aid of the Regional Delegate and Chief of Child Protection at the Regional Delegation of Social Affairs North West Region (NWR).

2.7 Data Analysis Tools
Data was coded using a coding guide developed for the study and entered in CsPro, cleaned and exported to SPSS windows version 16.0 for analysis.
- Descriptive statistics was employed to analyze the households’ perceptions and practices
- Bivariate analysis was used to evaluate the association between explanatory and outcome variables

2.8 Data Presentation Method
Data collected was analyzed using the above software and presented in graphics and frequency tables

3.0 Presentation and Analysis of Results

3.1 Socio-Demographic Data

From figure I, 50% were within the age range (5-9) years, 40% were within the age range (10-14) years, and 55% were within the age range (15-18) years.

From figure II, 65% were from the primary school level of education, 25.0% had never been to school, 10.0% were from the secondary level.

In figure III, out of 120 respondents 50.0% were Christians, 10.0% were Muslims and 40.0% never belonged to any religion.

From figure IV, out of 120 respondents 15.0% were within the duration 1-5 months on the street, 35.0% were within the duration of 6months to 1 year on the street, and 50.0% were within the duration of 2-5 years on the street.
3.3 Knowledge About the Dangers on the Street

Out of the 120 respondents, 15.0% came from polygamous homes, 75.0% were from single parents or from broken homes, and 10.0% came from monogamous families.

Seventy percent of respondents spent the whole day on the street, 5.0% spent the night on the street, and 25.0% spent both day and night on the street hence were completely homeless.

Sixty percent of the respondents were faced with the problem of hunger, 15.0% faced the problem of no place to sleep, 10.0% were faced with the problem of cold, 10.0% faced the problem of illness, and 5.0% were faced with other problems like lack of money.

Sixty percent of the respondents were faced with the problem of hunger, 15.0% faced the problem of no place to sleep, 10.0% were faced with the problem of cold, 10.0% faced the problem of illness, and 5.0% were faced with other problems like lack of money.

From figure XI, 35.0% had to beg, 15.0% had to steal, 40.0% had to work for a pay, 10.0% went back home.

From figure X, 35.0% had to beg, 15.0% had to steal, 40.0% had to work for a pay, 10.0% went back home.
3.4 Proposed Solutions to Ameliorate the Problems of Street Children

From the figure XII, out of 84 respondents who had been victims of danger on the street before, 50.0% did nothing after, 28.7% went to a medicine store, 14.3% went to the hospital, 7.1% reported to the social affairs.

From the figure XVI, 55.0% proposed to be sponsored by assisting them to learn a trade that can lead them to gainful activities, 25.0% proposed formation of associations for street children, 20.0% proposed reunion with their families.
4.1 Discussion of Results

4.1.1 Socio-Demographic Data

There were 120 respondents selected for this study from varied background that comprised men and women below 18 years. The majority of this sample fell within the age group 15-18 years comprising 55.0% and the lowest age group fell within (5-9) years, comprising 5.0% of the respondents. According to the Mezam Divisional Delegation of Social Affairs-Bamenda, street children in Bamenda have the highest manifestations of juvenile delinquency attributes. This shows that the age group most vulnerable and affected was the adolescents because they have a tendency of wanting to have independence and live a life of their own without responsible parental supervision.

Ninety-five percent were males while 5.0% were females; according to Amnesty International, [24] smaller numbers of girls are usually reported on the street due to their being useful in the home, taking care of younger siblings cooking. Also, fewer females come to the street since they find refuge in the home of boys as wives and boys are easily identified because of their awful activities.

As concerns level of education, 25.0% had never been to school, 65.0% had been to primary school and 10.0% had started secondary school. According to a report by the UNESCO [10], 60% of working children in Yaounde, Douala and Bamenda had dropped out of primary school. This shows that many street children are illiterate and ignorant and difficult to reach with vital information. In the area of religion, 50.0% were Christians, 10.0% were Muslims and 40.0% never belonged to any religion. This shows that the majority of the respondents knew of the existence of God and could hope for a better future if helped.

4.1.2 Reasons for Being on the Street

Most of the respondents have spent a considerable period of time on the street ranging from 1 month to 5 years; with 50.0% had spent (2-5) years on the street. This shows how familiar and adaptable they can be to street life. Regarding respondents’ previous habitat, 5 (25.0%) came from around Bamenda town, 60.0% came from the village, 10.0% came from out of NWR and 10.0% were from out of Cameroon. Children who are vulnerable to street life are those who have been sent or move into cities because of a family’s intense poverty, often with hopes that a child will be able to earn money and sent home [10].

Concerning respondents parental situation, 10.0% had mother and father alive, 50.0% had only father alive, 35.0% had only mother alive and 5.0% had none of the parents alive. And for the type of family, 15.0% came from polygamous families, 10.0% came from monogamous and 75.0% came from single parenthood/broken families. According to UNICEF [1], family breakdown is one of the major causes of street children. Also, divorce and separation with single parent with dependent children usually are the major reasons for children going to the streets. Following a research by PAPSAB [23], 99% of street children in Bamenda town come from broken homes and single parenthood.

All the 120 respondents had particular reasons for being on the street. The most substantial reasons were ; 10.0% were due to loss of parents, 10.0% were due to school dropout, 25.0% were due to peer influence, 40.0% were due to many problems at home, 5.0% were due to being convicted before and 10.0% were due to lack of a home. According to the Littoral Provincial Delegate of Social Affairs [25-29], irresponsibility of some parents/guardians and persistent maltreatment of children cause them to flee their homes, but some children do because of stubbornness and unable to submit to the authority of their parents/guardians and others are being misled by friends to run away from home. This shows that the unstable nature of the home and peer influence are some major reasons for children leaving their homes.

4.1.3 Knowledge about the Dangers on the Street

All 120 respondents were aware of difficulties involved with street life. 60.0% were faced with the problem of hunger, 15.0% faced the problem of no place to sleep, 10.0% faced the problem of cold, 10.0%) faced the problem of illness and 5.0% faced other problems like lack of money. Lack of sleep and nutrition are some of the major difficulties faced by street homeless children [28-31]. As concerns measures taken when in difficulties, 35.0% do beg, 15.0% do steal, 40.0% do work for pay and 10.0% do go back home. This shows that most children scavenge or do exploitative physical works and stealing as a means of survival in the face of difficulties on the street.

Each of the respondents was aware of at least a danger they are exposed to on the street. 5.0% knew of rape, 45.0% knew of accidents, 10.0% knew of assault/battering, 5.0% knew of trafficking and 35.0% knew of abuse in all its forms. Street children are the most difficult to protect and face untold hardships and dangers on the street, often prey to every form of physical and moral
danger and as they grow old they often become a danger to others [4]. also most street children in Bamenda engage in searching and selling of scrapped iron. This shows that most of them are exposed to accidents and abuse by older youths and adults. As concerns the measures taken when faced with danger, 28.7% went to a medicine store, 7.1% reported to the social affairs and 50.0% did nothing about it. Street children are the hardest to be reached with vital services such as education and health care. This shows that lack of awareness on the measures to take when faced with danger is a problem of street children.

Concerning awareness of some activities on the street that predisposes to danger, 15.0% talked of smoking, 45.0% knew of fighting, 30.0% knew of stealing, 5.0% talked of prostitution, 5.0% knew of drug trafficking. Many children are enticed by adults and older youths into selling drugs, stealing and prostitution [32-37]. 75.0% of the respondents were not aware of the effects of these activities on the street to their health while only 25.0% did, with all listing sickness/wounds as the effects on health known to them, 80.0% talked of death, while others gave effects which could not be substantiated. This shows that street children are not aware of the direct effects of some activities on the street their health as they are the hardest to be reached with health care services. Also, 20.0% said they got with such activities because of peer influence, 45.0% was because they wanted to console themselves and forget things, 20.0% said it was in order to earn a living, while the others 15.0% did involve just for pleasure. According to the social workers concerned with street children of Divisional Delegation of Social Affairs Mezam [37- 42], street children are opportunistic criminals. This shows that they get involve with some of these habits just because the opportunity presented itself and due to idleness.

4.1.4 Role Played By Social Affairs in The Improvement of The Health of Street Children

According to the Regional Chief for Child Protection, NWR and social workers concerned with street children at the Divisional Delegation of Social Affairs Mezam, social affairs/workers instill confidence in street children proving to them that they are not there to pose danger but to work out solutions together with the children towards their problems. Proper identification of children, the causes of street children and identification of parents/guardians through contact tracing, is also tactfully done, all these with reunion as their primary goal [43-48].

4.1.5 Proposed Solutions to Salvage the Situation of Street Children

The respondents proposed varied solutions viz: 55.0% talked of being sponsored by assisting them learn a trade or have a job, 25.0% talked of being rehabilitated by forming associations of street children, 20.0% talked about reunion with their families. According to Regional Chief for Child Protection, NWR and other social workers, reunion and rehabilitation while with parent/guardian is preferred, also, sensitization of the society about the dangers to which street children are exposed to and families to be united and take care of the needs of their children. Follow-up of their activities can be done and lucrative jobs created to help street children earn a living while still on the street as many after having the means of living will decide to leave the street. Also, the creation of an Education, Re-insertion and Rehabilitation Center in Bamenda, where Communication for Behavior Change can be carried out for the identified children will be invaluable [49-54].

5.0 Conclusion

Street children in the city of Bamenda being exposed to unhealthy practices are a collective problem of not only the children, but also of the family, the society and more importantly the social affairs/workers as they bring about increase insecurity it the town due to increase crime wave. Street children should be given fair treatment just as any other normal child at home as child labor, urbanization, single parenthood/broken families, parental irresponsibility, contributes a lot to this problem. Children need love, attention, care, protection and education.

As seen from the previous discussion, 75.0% of street children were not aware of the effects of some activities on the street on their health, and even the 15.0% who claimed to be aware listed the effects with doubts, as some responded with “I don’t know”. 45.0% attributed their involvement in unhealthy habits to being a means of consoling themselves and 20.0% to peer influence and a means to earn a living. This implies that the majorities of street children are not aware of the impact of their exposure to unhealthy habits and also lack the necessary facilities, knowledge and adequate supervision by responsible adults to assist them towards independence through rehabilitation or reunion with parents or fostered parents, extended family members.

In all, the fight against street children’s exposure to unhealthy habits or practices is a concern of everybody,
the children, the family, the Ministry of social Affairs, the Ministry of public Health, NGOs, WHO, etc, with collective efforts towards the prevention of these societal vices.

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