



Research article

The impact of drop-in centers on the health of street children in New Delhi, India: A cross-sectional study



Ronita Nath^{a,1}, Harry Shannon^{a,2}, Kathy Georgiades^{b,3}, Wendy Sword^{c,4},
Parminder Raina^{a,*,5}

^a Department of Clinical Epidemiology and Biostatistics, McMaster University, Canada

^b Department of Psychiatry and Behavioural Neurosciences, McMaster University, Canada

^c School of Nursing, University of Ottawa, Canada

ARTICLE INFO

Article history:

Received 12 June 2016

Received in revised form

27 September 2016

Accepted 1 November 2016

Keywords:

Street children

Health status

Drop-in centers

India

Substance abuse

ABSTRACT

Objectives: (1) To determine whether street children who visit drop-in centers experience better physical and mental health, and engage in less substance use than street children who do not visit centers. (2) To determine whether the duration of attendance at a center has an impact on the above outcomes.

Methods: We conducted a cross-sectional study with 69 street children from two drop-in centers in New Delhi, India (attenders) and a comparison group of 65 street children who did not visit drop-in centers (non-attenders). We used pretested questionnaires to assess their physical health, substance use status and mental health.

Results: Attenders experienced fewer ill health outcomes, engaged in less substance use, and had better mental health outcomes than non-attenders ($p < 0.01$). For every month of attendance at a drop-in center, street children experienced 2.1% (95% CI 0% to 4.1%, $p = 0.05$) fewer ill health outcomes per month and used 4.6% (95% CI 1.3% to 8%, $p = 0.01$) fewer substances. Street children were also less likely to have been a current substance user than a never substance user for every additional month of attendance at a center (OR: 0.79, 95% CI: 0.66–0.96, $p = 0.02$). Duration of drop-in center attendance was not a significant factor in predicting mental health problems.

Conclusion: Drop-in centers may improve the physical health of street children and reduce their substance abuse. Rigorous longitudinal studies are needed to better determine if drop-in centers impact the health and substance use status of street children in LMICs.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

This paper describes a cross-sectional study that examined the association between attendance at drop-in centers and the physical health, mental health, and substance use status of street children in New Delhi, India.

* Correspondence to: McMaster University, McMaster Innovation Park 309A, 175 Longwood Rd. S., Hamilton, Ontario L8P 0A1, Canada.

E-mail addresses: nathra@mcmaster.ca (R. Nath), shannonh@mcmaster.ca (H. Shannon), georgik@mcmaster.ca (K. Georgiades), Wendy.Sword@uottawa.ca (W. Sword), praina@mcmaster.ca (P. Raina).

¹ 205-1228 Homer Street, Vancouver, BC V6B 2Y5, Canada.

² McMaster University CRL-102, 1280 Main Street West, Hamilton, ON L8S 4K1, Canada.

³ McMaster Innovation Park, Suite 207A Room 217, 175 Longwood Road S., Hamilton, ON L8P 0A1, Canada.

⁴ School of Nursing, University of Ottawa, 451 Smyth Road, RGN3052, Ottawa, ON K1H 8M5, Canada.

⁵ McMaster University MIP 309A, 175 Longwood Rd. S., Hamilton, ON L8P 0A1, Canada.

There are approximately 100 million street children globally (United Nations Children's Emergency Fund [UNICEF], 2003). India is estimated to have 18 million street children, the largest population of street children in the world (Sen, 2009). The United Nations defines a street child as "any boy or girl...for whom the street in the widest sense of the word... has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible adults" (Panter-Brick, 2002; p. 149). We have used this definition in this study. Street children are further divided into four classifications, according to UNICEF: *Children at risk*: those who live with their families but supplement their income by working on the streets; *children on the streets*: those who spend a portion of their time on the streets but still have a place of residence with some family support; *children of the street*: those who maintain minimal relations with their families and spend the majority of their lives on the streets; and *abandoned children*: those who live completely on their own on the streets without any adult supervision (UN Dept. of Economics, 1986).

We conducted a systematic literature search for peer-reviewed quantitative and qualitative publications that looked at the physical health, mental health and substance use status of street children in low- and middle-income countries (LMICs) (Nath et al., submitted June 15, 2016 to *Children and Youth Services Review*). Studies that assessed the impact of street child interventions on health were also examined with respect to the intervention. Fifty-three publications met the eligibility criteria. Findings showed that street children commonly experience ill health and high rates of substance use.

With respect to physical health, publications in the review reported that skin infections, respiratory diseases, injuries, tuberculosis, and sexually transmitted infections were common physical health problems among street children (Ali & De Mynck, 2005; Ayaya & Esamai, 2001; Kudrati, Plummer, & Yousif, 2008; Morais, Morais, Reis & Koller, 2010). Street children experienced worse physical health than non-street children (Ayaya & Esamai, 2001; Huang, Barreda, Mendoza, Guzman, & Gilbert, 2004). The use of inhalants and alcohol were also common among street children, especially compared to non-street children (Ayaya & Esamai, 2001; Njord, Merrill, Njord, Lindsay, & Pachano, 2010; Pinto et al., 1994). Commonly used substances included alcohol, glue, tobacco and marijuana. Injection drug use varied among street children between the studies. Street children also experienced mental health issues, although the mental health results varied considerably among street children in the review, and none of the studies in this section used adequate comparison groups.

Overall, street children fared worse than non-street children on most of the assessed outcomes, except in cases of nutrition, where street children fared better than poor and rural non-street children. Studies that have focused on the health of street children in LMICs have been largely descriptive in nature. The majority of the studies in the review were cross-sectional in design ($n = 46$). Of these 46 cross-sectional studies, 9 had at least one comparison group; the other 37 did not. Only three studies were longitudinal in design; none employed a comparison group. Risk of bias was moderate to high among the studies in the review because the majority used non-probability sampling techniques, did not report reliability estimates, and did not use comparison groups. More rigorous designs are needed to assess the health of street children in LMICs to determine if the results to date are valid and reliable.

Despite the fact that street children in LMICs experience very poor health, there is little research on street child interventions in these countries that aim to improve health outcomes. Only four of the studies reviewed evaluated the impact of health-related interventions for street children. Although the intervention studies showed positive results, it was difficult to determine the impact of these interventions because none of the studies used randomization into intervention and control, and many did not even include comparison groups. While randomizing street children into intervention and control groups may not be ethical or feasible because of adherence issues, it would have been feasible to recruit a comparison group of street children. There is a need to evaluate the impact of drop-in centers on the health of street children. In a Cochrane review, Coren et al. (2013) stated that there is a "need for research which considers the benefit of usual drop-in and shelter services, most particularly in low and middle income countries" (p. 2).

Drop-in centers are one of the most common interventions for street children (Coren et al., 2013). These centers may provide non-formal education, free lunches, recreational activities, preventative health services and basic medical care at strategic locations near railway stations and busy market areas for a few hours every day to street children (Salaam Balaak Trust, 2015; War Child, 2014). They may also restore children to their homes or enroll them in shelter homes. For example, Rohde, Ferreira, Zomer, Forster, and (1998) Zimmermann described a government drop-in center in Brazil, called *Projeto Girassol*. The program provided street children with recreation, food, medical care, odontological care, and group therapy. Children used the program from 9 a.m. to 5 p.m., and were free to come and go as they wished. A similar center in Honduras served about 30 to 40 children daily, from 10:00 a.m. to 2:00 p.m.; the beneficiaries were provided access to a shower, laundry, recreational activities and a place to rest (Souza, Porten, Nicholas, & Grais, 2011). Health professionals and teachers ($n = 9$) working at a drop-in center in Brazil were asked about health care for street youth. They reported that these centers were necessary for the survival of street children because they ensured access to food, hygiene, health care and a space for the children to feel they belonged (Morais et al., 2010).

Two studies have examined the outcomes of street children attending drop-in centers in the United States (Slesnick, Kang, Bonomi, & Prestopnik, 2008; Slesnick, Prestopnik, Meyers, & Glassman, 2007). One study found that services providing psychological care, case management and the provision of basic necessities at a drop-in center led to statistically significant improvements in street youth's mental health, substance use and percent days housed up to 12 months post baseline (Slesnick, Kang, Bonomi, & Prestopnik, 2008). Unfortunately, studies describing the outcomes of street children attending drop-in programs in low-income countries are scarce (Souza et al., 2011). In a Cochrane review of the effectiveness of interventions for street children that promoted inclusion and reintegration, and reduced harms, the authors remarked, "We did not find any sufficiently robust evaluations conducted in LMICs despite the existence of many relevant programmes"

Download English Version:

<https://daneshyari.com/en/article/4936159>

Download Persian Version:

<https://daneshyari.com/article/4936159>

[Daneshyari.com](https://daneshyari.com)