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## **Health and Wellbeing of Street Children and Youth**

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# HEALTH AND WELLBEING OF STREET CHILDREN AND YOUTH

Briefing Paper 8 · October 2016

## KEY POINTS

- Maintaining physical and mental health and wellbeing is challenging for street children and youth given the inherent risks of their street contexts.
- Physical illnesses include the effects of eating poor quality food, drinking, bathing and cooking with dirty water and sexually transmitted diseases.
- Lack of free healthcare, discrimination by healthcare workers, and poor education contribute to inconsistent or non-existent access to medical treatment.
- Alcohol and drug abuse are common in all three cities, used as both a 'treatment' and as a coping strategy.

## HEALTH IMPACTS OF LIVING IN POVERTY ON THE STREETS

Survival in the street context requires permanent endeavour; seeking the basic daily requirements of food and shelter leaves little energy to invest in strategies to aid physical and mental health and wellbeing. Street children and youth understand health, illness and risk within their street context. Health requires "physical fitness", being "strong and active", and eating "healthy food", including fruit (Harare Group 5). According to a female participant in Bukavu, illnesses "which attack us in the street" include bacterial and parasitic infections and the effects of violence: "throat ache, malaria, flu, cough, headache, bellyache, infections, wounds or injuries, AIDS, blennorrhoea, swollen and prickling breasts, abscess, being 'chained' [gang rape] with a group of boys..." (Bukavu Group 6).

Lack of adequate shelter is the primary challenge to street children and youth's health and wellbeing, impacting upon their ability to sleep, to protect themselves from violence, environmental hazards and mosquitoes, to store or cook food and access water. (Please also see our previous Briefing Papers discussing

This briefing paper is based on data collected during 18 focus groups on health and wellbeing (six in each city), held in Accra (Ghana) and Harare (Zimbabwe) in May 2013 and in Bukavu (DR Congo) in January 2014, involving over 200 participants. In addition, 12 street children and youth who participated in the original focus groups in Accra discussed the data over two workshops in September 2016, contributing to this final version.

shelter and food). Lack of sleep leads to "problems of the mind" and affects the ability to work (Accra Group 8). With no abode, young people buy poor quality food or pick food from the bins, giving limited nutrition and risking food poisoning. Access to water is limited and costly, so in Bukavu and Harare, they use lake and river water to wash, cook, and go to the toilet. In Accra, drinking water is purchased in sachets costing around 2 to 4 pence; young people report that the least costly versions can be contaminated and make them ill. Water for cooking and washing is intermittently available (at a cost) from a tap or bore hole, but most commonly accessed at a public bathhouse where it is held in poly tanks, open to the elements and host to mosquito larvae. In addition to the health risks associated with the lack of clean water, the ability to keep their clothes and bodies clean was important for the mental wellbeing of participants in all three cities.



Environmental risks to health: burning rubbish in an informal settlement, Accra.

## ACCESS TO HEALTHCARE

In all three cities, accessing treatment for the physical and mental illnesses that result from living in conditions of poverty is dependent on having money. In Accra, some participants can access limited treatment via Ghana's health insurance system, but there is a fee for most prescribed medicines, including for those with chronic conditions or during pregnancy. A negative cycle of ill health and impoverishment makes treatment all the more unaffordable: "I, a pregnant girl can sell, but because I am always weak, I am not able to sell these days. When I go to the hospital and the nurse writes out some medicines for me, I don't have money to buy it, because I am always weak" (Group 4). To access hospital care in Harare, young people pay US\$5 or \$10 (£4 or £8) and require a letter of referral from an NGO or church. In Bukavu, street children and youth access medicines through an NGO, and if they do find themselves in hospital, "the high cost of medical care urges us to escape" (Group 3). One participant was able to "take some from my saved money to afford medicines", but most "have never been to hospital for treatment" and are "accustomed to using traditional medication" (Group 1). When attempting to access treatment, healthcare workers discriminate against street children and youth because of their homeless status. In Bukavu, "you are ignored by the nurses and doctors, especially if you have no money. And in case of hospitalization: who will bring you food?" (Group 1). In Harare if you "tell the nurse that we are street kids", they will attend to other patients "who have cars outside, while I wait in pain" (Group 1). Girls, even when in labour, are denied treatment: "This girl, when she was about to deliver, I took her to [hospital] and I said we come from railways, 'Eee, get



Lake Kivu: a source of water, employment, and risk for Bukavu street children and youth.



Public showers, Accra.

In Accra, many young people sleep in the market place, but must rise by five a.m. to make way for market traders; a few can afford to purchase and erect mosquito nets, but these are often stolen, damaged by rain and mud, or cut by market wardens.

In Bukavu, many of the street children and youth sleep on the shores of Lake Kivu, in canoes, among the reeds, or in shelters used by fishermen: "you must sleep in a bad smell of the fishing nets, which may host 'rotten' forgotten fish and that unsupportable smell. I once woke up with excreta all on my face, for some families 'make water' in a bag which they throw in the channel, our shelter" (Group 1). When asked by the local facilitator if they have mosquito nets, the group's response is laughter: "Brother, are you dreaming or what?" Before explaining, "you cannot buy a mosquito net since you have nowhere to place it" (Group 3). The situation for girls in Bukavu is the same: "you cannot even think of a mosquito net. If you are lucky enough, you may find a cardboard box to sleep on" (Group 6).

In Harare, if they have US\$1, street children and youth pay to sleep in 'the films', a small public hall on the outskirts of the city. Here "you will get a lot of lice because you sleep on dirt" (Harare Group 3), "there is dust and you will get flu" and according to a female participant, "drunken people will be urinating anywhere; while you sleep they will put urine on your head and you will wake up wet" (Harare Group 6).

The environmental contexts are challenging, but moving location may not help: "you may think you are living in bad conditions and decide to change but where you go will be worse. Look! There are street children who travel to Goma running away from the Bukavu street conditions but come back with a 'kwashiorkor' [malnourished] body." (Bukavu Group 1).

away! We have gone on strike you will not stay here, I say get out!' They didn't even allow us to climb the stairs." (Accra Group 2). In the absence of medical treatment, street children and youth self-medicate with alcohol and prescription drugs bought on the street (often expired or sold without packaging). Friends share 'cures', for example, advising each other to take an entire course of antibiotics combined with alcohol: "You unload all the ten pills, put them in a satchel of 'simba' [strong alcohol], and swallow all the mixture in one gulp". After doing so, "the pain is over. There is no longer need to go and see the doctor" (Bukavu Group 2).



Accessing treatment in formal health care settings is challenging.

## HELP FROM FRIENDS AND FAMILY

In times of illness street children and youth can feel most alone: "you have nothing, neither your parents nor your relatives will come to visit you, thus you cannot have access to treatments and can die" (Bukavu Group 3). Three (of over 200) participants anticipated help from family members when they are ill: "when I get ill I will return home; there is no way my parents will reject me" (Harare Group 6). For most, help from family was out of the question: "you cannot bring your sickness home when you left home healthy. Once you return home sick, you may be chased like a dog" (Bukavu Group 3).

In times of illness, those friendships formed around sharing food, shelter, drugs and earning strategies can mean the difference between death or survival: "I cannot live without friends because they are the only ones who intervene in case of my sickness" (Bukavu Group 4). But poverty can mean that friends can abandon you when money is needed for treatment: "one of my friends, when she got sick she didn't get help from anyone [...] we didn't have [money], so we ran away, and she died" (Accra Group 2).

## ENGAGING IN RISKY BEHAVIOURS

While the contexts of poverty, lack of shelter, unhealthy food and limited access to treatment may leave young people susceptible to illness, street youth also engage in risky behaviours such as unprotected sex and the use of alcohol and drugs. When girls in particular first arrive on the street, they have few choices, and due to hunger, many enter into a sexual relationship in exchange for money to buy food, or into prostitution.

Unprotected sex can result in sexually transmitted illnesses including gonorrhoea, blennorrhoea, syphilis, herpes, HIV and AIDS. In a few cases in Accra and Bukavu, some young people abstained from sex: "I do protect myself because I neither smoke, drink alcohol nor have sex with prostitutes" (Bukavu Group 1). In all three cities, young people were aware that condoms offer protection against STIs, but there were cultural barriers to use. In Accra several participants saw their use as a sin and against Bible teaching; and in relationships, however ultimately transient, condom use equates to lacking trust in your new partner.

Male and female participants discussed the use of condoms in prostitution, with some prostitutes allowing men to "sleep with her raw" (without protection) "because of money" (Accra Group 8). In Harare, according to one female participant, "there are very few boys who want to wear condoms; they say 'I do not eat a sweet while it is in plastic'" (Group 2). Another female participant stated that "mostly the boys come with bad health... they do not want to use the protectors and tomorrow he will be hitting you for infecting him" (Group 6). Male participants in Bukavu and Harare implied that condoms were used but intermittently, depending on circumstances, availability and the influence of alcohol: "We, men, are different: some put on the 'socks' (condom), some others, due to the effects of drug or alcohol [...] have sex with no protection." (Bukavu Group 2); "others will be drunk of beer and they cannot use condoms" (Harare Group 3). Drugs and alcohol are widely available across the three cities; with marijuana was the most commonly used drug (highly addictive crack cocaine, known locally as 'sniff' is now widely available in Bukavu), followed by alcoholic drinks, prescription drugs, 'needles', and glue. For street children and youth, taking alcohol and drugs can be a social activity, establishing bonds through sharing

substances and experiences, or due to peer pressure, as an entry requirement to a group, or as a sign of maturity: “youngsters take them so that they can say they are grownups now” (Harare Group 3).

Sustained use of alcohol and drugs has a negative impact on the physical and mental health of participants, who describe addiction among their peers, “such that if he does not get [beer] he will start to shake” (Harare Group 4). Finding alcohol becomes more important than food, contributing to malnourishment. Yet for many street children and youth alcohol and drugs are a key coping strategy, offering a means to forget the hardship and difficulties of life on the streets, to escape what was typically referred to as “thinking” in Accra, “to take away worries” in Bukavu and “to relieve stress” in Harare. They drink “because of the cold” or to help them “be brave when they want to go and rob people” (Harare Group 4). In Bukavu, intoxication helps cope with strong emotions: “I can no longer be ashamed to do any kind of work. I don’t care anymore” (Group 5); “when I wake up the homesickness thoughts will have disappeared” (Group 4). Experiences of loss and violence contribute to a female participant’s use of drugs: “I take drugs because my parents are no longer here [...] plus, being traumatised by older boys; and the police want to sleep with you by force” (Harare Group 2).



After sustained abuse, this cough medicine forms a solid lump in the stomach, requiring surgical removal, and “if the doctor is cruel to you, you will get out of the hospital and go to jail” (Harare Group 2).

## CONCLUSIONS

These discussions, and the subsequent analysis involving participants in September 2016, highlight the difficulties street children and youth face in maintaining their health as they grow up in an environment inherently full of risk. Lacking adequate food, water and shelter, facing discrimination, and engaging in risky behaviours in order to make ends meet or cope with feelings of shame, loss, homesickness or hunger, street children and youth rarely receive help from family, NGOs or the formal healthcare setting. While limited by circumstance and context, they rely upon their own ability to protect themselves, sometimes with the support of friends.

**Table.** Consequences of contextual and behavioural risks to health identified by participants in Health and Wellbeing Focus Groups across the three cities. A = Accra, B = Bukavu, H = Harare.

Health Risks	Consequences	A	B	H
Availability of alcohol and drugs	Used as a coping strategy	●	●	●
	Addiction and sustained abuse	●	●	●
	Unprotected sex	●	●	●
	Peer pressure	●		●
Illness and Injury	Inability to work and earn money	●	●	●
	Death	●		●
	Mental illness	●		
Lack money to pay for treatment	Discrimination	●	●	●
	Never been to hospital		●	●
	Self-medication with pills, alcohol	●	●	
Cleanliness and hygiene	Affects self-esteem	●	●	●
	Use lake or river water		●	●
	Pay for clean water	●		
Unprotected sex	Sexually transmitted diseases	●	●	●
	Unwanted pregnancy	●		
Lack of food	Food from bins – food poisoning	●	●	●
	Malnourishment – kwashiorkor	●	●	●
Exposure to parasites	Mosquitoes – Malaria	●	●	
	Lice – Pediculosis			●
Abortion, Pregnancy	Inhibits income and nutrition	●		
	Illness and death from illegal abortions	●		
Chronic lack of sleep	Physical and mental wellbeing	●	●	●
	Ability to work	●		



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