



Risk Factors, Child Abuse and Problems Facing Street Children Aged 5 to 18 Years in Khartoum State, Sudan

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Abstract

Background: The term “street children” has been recognized by UNICEF as a concept of those who live on the streets unaccompanied and aging less than 18 years. The phenomenon of “street children” has been documented as far back as 1848. “Street children” are increasing in numbers mainly in developing countries, particularly in Sudan. The hardship and difficulties that are daily faced by street children render them susceptible to various types of physical, emotional and sexual victimization. The risk factors identified are mainly financial, familial, social and political reasons. Abandoned children form gangs, created their own argots, and engaged in petty thefts. The records from Sudan are deficient. So we are trying to put this critical issue of abuses and struggles facing street children in our community in Khartoum state under spotlight.

Objectives: To assess child abuses, its rates and other problems facing street children in Khartoum state, Sudan and to determine the risk factors of why children ended up on the streets.

Method: This is a community-based, descriptive and cross-sectional study, using a structured questionnaire to in-depth interview street children to collect data. Participants were selected conveniently from random sites of gathering areas such as road stop-signs and other outreach areas from Khartoum state. It was conducted from November 2019 to August 2020. Children ages were between 5 and 18 years, who are mentally normal. The sample size was 275. Data was analyzed using statistical package of social sciences (SPSS) version 20.0. All consents were assured to be taken.

Results: Total number studied was 275 street children. In our study 75.3% of these were abused. Male to female ratio was 5 to 1. Their age ranged from 6 to 18 years. Almost third were illiterate. 66.1% had absent one or both parents. Causes of being on the streets include family and financial issues, followed by being abused at home or surroundings, with 12.6% been abandoned or kicked from their homes. Activities they used to do were: 78.5% begging for money and food, 67.3% working, only 1.5% incorporated into groups of gangs and committed crimes, and 0.7%, 0.4% were doing theft activities and sex work respectively. 89.1% were drug abusers. It was mainly “Siliseon” in 86.5% of them, plus tobacco, snuff, drinking locally made alcohol and cannabis. Physical abuse represented the most (93.%) followed by verbal, moral and sexual abuse. Problems encountered after abuse were: Mainly health problems, followed by psychological problems then unwanted pregnancy. Protection methods practiced were: mainly running away, calling for help, defending themselves and informing the police. In conclusion: The issue of street children in Khartoum state is a real problem. Risk factors were mainly family problems. Three quarters exposed to high rates of physical, emotional and sexual abuse. Almost all were drug abusers mainly with Siliseon. So urgent plans from the government and other organizations are needed, saving our children’s lives and balancing their future. Rehabilitation institutions should be established urgently by the ministry of social affairs and researchers should be recruited for further studies.

Keywords: Risk Factors; Street Children; Abuse; Problems; Khartoum State

Introduction

Children are the worthy part of the population needing the most care to help leading and developing the nations in the future. Children are the center of the community; and the start of the future. The term “street children” has been recognized by UNICEF as a concept of those who live on the streets unaccompanied and aging less than 18 years [1]. Other definition is: “children living, working and begging on the street” and as “children in need of care and protection” [2]. The phenomenon of “street children” has been documented as far back as 1848. “Street children” is a widely witnessed phenomenon all over the world, with increasing numbers mainly in developing countries, particularly in Sudan where the problem is increasing obviously as the country is passing through many economic and political difficulties; like separation of South Sudan, poverty and desertification leading to internal displacement, and the limited resources to deal with this problem properly [3]. Street children are exploited and exposed to various types of abuse threatening their well-being.

The risk factors and the reasons contributed to this problem; leading them to end-up on the streets are identified mainly financial, familial, social, and political reasons. Being on the street, makes this age group more vulnerable to wide range of problems and victimization, living difficult and dangerous life which might end-up by serious health issues or even premature death [4]. The community has different views on street children, some are feeling sympathetic with them, while others are not feeling that they are source of problems and crimes. Even the police do violate and abuse them. All these negative experiences will lead to an unstable child who is disgruntled towards the whole community.

Abandoned children formed gangs, created their own argots, and engaged in petty thefts and prostitution and commercial sexual exploitation. Due to lack of birth registration, and lack of access to justice, they get punished by legal system, and all these contribute to the problem [5,6].

The records from Sudan are deficient. So we are trying to highlight this problem and putting this critical issue of abuses and struggles facing street children in our community in Khartoum state under spotlight. This study may provide a valuable help and input for all aspects of the community and decision-making authorities, trying to contain the problem and finding solutions for it.

Objectives

To assess child abuses, its rates and other problems facing street children in Khartoum state, Sudan and to determine the risk factors of why children ended up on the streets.

Materials and Methods

This is a descriptive, cross sectional and community- based study carried out in Khartoum state, the capital of Sudan. It includes those children found on the streets and homeless ones found in temporary shelters and gathering points established by non-governmental organizations. It was conducted from November 2019 to August 2020.

We used the term “street children” to refer to the population of children who live on the streets and those who were found in temporary non- governmental shelters. Children ages were between 5 and 18 years, who are mentally normal and who have no communication problems. The sample size was 275. Data was collected using structured, standardized and pretested questionnaire. Children were interviewed individually and in-depth after taking a verbal consent from them. The sample size (275) was selected conveniently with random selection from gathering points, road-stop signs, other outreach areas together with the field study-unit groups related to the ministry of social welfare, and other gathering sites and temporary established shelters related to some non-governmental organizations where food, health care and social activities were provided.

The data was analyzed using statistical package of social sciences (SPSS) version 20.0. Chi- square test was implemented where it is appropriate. Written informed consents were taken from ministry of social welfare and from shelters administrations. Verbal consents were taken from these children. An approval from Sudan medical specialization board was obtained.

Results

275 street children were studied. 75.3% of these were abused and 24.7% denied any abuse. Male to female ratio was 5 to 1. Their age ranges from 6 to 18 years. 195 (70.9%) were more than 12 years and the rest were less than 12 years. Most of them (81.1%) were from inside Sudan and the rest from South Sudan, Chad and Ethiopia. 41% of those from inside Sudan were from the capital Khartoum. 63.3% were educated (Either 50.2% primary education, 12.7% “khalwa” education or 0.4% secondary education). Almost third (36.7%) were illiterate (Figure 1) 66.1% had absent one or both parents. Reasons of absence of one or both parents were: 67% because of death, then divorce or separation. Regarding the time they spent on the streets ranged between a minimum of days and a maximum of 16 years. Almost three quarters (72.4%) displayed that no other family members were accompanying them

in the streets, while only 27.6% has other sibling or other family member with them.

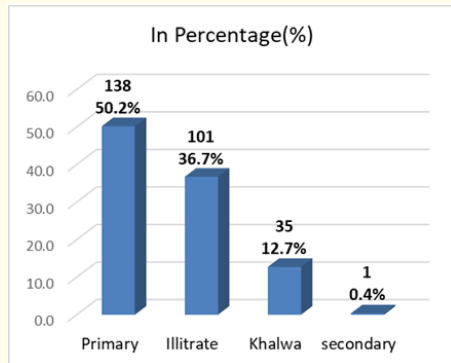


Figure 1: Education level among studied children.

Regarding home availability: 31.6% were having homes and return back regularly, 32.4% had homes but never got back to it and 36% did not have home at all. Causes of being on the streets include family and financial issues (28.4 % and 27.5%) respectively, followed by 21.6% of them were abused at home or surroundings, and 12.6% of them had been abandoned or kicked from their homes. (Figure 2) Activities they used to do were: 78.5% used to beg for money and food, 67.3% are working, only 1.5% were incorporated into groups of gangs and committed crimes, and 0.7%, 0.4% were doing theft activities and engaged into sex work respectively (Figure 3). 89.1% were drug abusers.

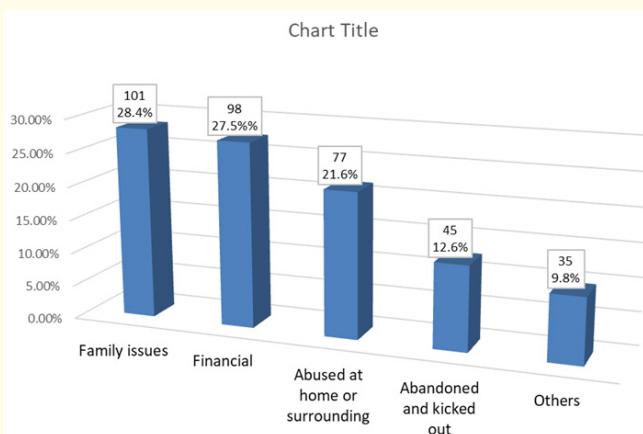


Figure 2: Causes of being on the streets.

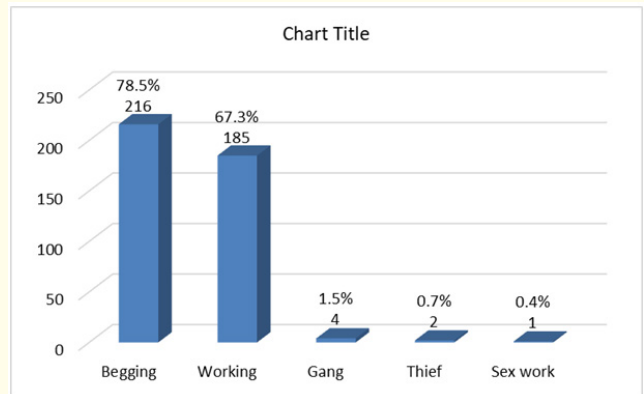


Figure 3: Activities used to be done while on the streets.

There was statistically significant association between home availability and drug abuse. It was found that as more time spent on the streets, the more liability of the child to be a drug abuser. From all children who were using drugs: 86.5% used “Siliseon”, 67.3% used tobacco (smoking), 22.4% used snuff, 15.1% drank locally made alcohol, 16 children used other substances like cough syrups and antihistaminic tablets and 14 (5.7%) used cannabis (Figure 4). 75.3% i.e., three quarters of street children were abused while 24.7% denied any abuse. Regarding types of abuse: Physical abuse represented the most (93.2%), while verbal and moral abuse accounted for 43.5%. Sexual abuse represented 35.7% (Figure 5).

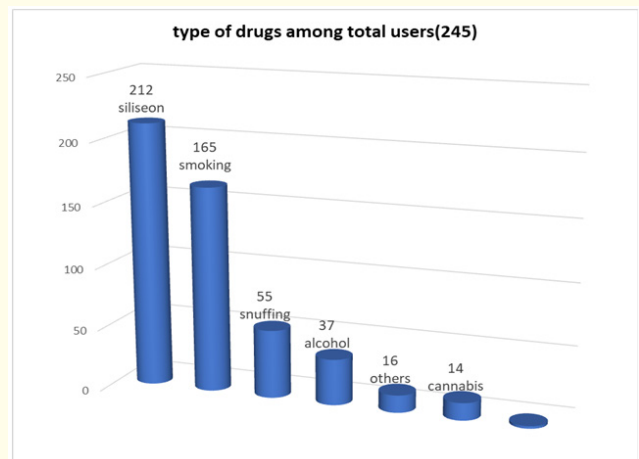


Figure 4

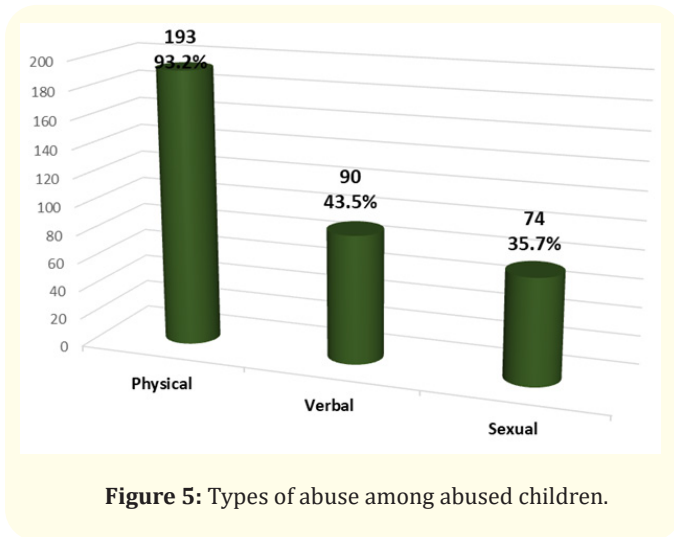


Figure 5: Types of abuse among abused children.

Types of abuse among both genders: males tend to have high rates of all types of abuse. From a total of 193 children who was abused physically, it is found that 163 were males, 30 were females. The 74 children who were sexually abused, 49 were males and 25 were females. Higher rates of abuse were among those aging more than 12 years. Those who had homes and regularly got back were having the minimal rates of all types of abuse. There was statistically significant association between child abuse and drug users, also between the time spent on the streets and rates of abuse among street children.

Regarding problems encountered after abuse were: Mainly health problems (57%), followed by psychological problems (50%), then unwanted pregnancy (9.2%). Almost more than half of street children (58.5%) did not tell anyone about their abuse, while 41.5% notified others. Protection methods from abuse were: 74.4% ran away, 52.7% called for help from other friends, 11.1% defended themselves, 7.2% informed the police and 1.9% did nothing.

Discussion

This study was conducted in Khartoum state, capital of Sudan, during a period of 6 months. It was aiming to show different abuses facing street children, together with the risk factors for being on the streets. Street children studied were 275. M to F ratio was 5 to 1. So most of street children were boys. 70.9% were more than 12 years. This is comparable to the study conducted by Samuel N. Cumber, *et al.* in 2015 in Cameroon, where 80.2% of their street children were boys, and 77.7% of their participants were in the age group 15-17 years [7]. The study showed a statistically significant association between age and gender, where females tend to be older than males.

Educational level among street children remains a challenge. Our study showed that almost two thirds (63.3%) were educated and only one third (36.7%) were illiterate. This is comparable to Samuel N. Cumber, *et al.* study which showed that majority of their children had only primary education, and (77.4%) of these dropped out of school. 21.3% had no formal education [7]. Children from Sudan were mostly from Khartoum state (41%), and the rest from Darfur and Kurdofan states, then other states. Two thirds of the street children (66.1%) had absent one or both parents and (9.5%) had unknown parental status. A study conducted in South Sudan in 2017, by Ndoromo O., *et al.* on 197 street children in Juba, showed that 43.7% of them sleep on the streets and of these 81% had one or both parents alive [8,9]. Absence of one or both parents were mainly due to: 34.6% death and 32.4% divorce or separation. So, absence of the caring father is considered a major risk to children to be in the streets. Other risk factors of being on the street were: financial issues (35.6%), and (28%) of being abused at home or surroundings, and 16.4% had been abandoned or kicked from their homes. This is comparable to the study conducted in Egypt by Salem, *et al.* analyzing the socio-demographic characteristics of street children in Alexandria, which confirmed that most of the street children come from problematic family backgrounds and usually are victims of family breakdown, and other sexual and physical abuses at home or surroundings [10,11]. Samuel N. Cumber, *et al.* study showed that poverty accounted for 44.4% of participants as a reason of being on the streets [197] Children who work on the street but have a home to go to regularly accounted for 31.6%, Children who left their homes and hanged out represented 32.4% and children who live on the street without homes or family support accounted for 36%. in our study. A comparable study done in 2004 in Pakistan by Moazzam Ali, *et al.* stated that: 93.5% of street children were children “on the street” having regular family contact; while 6.7% were “of the street”, without any family contact [12,13].

Majority (89.1%) of our street children were drug abusers to help them cope with hunger, physical and emotional pain they used to face on a daily basis. There is a statistically significant association between gender and drug abuse, as 85.3% of those who used drugs were males of whom most of them were educated (61.6%). A statistically significant association was also found between time spent on the streets and drug abuse, as more time spent on the streets, the more liability of the child to be a drug abuser. A study done in Ethiopia by Mengistu Ayenew, *et al.* showed that 30.8% of their street children were using substances [14]. In 2010 in Egypt Khaled Nada, *et al.* elaborated 857 street children and stated that

62% of them were drug abusers, mainly consumption of alcohol by 35% of these [15]. The main substance used was siliseon inhalation by (86.5%) and the term “glue sniffing” was attached to the habit. A study done in 2009 in Upper Egypt by Elkoussi, *et al.* showed that 91% of their studied children were misusing products containing volatile substances and one third (34.2%) was a commercial Glue [16,17].

It was found that most of the street children were involved into multiple types of abuse. Physical abuse represented the most (93.2%) from the total number of abused street children, while verbal and moral abuse accounted for (43.5%). Sexual abuse represented almost one third (35.5%) of cases. High rates of abuse were for males (81.6%) and most of abused children were belonging to the age group “more than 12 years” (70%). It is quite noticeable that those who had homes and regularly got back were having the minimal rates of all types of abuse. This is comparable to a study done in India, by Meena Mathur, *et al.* in 2009, which reported that: Street children mentioned experiences of abuse of all types. 36.6% of children indicated abuse in “severe” and “very severe” categories on the intensity of abuse. There were significant positive correlations of abuse with increasing age [18]. A study done in Ethiopia by K J Lalor showed that more than 50% of the street boys were being “regularly” physically attacked [19]. There was a statistically significant association between child abuse and drug users, as 91.3% of abused street children were drug abusers. Our study also displayed a statistically significant association between the time spent on the streets and rates of abuse. Problems encountered after abuse were: Mainly health problems (57%), followed by psychological problems (50%) and finally unwanted pregnancy (9.2%).

Because of the *Corona virus* pandemic, which affected our country as well, the data collection was restrained at some time. Also, some areas for data collection were difficult to reach due to safety issues, and some areas needed a help of some volunteers working with non-governmental organizations.

Conclusion

The issue of street children in Khartoum state is a real problem and alarming. Risk factors was mainly family problems, financial issues, abuse at home or surroundings and abandonment. Ages of children ranged from 6 to 18 years, with majority more than 12 years and mainly males. Children were highly victimized, where three quarters of them exposed to high rates of physical, emotional and sexual abuse. A high rate was for males and most were belong-

ing to the age group more than 12 years. Almost all were drug abusers (89%) and Siliseon was the commonest substance used. Health problems scored the highest after abuse, followed by psychological problems and unwanted pregnancy.

Recommendations

Plans by the stakeholders and policy-makers. Both governmental and non-governmental parties have to work together to plan for the better of these minorities. Rehabilitation institutions should be established urgently by the ministry of social affairs. Researchers should be recruited for further detailed studies. To re-unite the street children who do have homes and families and re-set them back into normal and productive life. To change the negative attitude towards street children.

Bibliography

1. Street children (2019).
2. Children’s Act 38 of 2005 | South African Government (2005).
3. Williams C and Yazdani F. “The Rehabilitation Paradox: Street-Working Children in Afghanistan”. *Diaspora, Indigenous, and Minority Education* 3.1 (2009): 4-20.
4. Convention on the Rights of the Child (2020).
5. Somogyi F and Day G. “Learning About Street Children”. *Research World* 2017.67 (2017): 49-53.
6. Gerhart G. “Children in Sudan: Slaves, Street Children and Child Soldiers”. *Foreign Affairs* 75.2 (1996): 170.
7. Cumber S and Tsoka-Gwegweni J. “Characteristics of Street Children in Cameroon: A Situational Analysis of Demographic, Socio-Economic and Behavioural Profiles And Challenges”. *African Journal of Primary Health Care and Family Medicine* 8.1 (2016).
8. Ndoromo O., *et al.* “Domestic Violence as a Risk Factor for Children Ending up Sleeping in the Streets of Post-War South Sudan”. *Journal of Child and Adolescent Behaviour* 05.01 (2017).
9. Poni Gore R. “Phenomena of Street Children Life in Juba, the Capital of South Sudan, a Problem Attributed to Long Civil War in Sudan”. *Journal of Community Medicine and Health Education* 05.04 (2015).
10. Salem EM and Abdel Latif F. “Sociodemographic characteristics of street children in Alexandria”. *EMHJ - Eastern Mediterranean Health Journal* 8.1 (2002): 64-73.

11. Ayub T, *et al.* "Psychosocial, demographic, educational and health characteristics of street children - a qualitative study". *International Journal of Medical Science and Public Health* 5.8 (2016): 1702.
12. Ali M., *et al.* "Street children in Pakistan: A situational analysis of social conditions and nutritional status". *Social Science and Medicine* 59.8 (2004): 1707-1717.
13. Kaner G., *et al.* "MON-P183: Evaluation of Nutritional Status and Social Conditions of Street Children: Kayseri Province from Turkey". *Clinical Nutrition* 36 (2017): S245-S246.
14. Ayenew M., *et al.* "Prevalence and factors associated with substance use among street children in Jimma town, Oromiya national regional state, Ethiopia: a community based cross-sectional study". *Substance Abuse Treatment, Prevention, and Policy* 15.1 (2020).
15. Nada K and Suliman E. "Violence, abuse, alcohol and drug use, and sexual behaviors in street children of Greater Cairo and Alexandria, Egypt". *AIDS* 24.2 (2010): S39-S44.
16. Elkoussi A and Bakheet S. "Volatile Substance Misuse Among Street Children in Upper Egypt". *Substance Use and Misuse* 46.1 (2011): 35-39.
17. Embleton L., *et al.* "Knowledge, Attitudes, and Substance Use Practices Among Street Children in Western Kenya". *Substance Use and Misuse* 47.11 (2012): 1234-1247.
18. Mathur M., *et al.* "Incidence, type and intensity of abuse in street children in India". *Child Abuse and Neglect* 33.12 (2009): 907-913.
19. Lalor K. "Street children: a comparative perspective". *Child Abuse and Neglect* 23.8 (1999): 759-767.