

## A Study To Assess The Effectiveness Of An Awareness Programme On Health Problems Among Runaway Children

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### Abstract

It is estimated that a child runs away from home or care every five minutes in United Kingdom, an average of 100,00 children every year. Running away is slightly higher in girls than boys. Children are often running away from problems at home or at school. Some are dealing with very serious issues at home such as neglect, drug and alcohol addiction, their own or their parents mental health problems, violence and abuse. A few children are even forced to leave home by their parents or caretakers. Others are trying to escape common problems such as bullying, relationship difficulties, loneliness, or family breakdown. Objective: The study is to evaluate the effectiveness of awareness programme on knowledge regarding health problems among runaway children. Method: The research design for the study was Quasi experimental one group pre-test and post-test design. Simple random sampling technique was used to collect data from 60 runaway children from Bangalore Oniyavara Seva Coota shelter home. Results: The study findings revealed that the overall mean percentage in pre test is 30.93% and in post test is 90.76% in their knowledge scores as measured by improvement in mean percentage from pre test to post is 59.83%. Conclusion: The study showed that the runaway children had inadequate knowledge regarding Awareness Programme was effective in terms of gain in knowledge regarding health problems among runaway children.

*Key words-Awareness Programme, health problems, runaway children.*

### Introduction

In India research studies on runaway children are very few. A study states that out of 400 boys in a child shelter home in Delhi, half of the runaway children are aged between 10 to 12 years and most common reason for running away from home were physical abuse by parents or relatives, wish for financial independence, and tensions within the family like quarrel<sup>9</sup>. National Human Rights Commission (NHRC) (2005) reported, that on an average 44000 children are reported missing every year. Of these, as many as 11,000 remain untraced.

In a study by Connolly & Franchet on Street children aged 5-18 years, about 70% of runaway children are on the streets, during the day and return home at night and 20-25% know where their families are, but prefer to live on the streets. 5-10% are without family and live on the streets and about 25-33% are young girls. These children face illness such as respiratory infections, skin diseases, gastro intestinal problems, trauma, sexual abuse, exploitation, unwanted pregnancy and sexually transmitted diseases such as syphilis and gonorrhoea. The study states that a model programme is established for providing health, nutrition, and counselling and referral services for children<sup>5</sup>.

Mostly it is the children who leave their home. Many of them land up in railway stations, bus stations, market places, to hunt for some odd jobs while others become vagabonds. Their life is miserable. They are struck with hunger and malnutrition. They suffer from abdominal problems like vomiting and dysentery, skin problem like dry skin, lesions, and scabies. They do odd jobs like cleaning the trains, railway platforms, pick up papers, card boards, plastics. They work as paper boys, cobblers, dishwashers in hotels, porters, play music and dance in streets, trains and bus stations or simply become beggars. Due to this nasty lifestyle they are exposed to various risks and health hazards as they are frequently involved in drug trafficking, organ trade, slavery, beggary, prostitution and pornography. They are also exposed to physical hazards like diseases and deformities, drug addiction, social hazards like –prostitution, mental hazards like depression and suicides<sup>3</sup>.

Many children land up on platforms, every day. A survey was done on seven platforms in the year 2006, to ascertain the numbers of new arrival of children in platforms. The study found that the male-female ratio of children working and living on railway platform was 8:1 and 71.3 per cent of the total children were less than 14 years and 40 per cent of the total population was in the age group of 11-14 years. Children here are involved in a variety of work including vending, begging, rag picking, bottle picking, acrobat, cleaning, shoe shining, and selling refilled water bottle. The average number of children landing on the following platforms every day is

estimated to be: Bangalore-25, Secunderabad-8, Vizag-15, Hubli-1, Warrangal-4, Tirupathi-20 and CST-Mumbai-12.

These are number of children arriving for the first time on the railway platforms.

Sathi, (an non-governmental organization working with the runaway children) staff tries to get friendly with these children on the platform and with their consent, tries to get them to the shelter, located close by. Not all children agree come to the shelter. In the year 2005-06 Sathi contacted 6,339 children, and could bring to shelter 5,186 children. They could rehabilitate 3,613 children in the year, though 710 escaped from shelter<sup>6</sup>.

In view of the above and the experience of the investigator having worked among railway platform runaway children, the investigator is of the opinion that an awareness Programme on health problems among runaway children will help in bringing a transformation among the them.

### Objectives

1. To assess the knowledge of the runaway children on health problems
2. To determine the effectiveness of Awareness Programme on health problems in terms of gain in knowledge scores of runaway children
3. To determine the association between pre- test scores of the runaway children, with selected socio-demographic variables.

### Methods and materials

The research design selected for the study was Quasi experimental research design where pre and post- test without control group approach was used to assess the effectiveness of awareness programme on knowledge regarding health problems among runaway children. The pre-test(O1) was carried out to determine the level of knowledge on health problems among runaway children, followed by administration of awareness programme for 45 minutes. Post-test (O2) was conducted on the 8th day following the awareness programme. The study was conducted on a sample of sixty runaway children at Bangalore Oniyavara Seva Coota shelter home Bengaluru. Sample was selected by adopting simple random sampling technique. Tools: The tool developed and used for data collection was, structured knowledge questionnaire. The tool consists of two parts. Part-I socio-

demographic data and Part-II consists of structured knowledge questionnaire to assess the knowledge regarding health problems in runaway children. The tool consists of 30 items of 'yes' or 'no' type of questions on, meaning and reasons of running away from home, Health problems- physical health, psychological health, social health and child helpline. The interpretation of scores in Part-II is divided into 3 sections inadequate 0 to 40%, moderate 41 to 60% and adequate 61-100%. The contents coverage of health teaching was prepared on meaning and reasons for running away from home, health problems of runaway children in terms of their physical health, psychological health and social health and also on child-helpline numbers.

Data collection was done for about 10 days. A formal written permission was obtained from the authorities of Oniyavara Seva Coota shelter home, Bengaluru. The Ethical clearance was obtained from the Institutional Research Board (IRB) of the institution. The purpose of the study was explained to the children and informed consent was obtained. Confidentiality was assured to all the children. The pre- test was administered to the runaway children by using structured knowledge questionnaire on the first day. Awareness programme was done on health problems for 45 minutes to the runaway children immediately after pre test on same day. Post test was administered after 8 days of completion of awareness programme.

### Results

#### Demographic characteristics of Subjects

As given in Table 1 that distribution of runaway children as per their demographic variables. Out of 60 there were 31(51.7%) runaway children were in age group of 12-15 years, 27(45%) of the runaway children were first born,( 58.3%) with educational of 5th to 10th standard, 47(78.3%) of runaway children are Hindus, majority 36(60%) of the runaway children were from nuclear family, 39(65%) of runaway children belong to rural background, 26(43.3%) of runaway children were from outside Karnataka, 23(38.3%) of runaway children's fathers are unskilled workers, 33(55%) of runaway children's mothers are unemployed, 25 (41.7%) runaway children are attending school, 18(30%) of runaway children leave home due to problems at family, majority 59(98.3%) of runaway children do not have habit of smoking/alcohol/drugs and 19 (31.7%) of runaway children stay in the shelter home for a day and there after stay in Government half-way homes.

**Table 1: Distribution of the runaway children by their demographic variables n = 60**

Characteristics	Category	Respondents	
		Number	Percent(%)
Age	12 Yrs to 15 yrs	31	51.7
	16 Yrs to 18 yrs	29	48.3
Gender	Male	60	100
	Female	0	-
Order of Birth	First	27	45.0
	Second	14	23.3
	Third	9	15.0
	Fourth	10	16.7
Education Status	Up to 4th Std	19	31.7
	From 5th – 10th Std	35	58.3
	From 10th -12th Std	6	10.0
Religion	Hindu	47	78.3
	Muslim	10	16.7
	Christian	3	5.0
	Others	0	0
Type of family	Nuclear Family	36	60.0
	Joint Family	18	30.0
	Single Parent Family	6	10.0
Family Background	Urban	21	35.0
	Rural	39	65.0
Place of stay	Bangalore	12	20
	Outside Bangalore	22	36.7
	Outside Karnataka	26	43.3
Occupation (Father)	Profession	0	0
	Semi-Profession	6	10
	Clerical, Shop-owner	11	18.3
	Skilled worker	2	3.3
	Semi-skilled worker	16	26.7
	Unskilled worker	23	38.3
	Unemployed	2	3.4
	Unemployed	33	55.0
Occupation (Mother)	Profession	0	0
	Semi-Profession	0	0
	Clerical, Shop-owner	3	5.0
	Skilled worker	3	5.0
	Semi-skilled worker	4	6.7
Current occupation of the child	Attending school	25	41.7
	School dropout	18	30.0
	Engaged business	6	10.0
	Working with someone	11	18.3
	Unemployed	33	55.0
Reason for leaving home	Particular event at home	17	28.3
	Event outside home	12	20.0
	Problem at family	18	30.0
	Search of job	13	21.7
Have you been	Yes	1	1.7

smoking /alcohol/ drugs	No	59	98.3
How long are you in this shelter home	First	19	31.7
	Second	15	25.0
	Third	18	30.0
	Four Times	8	13.0

**Table 2: Aspect Wise Pre test mean knowledge Percentage regarding health problems among the runaway children n=60**

Aspect	No. of questions	Range	Knowledge score		
			Mean	+SD	Mean%
Meaning & Reasons Of Running Away	3	0-3	0.79	±0.654	26.33%
Physical Health Problems	11	0-11	2.41	±2.472	21.90%
Psychological Health problems	6	0-6	1.24	±1.488	20.66%
Social Health problems	5	0-5	2.41	±1.832	48.20%
Child Helpline	5	0-5	2.43	±1.940	48.60%
Total	30	0-30	9.28	±8.380	30.93%

As given in Table 2 that the overall pre test mean knowledge percentage of runaway children is 30.93% with SD ±8.380.

Assessment of Knowledge regarding Health Problems among the runaway children

**Table 3: Knowledge regarding health problems among runaway children n=60**

Aspect	Pre test		Post test		Paired t-test
	Mean	SD	Mean	SD	
Meaning & Reasons Of Running Away	0.79	±0.654	2.70	±.514	16.74***
Physical Health problems	2.41	±2.472	10.27	±1.31	13.87***
Psychological Health problems	1.24	±1.488	5.62	±0.918	17.36***
Social Health problem	2.41	±1.832	4.52	±.877	19.40***
Child Helpline	2.43	±1.940	4.12	±.629	16.29***
Total	9.28	±8.380	27.23	±4.24	34.12

\* significant at P≤ 0.05 \*\* highly significant at P≤ 0.01 \*\*\* very high significant at P≤0.001

As given in Table 3 shows that mean post test knowledge score of subjects is 27.23 +4.24 is significantly higher than mean pre test knowledge score of 9.28 +8.380 't'=34.12, p<0.05. In all the sub aspects of knowledge of health problems the post test scores were significantly higher than the pre test score, p<0.01.

**Table 4 : Level of knowledge in pre test of subjects**

Level of knowledge	Percentage	Range
In Adequate	<40%	0-10
Moderate	41% to 60%	11-20
Adequate	61% and above	21-30

The above table shows that 0-40% is inadequate, 41-60% is moderate and 61% and above indicate adequate knowledge.

**Table 5: Comparison of Pre test and Post test Level of Knowledge n=60**

Level of knowledge	Pre test		Post test	
	n	%	n	%
Inadequate	41	68.3	-	-
Moderate	19	31.7	3	5
Adequate	-	-	57	95

As given in table 5 that there were 68.30% of runaway children had inadequate knowledge in pre test . 95% of runaway children had adequate knowledge in post test. It is evident that there was an increase in knowledge score of respondents after the Awareness Programme .Hence the Awareness Programme on health problems among runaway children is effective

**Table :6 Association between Pre test Level of knowledge score of Subjects and selected Demographic Variables**

Demographic Variables	Moderate Knowledge		Adequate Knowledge		x <sup>2</sup>	P value
	f	%	f	%		
	n		n			
Age	12 yrs – 15yrs	1 33.3	30 52.63	31 2.877	0.237	
	16-18 yrs	2 66.7	27 47.36	29		
Gender	Male	3 100	57 100	60 1.16	0.763	
	Female	0 0	0 0	0		
Order of birth	First	1 33.33	26 45.61	27 0.751	0.861	
	Second	0 0	14 24.56	27		
	Third	2 66.67	7 12.28	9		
	Fourth	0 0	0 0	10		
Education	Upt0 4thstd	1 33.3	18 31.5	19 0.751	0.687	
	5th – 10th	0 0	35 61.40	35		
	10th – 12thstd	2 66.7	4 7.0	6		
Religion	Hindu	2 66.7	45 78.94	47 0.220	0.896	
	Muslim	1 33.3	9 15.78	10		
	Christian	0 0	3 5.2	3		
Type of family	Nuclear family	2 66.74	36 49.64	0.317	0.854	
	Joint family	1 3.33	17 29.82	18		
	Single parent	0 0	6 10.5	6		
Place of stay	Bangalore	0 0	12 21.1	12 0.604	0.740	
	Outside Bangalore	0 0	22 38.59	26		
	Outside Karnataka	3 100	23 40.3	26		
Family background	Urban	1 33.3	20 35.07	21 0.893	0.345	

Rural	2	66.7	37	68.42	39		
Occupation	0	0	0	0	0	2.077	0.747
Profession	1	33.3	5	10.52	6		
Semi-profession	1	33.3	10	19.2	11		
Clerical	1	33.3	1	3.5	2		
Skilled worker	0	0	23	40.35	23		
Unskilled worker	0	0	2	3.5	2		
Unemployed	1	33.3	24	43.85	25	0.417	0.854
Current	2	66.7	16	31.57	18		
Attending school	0	0	6	10.5	6		
occupation	0	0	11	19.29	11		
School dropout	0	0					
Engaged business	0	0					
Working with someone							

(\* significant at  $p \leq 0.05$  \*\* significant at  $p \leq 0.01$  \*\*\* significant at  $p \leq 0.001$ )

As given in Table 6 that there was no significant association between, age, gender, order of birth, educational status, religion, type of family, place of stay, family background, father’s occupation and current occupation with pre test level of knowledge score of the runaway children.

### Discussion

Comparison of pre and post intervention scores of runaway children: In pre test , study findings revealed that 68.7% of runaway children had inadequate knowledge, 31.7% had moderate knowledge and none of them had adequate knowledge on health problems of runaway children. In post test 95% of the respondents had adequate knowledge, 5% had moderate knowledge and none of the respondents were inadequate knowledge regarding health problems among runaway children. The study findings show that the overall pre test mean score is 9.28 with SD  $\pm$ 8.38 and overall post test knowledge mean score is 27.23 with SD  $\pm$ 4.24 and calculated “t” value was 34.12, which is greater than the table value at 0.05 level of significance .Hence the Awareness Programme on health problems among runaway children is effective .

These findings are also substantiated by another cross sectional study conducted on mental health status of runaway adolescents at a shelter home for boys in Delhi. The study shows 20.7% of children were found to have high hopelessness and 8% of children had depression. 2% of children revealed that they had attempted suicide at some point of time in life. Among children with high hopelessness, 3.2% had attempted suicide. 8.3% of the depressed children gave history of suicidal attempts. There were 38% of children who gave history of physical abuse, 14.6% of sexual abuse and a large number reported substance abuse. There were

69.33% children found to have behavioral problems, 81% of the children had antisocial behaviour, 7.8% were neurotic and 10.5% remained undifferentiated. There is an increase in knowledge regarding mental health problems on broad based psychosocial intervention programme<sup>6</sup>.

These findings are also supported by the study conducted by volunteers of SATHI to evaluate the effectiveness of counselling and guidance framework for NGO staff working

with runaway and street children which showed improvement in emotional and social adjustments among street children<sup>8</sup>.

Another qualitative study was conducted on 16 homeless young people in United Kingdom to examine their views about seeking psychological help for their problems. A sense of hurt and anger at the perceived betrayal by their families and society made many participants reluctant to seek help and to trust help offered by others, and accordingly they placed a high value on self-sufficiency. Many said that they would, however, seek help from people whom they perceived to be genuine, caring, trustworthy, empathetic and capable of containing their distress. Mental health professionals providing clinical services for this underserved population need to be aware of the importance of rejection and abandonment issues, along with the consequent hurt, anger and mistrust<sup>4</sup>.

### Conclusion

This study prove that the runaway children's knowledge can be enhanced by providing awareness programme regarding the health problems. There is an improvement in the knowledge regarding health problems among runaway children This study aids to create awareness about the health problems to these children through multi-faceted approach

like health awareness camps ,health screening camps , nutritional supplementation , rehabilitation services in community and reunion programmes.

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