

Phenomena of Street Children Life in Juba, the Capital of South Sudan, a Problem Attributed to Long Civil War in Sudan

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Abstract

Introduction: In the recent years Juba the capital of South Sudan has been experiencing the problem of street children, a problem attributed to long civil war in the Sudan, current economic crisis and the current political conflict which started on 15th December 2013.

According to UNICEF(Sweitzland 1983), a street child is " Any girl or boy who has not reached adulthood for whom the street has become her or his habitual abode or source of livelihood and who is inadequately protected ,supervised or directed by irresponsible adult."

Methodology: The study took place in Juba city in the five major markets namely, Konyo konyo, Juba, Jebel, Custom and Munuki. It targeted children within the age of 6-17 years of age. The study was done by cross sectional design. The methods of data collection were questionnaires and interviews.

The sample size was 120 and the data was analyzed by Excel program.

Results: The findings were 55% were within the age of 10-14, 70% were boys,41.7% had both parents alive, 40% hadfamilies comprising of 6-10 members, 38.3% do minor business, 55.8% come from urban area, 54.2% sleep at home , 28.3% earn living by selling wares, 37.5% obtained food by buying, 30.8% used their money on family expense, 40% of them were School drop outs, 23.3% sniff glue, 59.2% go to the public hospital for treatment, 56.7% do not have knowledge about HIV/AIDS, 30% of the street children felt that the public do not like them, 43.3% of the street children said their life on the street was tough,44.2% of the street children were responsible for themselves and47.5% of the street children were on the street in search for employment.

Limitations: The study was faced with limitations such as consent.

Conclusion: Majority of the street children are male within the age of 10-14 years and originally from urban areas, with extended families of low socio-economic status. The highest percentages of the children go to the street for employment purpose, followed by parental loss, child abuse, strict regulations at home and commitment of offence. They survive by engaging in works such as selling wares, shoe shining, collecting rubbish, collecting empty battles for re-use by local beverage makers, washing cars, and others beg or steal, They face a lot of problems such as drop out from school, drugs abuse, feeding themselves by left over from restaurants and some sleep hungry, they experience inhuman treatment such as torture, rape and arrest by police. The government in collaboration with NGOs should create employment opportunities to the people, establish enough rehabilitation and correction centres, schools and health centres, campaign for the rights of street children rights, commemorate 'Street children's Day'(January 31st) and empower street children by providing outreach education, training, food and health services.

Keywords: Food handlers; Food borne bacterial contaminants; Isolation rate; Hand rinse

Introduction

Juba City the Capital of south Sudan is experiencing the problem of street children, attributed to the long civil war in Sudan as a result of political, religious, social, economic problems. The war started in 1983 and ended with the signing of the Comprehensive Peace Agreement (CPA) in 2005 [1-4], in which about two million lives were lost as a result of war, famine, and diseases caused by the conflict and four million people were displaced, emerged families with single or no parents, and children were left in the street.

Background

History of street children

The phenomenon of street children has been documented as far back as 1848 [5]. Orphaned and abandoned children have been a source of misery from earliest times. The typical age of a street child varies from place to place. In developing countries children as young as eight live completely on their own. In developed countries, street

children are usually over the age of twelve. There are cultural differences to this phenomenon. The proportion of girls among street children is reported to be less than 30% in developing countries and about 50% in many developed countries. Most studies show a predominance of the male sex within the population [6-9]. The most common claim for finding fewer girls in the streets has been that they are taken off the streets to become prostitutes [9-11]. A more plausible reason for the gender difference is that because girls are needed in the household,

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they never get to the streets. Many street children come from female-headed homes in which boys are socialized into leaving home much earlier than western middle-class sensibilities deem appropriate and in which girls are encouraged to stay home far longer than is typical in the developed world [12].

Another factor-one less considered and more subtle-is the dynamics that go on between stepfathers and male stepchildren. This is a common situation and might At this point, it can be said that street children are of both genders although they are far more likely to be male in the developing world [13-15].

Justification and objective: To collect and gather information about the street children in Juba/South Sudan and enable the policy makers and well-wishers to set a strategy aimed at promoting and protecting the Child rights [15-17].

Methods

Our research is descriptive epidemiology, cross sectional study.

Study area

The study took place in the five major markets in Juba city namely; konyo konyo market, Jebel market, Juba market, custom market, and Suk Libya market.

Selection of sample and sample size

Initially observational study was done by conducting field visits, to areas that are crowded by the street children and mapped out. The study targeted 120 children form street, who randomly selected from five market areas, about 20 children from each market [18,19]. The street children were interviewed, and they referred their friends for interview

Data collection

The data collectors were deployed in the areas identified as gathering side of street children. The major instrument for investigation used in this research is interview using questionnaires [20-22].

Data analysis

The information obtain is coded and analyzed, through a computer excel program and statistical package for social scientist 8.0(spss8.0) [23-26] for frequency distribution, cross- tabulation and other factors analyzed.

Ethical issues

All the respondents were informed about the purpose of the study and their verbal consent was obtained. They were assured that the interview was anonymous.

Results Analysis and Discussion

From the data we gathered from the street children through questionnaire and interview, the following results were obtained. Some of the emotions that street children desire and their withdrawal symptoms from substance abuse are depicted in the Tables 1.1 and 1.2 respectively.

In Figure 1, the majority, 66 (55%) were under the age of 10-14 years followed by 34 (28.3%) under the age of 15-17 years and finally 20 (16.7%) under the age of 6-9 years. The high percentage of that age group indicates that these children can cope up with the street life, while the declining number with increase in the age could be due to their involvement in profitable economic activities which make them self-reliance and live in their own homes as shown in Table 2.1.

Figure 2 and Table 2.2 shows that, out of 120 children interviewed, the majority, 84 (70%) were male and 36 (30%) were female.

This low percentage of the street girls is due to their preference to endure difficulties of life at home than on the street, because they are much more vulnerable to rape, and other forms of assault and exploitation compared to the boys. Secondly, as they grow up most of them leave the street and get involved in prostitution or early marriage and profitable work.

Family background

The below Figure 3 and Table 2.3 indicates that only 50 (41.7%) of street children have both parents alive, 25 (20.8%) have only father, 33(27.5%) have only mother and 12(10%) have guardian. The majority have lost a parent or both. This is attributed to long civil war in the Sudan, diseases, famine and internal conflicts in South Sudan.

Substances	Withdrawal symptoms
Alcohol	Anxiety, tremors, vomiting, sweating, convulsion, delirium (confusion & hallucinations)
Nicotine	Nervousness, sleep difficulty, abdominal pain, poor concentration, muscle spasms, headaches, cough, changes in appetite
Opioids	Anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhoea, sleep Difficulty
Hallucinogens	No significant withdrawal symptoms
Cannabis	No or mild withdrawal symptoms
Hypnosedatives	Anxiety, irritability, inability to sleep, muscle cramps, convulsions, delirium
Stimulants	Caffeine: headaches, tiredness, aches and pains, anxiety Amphetamines: fatigue, hunger, irritability, depression, suicidal feelings, sleeplessness Cocaine: fear, depression, nausea, vomiting, tremors, muscle pain, tiredness
Inhalants	No significant withdrawal symptom

Table 1.1: Some affects that street children may desire.

Substances	Withdrawal symptoms
Alcohol	Anxiety, tremors, vomiting, sweating, convulsion, delirium (confusion & hallucinations)
Nicotine	Nervousness, sleep difficulty, abdominal pain, poor concentration, muscle spasms, headaches, cough, changes in appetite
Opioids	Anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhoea, sleep Difficulty
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Inhalants	No significant withdrawal symptom

Table 1.2: Withdrawal symptoms.

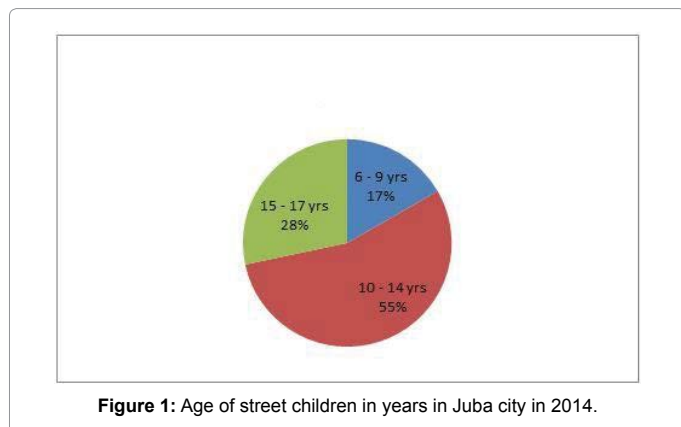


Figure 1: Age of street children in years in Juba city in 2014.

Age in years	Number	percentage%
6 - 9 yrs	20	16.7
10 - 14 yrs	66	55
15 - 17 yrs	34	28.3
Total	120	100

Table 2.1: Age of street children in years in Juba city March to June 2014.

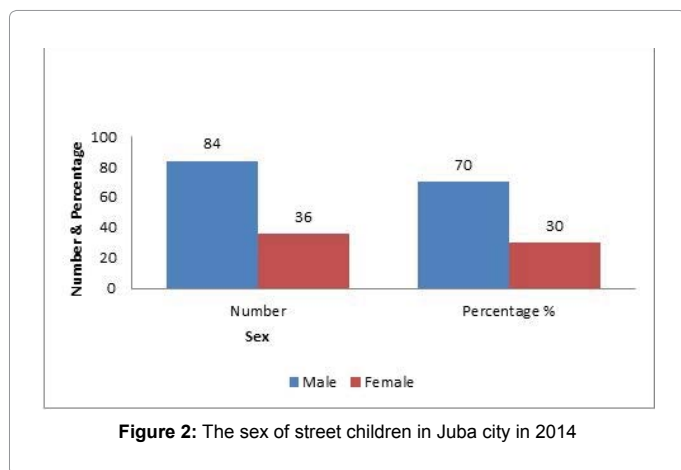


Figure 2: The sex of street children in Juba city in 2014.

Sex	Number	Percentage%
Male	84	70
Female	36	30

Table 2.2: The sex of street children in Juba city in 2014.

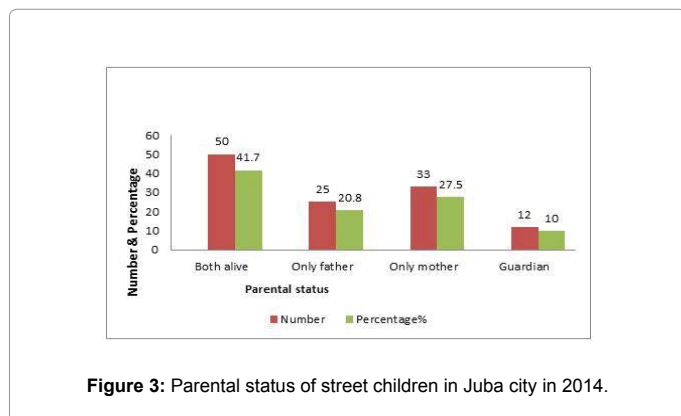


Figure 3: Parental status of street children in Juba city in 2014.

Parents	Number	Percentage%
Both alive	50	41.7
Only father	25	20.8
Only mother	33	27.5
Guardian	12	10
Total	120	100

Table 2.3: Parental status of street children in Juba city in 2014.

57(47.5%) of the street children have 1-5 members in the family, 48 (40%) have 6-10 members, 9(7.5%) have 11-15 members and 6(5%) have more than 16 members. In the above Figure 4, most street children come from large families (5-10 members) due to insufficient fulfilment of basic needs as illustrated in Table 2.4.

From the Figure 5 data, 46(38.3%) of street children's parents do minor business, 31(25.8%) are peasant farmers, 29(24.2%) are employed and 14(11.7%) have no work. The data in Table 2.5 indicates that most of the street children come from low income earning parents such as farmers who cannot cater for the family needs.

The above Figure 6 and Table 2.6 indicates that 42(35%) of the street children come from rural areas, 67(55.8) come from urban areas and 11(9.2%) come from refugee camps.

From the Figure 7, 65(54.2%) of the street children sleep at home, 41(34.2%) sleep on the streets while 14(11.6%) sleep both at home and on the streets as depicted in Table 2.7. Most street children are street working children who go back home at the end of the day while a big number are also homeless.

The economic activities of the street children

From the above Figure 8 and data of Table 2.8, 27(22.5%) beg, 22(18.3%) are shoe shiners, 9(7.5%) are bus conductors, 34(28.3%) sell wares, 11(9.1%) wash cars and 17(14.3%) do other work as begging and stealing.

The above Figure 9 shows 45(37.5%) buy food, 24(20%) eat leftover from restaurants, 6(5%) eat from drop in centers, 39(32.5%) eat from homes, and 6(5%) eat from other ways like stealing food. Almost all the street children feed themselves and hardly get support from government or NGOs as noted in Table 2.9.

From the Figure 10 above and Table 2.10, 32(26.7%) of the street children spend their money on food, 28(23.3%) on clothes, 12(10%) for leisure, 37(30.8%) on family expenses and 11(9.2%) on other things. Most of the children work to support their families.

The above Figure 11 and Table 2.11 shows, 52(43.3%) of the street children have spent less than a year on the street life, 42(35%) spent two years, 13(10.8%) spent five years while 13(10.8%) spent over five years. Most children spend less than a year on the street due to the fact that as they grow up and start their own homes. Secondly, the few lucky street children will be taken by the government limited centers and NGOs.

The Figure 12 and Table 2.12 above shows that 29(24.2%) of the street children never went to school, 48(40%) are school drop outs and 43(35.8%) are in primary. Most of the street children are school drop outs and primary pupils. This is attributed to the fact that the children can't proceed with their education because of the economic crisis at home.

The above Figure 13 shows that 6(5%) of the street children take alcohol, 7(5.8%) smoke cigarettes, 28(23.3%) sniff glue, 5(4.2%) abuse other drugs while 61(50.7%) do not abuse drugs. a good percentage (49.3%) do abuse substances, as a way of forgetting their miseries, easing

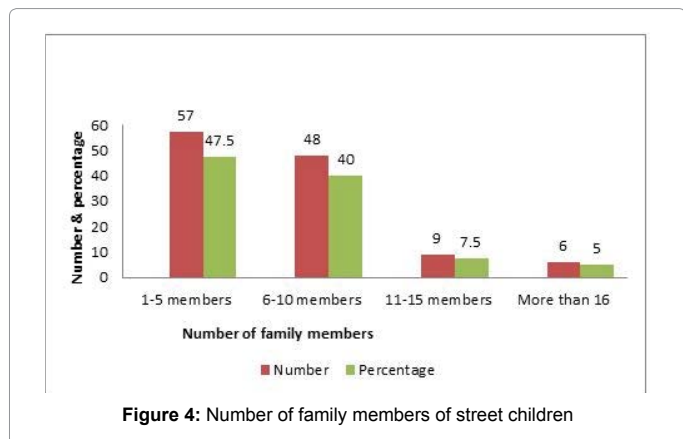


Figure 4: Number of family members of street children

Number	Number	Percentage
1-5 members	57	47.5
6-10 members	48	40
11-15 members	9	7.5
More than 16	6	5
Total	120	100

Table 2.4: Number of family members of street children.

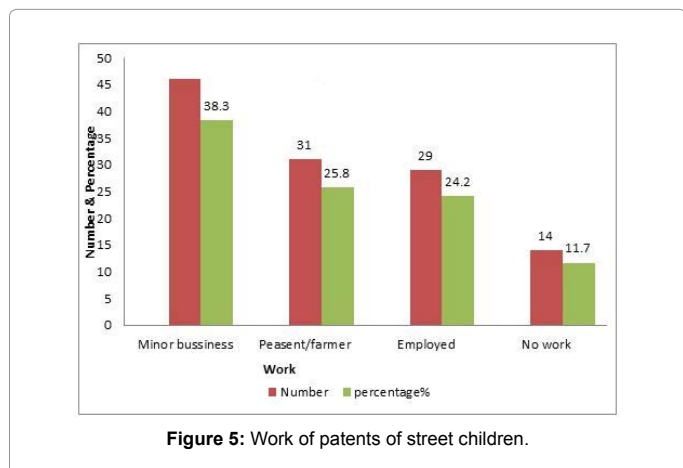


Figure 5: Work of patents of street children.

Work	Number	percentage%
Minor bussiness	46	38.3
Peasent/farmer	31	25.8
Employed	29	24.2
No work	14	11.7
Total	120	100

Table 2.5: Work done by parents of the street children.

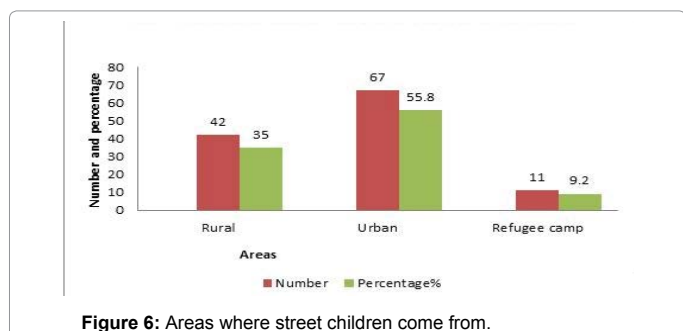


Figure 6: Areas where street children come from.

Area	Number	Percentage%
Rural	42	35
Urban	67	55.8
Refugee camp	11	9.2
total	120	100

Table 2.6: The areas where the street children come from.

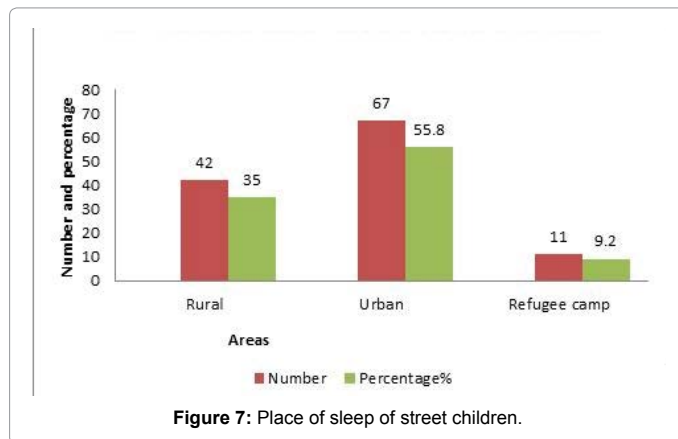


Figure 7: Place of sleep of street children.

Place	Number	Percentage%
Home	65	54.2
Street	41	34.2
Home& street	14	11.6
Total	120	100

Table 2.7: Place of sleep of street children.



Figure 8: Ways of street children earning their living.

Way	Number	Percentage%
Begging	27	22.5
Shoe shining	22	18.3
Bus conductor	9	7.5
Selling wares	34	28.3
Washing cars	11	9.1
Others	17	14.3
Total	120	100

Table 2.8: Ways of the street children earning their living.

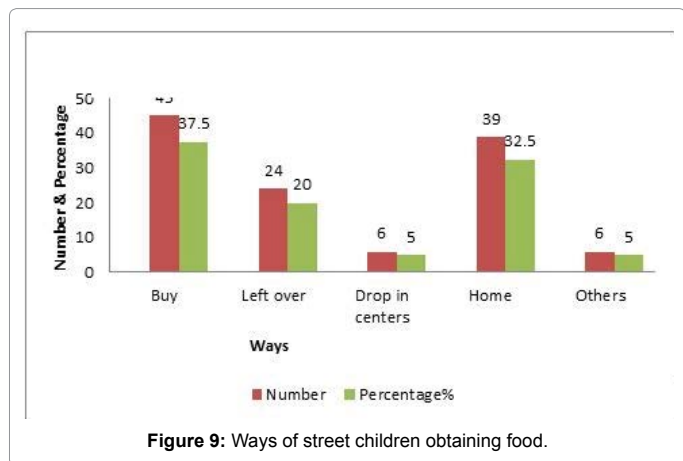


Figure 9: Ways of street children obtaining food.

Ways	Number	Percentage%
Buy	45	37.5
Left over	24	20
Drop in centers	6	5
Home	39	32.5
Others	6	5
Total	120	100

Table 2.9: Ways of obtaining Food.

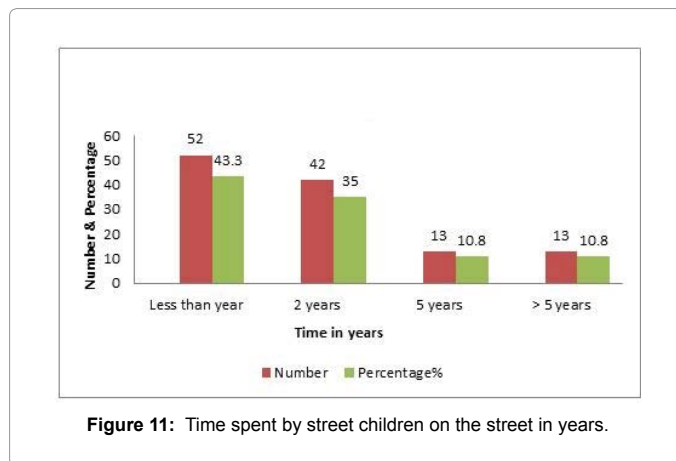


Figure 11: Time spent by street children on the street in years.

Time	Number	Percentage%
Less than year	52	43.3
2 years	42	35
5 years	13	10.8
> 5 years	13	10.8
total	120	100

Table 2.11: Time spent on the street in years.

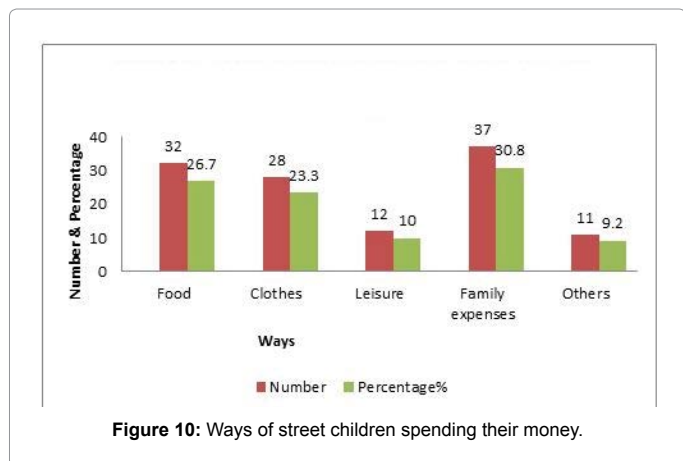


Figure 10: Ways of street children spending their money.

Ways	Number	Percentage%
Food	32	26.7
Clothes	28	23.3
Leisure	12	10
Family expenses	37	30.8
Others	11	9.2
Total	120	100

Table 2.10: Ways of spending money.

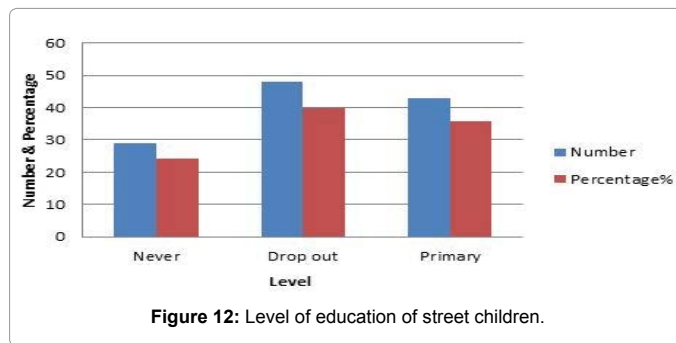


Figure 12: Level of education of street children.

Level	Number	Percentage%
Never	29	24.2
Drop out	48	40
Primary	43	35.8
total	120	100

Table 2.12: Level of education of street children

their pain, finding pleasure on the street and giving them braveness to engage in risky economic activities like stealing clearly mentioned in Table 2.13. Glue sniffing is most common because it is affordable for them.

Health status

The Figure 14 and Table 2.14 indicates, 71(59.2%) of the street children go to public hospital for treatment, 16(13.3%) go to drug

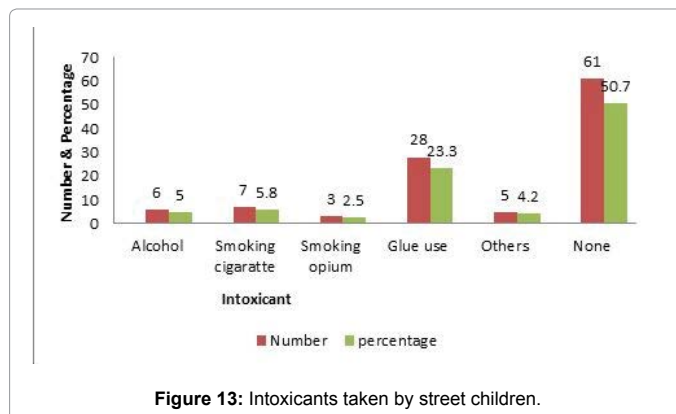


Figure 13: Intoxicants taken by street children.

Intoxicant	Number	Percentage
Alcohol	6	5
Smoking cigaratte	7	5.8
Smoking opium	3	2.5
Glue use	28	23.3
Others	5	4.2
None	61	50.7
Total	120	100

Table 2.13: Intoxicant taken by street children

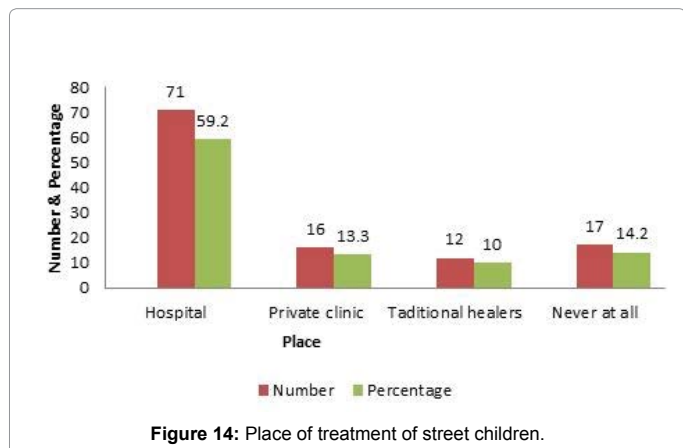


Figure 14: Place of treatment of street children.

Place	Number	Percentage
Hospital	71	59.2
Private clinic	16	13.3
Tadtional healers	12	10
Never at all	17	14.2
Total	120	100

Table 2.14: Place of treatment.

shops, 12(10%) go to traditional healers, while 17(14.2%) never go for treatment. Most of the street children go to public hospital for treatment. There are those who go to drug shops and get drugs without medical checkup as they lack parents to guide them. There are those who don't care about their health at all and don't seek medical treatment. Few also seek medical help from traditional herbalists.

The Figure 15 and Table 2.15 indicates that 52(43.3%) of the street children have knowledge about HIV/AIDS prevention while 68(56.7%) do not have. Most street children are ignorant about health issues. They don't know how to prevent HIV/AIDS. This can be explained by the fact that most of them are uneducated and nobody reaches them with such information as they are generally neglected. Therefore street children are prone to all sorts of diseases.

Day to day life on the street

From the above Figure 16 data, 25(20.8%) of the street children said the public like them, 36(30%) said that the public does not like them, 23(19.2%) said that the public is hostile to them and 36(30%) said the public is supportive. Street children face rejection from the public as shown in Table 2.16. They are seen as bad, dangerous and criminals. Many people treat them cruelly and inhumanly. Yet there are those who see their human value and help them.

From the above Figure 17 and Table 2.18 data, 18(15%) of the street children said that life is good for them, 52(43.3%) said that life is tough,

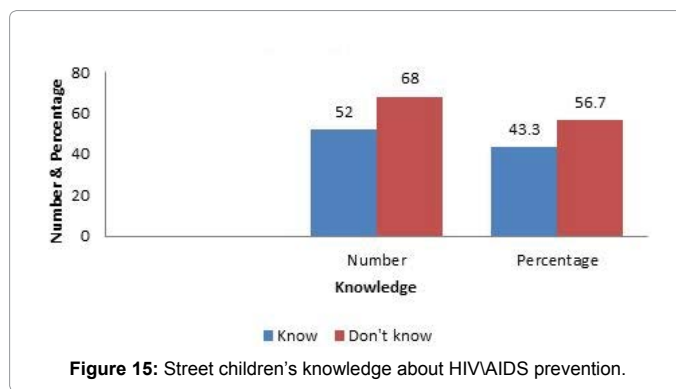


Figure 15: Street children's knowledge about HIV/AIDS prevention.

About HIV/AIDS prevention		
Knowledge	Number	Percentage
Know	52	43.3
Don't know	68	56.7

Table 2.15: Street children's knowledge.

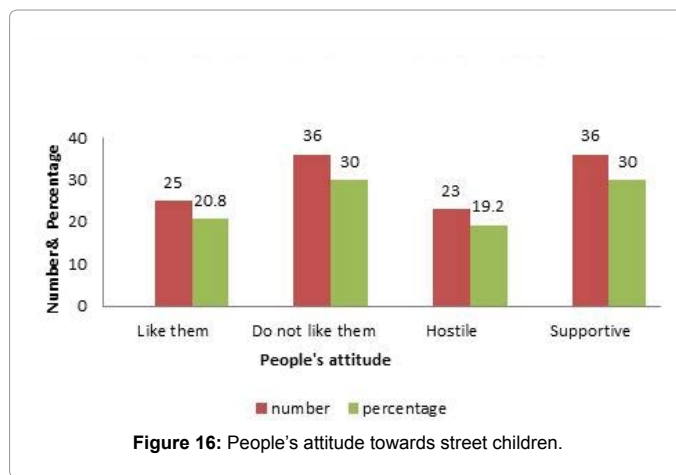


Figure 16: People's attitude towards street children.

attitude	number	Percentage
Like them	25	20.8
Do not like them	36	30
Hostile	23	19.2
Supportive	36	30
total	120	100

Table 2.16: people's attitude towards street children.

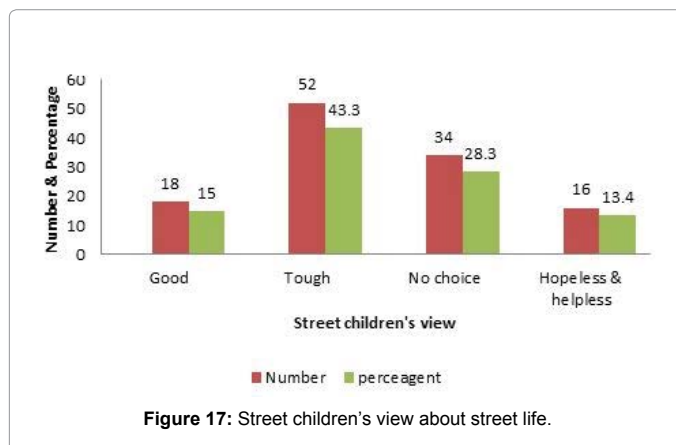


Figure 17: Street children's view about street life.

34(28.3%) said they have no choice, and 16(13.4%) said life is hopeless and helpless. so street life is hard and the children stay there because they don't have any other option. Only few are contented in Table 2.17.

The above Figure 18 data indicates that 50(41.7%) are help by parents/guardian, 53(44.2%) are on their own, 7(5.8%) are helped by the government most, 10(8.3%) are helped by NGOs. The majority of the street children depend upon themselves and their parents/guardians, only little support is got from government and NGOs.

From the above Figure 19 and Table 2.19 data, 17(14.2%) of the street children are orphans, 23(19.2%) were abused at home, 7(5.8%) had committed offence, 57(47.5%) came for employment, 7(5.8%) left home because of strict regulations while 9(7.5%) other reasons.

View	Number	Percentage
Good	18	15
Tough	52	43.3
No choice	34	28.3
Hopeless & helpless	16	13.4

Table 2.17: Children view about street life.

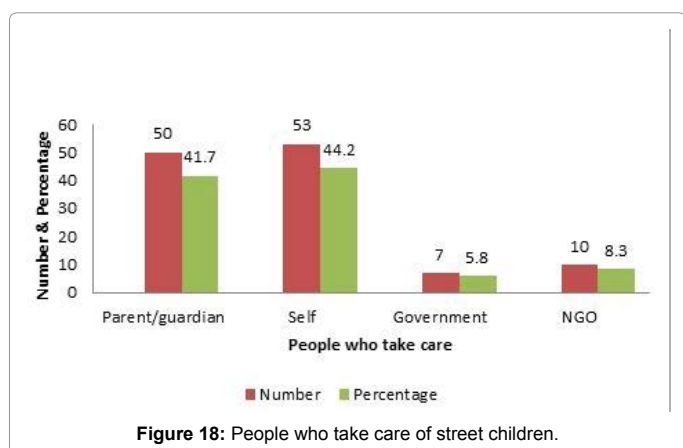


Figure 18: People who take care of street children.

People	Number	Percentage
Parent/guardian	50	41.7
Self	53	44.2
Government	7	5.8
NGO	10	8.3
total	120	100

Table 2.18: People who take care of street children.

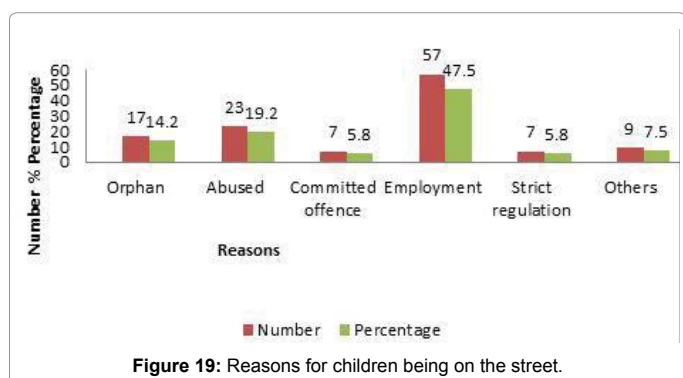


Figure 19: Reasons for children being on the street.

Reasons	Number	Percentage
Orphan	17	14.2
Abused	23	19.2
Committed offence	7	5.8
Employment	57	47.5
Strict regulation	7	5.8
Others	9	7.5
total	120	100

Table 2.19: Reasons for children being on the street.

Conclusion and recommendation

Majority of the street children are male within the age of 10-14 years and originally from urban areas, with extended families of low socio-economic status.

The highest percentages of the children go to the street for employment purpose, followed by parental loss, child abuse, strict regulations at home and commitment of offence. They survive by engaging in works such as selling wares, shoe shining, collecting rubbish, collecting empty bottles for re-use by local beverage makers, washing cars, and others beg or steal, They face a lot of problems such as drop out from school, drugs abuse, feeding themselves by left over from restaurants and some sleep hungry, they experience inhuman treatment such as torture, rape and arrest by police.

References

- Patel NB, Desai Toral, Bansal RK, Girish Thakar (2011) Occupation Profile and Perception of street children in Surat City.
- Anderson J (1985) Action international the challenge of street children and their family.
- van Beer H, Sagepub CHD (1996) A Plea for a Child-Centred Approach in Research with Street Children 3: 195-201.
- Aptekar L (1994) Street children in developing world.
- Enfants du monde (2009) Droits de l'Homme: survey on children in street situation in Juba City.
- (2007) Confident children out of conflict.
- (2007) Integrated regional information network/Africa.
- (2001) A study on street children in Zimbabwe. Orphans and Other Vulnerable Children and Adolescents In Zimbabwe 89-104.
- Achakzai JK (2011) Pakistan Economic and Social Review: Causes and effects of runaway children crisis Volume 49: 211-230.
- Peter Anthony Kopoka Tanzania (2000) The problem of street children in Africa.
- (1999) Valentina Teclisi Czech Republic: The resocialization of the street children www.virtus.cz.
- Ghana AH (2005) Identification of Street children Fafo-report 474.
- Sharma N, Joshi S (2013) Preventing-substance abuse among street children in India 7: 137-148.
- WHO Geneva, SwitzerlanddModule 1,2,3,4,5,6,7,8,9 and 10 - A Profile of Street Children.
- Brandy Blackman (2001) Intervening in the Lives of Street Children.
- Panter-Brick C (2001) Street Children: Psychological Perspectives.
- http://www.unesco.org/education/educprog .
- Hafeez-ur-Rehman Chaudhry (2011) Street Children, A Great Loss to Human Resource Development in Pakistan Journal of Social Sciences 31: 15-27.
- Costantinos BT (1996) Impact of urbanization on children and women. United Nations Children's Fund.
- Lugalla JLP, Mbwambo JK (1999) Street children and street life in urban

-
- Tanzania: The culture of surviving and implications for children's health 23: 329-344.
21. Rachel Bray (2003) Predicting the social consequences of orphanhood in South Africa. CSSR working paper, 29, Published by CSSR, Univeristy of Capetown.
 22. Peter Fonkwo Ndeboc. Study on Street Children in Mauritius, Mauritius Family Planning & Welfare Association.
 23. Hart-Shegos E (1999) Homelessness and its effects on children.
 24. Boutin JL (2006) An Ounce of Prevention: Restructuring NGO Street and Vulnerable Children, Programs in Tanzania.
 25. Ekpenyong SN, Sibiri AE (2011) Street Trading and Child Labour in Yenegoa-Nigeria, *International Journal of Scientific Research in Education* 4: 36-46.
 26. (2005) Jamaica: Street children victims of urbanization.