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A comprehensive review of the health, hunger, and nutritional status of south and southeast Asian street children

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Abstract

The issue of children living on the streets is one of grave concern, demanding immediate attention, especially in South and Southeast Asia. Street children live in pathetic environments; work in hazardous settings and lack access to food and healthcare facilities and experience hunger and malnutrition. They also suffer from several health issues, such as skin diseases, respiratory tract infections, tuberculosis, fever, dysentery, anemia, injuries, poor vision, dental problems, and poor mental health. Adolescent street girls are frequently forced into prostitution and human trafficking. The diseases that street children suffer from are mostly related to their surrounding environment, hygiene conditions, availability of healthcare facilities, access to food, and indulgence in substance abuse. This paper is an attempt to understand the health issues, hunger prevalence, and nutritional status of street children in the South and Southeast Asian regions.

Keywords: Street children, hunger, nutritional status, health, stunted, underweight

Introduction

Children are an integral part of the society and they are valuable asset of any country. Every child in the world has the right to survival, development, protection, and participation. The future of a nation depends on healthy, well-developed, and well educated children. According to the UN convention on the rights of children ILO (2011) many unfortunate children are unable to receive the protection and safety that are offered by parents and family and are in highly vulnerable position. These vulnerable children ultimately end up on the streets. They hardly have any support system and are constantly abused by their relatives, acquaintance, job providers and other people with whom they come in contact with. The street children might be forced to return to the violent households they left, due to the food shortage and circumstances on the streets. Post the COVID 19 pandemic it is estimated that a lot of children might end up living on the streets. With rise in poverty and as a result of unplanned economic downturns the number of orphans has also increased. During the pandemic street children were in highly vulnerable state. They lost their livelihood as well as their access to support services during this period (Griffin, 2020; CSC Report, 2020) ^[20, 10]. A study by the Orissa State Commission Protection of Child Rights (OSCPCR) and UNICEF conducted on 972 street children belonging to the cities of Bhubaneswar, Cuttack, Rourkela Berhampur, and Puri. It was found that nearly 17 per cent of the street children lived in unsafe locations under hazardous conditions and were also subjected to different types of exploitation. This study was conducted (Yadav, 2021) ^[66].

The issue of street children is a multifaceted one demanding urgent attention. The childhood of street children is devastated due to their vulnerability and highly underprivileged state. An overwhelming majority of children in the world are deprived and denied of their fundamental rights. Rapid industrialization, urbanization, political unrest, economic recession, civil turmoil, and natural calamities are all factors that have contributed to an increase in the number of street children (Dhital *et al.*, 2013) ^[13].

Children who are homeless and live on the streets without parental supervision are referred to as “street children”.

They often grow up in public landfills, railway stations and under the bridges of the world's major cities. A street child in India is one for whom the street has become his or her residence and source of livelihood. Any girl or boy who relies on the street for a living during the day and returns home to her/his family at night is referred to as a street child (Bhat *et al.*, 2014) ^[9]. It was more common for street children to be male and the average age was found to be fourteen (Naik *et al.*, 2011; Abraham, 2015) ^[36, 1]. Tata Institute of Social Sciences (TISS) and Action Aid India (2015) Mumbai conducted a study on 31,059 street children out of which (70%) of the children were boys while 30 per cent were girls. In 1979, during the United Nations International Year of the Child, UNICEF came up with the term "street children." Rise in the number of street children is a growing problem. In the year 1986, United Nations Children's Fund (UNICEF,) classified street children into three categories which are as follows:

Children on the street: These are children who have homes and most returns to their families at the end of the day and these children constitute the largest category of street children.

Children of the street: These children choose the street as their home and it is here that they seek shelter, livelihood, and companionship. They have occasional contacts with their families.

Abandoned children: These children severed all ties with their families. They are entirely on their own and they are totally detached from their families.

According to, Sharmila and Kaur (2014) ^[51] an increasing number of children are being forced to live on the streets as a result of poverty, orphaned state, abuse, torture, desertion, and carelessness. Majority of the street children leave their homes because of several reasons such as family problems that include physical, verbal and sexual abuse. It is obvious from various researches and studies that streets are not safe for children. Street children roam aimlessly with runny noses, messy hair, incomplete clothing, dirty feet, and with dejected expressions. Their very state communicates their tale without uttering any words. They can be sighted at different locations such as traffic signals, market areas, eating joints, places of worship, and other such crowded places which offer them shelter. The fundamental needs of street children such as food, shelter, clothing, and other basic necessities remain unfulfilled. They also lack educational opportunities, health care, and access to child welfare services.

Street children often suffer from diseases and ailments such as malaria, respiratory tract illnesses, malnutrition, headaches, chest pain, abdominal pain, back pain, blood in the urine, wounds, bruises, diarrhea, dental problems, fever, intestinal parasitic infection, anemia, tonsillitis, hair lice, skin diseases, and HIV/AIDS (Thapa *et al.*, 2009) ^[58]. Street children working as waste pickers have poor hygiene practices that lead to several health problems (Singh and Chokhandre, 2015) ^[55].

In developing countries malnutrition is a severe health and nutrition problem among street children. Their physical and mental health, as well as the nutrition and quality of food they consume, have an impact on their growth and development. Malnutrition adversely affects majority of

street children (Islam, 2013) ^[29]. Globally malnutrition is the most common cause of death among street children. According to Sehra *et al.* (2016) ^[48] the possible causes for malnutrition and health related problems of street children were extreme poverty, illiteracy, lack of water and sanitation facilities, exposure to polluted environment and lack of proper knowledge about immunization.

Children's optimal health and development are also harmed by working in hazardous settings (Davis *et al.*, 2014) ^[11]. Pesticides, chemicals, dusts, and carcinogenic agents have all been associated with a higher risk of bronchial diseases and malignancies. In India, a significant number of child laborers who work in industries suffer from high rates of tuberculosis and silicosis (Ravindra *et al.*, 2016) ^[45].

According to Shah (2012) ^[49] children who live on the streets have developmental disorders and suffer from major psychotic illnesses. Alem and Laha (2016) ^[4] stated that homeless children are at alarmingly high risk for a multiple physical and psychological problems. According to Diriba (2015) ^[14] poor mental health and socio-emotional difficulties may adversely affect the child's development. A comprehensive review by Woan *et al.* (2013) ^[64] indicated that street children experience high levels of hopelessness, vulnerability to depression and depressive symptoms. Since street children lack the capabilities to secure a decent job, they face oppression, torture, insecurity and other problems while living on the streets (Hai, 2014) ^[21]. Street children who are victim of child abuse suffer with anxiety, depression, and anger. They may turn to alcohol or drugs to numb out the painful feelings (Smith, 2016) ^[56]. All these conditions have detrimental effect on the development of street children.

The street children in India were hit hard due to the COVID19 pandemic. However, there is no reliable quantifiable data available on the prevalence of corona-virus infection among street children and homeless youth in India. According to Housing and Land Rights Network (HLRN), based in New Delhi, children living on the streets during lockdown were severely affected by pandemic as they were already in a highly stressed out situation. Additionally, the closing of schools and the switch to online learning also had a negative impact on them. In the absence of access to internet connectivity, and mobile phones/computers majority of street children lost access to education (CSC Report, 2021; Pietkiewicz-Pareek, 2021) ^[43].

The South and South East Asian regions are densely populated and are home to large number of street children. Morbidity and mortality among street children in South and South East Asian regions is quite high. The present paper attempts to study health issues, hunger, and nutritional problems of street children. The impact of being employed in hazardous occupations on health of street children has also been evaluated in this paper.

Street children in South and in Southeast Asia

No one really knows exactly how many children globally are living on the streets (Feky, 2013) ^[17]. However it was estimated that around 120 million children worldwide are living on the streets; of these 30 million from Africa, 30 million from Asia, and 60 million from South America (Humanium, 2011) ^[25]. According to the national census of 2019 a total of 46,639 Kenyans were living on the streets. The city of Nairobi has the highest number of street people 15,337 (Nakhulo, 2021) ^[37].

According to a study by MacLean (2014) [32], it was estimated that 30,000 children in Thailand live and work on the streets. There were around 5000 street children in Nepal (Sharma, 2020) [50]. Alam (2021) [3] reported that in Bangladesh there were approximately 445,000 street children; of these (55%) dwell in Dhaka city. According to a study by Janjua (2018) [30] it was estimated that there were 1.5 million street children in Pakistan. According to the Indonesian Ministry of Social Affairs, 40,000 homeless children were living in Indonesia, and 11,000 children were living on the streets of Jakarta alone. It was estimated that 250,000 homeless street children live in Manila Philippines (UCA News, 2021). There were an estimated 1.1 million child laborers in Myanmar. Street children in Myanmar can be seen on the streets of big cities such as Yangon and Mandalay in highest numbers.

It is estimated that 18 million street children in India survive in its ten major cities, including Delhi, Agra, Allahabad, Kanpur, Lucknow, Mughal Sarai, Mumbai, Nashik, Pune, and Kolkata (Sankunni, 2021) [46].

In a study conducted by Kailash Satyarthi Children's Foundation after second wave of COVID-19, it was estimated that 60,431 street children were in Delhi. Of which 9,408 were found at traffic junctions and flyovers, 39,050 at religious places, 4,902 at large markets, 5,376 at railway stations/bus stands and 1,695 were at landfills, engaged in waste processing and rag picking. Only 19 per cent of street children were aware about the precautions of COVID-19 and 12 per cent of them reported that someone gave them a mask. Almost no one provided support for COVID test. They were more vulnerable to COVID-19 because of their pre-existing health issues (Agrawal, 2022) [2].

The health conditions of street children in South and Southeast Asia

Street children are much more prone to suffer from health problems and diseases than housed children. The common morbidities in street children are skin ailments/infections, respiratory infections, poor vision, mental health disorders, dysentery, injuries and dental problems. Sehra *et al.* (2016) [48] carried out a study on nutritional status and common health problems of street children in Bikaner, Rajasthan. Results of study revealed that, anemia, jaundice, liver problems, kidney disorder, tuberculosis, trauma, musculoskeletal pains and dermatological problems were common health problems among street children. A qualitative study on street children of Jammu and Kashmir by Ayub (2015) [7] revealed that almost all of the street children suffered from common morbidities such as respiratory problems, gastrointestinal problems, fever, injuries, and dental problems. Sharmila and Kaur (2013) [52] in their study revealed that street children of Delhi suffered from many illnesses due to their poor living conditions. They had health issues ranging from small ones like cough, cold, and fever to significant ones like injuries, diarrhea, high-grade fever, anemia, skin wounds, chest pain and underweight. According to Patriasih *et al.* (2010) [42] the most common diseases suffered by the street children of Bandung, Indonesia was acute respiratory infections (47%). In a study on street children belonging to Nepal by Tuladhar (2013) [61] it was reported that these children suffered from diarrhea and cold.

Street children were also highly prone to injury from accidents (Eshita, 2018, Ayub, 2015) [16, 17]. Sharmila and Kaur (2013) [52] reported that majority of the street children (56.25%) were hit by motorbike, 18.75 per cent of them reported that they were hit by car, 12.50 per cent of street children were hit by bicycle and 12.50 per cent of street children reported that they fell down from a running bus.

Studies conducted in the past showed that adolescent street girls were frequently forced into prostitution and human trafficking. Engaging in unprotected sexual activities exposed street girls to HIV infections and sexually transmitted diseases (STDs), (Duong *et al.*, 2008; Sehra *et al.*, 2016) [15, 48]. About half of the street children practice smoking, illegal sex, and indulged in drug abuse (Eshita, 2018) [16]. As per the findings of the study of Parveen and Vashishtha (2013) [40], street children reported that they were having some unusual problems in their genitalia and 33 per cent of these street children had itching and burning while urinating and 28 per cent had blisters in their genital areas. The diseases that street children develop are directly related to their surroundings, hygiene conditions, the availability of health care facilities, access to food, substance abuse, and other problems.

Majority (60.66%) of the street children suffered from dental problems, and 34.7 per cent of the street children included in the study had visual problems (Berad *et al.*, 2014) [8]. Mehta and Mansoori (2016) [35] conducted a study on the assessment of the oral health status of street children in New Delhi. This cross-sectional exploratory study was conducted on 583 institutionalized street children residing or visiting eight shelter homes across Delhi. Enamel hyperplasia was observed in 36.1 per cent of street children, and majority (55.3%) of the street children suffered from bleeding gums.

Berad *et al.* (2014) [48] conducted a study on the health status of street children in Khammam, Andhra Pradesh, and reported that the overall personal hygiene of the street children was very bad and they suffered from scabies. According to Patriasih *et al.* (2010) [42] the street children of Bandung, Indonesia suffered from skin diseases (8.4%). A study was carried out by Thapa *et al.* (2009) [58] to identify the physical health problems among the street children of Nepal. Results of the study showed that the most common health problem among street children was skin itching (56.2%).

In one of the study on street children belonging to Dhaka (Bangladesh), it was reported that mortality and morbidity among street children had reached alarming levels due to a lack of essential healthcare facilities (ICDDR, B 2010) [26].

Street children were unable to follow social distancing and were also unable to maintain hand hygiene. They were particularly susceptible to respiratory diseases during the COVID-19 pandemic (CSC Report, 2020) [10]. Street children often have high rates of respiratory infections, including asthma and pneumonia. The COVID-19 pandemic added to the challenges already experienced by homeless children.

Effect of working conditions on the health status of street children in South and Southeast Asia

Street children live and work in many hazardous environments, which are dangerous and have a detrimental effect on their physical and mental development as well as on their health. According to Alam *et al.* (2021) [3], many

street children were engaged in hazardous occupations which were adversely impacting their mental and physical development. Lifting heavy loads, working on construction sites, working as a motorcycle mechanic, working in tobacco factories, mining and quarrying, and working with fire crackers are just a few of the dangerous occupations that employ children (mostly street children). Working in these environments exposes them to various harmful chemicals and also to harmful and hazardous environments. Working in such environments also makes them vulnerable to sexual exploitation. As a result, they might develop STDs, reproductive tract infections, and HIV. Children exposed to such working environments were always at a higher risk of malnutrition, poor health, and a variety of diseases.

Street children are always at a high risk of developing diseases and being in a poor nutritional state. Street children's rights to optimal health and development were violated as a result of their exposure to hazardous working environments (Davis *et al.*, 2014) [11]. Several past studies have reported that exposure to pesticides, chemicals, dust, and carcinogenic agents in agriculture, mining, and quarrying increase the risks of developing bronchial complaints, cancers, and a wide range of other diseases among street children (Goel *et al.*, 2012) [19]. Asian street children were found to be employed in butcher's shops; they were also hired for illegal coal and gold mining. These children also worked as gravediggers, runners, currency-exchange traders, and drug peddlers. They were seen working on the streets even in the bone-chilling winters of Afghanistan and Mongolia. In countries including Sri Lanka, Afghanistan, and East Timor, they were forced to work for militant groups and were sometimes recruited as child soldiers. Each of these occupations was dangerous for their health and safety (Xinhua News Agency, 2005) [65].

Alam *et al.* (2021) [3] conducted a study on the health status of street children working as waste collectors in Dhaka city, Bangladesh. Findings from the study revealed that the majority of the waste pickers suffered from fever, malnutrition, growth and mental retardation. Half of the street children included in the study suffered from scabies and other skin problems, physical injuries and eye problems. Many street children also complained of back pain. A study conducted in the Indian cities of Bangalore, Manohar, and New Delhi on the health of waste pickers by Amegah and Jaakkola (2016) [5] reported that tuberculosis, bronchitis, asthma, pneumonia, dysentery, and parasitic infections were generally experienced by most of the children engaged in waste picking. Poor hygiene practices by waste pickers contribute to their health vulnerabilities. They suffer from worm infestations and respiratory tract infections (Singh and Chokhandre, 2015) [5]. Davis *et al.* (2014) [11] conducted a study on street children in Cambodia. These children were engaged in garbage collection. These children frequently suffered from coughs and fever. Hamid *et al.* (2017) [23] carried out a study on street children in Malaysia and reported that it was common for children engaged in waste collection to experience pain on a daily basis.

The mental health of south and Southeast Asian Street Children

It is quite challenging for a child to lose a parent. When parents die, street children do not have any affection, love, care, or protection. They are prone to various forms of abuse, violence, and neglect, which affect their overall

development. As children do not have the parents, they are insecure, and it adversely affects their lives and mental well-being. Depression or deep sadness may be seen in an orphaned child, having an adverse effect on his/her mental development. Street children may experience a variety of behavioral and emotional issues, including hopelessness, suicidal thoughts, depression, and anxiety (Savarkar, 2018) [47]. A study was attempted by Shanthi and Jeryda (2014) [53] on the emotional and behavioral problems of institutionalized street children in Tiruchirappalli. Findings of the study revealed that behavioral (56%) and emotional disorders (12%) were prevalent in institutionalized street children.

Savarkar (2018) [47] attempted to study the psychosocial distress among street children in Mumbai. Results of the study indicated that two-thirds of children in the age groups of 13–15 years and 16–18 years faced severe kinds of distress, and boys were slightly more prone to psychosocial distress than girls. Furthermore, it was reported that child's age, duration of stay on the streets, gender, and occupation contributed to the mental distress suffered by these street children. Berad *et al.* (2014) [8] in their study on street children belonging to Andhra Pradesh reported that 5.3 per cent of the children had some psychiatric problems and 42.66 per cent of children indulged in substance abuse, which adversely affected their mental health and overall development.

A study conducted by Ramu (2018) [44] in the Thumkur District of Karnataka to evaluate the health and education of street children in foster homes revealed that majority of the subjects (73%) included in the study suffered from severe psychosocial problems. Ashok and Swati (2015) [6] in their study carried out to evaluate the psychological well-being of street children of Hyderabad found that the psychological well-being of street children ranged from low to average. Street children had serious psychosocial issues, such as distrust, lack of self-confidence and negative interpersonal relationships (Hai, 2014) [21].

A study conducted by Chetna (NGO) on the psychological effects of COVID-19 on slum and street children in Delhi found that (56%) of them experienced mild psychological distress and 13 per cent had moderate issues. Living on the streets is bad enough, but COVID-19 added to the suffering of street children (Agrawal, 2022) [2].

Hunger and nutritional status of street children in South and Southeast Asia

Food is the basic requirement for survival and adequate nutrition is essential for good health. Nutrition determines the overall health and development of a child. Child labor has a significant effect on the health of children. Poverty leads to food insecurity, forcing children to start working at an early age. Street children often do not have access to healthy and sufficient food. Street children working in harsh environments generally do not get food at their workplaces, which leads to food inadequacy, food insecurity and malnutrition among street children. The physical health and nutritional status of child laborers are at greater risk due to the availability of less nutritious food with limited variety and workplace dangers (Tiwari and Saha, 2014; Ibrahim *et al.*, 2018) [60, 27]. They usually look in garbage bins for food that people have thrown away.

According to Hakim and Rahman (2016) [24], majority (63%) of street children go to bed hungry. Iqbal *et al.* (2020)

[28] attempted a cross-sectional study to evaluate malnutrition and food insecurity in child laborers in Sindh, Pakistan. Results of the study revealed that (51.1%) of street children included in the study suffered from food insecurity. The study clearly showed that the consumption of almost all food groups, including protein-rich foods and protective foods, was extremely low among the street children. The study revealed that (98%) of street children consumed insufficient amounts of vegetables, (97%) of street children consumed insufficient amounts of legumes, (96%) of street children consumed insufficient amounts of fruits, (95%) of street children reported that they consumed insufficient amounts of meat and poultry, and (82%) of them reported that they consumed insufficient amounts of milk and dairy products.

Many children on the street eat from garbage bins, which are very unhygienic. It has a harmful effect on the health of street children, who develop a variety of diseases. Parveen and Vashishtha (2016) [41] reported that majority (61%) of street children eats leftovers from restaurants and sometimes they also eat at temples and religious places. In the study, 50 per cent of street children reported that they obtained their food from scavenging bins. A sociological study (descriptive and exploratory in nature) was carried out on street children in Nepal by Tuladhar (2013) [61]. The study found that street children preferred meal sites such as *bhatti* or *dhaba* (46%), food stalls (28%), restaurants (14%), and they also begged for food (12%). The study further revealed that adult street children preferred to go to hotels or restaurants since they had comparatively higher earnings than smaller children. Children as young as five years and new street children were found to be dependent on begging for their survival. Illness due to hunger was quite frequent among street children. Hunger forces them to indulge in several petty crimes, dirty acts, and unwanted behaviors. It was found that very young children tend to beg, and older children prefer to pick up leftover foods from dustbins. On days when there was no food, (51%) of the homeless respondents admitted to seeking free food from religious places; another 20.5 per cent depended on friends for food (Mander and Jacob, 2010) [34].

In the study on the nutritional status of street children in Dhaka, by Talukder *et al.* (2015) [57] it was found that the dietary intake of street children mainly consisted of carbohydrates. They were mostly consuming staples and carbohydrate-rich foods such as rice, chapatti, and potatoes. The most common vegetable in their diet was potatoes. The study also revealed that there is a lack of pulses and other protective foods such as leafy and other vegetables, milk, fruits, and fats and oils in the diets of street children. In a study by Thapa *et al.* (2009) [58], it was found that 29.1 per cent of subjects faced difficulty in seeing objects at night, which was suggestive of night blindness, and 45.8 per cent of subjects suffered from toothache.

Singh (2009) [54] reported in their study on homeless children in Delhi found that older girls had more difficulty accessing food than younger boys. Street children consumed highly irregular meals, and on an average they ate only 1-2 meals/day (57%). The consumption of green leafy vegetables, fruits, and milk was minimal among street children. It was observed that street children of Bhubaneswar generally take locally available low-cost food like parboiled rice, mung dal, potato, leafy vegetables like spinach, etc. (Nayak, 2021) [38].

According to CSC reports, the access of street children to food and water was reduced during the COVID-19 pandemic, and they hardly received any health care. As the cost of living increased, they starved and remained hungry (OECD, 2020).

The above mentioned conditions of highly insufficient food availability and prevalence of hunger among street children clearly indicate towards their pathetic state. Data on the number of deaths occurring due to hunger prevalence among street children is scanty.

Malnutrition is a type of condition where the body does not get the required amount of nutrients. Malnutrition refers to deficiencies, or excesses or imbalances in a person's intake of nutrients (WHO, 2021) [63]. Street children are affected by malnutrition, and many street children suffer from stunting, wasting, underweight, and micronutrient deficiencies. Malnourished children are more likely to suffer from diseases. Kumar *et al.* (2017) [31] in their study on assessment of hemoglobin levels and nutritional status of street children belonging to Mysore found that a high majority of street children (76.5%) were underweight, 36.8 per cent were stunted, and (52%) showed wasting (according to WHO criteria), and the majority (52.2%) of street children were also found to be anemic. Hakim and Rahman (2016) [24] in their study on the health and nutritional conditions of street children in Dhaka, Bangladesh found that a majority (65%) of street children were underweight. A study by Iqbal *et al.* (2020) [28] revealed that 15.5 per cent of child laborers were stunted and 30.0 per cent were wasted. The prevalence of stunting was highest in children working in agriculture (27.2%) and the prevalence of wasting was highest in migrant child workers (35.0%).

Hakim and Talukder (2016) [24], in their study found that majority of street children (66.67%) were underweight, and (53%) were chronically malnourished. In a study by Talukder *et al.* (2015) [57] on the nutritional status of street children belonging to Dhaka City, it was found that (61.7%) of the street children were underweight and 38.3 per cent of the children were found to be normal. A study by Sehra *et al.* (2016) [48] on the nutritional status of street children in Rajasthan revealed that street children suffered from PEM (grade I-35.5%), (grade II-15.5%), (grade III-6.5%), and (grade IV-1%). Majority (73%) of street children in Dhaka city were found to suffer from chronic malnutrition (ICDDR, B 2010) [26]. Another study regarding the health status of street children in Khammam, Andhra Pradesh revealed that a high majority (97%) of street children was malnourished and another 30.66 per cent of street children were anemic. In the same study, 46 per cent of street children were vitamin A deficient, and 17.33 per cent of children suffered from deficiency of vitamin B complex (Berad *et al.*, 2014) [8]. In another study on health status of street children in Indonesia, it was found that 42.7 per cent of street children were underweight and a high majority of children (80.4%) were stunted. Street children also suffered from anemia and vitamin A deficiency (Patriasih *et al.*, 2010) [42].

Singh (2009) [54] investigated the food procurement techniques, food and nutrient consumption, and height and weight status of homeless children in Delhi. The findings of the study revealed the fact that the majority of the food obtained was rich in carbohydrates and lipids. None of the participants were able to meet their energy and protein

requirements. All age groups had low iron, calcium, and vitamin A intake.

Majumdar *et al.* (2017)^[33] attempted to study the health and nutritional status of street children belonging to Kolkata. The study was conducted on 331 boys and 209 girls (a total of 540 street children). Results of the study revealed that (57.85%) of street children suffered from protein deficiency, and (60%) of street children were found to be caloric deficient.

Conclusion

A comprehensive review of literature indicates that street children live and work in many hazardous environments, which are dangerous and have a detrimental effect on their physical and mental development as well as on their health and well-being. Occupations such as lifting heavy loads, working on construction sites, working as motorcycle mechanics, working with fire crackers, working at tobacco factories, mining, quarrying, and working as drug paddlers were just a few of the dangerous occupations performed by street children. Working in such environments also makes them vulnerable to sexual exploitation, and they might develop STDs, reproductive tract infections, and HIV. Street children also suffer from mental health issues such as stress, anxiety, depression, and hopelessness. Male street children were slightly more prone to psychosocial distress than girls. Street children in foster homes suffer from severe psychosocial problems and behavioral disorders. Hunger forces street children to indulge in several petty crimes, dirty acts, and unwanted behaviors. Poor hygiene practices by waste pickers contribute to their health vulnerabilities. They had scabies and other skin problems, as well as injuries, eye problems, tuberculosis, bronchitis, asthma, pneumonia, dysentery, parasitic infections, and back pain. Malnutrition and food insecurity were common among street children. Studies also revealed a lack of pulses and other protective foods such as vegetables, milk, fruits, fats and oils in the diets of street children belonging to regions covered in the study. Study show majority of street children were underweight, stunted, anemic, protein and caloric deficient. Data on the number of deaths occurring due to hunger prevalence among street children is scanty. The health, nutrition, and safety of street children in South and South East Asia are serious issues that need to be addressed urgently.

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