ASSESSMENT OF SERVICES PROVIDED FOR HOMELESS CHILDREN ATTENDING FAMILY HEALTH CENTERS IN EGYPT

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Abstract

Background; Homeless children are not the issue in the developing countries alone, they are found in large numbers all around the world. The study **aimed** at assessing the services provided for homeless children attending family health centers in Egypt. A descriptive exploratory research **design** was utilized in this study. **Setting**; two centers in Cairo and 2 centers in Giza governorate was selected randomly. **A total population** of 160 homeless children who attended the four randomly selected centers was included in the study. Two **tools** were used to collect data pertinent to the study: 1) an interviewing questionnaire included 2 parts to assess: a) demographic characteristics of the homeless children and reason of homelessness. b) Health status of homeless children. 2) Health services assessment and children's satisfaction questionnaire which included items relevant to services provided at the designated health care centers and children's satisfaction with these services. **Results** revealed a highly statistically significant correlation between total satisfaction scores of services provided to homeless children by the family health centers. Results showed that 74.4% of homeless children were satisfied with the services provided for them by the family health centers, while 25.6% were unsatisfied with the services provided. The study **concluded** that, services which were provided for homeless children in the centers were satisfied for them by 74.4%. Also results showed that health and social services were available for children more than other services. The study **recommended** the importance of applying more studies on homeless children services in different setting to evaluate its relevancy for them.

Key words: Homelessness, homeless children, services at family health centers.

Introduction

Children are the source of hope and inspiration for the society. That is why they have the right to be brought up in a positive environment, but there are many children in the world who have become synonymous with social deprivation at its worst (Mondal, 2013). Homelessness results in significant social and economic costs not just to individuals and families but also communities and the nation as a whole. (Wilhelm, 2012). For a child, homelessness means missing out on many of the things that other kids take for granted, as missing out on schools and new uniforms, where it can become increasingly difficult to stay engaged in education. Children don't necessarily see homelessness as whether they have a house but rather the level of connectedness to family, the presence or absence of fear and feelings of instability and insecurity (Key, 2009).

The causes of homelessness are complex and include many items such as: poverty, lack of housing, crisis, lack of public assistance, job loss, illness, family violence and/ or divorce (Family Housing Fund, 2014). Other factors which can lead to homeless children are urbanization, migration, economic crisis, conflict and war (Ray, Davey & Nolan, 2011). Homelessness represents deprivations from basic human needs. However, while other types of deprivations such as hunger mainly occurs as a result of poverty and economic insecurity, factors that contribute to homelessness are multi-faceted; these factors also vary by the type of homelessness experienced by children. These factors include lack of affordable housing, economic insecurity, violence at home and lack of social support (Aratani, 2009).

It is important to understand the lives of homeless children both to improve their conditions while on the streets and to help them successfully leave the streets (Kudrati, Plummer & El Hag Yosif, 2008). All homeless children need to eat, wash, use toilet facilities and buy sufficient articles of clothing. Those homeless children need a chance to become literate, a chance to work rather than ask for and the opportunity to have a safe, dry place in which to sleep in (Michael, 2010). Due to the many adversities homeless children face, it is vital that effective programs be provided to shield them from a world of violence and drugs and to equip them with an education and skills to help them find alternatives for a better life (Harris, Johnson, Young & Edwardes, 2011).

Children who are on the streets tend to under-utilize the existing health services mainly because their daily struggle focuses on getting food and shelter with concerns about their health being secondary, a situation compounded by limited or lack of access to health facilities (Kwamboka, Mbakaya, Mwangi & Zipporah, 2011). Regardless of the reasons why, or how they come to be on the street, once they are on the street, these children need help and protection to prevent them to come to further harm (Grundling, Jager & Fourie, 2010).

Community health nurses can act as case-finders and referral sources for the homeless and near-homeless. School nurses can identify and intervene with homeless students or those at risk and can offer educational programs on the needs of this population (Gerber, 2013). Nurses should become familiar with additional programs and services that might be unique in their communities and develop contacts at each agency and be aware of the eligibility criteria to avoid sending them to unsuccessful appointments (Maurer & Smith, 2014).

Significance of the Study:

In Egypt, multiple definitions of homeless children and estimating their numbers is complicated, thus there are no official or reliable statistics (Tipple & Speak, 2009). The Minister of Social Solidarity indicated that, there are only 16,019 homeless children all over Egypt stationed in over 2, 500 areas, of whom 83 percent are males and 17 percent are females, with 4,778 in Cairo alone (Ministry of Social Solidarity, 2014). Cairo is considered the homeless child capital of the governorates, as most of them were living in extreme poverty in their governorates and escaped from their parents to Cairo (El Barmany, 2011).

From the investigator's observation during visits for homeless children services in different family health centers, it was observed that, those children lacked essential services and basic needs like other children and also had problems to access these services, which are vital for children's growth and development and their survival as normal human beings. So conducting the proposed study will add to the nursing knowledge and help health care providers with necessary information to develop strategies to improve health care services provided for those populations. Therefore, the aim of this study was to assess the services provided for homeless children attending family health centers in Egypt.

Aim of the study:

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Subjects and Methods:

Research Questions:

To fulfill the aim of this study the following research questions were formulated:

Q1-What are the services provided for homeless children attending family health centers?

Q2-Do these services satisfying the health needs of homeless children?

Research Design:

A descriptive research design was utilized to accomplish this study. Descriptive research is an attempt to explore and explain while providing additional information about a topic, by trying to describe what is happening in more detail, filling in the missing parts and expanding our understanding

Setting of the study

In Egypt, there are 22 family health centers that can deliver services for homeless children. Centers actually providing services for homeless children are 9 centers: 5 in Cairo governorate and 4 in Giza governorate. The study was conducted in four family health centers selected randomly from Cairo and Giza governorate:

1- Abu- El Saud family health center: located at Miser El Qadema, Cairo governorate. In this center homeless children usually come to the social worker who to receive their regular immunization, examination and medication at one of the family medicine clinics. This center works saturday to thursday from 8 am till 12 pm.

2- Social and Preventive Medicine Center: (El Basma clinic): located at Sayeda Zeinab- Cairo governorate. In this center, homeless children receive care, services, examination and medication by the nurse and doctor. In this center, the nurse was the responsible person about homeless children. First, she documents data about children then helps doctor through examination and analysis and gives children prescribed medications available in the center. This clinic works from saturday to wednesday from 8 am till 2 pm.

3- El- Munib health center: located at El Munib- Giza governorate, where homeless children received care at the 5th floor at the social worker's room who is the responsible person about organizing them to be seen by the doctor. Also this center provides awareness session every month for homeless children about relevant health topics and most common problem they may suffer from. The center specifies a fixed day for them every month from 10 am till 4 pm.

4- Imbaba health center: located at Imbaba- Giza governorate. In this center, children met the doctor at family medicine clinic. Their files are the responsibility of the social worker who documents everything about them first in the files then the nurse meets them to assess their health needs and provide the relevant care. The center works saturday to thursday from 8 am till 12 pm.

Sample:

A total population of 160 homeless children who met the inclusion criteria of the study was included from the four randomly selected centers. The average number of children attending Social and Preventive medicine center were 80 children, only 60 children fit the inclusion criteria of the study. Abu- El Saud family health center had an average of 60 children and only 50 children fit the inclusion criteria. El- Munib center had an average of 70 children only 35 of them fit the inclusion criteria. Finally Imbaba center had an average of 25 children and 15 of them fit the inclusion criteria of the study. Data was collected within 6 months .The sample was calculated using a power analysis of .80 (β = 1-.95 = .5) at alpha .15 (two-sided).

Tools of the study:

Based on the recent literature review and in order to achieve the purpose of this study, two tools were developed by the investigator:
1. An interviewing questionnaire that has two parts:

Part I: Demographic characteristics of the homeless children as: this part includes 15 questions related to age, gender, education, type of stay and place of residence, children's work and type of work, parent's occupation, education, number of siblings, father's income, parent's place of residence and their marital status. This part includes also 3 questions related to reason for children's homelessness.

Scoring system: a score of "1" was given to "yes" answer and a score of "0" was given to "No" answer.

Part II: Health status of homeless children: this part included 5 questions to assess children's health status as: history of diseases, vaccination status, practices of daily exercises, children reaction to fatigue and history of hospitalization.

Scoring system: a score of "1" was given to "yes' and a score of "0" was given .to "No" answer. The total score ranged from 0 – 5, the cut score is 3 which indicate that children having 3 or less experience unhealthy status, while children having 3 or more experience healthy status.

2. Health Services assessment and children satisfaction questionnaire: this tool included 2 parts:

Part 1: services provided at the selected health care centers (19 questions):

Health services (5 questions), basic services (4 questions), social services (5 questions), educational services (3 questions) and entertainment services (2 questions).

Scoring system: The health services assessment sheet was designed to have multiple choice questions (19 questions) with multiple answers. Yes answer =1 and No answer = 0.The total score ranged from 0 – 19, the cut score was determined 9 which indicate that children having 9 or less had insufficient services, while children having more than 9 had sufficient services.

Part II: the degree of children's satisfaction with the services provided at the centers (21 questions) which classified into: basic services as: food, shelter, cloths, place for sleeping and place of bathing, (5 questions), social services as: social workers availability, services provided for children and social worker relation with children's families, (6 questions), educational services as: literacy, hand crafts and cooking, (5 questions) and Entertainment services as: recreational trips, parties and visits to exhibition, (5 questions).

Scoring system: Every answer was given "1" point if it was available and "0" point if it was not available. Thus, the total score of this part ranged from 0 - 21. Level of satisfaction was classified into two levels with cut score 10 which indicate that children having a score of 10 or less were unsatisfied with the services available in the centers, while children having more than 10 were satisfied with the services.

Ethical and legal consideration:

An official permission to conduct the proposed study was obtained from the ethical committee of the Faculty of Nursing, Cairo University. The research tools for data collection and proposal was submitted to the ethical committee at the Faculty of Nursing, initial approval was obtained for data collection on 31/ 12/ 2013 and final approval was obtained on 4/ 11/ 2014 . In addition, an official permission was obtained from the centers, administrators to conduct the current study. Written informed consent was obtained from children who accepted to participate in the study. The investigator explained to each child the purpose and nature of the study and emphasized that participation in this study was voluntary; each child had the right to withdraw from the study whenever he or she wants. Anonymity and confidentiality were assured through coding the data.

Procedure:

An official permission was obtained from the Faculty of Nursing directed to the director of each center to carry out the study. After explanation of the aim of the study, written informed consent was obtained from all children who accepted to participate in the study and who fulfilled the inclusion criteria of the study. Before collecting the data, the investigator informed each child about the purpose and nature of the study, emphasizing that participation in the study was entirely voluntary. Each child had the right and freedom not to complete the study process. The investigator was present with the children during filling the questionnaire sheet to clarify the sheet. The questionnaire sheet was filled by the children except for those who cannot read and write was filled by the investigator. The time spent to fill the questionnaire was about 30 minutes and the investigator met the children twice per week from 9 am till 1 pm. Data was collected in 6 months from February 2014 to July 2014.

Results:

Table (1) showed that, 47.5% of homeless children aged from 10-12 years, 29.4% aged from 12-15 years while 23.1% aged from 15-18 years with a mean age 13.29±2.59 years. Regarding the child sex, 62.5% of homeless children were males. The table also showed that, 40% of homeless children can't read and write, while 37.5% of them attended primary schools.

Concerning the place of residence and type of homeless children stay, table (1) showed that, 34.4% of homeless children lived in permanent places, while 65.6% lived in temporary places. As for the place of residence, results revealed that, 55% of homeless children lived in one of the specified associations for them and 35.6% lived in the streets. Table (1) also showed that, 20% of homeless children were sellers in traffic lights, 13.8% were workers, 3.7% were shop sellers, 12.5% were mechanics, carpenters and plumbers.

Table (2) showed that, 46.2% of homeless children received medical examination in the center, 23.8% seeked lab investigations, while 30% of them were given medication. The table showed that, 39.3% of homeless children received help from the nurse during examination, 21.3% had help on how to use medication, while 16.3% indicated that the nurse answered their questions.

Regarding the basic services provided for homeless children in the centers, table (3) showed that, 40.6% of them had help to find appropriate substitute homes. Concerning the services provided by the center, table (3) showed that, 32.5% of homeless children had clean water for drinking, 28.1% of them received basic meals (three meals per/ day) and 22.5% of them had diversity meals with different content

based on the center's budget (as cheese, bread, juice and cake), while 11.3% had cloths appropriate for the weather. Regarding the social services provided by the centers, table (3) showed that, 49.3% of homeless children said that, the social workers were available in the centers.

Concerning the educational services provided by the family health centers, table (4) revealed that, 38.8% of homeless children indicated that, the centers didn't have any educational services, 34.4% of them revealed that the centers have literacy services, while 21.8% indicated that, there centers have handicrafts services. Concerning the entertainment services provided by the centers for homeless children, table (4) showed that, 48.8% of homeless children indicated that, the centers provided entertainment parties, while 20.6% indicated that, the centers provided visits to exhibitions of handicrafts.

Figure (1) showed that, 74.4% of homeless children were satisfied with the services provided by the family health centers, while 25.6% were unsatisfied with the services provided**.**

Table (1): Distribution of demographic characteristics of homeless children attending family health centers in Egypt (n= 160).

Variables	No	%
Age / Year:		
10-	76	47.5
13-	47	29.4
15 ≥ 18	37	23.1
X ± SD	13.29 ± 2.59	
Sex:		
Male	100	62.5
Female	60	37.5
Educational level:		
Cannot read and write	64	40
Can read and write	18	11.25
Primary school	60	37.5
Preparatory school	18	11.25
Place of residence:		
The street	57	35.6
In one of association	88	55
Return to home	14	8.8
House shelter	1	0.6
Children's work:		

No work	80	50
Worker	22	13.8
Seller in shop	6	3.7
Seller in traffic signals	32	20
Mechanical	6	3.7
Carpenter	7	4.4
Plumber	7	4.4

Table (2): Distribution of health services provided for homeless children in the centers (n=160).

Variable	N	%
Health services provided:		
Medical examination	74	46.2
Analysis	38	23.8
Give medication	48	30
Nurse job:		
Help during examination	63	39.3
Answer your question	26	16.3
Explain how to use medication	34	21.3
Provide health information	20	12.5
Help to refer to another specialized treatment centre	17	10.6

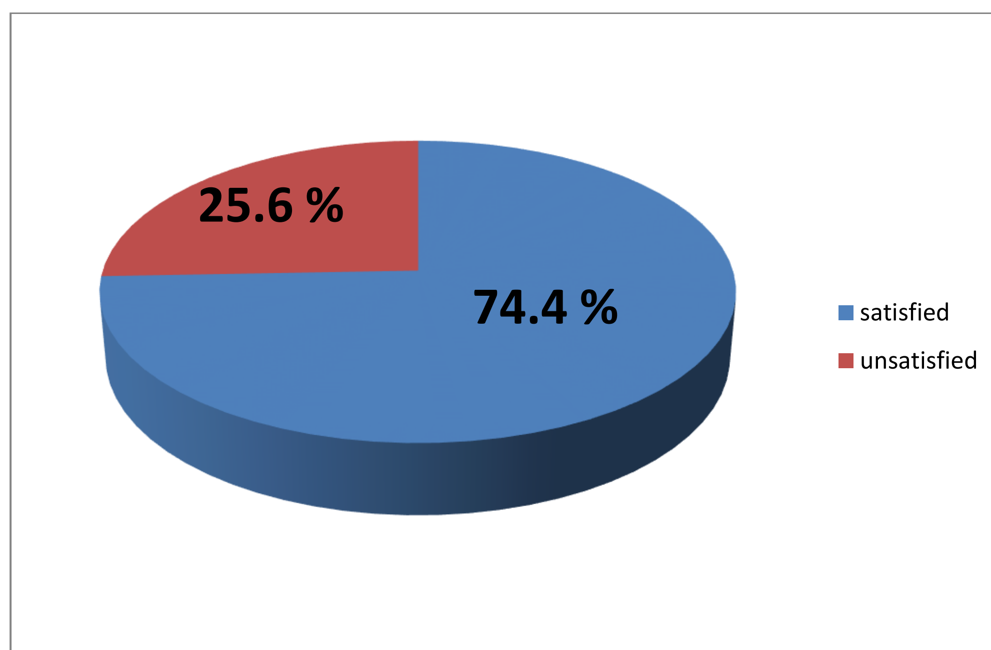
Table (3): Distribution of basic and social services provided to homeless children by the centers (n= 160).

Variable	N	%
Center help to find home:		
Yes	65	40.6
No	95	59.4
Services provided by the center:		
Basic meals	45	28.1
Different meals	36	22.5
Person observe the food	9	5.6
Clothing appropriate for temperature	18	11.3
Clean drinking water	52	32.5
Availability of social person:		
Yes	79	49.3
No	71	44.4
I don’t know	10	6.3

Table (4): Distribution of educational and entertainment services provided to homeless children by the centers (n= 160).

Variable	N	%
Educational services available:		
No educational service	62	38.8
Handicrafts	35	21.8
Literacy	55	34.4
Cooking	8	5
Entertainment services		
Trips	7	4.3
Parties	78	48.8
Visits to exhibitions of handicrafts	33	20.6
Not available	42	26.3

Figure (1): Total satisfaction level of the children with the services provided for them in the four selected centers (n= 160).



Discussion

In Egypt, the number of destitute children living and surviving in the street environment is becoming alarming, especially in Cairo, and has drawn growing attention by the Government, as well as by international and nongovernmental organizations (Guarcello & Koscleor, 2009).

Regarding the demographic characteristics of homeless children, the current study indicated that, approximately half of homeless children aged from 9 to less than 12 years old, while less than one quarter of them aged from 16 to less than 18 years old with a mean age 13.29±2.59 years. This finding was in contrast with Bal, Mitra, Mallick, Chakraborty & Sarkar, (2010) who conduct a study on 554 of homeless children in India and found that, the majority of homeless children aged from 11 to 15 years old. This difference may be related to the sample selection in each study. Concerning the sex of the homeless children, the current study revealed that, two thirds of them were males. The same finding was revealed from the study done by Thapa, Ghatane & Rimal, (2009) on 48 homeless children in Nepal, India and found that, the majority of children were males. This agreement could be due to the increased control and restriction on females than males which permit more freedom for males to move and follow other homeless children or bad friends.

Results of the current study indicated that, more than one third of homeless children cannot read and write. This finding was in agreement with Mohamed, Labeeb, El Hafnawy & Mohamed, (2011) who conducted a study on 88 homeless children in Beni Swief city, Egypt and found that, about one third of homeless children never attended schools. This could be related to homeless children preference to work and earn money in the street rather than to be restricted with study and school

The current study results indicated that, two thirds of homeless children had temporary residence while approximately one third of them had permanent residence. This study is consistent with the study done by Mukherjee, (2014) on 600 homeless children aged from 2- 16 years in Kolkata, India and found that, the majority of the study sample lived in temporary houses. The consistency between the two studies may be related to the fact that most homeless children prefer to live in temporary places so they can move freely and nobody can control them.

Regarding health services, results showed that, about half of homeless children received medical examination in the centers followed by lab investigations. This finding was in agreement with Ministry of Gender & Promotion, (2012) who conducted a study on 1.087 homeless children in Rwanda, Africa and found that, majority of homeless children got medical services from health centers. This agreement may be due to homeless children like any other children need health services like other basic services and shelter. In relation to basic meals, the current result found that, less than one third of homeless children received basic meals from the centers. This finding was approximately in agreement with Thapa, Ghatane & Rimal, (2009) who conducted a study on 48 homeless children in Nepal, India and found that, the majority of homeless children consumed meals three times per day. This agreement could be related to the fact that meals are very important for those

children and also those children know that the centers provide these meals free of charge.

Regarding social services which homeless children received, the current results showed that, almost half of children received social services while few of them did not know about the available social services. This finding was consistent with Cheng & Lam, (2010) who conducted a study on 88 of homeless children in China and found that, the majority of homeless children received social support in the center that they visited. That consistency may be due to most of homeless children have social problems which force them to leave their homes and live in the streets, also when they visit the centers they have to see the social worker to appraise their status in order to help them.

Concerning the educational services provided for homeless children by the centers, results revealed that, more than one third of homeless children did not receive any educational services; more than one third had literacy services while slightly more than one fifth of them had handcrafts services. This finding contradicted the study done by Keskinkılıç, (2012) who examined the educational needs of homeless children in Turkey and found that, homeless children needs were specified such as learning, cleaning habits, traffic rules, taking responsibility, decision making, listening and verbal expression skills. This difference could be related to the different cultures, economical status of the countries and the different available system for those homeless children in each country.

Concerning homeless children's satisfaction with services in the centers, the study showed that, nearly three quarters of homeless children were satisfied with the services provided for them by the family health centers. This study was in disagreement with Clacherty & Walker, (2011) who conducted a study on 110 homeless children in South Africa and found that, about half of homeless children who attended the centers offering services for them had been badly treated in these centers which reflect unsatisfaction of homeless children to services of centers. This difference could be related to type of services in each center and also different needs of children with different cultures.

In conclusion:

The present study concluded that, different services as: health, social, educational, entertainment and basic services were provided for homeless children; also services which were available for homeless children in the health centers were satisfying for the children.

Recommendations:

In the light of the findings of the study, the following recommendations were suggested:

1- Apply more studies on homeless children services in different setting to evaluate its relevancy for them.
2- Conduct studies on homeless children satisfaction with the available services and systems for them in Egypt.
3- Design a program for homeless children covering their needs and services to be applied in centers that serve those children in Egypt.

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