An Investigative Study on Antecedents and Consequences of Runaway among Street Children: The Stakeholders' Perspective

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Abstract: This paper uses the emic approach to examine street children's runaways from stakeholders' perspectives. N = 20 parents/guardians, neighbors, child advocacy centers/NGOs, police, media source individuals, educationists, and students were all enlisted to participate in the study. It aimed to understand runaways' causes, impacts, and repercussions using a purposive sample technique. Extensive semi-structured interviews that lasted 30 to 40 minutes were recorded after fulfilling the ethical considerations. The primary and supporting themes were found using content analysis once the data had been transcribed. Findings revealed that dysfunctional, disintegrated, and extended family systems induced the phenomena of physiological, psychological, emotional, and sexual abuse intensified by the parents' poverty and lack of education. Street children are coerced by unseen mafia powers and parents who are only concerned with money at the cost of their life or health. Street life makes them vulnerable to drug addiction, unprotected sex, abortion, and sexually transmitted diseases. They faced sexual harassment, prostitution, and human trafficking, were involved in criminal activities, and became juvenile delinquents for survival. This social problem can be resolved if parents, guardians, immediate family members, neighbors, religious leaders, community members, law enforcement agencies, government, NGOs, mental health professionals, physicians, social workers, policymakers, educationists, media, and researchers jointly tried to rehabilitate the street children by eradicating their problems.

Keywords: antecedents, consequences, runaway, street children, stakeholders

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Introduction and Literature Review

Children evolve biologically, psychologically, and emotionally between birth and adolescence. Early, middle, and late childhood comprise childhood (preadolescence). Infants through six-year-olds are in early childhood. Many of life's milestones, first words, crawling, and walking, occur at this time. Middle childhood/preadolescence (ages 6–12) may be a child's most important years, and WHO defines it as 10–19 years (Thomas, 2000). It follows a predictable order but is unique to each child and influenced by previous stages. Genetics and prenatal development are often studied in child development because they can profoundly impact the normal development of children (Kail, 2011). Children who are ignored at these stages become vulnerable to physical, emotional, psychological, spiritual, and sexual abuse. Thus, families, especially parents, guardians, and immediate caregivers, must help youngsters reach their potential in a safe atmosphere.

The cognitive theory suggests that children adapt to the environment through assimilation and accommodation schemes (Barrouillet, 2015). The Zone of Proximal Development Theory (Valsiner & Veer, 2013)discussed the influences of culture on a child's development. It claimed that parents and families could initially assist their children in developing to their full potential. Childhood attachment patterns (secure, insecure, dependent, and ambivalent) determine how as an adult, they will grow average emotional and social norms (Bowlby, 2018). The philosophy of behavioral theory(Watson, 2017) focuses on stimulus and response patterns. According to psychosexual theory, every stage of development involves conflict resolution, even when children's interests change (Blum, 1949).These conflicts may arise because of disorganized families and parents' socioeconomic, physical, and mental conditions.

Families are groupings of two or more people related by blood, marriage, and adoption. They live in the same household, interact, contribute, and preserve a culture in their different roles (Baumann, 2000). The family is the smallest unit in society and consists of a father, mother, and kid. Each person has a responsibility to the child's development and must fulfill it. Friedman lists five functions of the family system entitled: Emotions, socialization, reproduction, economics, and health maintenance. Discrepancies between these five functions created a dysfunctional family system due to remarriage, polygamy, and single parenting due to divorce or death. Studies (Choi, Kim, & Asseff, 2009) found a significant positive relationship between the dysfunctional family process and self-neglect among children. The co morbidities of self-neglect were alcohol, drug addiction, poor physical health, self-harm, depression, homelessness, and abuse (Lauder et al., 2009). Dysfunctional and disintegrated family systems induce domestic violence, which ultimately affects the average growth of the children.

Child labor disturbs the typical pattern of the child-parent relationship. Social exchange theory (Cook et al., 2013)illustrated that role reversal causes mental health problems, negative emotions, and low self-esteem (Yu et al., 2019). Negative emotions persuade insecure and dependent attachment patterns, resulting in the weakening of the parent-child relationship. Fragile attachment patterns increase the vulnerability of the children's physical, emotional, and psychological abuse. This abuse precipitated the runaway phenomena (Chimdessa & Cherie, 2018).

Street kids are boys or girls who live and work unsupervised on the streets or in unsuitable locations like bridges and abandoned lots. Teenagers, children in shelters, orphanages, pariah communities, refugees, and immigrants are among them, either singly or in groups (Rana & Chaudhry, 2011). According to the Street Child Protection, Education Center (SCPEC) and the Ministry of Civil Affairs, it is hard to determine the exact number of street children worldwide. The problem is compounded by their desire to travel, mistrust of authority, and definitional differences (Raffaelli & Koller, 2016). UNICEF counted 1.5 million street kids in Pakistan.

They left their home stay due to financial constraints or to avoid being physically, emotionally, and psychologically abused (Abdullah et al., 2014). The leading causes of children working on the streets and dropping out of school are poverty and parental negligence (Nouri & Karimi, 2019). Due to the family dimension's lack of self-care, self-neglect, insufficient parenting techniques, inadequate coping mechanisms, and lack of social skills, children opt to be homeless (Towe et al., 2009). Among street children, poor parenting was substantially linked to deteriorated health, excessive working hours, hygiene concerns, and safety hazards (Ali, 2011).

Street children make a living through begging, cleaning shoes, singing on the streets, and selling plastic bags or flowers. Law enforcement, the police, and the Mafia used their earnings to torture them by snatching them (Achakzai, 2011). The Ministry of Women and Child Development estimated that 50.2% of children work seven days a week, with 84% of boys working in tea shops and 81.16% of females in families. 67.92% of homeless girls and 65.99% of boys claimed parental physical violence. Due to their living and employment situations, street children risk sexual abuse (21.1%), unprotected sex (8.7%), and sexual encounters (37.7%). (Roshanfekr, 2019). Most street children were sexually active and had untreated STDs. They risk road accidents as they spend most of their time on the streets. Road safety is crucial for the underprivileged (Desmennu, Titiloye, &Owoaje, 2018).They use drugs to reduce stress and win respect and trust of their peers. They know the harmful effects of fighting, theft, mental illness, and HIV/AIDS. They are dependent on heroin, hashish, and cocaine. Because it is difficult for them to get rid of the addiction, they cannot find any help due to social embarrassment, discrimination, and professional harassment (Bah, 2019). Street youth have health issues due to risk factors, ignorance, and lack of access to medical treatment. 1-3 million street children in Bangladesh's capital city of Dhaka depend on one another to be healthy and avoid harm. Peers support treatment, medication, and sick children. The majority of network participants pay for expenditures like food and medicine (Reza & Henly, 2018).

Pakistan has 37.7% urban residents and is rising at 1.95% per year, according to the World Factbook. Lahore has 13.542 million inhabitants, 2.1% of Pakistan's metropolitan population. 24.3% are jobless and poor. The age range of 15-24 (7.9% of men and 8.2% of females) and 36.01% of children under 14 years. The reliance ratio and potential support ratio there is mismatched in Pakistan. Each of these elements directly impacts poverty, which encourages child work and exacerbates the problem of street children (Chimdessa & Cherie, 2018). Alarming trends include increased drug addiction, human trafficking, child sexual abuse, prostitution, poor maternal health, and infant mortality at delivery (Towe et al., 2009).

PAHCHAAN (Protection and Help of Children against Child Abuse and Neglect) in Pakistan is working on rehabilitating street children with the collaboration of the health and education sector. It was established at the Child Rights Department at the University of Lahore to train young professionals. These professionals, in the future, provide multiple facilities for child protection and become national resource persons. PAHCHAAN also developed the Children's Hospital Lahore unit to help neglected and abused children (Zafar, Moaz, & Naeem, 2019). Although indigenous research is available on the current topic, intensive research is required to eradicate the phenomena of runaways among street children in Pakistan. Therefore, it is necessary to know the general perception of stakeholders to facilitate the procedure, which is the basis of the current study.

Materials and Methods

The qualitative research study employed the emic approach to investigate the insider perspective of Pakistani culture on runaways among street children, their problems, and stakeholders' solutions. Learning about social experiences, attitudes, motives, belief systems, and behaviors from the standpoint of the individual has been made easier by qualitative techniques. Twenty volunteers between the ages of 25 and 50were chosen using purposive selection methods. Table 1 lists the sample's descriptive characteristics. Using the demographic form and semi-structured interview process, data was gathered up to the point of

saturation. Twenty in-depth, semi-structured, face-to-face interviews with consenting participants were recorded with their permission. The participants' choices were considered while deciding the interview's time, date, and venue. Their right to confidentiality and anonymity was upheld. Although they had the choice to end the discussion at any point, they completed the duration of 40 and 50 minutes on average. The qualitative data were transcribed and interpreted, and central and supporting themes were derived. Throughout the investigation, all APA ethical issues were taken into account.

Results

The current study investigated the reasons and effects of runaways among street children. Stakeholders' perspectives revealed runaway causes, street children's experiences in the streets, challenges they faced, and how to rehabilitate them using a multidisciplinary and multi-institutional approach. The tables below provide the details of the results.

Table 1
Descriptive Statistics of the Participants Demographic Variables (N = 20)

Individual Characteristics		M, *SD/ f*
Age		$M = 27.02$, $SD = 1.22$ (range: 21-40 years)
Gender	Male	10
	Female	10
Profession	Parents	4 (2 mothers & 2 fathers)
	Guardians	2
	Neighbors	2
	Pediatrician	1
	Clinical Psychologists	2
	Media Source Person	1
	Policeman	2
	Molvi Sahib	2
	Child Advocacy Centers/NGOs	2
	Students	2 (1 girl & 1 boy)
Marital Status	Married	15
	Single	5
Duration of Marriage		$M = 1.01$, $SD = 1.02$) (1- 5 years)
Number of Children	One	7
	Two	8
Family System	Joint	12
	Nuclear	8
Profession	Working	16
	Non-working	2
	Student	2
Monthly Income		$M = 55000.68$, SD = 2.09)

Table 1 displays the characteristics of the participants.

Table 2 *Stakeholders' Reasons for Street Children Runaway (N =20)*

Major Themes	Supportive Themes
Dysfunctional Families	• Single parenting due to illness, death, divorce, and addiction, • Domestic violence • Physical, emotional, and psychological abuse • Insecure attachment patterns • Ineffective communication • Inappropriate emotional expression • High levels of child neglect and malnutrition
Extended Family Systems	• Sustainer and dependent conflicts • High interference of significant others • In a toxic relationship • Physical, emotional, and psychological abuse by the significant others • Lack of supervision by the parents • Peer pressure/ bad company
Lack of Education and Poverty	• Low socioeconomic system • Lack of education by the parents and the children • Strict punishment by the parents, Madrassa, and school teachers • Child labor • Unequal distribution of the resources
Lack of Responsibility	• Parents/guardians/teachers • Community/Society • Government/NGOs/ Religious authorities • Lawlessness

The four main themes in Table 2 are that runaways are mainly brought on by dysfunctional families, extended family networks, a lack of education, poverty, and a lack of responsibility taken by the parents and immediate guardians. Some identified supporting themes strengthen the phenomenon of runaways among street children.

Table 3 *Street Children's Experiences with Runaways and their Effects, according to Stakeholders.*

Major Themes	Supportive Themes
Image of the Street Children	• Lose their childhood innocence in the procedure • Puppet in the hands of Mafia and parents • Have no sense of self and recreation • Deprived of their fundamental rights • Their role is reversed (they feed their families) • People showed mixed (positive and negative) feelings toward them. • Unfortunate and ignored souls • Defenseless, unprotected, and insecure individuals
Coerced by Unseen Powers	• street children can be potential criminals and kidnappers

Threat to Street Children	• Dirty and rigid vagabonds involved in street crimes, stealing, and shoplifting • Unseen powerful forces working behind them • Work through proper channels, e.g., Mafia and parents. • Their activities ranged from professional bagging to flower selling. • Engaged in drug selling, addiction, and prostitution • Human Trafficking • Drug Addiction • Susceptible for sexual diseases like HIV • Negligence-induced revenge, anger, and aggression in them • They adjusted to street life. • The whole of society victimizes them. • Vulnerable to every type of use and abuse • Street life intensified the social, emotional, psychological, mental, physical, and sexual abuse.

Table 3 lists the traits and difficulties experienced by runaway street children. The findings revealed three key elements about how parents, relatives, and the broader public see street children after they have run away. According to participants, the Mafia and parents were the appropriate mechanisms for dealing with street children. They appropriately supervise and compromise their lives and health by engaging them in prostitution and addiction for financial gain.

Table 4

Major Themes	Supportive Themes
Rehabilitation	• Immediate responsibility of the Parents/guardian/significant others • Wholehearted acceptance of street children by Parents/guardians/significant others/community/teachers • Reconciliation between street children and their families • Resocialization of the street children • Treatment instead of punishment • Equal distribution of the resources • Social and occupational skill-based training programs • Government/ NGOs/ Police/ religious authorities

The recommendations for street children's rehabilitation are shown in Table 4. Stakeholders believed that if anyone wanted to eradicate this societal issue at the grassroots level, they would need the help of parents, guardians, significant others, religious leaders, school teachers, the community, the government, and non-profit organizations. Supportive themes suggested that social and occupational skills can be introduced to street children instead of beggary to improve their income. Moreover, wholehearted and violence-free acceptance of street children by their parents and family is required if they want to reconcile with their parents.

Discussion

The current study investigated the causes of the runaway, the effects of living on the streets on children, and the perception of street kids after the runaway. It revealed the difficulties that the street kids faced both before and after the runaway. Finally, strategies for rehabilitating street children and eliminating this issue at an indigenous level were discussed. Table 1 showed

four significant themes such as dysfunctional families, extended family networks, a lack of education, poverty, and lack of responsibility taken by the parents or immediate guardians. These were responsible factors that compelled street children to leave their parental homes permanently. Structural poverty in society and the shrinking playgrounds for children due to development did not consider child safety interests and needs. The economic struggle for earnings and the expansion of options for youngsters to make money on the streets (Jabeen, 2009).

Parental violence, family dissolution, extreme poverty, and physical or sexual abuse cause loss, runaway, and abducted children. Poor parents could not supervise their working kids. They let a child be deceived for money. Moreover, Deeni Madrassas taught children hatred by confining, pressing, and punishing them. (Vedadi, Iqbal, & Muneer, 2013). Children naturally desire to be free from their parent's control and influence. It often manifests as a desire for independence and self-determination. Resulting, many children have grown up intending to become self-sufficient and independent. Physiological needs motivated children to stay in the street to earn their livelihood for survival (Nasir, Khalid, & Shoukat, 2014).

The summary of primary and supportive themes in table 3 revealed the participants' conviction that parents who were professional beggars, single, married, abusive, dependent, poor, or ill-trained their children in beggary. So these street children should never be interpreted as a vagabond. They were adhering to the recommended practices. Due to their vulnerability to Mafia influence and control, they engaged in street crimes, including shoplifting, theft, prostitution, drug addiction, and human trafficking. Eventually, they became criminals and potential terrorists (Ali& Ali, 2015).

Participants perceived the street children as defenseless and marginalized creatures. They were vulnerable to health and social issues owing to long working hours. They were exploited as their negotiating position was subordinated. They were juvenile delinquents (often treated arbitrarily by criminals or negligent officials) based on their living conditions and street activities (Tabassum & Aslam, 2017). They were supposed to obtain an education, playing time, and love, but unfavorable situations compelled them to work to make money despite their tender age. The lack of knowledge, expertise, and experience limited their activities of earning incomes to selling, busking, and begging. Physiological needs such as food, drink, clothing, shelter, and the urge to earn for their family and themselves motivated them to remain in the streets and bear the harsh realities of urbanization (Abid & Aslam, 2011).

Participants' opinions concerning children living on the streets were mixed (positive and negative). Their fundamental rights to eat, sleep, clothe, education, protection, intimacy, love, and care were denied. They did not enjoy childhood like children who grew up in their families with conventional surroundings. For their food, housing, and safety, they must labor. Street abuse forced them to give up their youth and innocence to support their family. They were disliked because of their professions. Participants believed that street children were vulnerable to abuse and mistreatment. They were abused by society on a social, emotional, mental, psychological, economic, and sexual level. They were more susceptible to sexually transmitted diseases, including HIV and ADIS. They presented a bleak portrait of a society that fueled emotions of fury, animosity, unfairness, and helplessness. Even though they desired to be better, difficult circumstances compelled them to adapt to life on the streets. The stigmatization of street children creates a "hidden" population (Khan & Hesketh, 2010).

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In Pakistan, 88% of street children have sexual encounters. Street children's commercial sex has turned bus stations and parks into prostitution and sexual exploitation hubs. Due to low HIV/AIDS knowledge and hazardous sexual behaviors, HIV/AIDS was spreading among afflicted children. The government's indifference, apathy, and lack of children have worsened the problem. These children were exposed to high-risk behaviors such as unwanted pregnancy, abortion, and Sexually Transmitted Diseases (STDs) with little knowledge. It was advised that the government work on preventive strategies to allocate affordable and accessible healthcare centers and facilities to provide services with no judgment on these children(Khalid, Nasir, & Rehman, 2014). Ali and Muynck (2005)found that these youngsters had health issues such as fever, exhaustion, dizziness, and vomiting. Thus, they spend much of their daily money on medical care.

The participants tried to determine how to rehabilitate street children, as reported in table 4. They believed that the current state of street children might be altered if parents accepted responsibility for their children's wellbeing. This might be possible if their parents' status may be improved by increasing their income. Children's fundamental rights could be upheld with family and friends' support. Just suppose that their loved ones are unable to assist them. In such cases, everyone's responsibility, including the community, society, government, and NGOs, is to play their role in rehabilitating them. Moreover, international, national, and non-profit organizations and empowering the children protection laws could eradicate this social problem. (Khan, 2013; Abbasi, 2013).

Conclusion

Street children are a growing social problem that exists worldwide. The main goal of this qualitative study is to comprehend this phenomenon from an indigenous viewpoint. So that to develop a comprehensive plan to address it at the grassroots level. It became more complicated due to modernization and the competition for resources. For children to grow up to be responsible members of society, they need their parents' violence-free physical, emotional, and psychological support. Sadly, a dysfunctional, disjointed, and disintegrated family system causes children to have their fundamental rights violated and forces them to accept role reversal. It causes them to leave their parents' homes permanently. They are more susceptible to delinquents engaged in drug abuse, prostitution, human trafficking, sexually transmitted diseases, and bagging under the supervision of their parents and Mafia. Multi-institutional strategies are required to rehabilitate street children .It requires parents, family members, religious leaders, school instructors, community members, mental health experts, doctors, non-profit organizations, government agencies, and foreign bodies to make sincere efforts to resolve this social problem.

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