



Examination of Educational and Health Services Using Levels of Children Working on the Streets

ABSTRACT

The aim of this study is to reveal the situation in Mersin regarding the socio-demographic structures of children living and working on the street, the risks they face on the street, and the use of their education and health rights. The study group of the research consists of children working on the street in Mersin. The data of the research is descriptive research, one of the quantitative research methods, and the general survey model was used. In the collection of research data, 62 children working on the street in Mersin, who had parental consent, participated voluntarily, and were selected by convenience sampling method, were included. In the collection of research data, socio-demographic questions and a questionnaire were used to determine the level of utilization from health and education services. SPSS version 25 was used in the analysis of the data descriptive statistical method. When the gender groups of the children were examined, it was determined that 56.5% were girls and 43.5% were boys. Considering the level of injury of children from health services, 82.3% of them benefit from health services, while 17.7% of them cannot benefit from education services. It was determined that the majority of the interviewed children working on the street did not attend school, the main reason for not attending school was social and economic poverty, they were exposed to peer bullying, and they could not benefit from health services adequately.

Keywords: Child, Education, Health, Child working on the street

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INTRODUCTION

Education is included in the basic human rights and it has become mandatory to make regulations regarding the exercise of this right by domestic laws. Fundamental rights and duties related to education and training and national and international legal regulations related to them are determined on the basis of human rights (Balıcı, 1999). A social structure is built on this basis (Güngör, 2009). Education and training is one of the most important conditions for people to begin to transform nature, as well as to gain an effective and active place in the society in which they live (Samford & Durnam, 1985). Based on all these, they defined education as "socializing children, equipping them with the skills necessary to make them members of society and instilling existing values". He states that all educational processes are accepted as a process of socialization and acculturation. In addition to the right to education, the state plays a major role in establishing the requirements of the right to health and ensuring the protection of individual and public health (Güngör, 2009).

Since the right to health is both a constitutional right and a human right at its core, it is one of the important issues that should be emphasized. In this context, with regard to the right to health (Nygren-Krug, 2002) he stated that the concept of "right to health" emerged as a result of the increasing treatment of health in the context of human rights (Zengin, 2010). The "right to health" is a fundamental human right that imposes responsibilities primarily on the state, then on health workers and other parts of the society, and even on the international community. The first of these is the right to health, and fulfilling the requirements of the right to health has an important role in the protection of individual and social health. The second is the right to education, and it is an important basis for ensuring individual and social development and preventing many problems that may arise (Zengin, 2010).

One of the biggest obstacles in fulfilling the requirements of the right to education and health is the fact that children live or work on the streets for various reasons. The fact that children live on the streets and have them work on the streets can lead to a legitimate grounding of exploitation-based labor, such as child labour. Regarding the child being employed (Fidan, 2004).

The aim of this study is to reveal the situation in Mersin regarding the socio-demographic structures of children living and working on the street, the risks they face on the street, and the use of their education and health rights.

METHOD

The data of the research is descriptive research, one of the quantitative research methods, and the general survey model was used. In the study, the results were evaluated within the framework of descriptive analysis.

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The research was carried out in Mersin Province, in the central districts (Toroslar, Akdeniz, Mezitli, Yenişehir) where children working on the streets are concentrated in Gündoğdu, Güneş, Mithatpaşa, Siteler, Üç Ocak, Hal, Barış, Turgutreis, Çilek, Mevlana, Deniz, Güvenciler, Gazi, Tozkoparan neighborhoods. Based on the data of Mersin Street Provincial Child Rights Coordinatorship, the number of children working on the street was determined as 220. 28% (62 people) of the total number of children working on the street has been reached, and the sample size is limited to 62 people.

Data Collection Forms to be Used in the Research

Within the scope of the research, a questionnaire form developed by the researcher in line with the literature findings was used. This questionnaire consists of a total of 30 questions, and the questions in the questionnaire aim to determine both the socio-demographic characteristics of children working on the street and their level of benefiting from health and education services.

Statistical Analysis

SPSS version 25.0 statistical software package (IBM Corp., Armonk, NY, USA) was used for statistical analyses descriptive statistical tests.

Ethical Dimension of the Research

Permission was obtained from Koç University Social Research Ethics Committee (Decision no: 2019.158.IRB3.097 Date: 25.04.2019).

RESULTS

When the gender groups of the children were examined in Table 1, it was determined that 56.5% were female and 43.5% were male. It is seen that 3.2% of the children are in the 0-6 age group, 33.9% are in the 7-12 age group, 45.2% are in the 13-15 age group and 17.7% are in the 16-18 age group. In addition, it is seen in the table that 3.2% of the family has 2 children, 32.3% has 3 children, 48.4% has 4 children and 16.1% has 5 or more children.

Table 1: Participants' gender, age and number of siblings

		n	%
Gender	Woman	35	56,5
	Boy	27	43,5
	Total	62	100,0
Age	0-6 age	2	3,2
	7-12 age	21	33,9
	13-15 age	28	45,2
	16-18 age	11	17,7
	Total	62	100,0
Number of children in the family	2 child	2	3,2
	3 child	20	32,3
	4 child	30	48,4
	5 child and above	10	16,1
	Total	62	100,0

When the occupations of the children's parents are examined in Table 2, 80.6% of the participants' mothers are housewives and 19.4% are peddlers, day laborers, street vendors, etc. has been determined. When the data on the occupation of the fathers of the children are examined, it is seen that 30.6% are peddlers, 6.5% are farmers, 32.3% are unemployed, 1.6% are retired, 29% are scrap dealers or garbage collectors. When the education level of their parents is examined, 12.9% are illiterate, 11.3% are literate, 54.8% are primary school, 14.5% are secondary school and 6.5% are high school graduates. In the question about the education level of the parents, the above-mentioned finding was obtained based on the education level of the individual with the highest education level among the parents.

Table 2: Parental Occupation and Educational Status of the Participants

		n	%
Mother's occupation	Housewife	50	80,6
	peddler, day laborer, street vendor, etc	12	19,4
	Total	62	100,0
Father's occupation	Peddler	19	30,6
	Farmer	4	6,5
	Unemployed	20	32,3
	Retired	1	1,6

	Scrap collector or garbage collector	18	29,0
	Total	62	100,0
Education level of mother and father	Illiterate	8	12,9
	Literate	7	11,3
	Primary school	34	54,8
	Middle school	9	14,5
	High school	4	6,5
	Total	62	100,0

When the average daily earning of children on the street is examined in Table 3, 25.8% of them are 20 TL and below, 35.5% are 20-40 TL, 60.6% are 41-70 TL and 8.1% It was determined that he earned 71 TL or more of income. When the children were asked how long they worked on the street, 21% stated that they worked for more than 1 year, 61.3% for 1-2 years, 16.1% for 3-5 years and 1.6% for more than 5 years. When the answers given to the questions of the participants about whether they receive social assistance are examined, 5.4% do not receive any social and economic support, 46.8% are provided by SYDV, 22.5% by social services and 25.2% by municipality. received has been determined. Regarding the reasons for working on the street, 33.1% of the participants were economically distressed and contributing to the family budget, 24.1% were unaware/unauthorized from the family, 8.3% were pocket money, 27% were learning to earn money and socializing and 6%, It has been determined that 9 of them work on the street in order to contribute to the family budget. When asked whether they knew children working on the street, 53.2% of them said they did not, 32.3% of them said they had relatives working on the street, and 14.5% of them said that they knew all those working on the street.

Table 3: Information About the Participants' Work on the Street

		n	%
Daily money earned on the street	Under 20 TL	16	25,8
	20-40 TL	22	35,5
	41-70 TL	19	30,6
	71 TL and above	5	8,1
	Total	62	100,0
How long have you been working on the street?	less than 1 year	13	21,0
	1-2 years	38	61,3
	3-5 years	10	16,1
	over 5 years	1	1,6
	Total	62	100,0
Status of receiving social assistance	No	6	5,4
	Sydv	52	46,8
	Social services	25	22,5
	Municipality	28	25,2
	Total	111*	100,0
Reason for working on the street	Economic distress and contribution to family budget	48	33,1
	Unbeknownst/unauthorized from the family	35	24,1
	Get your allowance (education etc.)	12	8,3
	Learning to earn money and socializing	40	27,6
	Economic distress and contribution to family budget	10	6,9
	Total	145*	100,0
Do you know children working on the street?	I do not know	33	53,2
	I have relatives working on the street	20	32,3
	I know in general	9	14,5
	Total	62	100,0

* n number exceeds sample size.

When the information on the districts where the children reside in Table 4, it is seen that 66.1% reside in the Mediterranean, 12.9% in Mezitli, 14.5% in Yenisehir and 6.5% in Toroslar. While 66.1% of them felt safe in the question about their feeling of confidence in their neighborhood, it was determined that 33.9% of them did not feel safe in the neighborhood they resided in. 66.1% of the participants stated that they migrated to their place of residence, while 33.9% stated that they did not come by immigration. When the children were asked about the general condition of their residence, 43.5% paid rent, 12.9% did not own the house they lived in and did not pay rent, 21% had detached slums, 1.6% detached residence, 17% It was determined that 0.7% of them live in an apartment and 3.2% of them live in an apartment of their own.

Table 4: Information About the Place of Residence of the Participants

		n	%
Which do you county in reside?	Akdeniz	41	66,1
	Mezitli	8	12,9
	Yenişehir	9	14,5
	Toroslar	4	6,5
	Total	62	100,0
Do you feel safe?	Yes	41	66,1
	No	21	33,9
	Total	62	100,0
Did you immigrate to where you live?	Yes	22	35,5
	No	40	64,5
	Total	62	100,0
Status of the residence	Rent	27	43,5
	Not theirs but not paying rent	8	12,9
	Slum	13	21,0
	Detached residence	1	1,6
	Apartment rent	11	17,7
	Own flat	2	3,2
Total	62	100,0	

In Table 5, when the answers regarding the situation of committing a crime in the family of children are examined, 59.7% of them are not both in prison, 1.6%'s mother is in prison, 27.4%'s father is in prison, and 11.3%'s mother and father are in prison. his father is in prison. It has been learned that the crimes of the children whose mothers are in prison are begging, theft and extortion. When the answers given to the questions about their parents' committing any crime were examined, it was learned that 19.8% of them were not guilty of theft, 7.4% of them were selling drugs, 7.4% of them were extortion and 48.1% of them were not guilty of any crime. When asked whether they used substances, 8.1% stated that they used substances (cigarettes) and 91.9% stated that they did not use anything.

Table 5: Information on Substance Use Related to the Families of the Participants

		n	%
Are there any criminals in the family?	Both are not in jail	37	59,7
	Mom is in jail	1	1,6
	Father is in jail	17	27,4
	Mom and father in jail	7	11,3
	Total	62	100,0
Type of crime	Theft	16	19,8
	Item sale	9	11,1
	Extortion	6	7,4
	Injury	11	13,6
	No crime	39	48,1
	Total	81*	100,0
Do you use substances?	Yes	5	8,1
	No	57	91,9
	Total	62	100,0
How often are you with friends who use drugs?	Often	2	3,2
	Sometimes	25	40,3
	None	28	45,2
	Unanswered	7	11,3
	Total	62	100,0

* n number exceeds sample size.

When asked whether the children attend school in Table 6, 46.8% of them attend school and 53.2% of them do not attend school. When the children were asked about the number of days they did not attend school, it was stated that 16.1% of them attended school continuously, 8.1% of them 1-10 days, 4.8% of them 11-15 days, 9.7% of them 16-20 days. and 61.3% were absent for 21 days or more. When the answers given regarding the reasons for not attending school are examined, the needs of 30.6% of them are not met by their families, 22.4% of their parents do not work, 12.2% are mocked by their friends at school, and 20.4% do not understand the lessons. , 6.8% answered that the teacher does not behave well and 7.5% answered that their family does not send them. It is seen that 43.5% of the children want to attend school and 56.5% do not want to attend school. However, 38.7% of the participants found themselves successful at school, while 61.3% found themselves unsuccessful at school.

Table 6: Information about the education status of the participants

		n	%
School attendance status	Yes	29	46,8
	No	33	53,2
	Total	62	100,0
Day off from school?	I always attend school	10	16,1
	1-10 days	5	8,1
	11-15 days	3	4,8
	16-20 days	6	9,7
	21 days and above	38	61,3
	Total	62	100,0
Reason for not attending school	My family does not my needs	45	30,6
	Mother and father are not working	33	22,4
	My friends make fun of me at school	18	12,2
	I don't understand the lessons	30	20,4
	The teacher is not treating us well	10	6,8
	My family does not send	11	7,5
	Total	147*	100,0
Do you want to continue school?	Yes	27	43,5
	No	35	56,5
	Total	62	100,0
Do you find yourself successful in school?	Yes	24	38,7
	No	38	61,3
	Total	62	100,0

* n number exceeds sample size.

When asked about the injury levels of children from health services in Table 7, 82.3% stated that they benefited from health services, while 17.7% stated that they were not. It was determined that 88.7% of the children did not have any disability and 11.3% had a disability. 83.9% of children were asked how often they went to family health centers, 56.5% of them stated that they did not recover, 37.1% of them went when they were sick and 6.5% of them did not go. However, when asked where they first applied when they got sick, 88.7% stated that they went to the family doctor, 8.1% to the hospital, and 3.2% to not go to the hospital.

Table 7: Information on Participants Health Status and Access to Health Services

		n	%
Do you use health services?	Yes	51	82,3
	No	11	17,7
	Total	62	100,0
Do you have any disability?	Yes	7	11,3
	No	55	88,7
	Total	62	100,0
Do you often get sick?	Yes	10	16,1
	No	52	83,9
	Total	62	100,0
How often do you go to the family health center?	When I am not healed	35	56,5
	When I am sick	23	37,1
	I am not going	4	6,5
	Total	62	100,0
Where do you apply first when you get sick?	Family doctor	55	88,7
	Hospital	5	8,1
	I am not going	2	3,2
	Total	62	100,0

DISCUSSION

The inability to regularly check the health of children working on the street brings along many health problems. Exposure to environmental pathogens, inadequate sanitation, lack of access to clean water sources, poor home conditions (humidity, temperature, etc.), inaccessibility to health services, inadequate immunization, and reduced breastfeeding cause infections in the child (Ennew, 2003).

In this context, while dealing, it was found out that the record was not kept in a place for children who work in the street, and that vaccination follow-up can be found on this page. It has been found that periodic health checks and vaccinations of children working on the street cannot be performed regularly and that the developing process cannot be followed up when they face health problems in the future. Regular health checks on children working on the streets bring about the health problem. Exposure of the child to pathogens in the room, inadequate sanitation, inaccessibility to clean water resources, poor housing (humidity, temperature, etc.), inaccessibility to health services, inadequate

immunization, decreased breastfeeding cause the presence of children (Jensen & Berens, 2017). It has been observed that children are often unable to treat these wounds, scratches, fractures due to ignorance and poverty (Bilgin, 2017). With the logic of pity in society and the impossibility given by poverty, children are not able to wear thick enough in the winter and they become ill frequently (Kelebek, 2017). This situation also prevents the fulfillment of the requirements of primary health care services and may lead to agglomeration of secondary and tertiary health care services. Most of the researches are in parallel with these findings (Subaşı Baybuğa & Kubilay, 2003; Akşit, 2001; Yıldız & Adaş, 2007; Alparslan & Karaoğlan, 2012; Alptekin, 2011).

In the research conducted in Adana, Diyarbakır and Istanbul, 188 children and 65 families were interviewed face-to-face in order to determine the working and living conditions of children working on the street, and the socio-demographic characteristics of their families. It has been concluded that they sell products such as handkerchiefs, chewing gum and bubble gum and generally collect garbage on the streets. The average age of children working on the street is 12, 13% of them do not go to school, 25% of them drop out of school, the few who attend school continue their lives under difficult conditions, they cannot benefit enough from education services due to long and irregular working hours on the street and they experience health problems. It was concluded that they came from families with poor socio-economic status (Akşit et.al., 2001).

In addition to the important health problems they experience, children use substances, commit crimes, and are exposed to violence and sexual exploitation (Yıldız, 2007). In the study, it was found that the socio-economic and cultural levels of the fragmented families and families belonging to families living in suburbs or slums were low. Children working on the streets may suffer from malnutrition, hunger, health problems, substance abuse, theft and commercial sexual abuse (Singh & Purohit, 2011). It has been determined that the children who earn money by working on the streets in Istanbul, continue their lives at risk, the rate of catching diseases in terms of health risks is 60%-70% and they cannot benefit from health services sufficiently (Güngör, 2009). It has been concluded that the rate of children working on the street getting infections and upper respiratory tract diseases is 42.9%, and they do not apply to a health institution for recovery and neglect their treatment (Milanca Vieira, 2007).

CONCLUSION AND RECOMMENDATIONS

Children are at the forefront of the groups most affected by the migration phenomenon. It can be stated that the effect of migration is high among the important reasons for working and living on the street. The results of the research aimed to determine the risks faced by children living and working on the street, and to identify the problems of accessing education and health services. As a result of the research, it was found that the majority of the interviewed children working on the street did not attend school, the main reason for not attending school was social and economic poverty, they were exposed to peer bullying, their school success levels were low and they did not want to attend school. It has been determined that there has been a decrease in the number of children working on the streets over the years due to the social and economic support provided by Mersin Family and Social Services Provincial Directorate, District Governorates, Municipalities and mobile social service applications, and the visibility of children working on the street has partially disappear.

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