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### RESEARCH ARTICLE

## WHAT ARE THE STRESSFUL SITUATIONS THAT STREET CHILDREN IN CAMEROON HAVE TO COPE WITH?

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### Abstract

**Background:** The conditions under which street children live and the challenges they face on the streets may lead to stress and suicidal thoughts.

**Objective:** To investigate the nature and extent of stresses experienced, and coping strategies used by street children in Cameroon.

**Method:** A cross sectional study was carried out on a non-probability snowball sample of 399 street children aged 12 to 17 years. Data was collected by means of interpersonal administration of questionnaires, then analyzed by uni-variate and bi-variate calculation of frequencies as well as cross tables and  $\chi^2$  test comparison per city of residence.

**Results:** More than 90% of the respondents reported to have felt lonely and unhappy within the past one month, with a higher occurrence noted in Douala and Yaoundé. The main stressful event faced by these children was a sickness or injury (89.22%) needing health assistance, though other factors played a role like the death of a close relative (68.17%), natural disaster (20.05%) and refugee status (11.53%). A small but considerable proportion of 13.03% of the participants reported to have considered suicide as an option; this was reported more frequently in Bamenda. About 7.02% of the participants had made plans of suicide though none of them had actually put those plans into action.

**Conclusion:** Street children are faced with very difficult and stressful situations with a small but very considerable proportion of them seriously considering suicide as a solution. If no intervention is provided, there is a probability that in the near future, increasing cases of suicide amongst these children might be noted.

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### Introduction:-

The number of street children in low- and middle-income countries (LMCs) keeps increasing. These children live and work on the streets in cities (1). Many of these children have been denied access to basic human rights, such as healthcare, education, shelter and protection, but are subjected to exploitation and abuses of all sorts (2, 3). These children struggle by themselves to survive without adult supervision (1). They mainly survive by begging; taking very low paid jobs in the informal sectors; scavenging; stealing and gang theft; vending of inexpensive goods;

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washing cars; shining shoes and carrying loads at bus stations, rail stations and the market centre; and exchanging sex for money, which puts them at risk of HIV/AIDS and other sexually transmitted diseases (2, 4).

Poverty as in most studies has been one of the major reasons for children to run away from home to the streets (1, 5). Non-income factors have contributed to the increasing number of street children in Cameroon, Sudan and India. These may include dysfunctional families, authoritarian parenting, disrespectful parents, marriage separation and divorce, teenage parents, single parents, physical abuse, sexual abuse and exploitation by parents, relatives or guardians (2, 3, 5).

Street children in Cameroon, the same as those in other cities, lack adequate nutrition as most are not able to have three meals a day (6). Some of these children obtain food from left overs available at restaurants, garbage bins and food stalls (6). They face problems of hygiene, no access to toilet facilities, and bathing remains a challenge so that most of street children always look dirty with uncombed hair (6). They lack clothes to keep them warm during cold nights and when they fall sick due to injuries, accidents, cuts and burns from violent behaviour, they have very little or no access to health care for any form of medical intervention (5-7). Moreover, this group of vulnerable children experiences fear, harassment, insecurity and hatred from the community which already has a negative perception towards them; and physical abuse and arrest by the police authorities who are supposed to be the ones to protect them (3, 6).

Also some street children have no option but to turn to prostitution, peddling drugs, pick-pocketing, abuse of psychoactive substances such as alcohol, tobacco, glue, valium, petrol, heroin and marijuana, as ways to cope in the society which has neglected them (1, 8-10).

Cameroon like other LMCs has a rapidly growing population of street children, but little is known about their social problems and how they cope with living on the streets. We therefore carried out a survey to investigate the nature and extent of the stresses experienced, as well as the coping strategies of street children in three cities of Cameroon.

### **Methods and Material:-**

Participants consisted of adolescents aged 12–17 years who had been living on the streets of Bamenda, Douala or Yaoundé for a minimum of 1 month. The data collection period was from the 1<sup>st</sup> January to the 30<sup>th</sup> March 2015. After obtaining approvals from relevant authorities in Cameroon (CMBIN) and South Africa (BREC), trained research assistants administered a structured questionnaire in the language that the participants were comfortable with: English, French or the local language. The participants had to sign a consent form before being allowed to participate in the study. No compensation in monetary form was provided but food and transportation was given to the participants after the interview, which took place at a quiet location made available by the Catholic Church.

Stress was defined in this study as an emotional or mental tension encountered by street children which resulted directly or indirectly from demanding or adverse circumstances on the streets (3).

Data collected on stress indicators included feelings of loneliness and worry; having suicidal ideas, suicide plans and attempts; availability of any friendships; and the experience of major traumatic events such as the death of someone close to the participants, natural disasters and having to flee from own country due to conflict (becoming a refugee). The collected data was captured and analyzed using SPSS version 19. Descriptive statistics such as frequency distributions and cross tabulations were used to summarize the data. Chi-squared test of association with significance level 5% was used to assess whether categorical variables varied between regions.

### **Results:-**

As we reported elsewhere (Cumber & Tsoka-Gwegweni, in press), this study included 399 participants; of whom, 80.2% were boys and 77.7% fell into the age group of 15-17 years, who had achieved up to a primary level of education, and were of the Christian faith (Table 1).

**Table 1:-** The distribution of demographic characteristics of participants per city

| Characteristics          | Total              | Bamenda (n=125) |      | Douala (n=137) |      | Yaoundé (n=137) |      | P-value |
|--------------------------|--------------------|-----------------|------|----------------|------|-----------------|------|---------|
|                          | N <sup>o</sup> (%) | N <sup>o</sup>  | %    | N <sup>o</sup> | %    | N <sup>o</sup>  | %    |         |
| <i>Sex</i>               |                    |                 |      |                |      |                 |      |         |
| Boys                     | 320 (80.2)         | 108             | 86.4 | 101            | 73.7 | 111             | 81   | 0.035   |
| Girls                    | 79 (19.8)          | 17              | 13.6 | 36             | 26.3 | 26              | 19   |         |
| <i>Age (Years)</i>       |                    |                 |      |                |      |                 |      |         |
| 12 - 14                  | 89( 22.3)          | 29              | 23.2 | 31             | 22.6 | 29              | 21.2 | 0.919   |
| 15 - 17                  | 310( 77.7)         | 96              | 76.8 | 106            | 77.4 | 108             | 78.8 |         |
| <i>Religion</i>          |                    |                 |      |                |      |                 |      |         |
| Christian                | 331 (83)           | 99              | 79.2 | 121            | 88.3 | 111             | 81   | 0.016   |
| Islam                    | 36( 9)             | 9               | 7.2  | 13             | 9.5  | 14              | 10.2 |         |
| Traditional/none         | 32( 8)             | 17              | 13.6 | 3              | 2.2  | 12              | 8.8  |         |
| <i>Educational level</i> |                    |                 |      |                |      |                 |      |         |
| No formal education      | 85( 21.3)          | 40              | 32   | 18             | 13.1 | 27              | 19.7 | 0.001   |
| Primary                  | 309( 77.4)         | 84              | 67.2 | 115            | 83.9 | 110             | 80.3 |         |
| Secondary                | 5( 1.3)            | 1               | 0.8  | 4              | 2.9  | 0               | 0.0  |         |

(Source: Cumber &amp; Tsoka-Gwegweni, in press)

**Forms of stress experienced by participants while living on the streets:-**

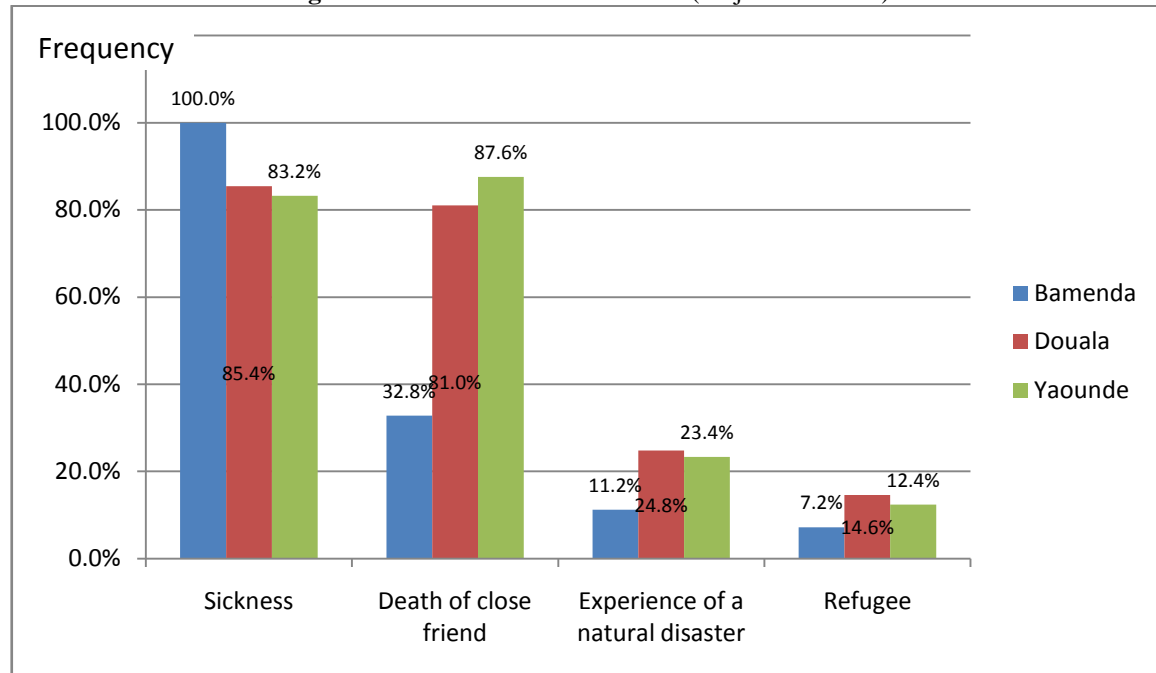
When asked about the stress they had experienced in the previous month, a majority (97.7%) of the participants reported to have often felt lonely and unhappy. The same feelings were shared by all participants (100%) in Douala and Yaoundé with more than 90% in Bamenda. The majority (97%) of the participants worried about issues to the extent that they could not sleep in the previous month, with results differing regionally. More than 10% of the total participants and in each region had contemplated suicide (p-value of 0.462). This is in contrast with the very low proportion (7%) of these street children planning to actually carry out suicide. Only a few of these street children mentioned having close friends. This was worse in the city of Yaoundé than in the other two (Table 2).

**Table 2:-** Stressful experiences of respondents per city.

| Experiences                  | Total              | Bamenda (n=125) |      | Douala (n=137) |      | Yaoundé (n=137) |      | P-value |
|------------------------------|--------------------|-----------------|------|----------------|------|-----------------|------|---------|
|                              | N <sup>o</sup> (%) | N <sup>o</sup>  | %    | N <sup>o</sup> | %    | N <sup>o</sup>  | %    |         |
| Feeling lonely /unhappy      | <b>390 (97.7)</b>  | 116             | 92.8 | 137            | 100  | 137             | 100  | 0.000   |
| Worry that affected sleep    | <b>387 (97)</b>    | 125             | 100  | 132            | 96.4 | 130             | 94.9 | 0.027   |
| Suicide (thoughts)           | <b>52 (13)</b>     | 20              | 16   | 15             | 11   | 17              | 12.4 | 0.462   |
| Planned to carry out suicide | <b>28 (7)</b>      | 18              | 14.4 | 4              | 2.9  | 6               | 4.4  | 0.000   |
| Suicide attempt              | <b>0 (0.0)</b>     | 0               | 0.0  | 0              | 0.0  | 0               | 0.0  | -       |
| Have close friends           | <b>43 (10.8)</b>   | 22              | 17.6 | 11             | 8    | 10              | 7.3  | 0.012   |

**Traumatic stressful events (Major life events):-**

Major stressful life events reported by the majority (89.2%) of participants included sickness or injury that required health care attention from the hospital; this was reported by all children in Bamenda. Overall 68.2% of participants reported that they had experienced the death of a close friend or relative; the majority of this was recorded in Yaoundé (87.6%) and Douala (81%). Other major stressful events reported were experiencing a natural disaster or fleeing from their own country to seek refuge in another country (Figure 1).

**Figure 1:-** Traumatic stressful events (Major life events)**Every day Stresses:-**

The majority (87.0%) of participants did not like living on the streets without family: the highest recorded in Bamenda at 91.20%. Other daily stressors included trying to avoid conflict with other street kids (97.5%), being afraid to sleep at night on the streets (93.7%), going for days without food as well as without warm and comfortable clothes (94.5% and 96.2%). In addition, the majority of participants reported to have no place to bath themselves (93.5%), especially those that lived in Yaoundé. Other daily life stresses are shown in Table 3.

**Table 3:-** Everyday stress faced by the respondents.

| Characteristic  | Total<br>(n=399)<br>N° (%) | Bamenda(n<br>=125)<br>N° (%) | Douala<br>(n=137)<br>N° (%) | Yaoundé<br>(n=137)<br>N° (%) | P-Value |
|---|----------------------------|------------------------------|-----------------------------|------------------------------|---------|
| Do not like living every day on the streets without your family | 347 (87)                   | 114 (91.2)                   | 123 (89.8)                  | 110 (80.3)                   | 0.016   |
| Try to avoid problems each day with others                      | 389 (97.5)                 | 125 (100)                    | 131 (95.6)                  | 133 (97.1)                   | 0.057   |
| Often afraid to sleep at night on the streets                   | 374 (93.7)                 | 108 (86.4)                   | 133 (97.1)                  | 133 (97.1)                   | 0.000   |
| Go some days without food                                       | 377 (94.5)                 | 114 (91.2)                   | 130 (94.9)                  | 133 (97.1)                   | 0.111   |
| Have no warm and comfortable clothes                            | 384(96.2)                  | 118 (94.4)                   | 132 (96.4)                  | 134 (97.8)                   | 0.383   |
| Have no place to wash and clean yourself                        | 373 (93.5)                 | 110 (88)                     | 130 (94.9)                  | 133 (97.1)                   | 0.009   |
| Feel cold at night or during cold seasons                       | 389 (97.5)                 | 118 (94.4)                   | 136 (99.3)                  | 135 (98.5)                   | 0.048   |
| Do not feel good about self                                     | 175 (43.9)                 | 8 (6.4)                      | 77 (56.2)                   | 90 (65.7)                    | 0.000   |
| Do not feel physically strong as everyone else                  | 273 (68.4)                 | 98 (78.4)                    | 80 (58.4)                   | 95 (69.3)                    | 0.002   |

**Life transitions and developmental Changes:-**

The majority (88.7%) of the participants mentioned that they had grown up in a different city to that in which they were found during the study period. For example, 84% did not grow in Bamenda and 89.05% grew up outside Douala, while 92.7% did not grow in Yaoundé.

More than half of these street children had lost contact with their family and friends and said that making new friends in the current city was also difficult, with most of the latter cases found in Yaoundé and Douala rather than in Bamenda.

It can also be seen that the majority (88.5%) of streets kids were worried about growing up, this being more common in Yaoundé followed by Douala then Bamenda, though these differences were not statistically significant (p-value 0.67). Worries about their physical appearance and stature was a big issue in Bamenda (93.6%) while slightly less worry about this was noted in Douala (89.1%) and Yaoundé (90.5%). More than 90% of these children believed they were physically different from other children of the same age (Table 4).

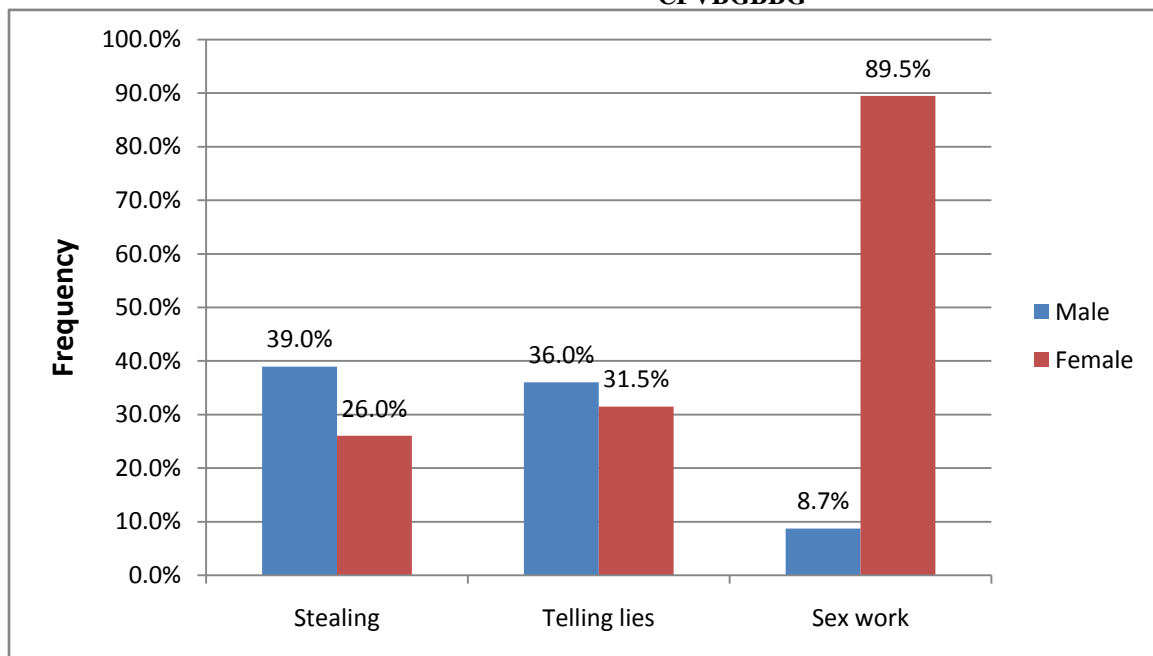
**Table 4:-** Life Transitions and developmental changes.

| Characteristic   | Total<br>(n=399) | Bamenda<br>(n=125) | Douala<br>(n=137) | Yaoundé<br>(n=137) | P-<br>Value |
|--|------------------|--------------------|-------------------|--------------------|-------------|
|  | N° (%)           | N° (%)             | N° (%)            | N° (%)             |             |
| Grew up in a different city                              | 354 (88.7)       | 105 (84)           | 122 (89.1)        | 127 (92.7)         | 0.083       |
| Lost contact with friends /family due to the move        | 272 (68.2)       | 20 (16)            | 126 (92)          | 126 (92)           | 0.000       |
| Find it difficult to make new friends since the move     | 277 (69.4)       | 21 (16.8)          | 127 (92.7)        | 129 (94.2)         | 0.000       |
| Worry about growing up                                   | 353 (88.5)       | 108 (86.4)         | 122 (89.1)        | 123 (89.3)         | 0.67        |
| Worry about their size or appearance                     | 145 (36.3)       | 117 (93.6)         | 15 (10.9)         | 13 (9.5)           | 0.000       |
| Think they are different from other children of same age | 365 (91.5)       | 116 (92.8)         | 121 (88.3)        | 128 (93.4)         | 0.259       |

#### Survival strategies of respondents by gender

Due to hard times, the homeless teenagers in the study were forced to engage in stealing, telling lies and prostitution. Male respondents were more predisposed to telling lies and stealing; while more than 80% of females were more predisposed to prostitution (Figure 2).

**Figure 2:-**Survival strategies of respondents by gender  
CFVBGBBG



#### Discussion:-

Almost all the participants reported feeling very lonely and unhappy and practically the same proportion reported getting worried to the point of insomnia. This suggests that their living conditions are deplorable and no better than the home that they fled from, with the problem more preponderant in the bigger cities of Yaoundé and Douala characterized by overcrowding (3, 6).

The results also confirm the daily stresses of street children as lack of safety, medical care, food, shelter, jobs and many others reported elsewhere (3, 6). These children on the other hand are strong-willed since a smaller proportion of them thought suicide as a possible solution out of their misery. This is evidenced by an even smaller proportion having planned suicide as well as none of them actually attempting suicide. However, this does not imply that there are no cases of suicide among street children or the population at large. Although investigating suicide cases was not an objective of the study, it is most likely that with time this percentage will increase and subsequently suicide cases could be found among street children, if no intervention is put in place for them. We noticed a small yet quite significant proportion of the participants having planned to commit suicide in Bamenda which can be possibly explained by the fact that despite the city's friendly and welcoming social attitude, street survival in Bamenda on the other hand is very difficult. The results also showed that the participants become stressed about their health needs as well as due to the loss of dear ones, with the latter cause being the most reported reason for their homelessness.

Studies have also shown that a good number of street children became homeless due to wars, instability in their home country and natural disasters (2, 11). These children become really worried about growing up and also about their future. The latter situation was more obvious in Bamenda due to the very important role a person's dressing and physical appearance play in the culture of that society.

The study results also reveal that the majority of the children are not happy with their present situation on the streets and would do otherwise if they could. They also thought themselves very different from other privileged citizens, but believed they could be as successful as anyone else in Cameroon if they were given the opportunity.

To cope with the very difficult conditions on the streets, some of the participants got involved in activities like stealing, telling lies, sex jobs and other activities for a living. Our results agree with studies conducted in other LMCs and further confirm that most street children often depend on their own resourcefulness to be able to cope with the harsh realities they have to deal with on the street daily (1, 3).

Most participants in our study grew up in other cities and only moved to their current cities just to have a better life. Street children also reported that they could only cope by hanging out in small groups or by joining dangerous gangs. Most of these children, as has been confirmed in other studies, use maladaptive coping strategies such as the use of psychoactive substances, visiting prostitutes for sex while fewer of them cut themselves (1, 10).

### **Conclusion and Recommendation:-**

Street children are faced with very difficult and stressful situations with a small but very considerable proportion of them considering suicide as a solution. This study did not pick up any cases of suicide, but, from the self reports of the street children, it is possible to believe that some do occur. A focus on suicide was beyond the scope of our study, but the matter is worth pursuing in future studies.

To cope with the stresses, some of these children engage in survival strategies like stealing, telling lies and sex jobs. As we have reported elsewhere (Cumber & Tsoka in press), they also get involved with unacceptable and very risky behaviours like cutting themselves, joining gangs and street fighting, as well as taking psychoactive drugs like alcohol, tobacco, cannabis and others.

We therefore urge all Cameroon and LMC stakeholders and decision-makers responsible for children to recognize these challenges that these children go through every day and night on the streets as very serious and life-threatening; and to plan and provide better services to improve their entire wellbeing.

### **Conflict Of Interest:-**

No conflict of interest among the authors.

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