"Children on the streets of Ibadan, Nigeria: experiences, family dynamics and health status"

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Current Academic Program

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Candidate's declaration

I, Abimbola Margaret Obimakinde declare that

i. This intellectual content of the thesis is the product of my work including literature review, proposal development and research design, data collection, data analysis and manuscript preparation. My supervisor contributed to the content of this thesis and supported me throughout the process.

ii. All sources in this thesis are accurately referenced.

iii. This thesis has not previously, in its entirety or part, been submitted to any other University for any degree or examination in the interest of any academic qualification.

iv. This thesis is being submitted for the degree of Doctor of Philosophy in the Department of Family Medicine in the Faculty of Health Sciences at the University of Witwatersrand, Johannesburg.

v. This dissertation has been submitted with the permission of the supervisor.

Signature Date

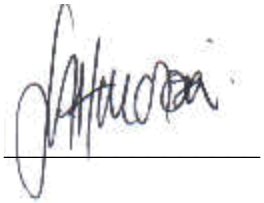
15th December 2023

Dr Abimbola Margaret Obimakinde

Statement by the supervisor

I, Moosa Shabir

As the candidate's supervisor agrees to the submission of this thesis



Supervisor's Signature

15th December 2023

Date

Dedication

I dedicate this to my husband Obitade and my sons Toluwanimi and Oluwatamilore for their encouragement and understanding during the years of my Ph.D. journey and activities. I also dedicate this to every vulnerable child who strives and struggles to succeed against all odds.

Acknowledgement

I acknowledge the blessings of God almighty, the amazing grace of our Lord Jesus Christ and the fellowship of the Holy Spirit in this instance and always.

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I am grateful to the Faculty members in the Department of Family Medicine at the Faculty of Health Science, University of Witwatersrand including Prof Robert Cooke, Prof Olufemi Omole, Prof Sandra Benn, Dr Joel Francis, Anne Muronga, Pumla Sodo, and others, for been responsive at all the times to my request and providing the needed guidance and assistance.

Gratitude to my family, particularly my mum Mojisola Matilda, my sister Titilola Stella, my brother Abayomi Emmanuel, and my husband Obitade for taking up my role as a mother and supporting me whenever I needed to embark on the numerous travels throughout my PhD. I am grateful for having my family as a good support system. I acknowledge and appreciate my sons for being understanding of my unavailability, particularly on some important milestones in their lives during my PhD journey.

I appreciate all my senior and contemporary CARTA fellows and graduates who had supported and guided me, including fellows at the University of Ibadan, Nigeria; University of Ife, Nigeria; Moi University in Kenya; University of Malawi; University of Rwanda; University of Uganda and Gothenburg University, Sweden.

I must say a big “thank you” to my Heads of departments and colleagues in both the Department of Community Medicine, College of Medicine University of Ibadan, Nigeria and the Department of Family Medicine, University College Hospital, Ibadan, Nigeria. I do not take their support and encouragement for granted. I also acknowledge the officials of the College of Medicine, University of Ibadan, Nigeria for supporting me throughout the years of my Ph.D.

Abstract

Background

This research explored the phenomenon of children-on-the-streets of Ibadan, Nigeria. These children are found on the streets without any adult supervision. They constitute the majority of street children but are linked to their families and therefore they come from and return home daily. The Bronfenbrenner ecological system theory on children's development and interactions within contextual ecosystems, underpinned this study. This research aimed to understand the phenomenon of children on the streets of Ibadan, specifically their family dynamics, lived experiences, health, and needs.

Method

This was mixed-method research, although largely a qualitative approach was employed to obtain the narratives of children on the streets and significant adults in the children's exosystem. All ethical principles were observed in the conduct of the studies. In-depth interviews, street photographs, field notes and observation were employed during the data collection, between June 2021 to September 2021. Fifty-three (53) participants including street shop owners, children on the street, Oyo State's child welfare officers and parental figures were selected from a street in each of Ibadan's five urban Local Government Areas (LGAs). These LGAs include the Ido, Northwest (NW), Southwest (SW), North(N) and Northeast (NE). Relevant quantitative data was collected from the children only. The sampling of participants was initially purposive and subsequently by snowball technique. Framework analysis supported with Atlas Ti version 22, was conducted and the data was triangulated, for a robust understanding of the lived experiences, health, family dynamics and needs of children on the streets of Ibadan. Principal component analysis and frequencies were conducted with SPSS version 21 for the descriptive quantitative data obtained from the 21 recruited children, solely for thick description. The quantitative data included the Household Hunger Scale (HHS), Wealth Index (WI), and Body Mass Index (BMI).

Results

The participants comprised, 12 child welfare officers, 10 street shop-owners, 10 parental figures and 21 children on the street. The children were average 15.8 years old and had spent at least 4 years on the streets. The children had structurally defective families including broken large-sized families (18 of the 21 children were from families with > 4 children) with attendant poor socioeconomic resources and poor filial interpersonal relationships. More than half of the children were from families with poor WI scores. The lived experiences of children on the street included beneficial experiences related to the monetary gains on the streets with overwhelming challenging experiences. The challenging experiences included financial crisis, school failure, initiation into prostitution and street gangs, induction into substance use, harassment on the street, risk of kidnapping and ritual killing. The physical health problems of the children on the streets included poor nutrition, poor toilet habits, allergies, infectious diseases, and physical minor and major injuries (40% of them had evident facial or limb scars) sustained on the streets. Half of the children had a BMI in the "underweight" range and a third had HHS scores which indicated moderate household hunger. The mental health problems included sexual, verbal and substance abuse, although psychological strength was found in a few children on the street, more than half of the children responded "yes" to feelings of sadness or hopelessness.

The children on the streets of Ibadan had many unmet needs due to governmental shortcomings including failure of the Oyo State's education systems, inadequate vocational training programs for uneducable children, lax State child welfare laws, difficult rehabilitation of children on the street and poor policies on family size. There were bits of interventions which catered to children on the streets including parental poverty alleviation schemes and community-based child welfare alert programmes.

Discussion

The family dynamics driving child streetism for family-connected children in Ibadan are devaluation of family life, parental irresponsibility, and poor filial relationship, underscored by large family size, economic constraints and socio-cultural decadence. The family setting is that of broken homes with many children from a monogamous union or blended families with poor financial and social resources. The mothers were either in a monogamous unwedded union with "absent" fathers cohabiting with another woman. There was an economic-oriented filial

relationship with the parentification of the children.
The lived experiences of children on the street included beneficial experiences centred around monetary gains, overshadowed by challenging experiences. Monetary gains were meagre and predominantly through the hawking of edible produce. The challenging experiences included the loss or theft of money made on the streets by these children, school failure, initiation into prostitution and street gangs, induction into substance use, street harassment, risk of kidnapping and ritual killing.
The physical health problems included poor carbohydrate-based diet with consequent undernutrition, open defecation with attendant health risks, predisposition to allergies, acquisition of infections including STIs, minor physical injuries and a few deaths from Road Traffic Accidents (RTAs). Sexual, verbal and substance abuse were common mental health problems, although few children acquired mental resilience.
The governmental shortcoming which feds the epidemic of children on the street included the failure of the Oyo State's education systems, inadequate vocational training programs for uneducable children, lax State child welfare laws, difficult rehabilitation of children on the street and poor policies on family size. The parental poverty alleviation scheme was one of the state's government interventions, however, jurisdictional failure overshadows the efforts against child streetism in Ibadan.

Conclusion
The continuing influx of children on the streets of Ibadan is due to the peculiar family dynamics and the prevailing governmental jurisdictional failure. The presence of children on the street is fraught with a lot of difficult lived experiences and health problems. An appreciation of these factors, and synchronized targeted multi-level interventions within the ecosystems can positively influence measures to combat the epidemic of children on the streets of Ibadan, Oyo state, South-west Nigeria.

Keywords: streetism, lived, phenomenology, needs, hawk, relationship, welfare, rights

Publications and presentations from the thesis

Publications

1. Obimakinde, A. M., & Shabir, M. (March, 2023). Recount and Account of Lived Experience of Children on the Street: A Phenomenology Approach. *International Journal of Qualitative Research, 2(3), 183-194*. https://doi.org/10.47540/ijqr.v2i3.756

2. Obimakinde, A., & Shabir, M. (May, 2023). Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria. *African Journal of Primary Health Care & Family Medicine, 15(1), 10 pages.* doi: https://doi.org/10.4102/phcfm.v15i1.3819

3. Obimakinde, A., & Shabir, M. (2023). The Family Dynamics of Children on the Streets of Ibadan, Southwest Nigeria. *South African Family Physician Journal*: Submitted May 19th,2023 and accepted for publication on 12th August 2023. (in press for release early January 2024). *S Afr Fam Pract. 2024;66(1), a5774.* https://doi.org/10.4102/safp.v66i1.5774

4. Obimakinde, A., & Shabir, M. (2023). Children on the streets of Ibadan Nigeria: neglect of children's rights submitted July 1st 2023 to *International Journal of Children's Rights*.

Presentation

1. Obimakinde, A., & Shabir, M. The physical, mental, and healthcare issues of children on the street of Ibadan, Southwest Nigeria: a qualitative approach. Oral presentation submitted for *CARTA-Witwatersrand SPH conference 2023,* School of Public Health Auditorium, University of the Witwatersrand, Johannesburg, South Africa. Sept 14-15. 2023.

Ethical Clearance certificates

TELEGRAMS..... TELEPHONE.+234 803 328 0687

OYO STATE: THE PACESETTER

MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. .....
All communications should be addressed to
the Honorable Commissioner quoting
Our Ref. No.AD 13/479/4118

7th April, 2021

The Principal Investigator,
Department of Family Medicine and
Primary Care,
University of Witwatersrand,
South Africa.

Attention: Obimakinde Abimbola

ETHICS APPROVAL FOR THE IMPLEMENTATION
OF YOUR RESEARCH PROPOSAL IN OYO STATE

This is to acknowledge that your Research Proposal titled: "Children on the Street of Ibadan, Nigeria: Experiences, Family Dynamics and Health Status." has been reviewed by the Oyo State Ethics Review Committee.

2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.

OYO STATE RESEARCH ETHICAL REVIEW COMMITTEE
Signature & Date
MINISTRY OF HEALTH IBADAN

Abbas Gbolahan
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethics Review Committee

Ethical Clearance certificates

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Dr Abimbola Margaret Obimakinde

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M210424

NAME: (**Principal Investigator**)	Dr Abimbola Margaret Obimakinde
DEPARTMENT:	Family Medicine and Primary Care Local Government Areas of Ibadan South West, Nigeria
PROJECT TITLE:	Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status
DATE CONSIDERED:	30/04/2021
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Prof S. Moosa
APPROVED BY:	CB Penny Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	23/06/2021

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the Third Floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions.Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **April** and will therefore be due in the month of **April** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature _____ Date _____

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

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Abbreviations used in this study

Abbreviation	Meaning
APGAR	Adaptability, Partnership, Growth, Affection, and Resolve
APHRC	African Population and Health Research Center
ATLAS	Archiv fur Technik, Lebenswelt und Alltagssprache (Archive for Technology, Lifeworld and Everyday Language)
BMI	Body mass index
CARTA	Consortium for Advanced Research Training in Africa
COVID-19	COronaVIrus Disease of 2019
CRC	Convention on the Rights of the Child
CRA	Child Rights Act
CYPA	Children and Young Persons Act
DelPHE	Development Partnerships in Higher Education
DfID	Department for International Development
DHS	Demographic and Health Survey
F	Female
FCO	Family Court of Oyo state
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
FMWA&SD	Federal Ministry of Women's Affairs and Social Development
GEEP	Government Employment and Entrepreneur Program
GOPD	General Outpatient Department
HHS	Household Hunger Scale
HIV	Human Immunodeficiency Virus
IDIs	In-depth interviews
IMF	International Monetary Fund
IRB	Institutional Review Board
JAMB	Joint Admissions Matriculation Board
Kg	Kilogram
LGAs	Local Government Areas
LMICs	Low- and Middle-Income Countries
M	Male
m	meters
MWA&SI	Ministry of Women's Affairs and Social Inclusion
MWP	Mature Woman Projects
N	North
NATIP	National Agency for the Prohibition of Traffic in Persons and other related matters
NE	Northeast
NGO	Non-Governmental Organizations
NHR	Nigeria-Bar Human Rights
NHRC	National Human Rights Comission
NURTW	National Union of Road Transport Workers
NW	Northwest
PC	Paired Child

PCA	Principal Component Analysis
PhD	Doctor of Philosophy
PP	Paired Parent
PRB	Population Reference Bureau
PTA	Parent Teachers' Association
RRT	Rapid Response Team
RTI	Road traffic injuries
SIDA	Swedish International Development Cooperation Agency
SCREEM	Social, Cultural, Religious or spiritual, Economic, Educational, Medical
SDGs	Sustainable Development Goals
SO	Shop Owner
*SO	Shop Owner, previously a child on the street
SOCU	State Operating Coordinating Unit
SPSS	Statistical Package for Social Sciences
SSNP	Social Safety Net Program
STIs	Sexually Transmitted Infections
SW	Southwest
UBE	Universal Basic Education
UCH	University College Hospital
UI	University of Ibadan
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USD	United States Dollars
VWA	Volunteer Work Africa
WAEC	West Africa Examination Council
WI	Wealth Index
WO	Welfare Officer
WOFFE	Women Fund for Economic Empowerment
yrs.	years

CHAPTER ONE

BACKGROUND AND INTRODUCTION TO THE STUDY

CHAPTER ONE: BACKGROUND AND INTRODUCTION TO THE STUDY

1.1 Background

Street children were first described as a public health burden in Ethiopia in 1887 and they remain as such despite several interventions. (Arthur, 2012) "Child-streetism", describes the presence of children below the age of 18 years who for various reasons are seen on the street without any adult supervision.(Arthur, 2012; Boakye-Boaten, 2006; Ennew, 2003; Owusuaa, 2010; UNICEF, 2001) This phenomenon is growing fast globally.(Parveen, 2014; Sorre & Oino, 2013; Tefera, 2015; Zarezadeh, 2013) The United Nations Children's Fund (UNICEF) views street children as children in difficult circumstances without the necessary attention in health research.(Ennew, 2003; UNICEF, 2001, 2006) Currently, there is an epidemic of child streetism in low-and middle-income countries (LMICs), with an estimate of over 15 million street children in Nigeria.(Adewale & Afolabi, 2013; Chamwi, 2010; S. Cumber et al., 2017; Inciardi & Surratt, 1998; Sorre & Oino, 2013) There are four categories of street children: children of the streets with severed families link, children-**from**-street-families, children-who-**absconded**-from-institutional care and children-**on**-the street, which is the dominant category.(Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007)

Children-**on-**the street are distinctly different, as they earn a livelihood during the day but return home to their families at night.(Asanbayev et al., 2016; Parveen, 2014; Sorre & Oino, 2013; Tefera, 2015; Zarezadeh, 2013) They constitute 80-90% of street children in urban regions of LMICs, where they contribute to the public health burden.(Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007) It is alarming that the highest proportion of street children are those who have links to their families. This suggests the failure of the family systems and a lack of in-depth understanding of the experiences and health of these children. (S.

N. Cumber & Tsoka-Gwegweni, 2015; Dybicz, 2005; Hills et al., 2016) Yet, most literature examines the other categories of street children. A 2015 Nigerian report revealed that children on the street significantly contribute to child labour in parts of Nigeria, but acknowledged a strong lack of understanding of the phenomenon. (FMOH, 2015; UN-CRC, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013) Ibadan, the third most populous metropolis in Nigeria has an active population of children on the streets because several interventions targeted against children on the streets have failed, perhaps because of poorly understood and unmet needs of these children. (S. N. Cumber & Tsoka-Gwegweni, 2015; Dybicz, 2005; Faloore & Asamu, 2010; FMOH, 2015; Hills et al., 2016; Olaleye & Oladeji, 2011; UN-CRC, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013)

This study titled "Children on the streets of Ibadan, Nigeria: experiences, family dynamics and health status" re-addressed the phenomenon of child streetism for family-connected children in Ibadan, South-West Nigeria. Ibadan is a prototype Nigerian city flanked by rural suburbs. Ibadan has sociodemographic similarities to major cities in Nigeria burdened with rising numbers of children on the streets despite purported interventions against child streetism in the country. This research explored the family dynamics, experiences and health status of children on the streets of Ibadan to fill in research gaps regarding the pervasive phenomenon of child streetism. The result of this research provided an insight into the phenomena of children on the streets in Nigeria.

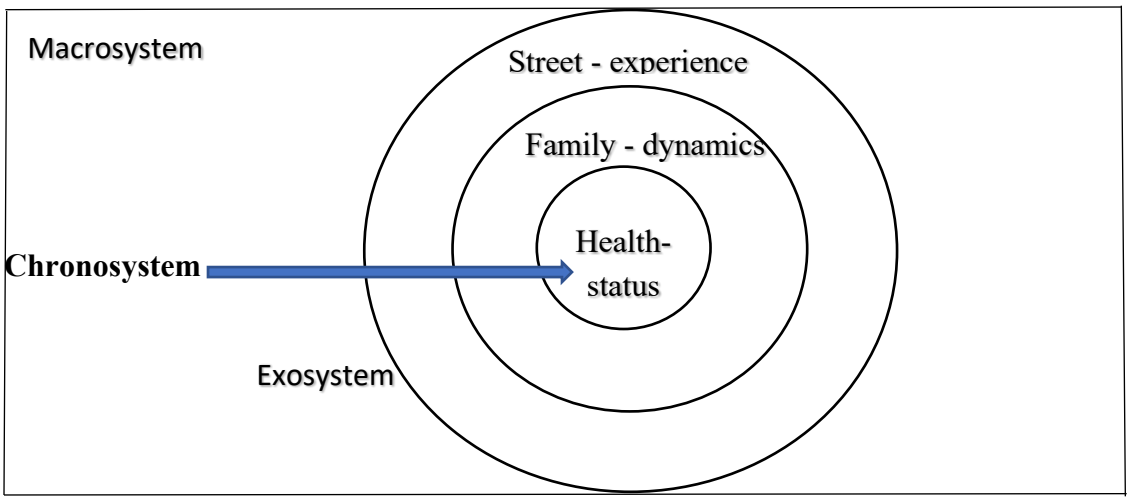
1.2 Conceptual framework

The Bronfenbrenner ecological model and the structural analysis of factors that act as "push" and "pull" in the family systems are theoretical frameworks for this study.(Bengtsson, 2011; Dennis & Martin.Peter, 2005; Kaime-Atterhog, 2012; Loknath, 2014; Mhizha et al., 2016; Moura, 2002;

Thornberg & Delby, 2019) Bronfenbrenner addresses the *microsystem, mesosystem, exosystem macrosystem* and the *chronosystem* of the developing child. The microsystem is the family, where the structural analysis of factors that acts as "push" and "pull" is elucidated. (Dennis & Martin.Peter, 2005; Kaime-Atterhog, 2012; Loknath, 2014; Mhizha et al., 2016; Thornberg & Delby, 2019) The filial(parent-child) relation comprising adaptability, role performance, decision-making, cohesion, and communication, is important and when distorted, underscores the family dynamics of a child on the street. (Bengtsson, 2011; Dennis & Martin.Peter, 2005; Kaime-Atterhog, 2012; Loknath, 2014; Mhizha et al., 2016; Moura, 2002; Thornberg & Delby, 2019) The "push" factors encompass the family characteristics and socioeconomic experiences, while the "pull" includes the perceived benefit of street life and experiences. (Dennis & Martin.Peter, 2005; Kaime-Atterhog, 2012; Loknath, 2014; Thornberg & Delby, 2019) The street constitutes an atypical microsystem and an unhealthy ecological crossing for a child. (Bengtsson, 2011; Mhizha et al., 2016; Moura, 2002) The dysfunctional family and street microsystem cumulate into a low-quality mesosystem which becomes a risk to the normal development of the child on the street.(Bengtsson, 2011; Mhizha et al., 2016; Moura, 2002) The *exosystem* includes the social support systems, parent's workplace, mass media and local government policies or norms that indirectly affect the child's development. (Bengtsson, 2011; Mhizha et al., 2016; Moura, 2002).This *macrosystem* include the culture, formal and informal social structures, national regulations, policies and laws, societal and ideological forces which affect the child's development indirectly and impact on the other direct ecosystems. (Bengtsson, 2011; Mhizha et al., 2016; Moura, 2002) The *chronosystem* encompasses major life transitions(e.g. death/divorce of a parent) and environmental encounters(economic/political calamities) during childhood that can shape the child's behaviour and subsequent life choices. (Bengtsson, 2011; Mhizha et al.,

2016; Moura, 2002) A child on the street most likely will encounter more negatives than positives within the dysfunctional family and the streets. All these direct and indirect factors within the ecosystem are interconnected complexities that can negatively impact the child on the street. The characteristics and unmet needs of children on the streets are embedded in the "push" and pull" factors within the family dynamics, which influences their experiences and affects their health status. Hence, we adopted a holistic and multilevel approach to the exploration of the family dynamics, experiences and health of children on the street sourcing information from the children on the streets (current and past), parental figures, street shop-owners and Oyo state's child welfare officers.

Fig 1: Bronfenbrenner ecological model of the child on the street



1.3 Experiences of children-on-the street

Lived experiences of street children entail the nature of their daily activities, in terms of their use of time and what they endure to survive on the street.(Faloore & Asamu, 2010; Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011) Their experiences stem from "work" and social activities on the street.(Faloore & Asamu, 2010; Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011) They experience exploitation, insecurity and may have feelings of hopelessness. (S. Cumber et

al., 2017; S. N. Cumber et al., 2017; S. N. Cumber & Tsoka-Gwegweni, 2015; S. N. Cumber & Tsoka-gwegweni, 2017; Molahlehi, 2014; NHR Commission Nigeria, n.d.; UNICEF, 2001; Wargan & Dershem, 2009a) This is partly because of the underlying unfavourable family dynamics and lack of hope that society will come to their aid. (Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011) These experiences are documented for children of the street, who are deprived of family contact and support, with gaps in the literature regarding the experiences of the children on the street. (Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011) For instance, only 2 of 108 papers in a systematic review of publications on street children from 35 LMICs, speak to children on the streets being less likely to encounter some of these experiences.(Kerfoot et al., 2007; Merril et al., 2010; Woan et al., 2013) These two studies are ambiguous and neither evaluated their experiences relative to the family sociodemography or dynamics. (Kerfoot et al., 2007; Merril et al., 2010) Hence, there is a need to explore the dimensions of the experiences of children on the street.

Street children engage in begging, hawking, and being hired help to people on the street, with these financial activities forming a major part of their experiences. (Mickelson, 2000; O'Haire, 2011) A meta-analysis of 31 outdated (1993 to 2000) papers from Africa, Asia, and Latin America with a total sample of 68014 street children, found that the majority were male children on the street in Africa with a significant variation for all livelihood strategies. (Alem & Laha, 2016) Money made by children on the street remains a major pull factor, with street girls having a higher tendency to sexual exploitation. (S. Cumber et al., 2017; Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011; Stephen et al., 2013) The meta-analysis captured three Nigerian papers and listed daily labour as the most common financial activity, followed by street vending and begging.(Alem & Laha, 2016; Ekpiken-ekanem & Ayuk, 2014; Ikechebelu et al., 2008; Owoaje

et al., 2011) Two of the Nigerian studies were old and not explicit about children-on-street while one study only focused on sexual abuse and exploitation amongst the females.

Street children lack adequate nutrition and are exposed to unhygienic conditions, like poorly packaged food with no access to clean drinking water and toilet facility. (S. Cumber et al., 2017; Myburgh et al., 2015; Stephen et al., 2013) Their feeding depends largely on their earnings or they go hungry and desperate to do anything for food. (S. Cumber et al., 2017; Myburgh et al., 2015; Stephen et al., 2013) Children-on-the street may go home intermittently to use the toilet facilities, drink water or eat and may not experience desperation, but these are speculations with no evidence. Fifteen of the meta-analysis of 108 articles from LMICs, found contradictions between the nutritional status of children-on-the street and children-of-the-street. (Woan et al., 2013) Likewise, other studies lacked data on the peculiarities of children on the street regarding their feeding, drinking or toilet habits. (S. Cumber et al., 2017; Myburgh et al., 2015; Stephen et al., 2013; Woan et al., 2013) What are the experiences of children on the street in Ibadan metropolis, Nigeria? Plausibly the underlying family dynamics of children on the street expose them to these experiences.

1.4 Family dynamics of children-on-the street

Globally, street children are viewed as a by-product of socio-economically challenged families in urban slums of LMICs, characterized by overpopulation and inadequate social security. (Alem & Laha, 2016; Kerfoot et al., 2007; Merril et al., 2010) Besides poverty, a variety of other unhealthy structural and functional family problems underscore child-streetism. (Abubakar-Abdullateef et al., 2017; Azuka & Patrick, 2019; Ekpiken-ekanem & Ayuk, 2014; Faloore & Asamu, 2010; Inyang & Ralph, 2015; McAlpine et al., 2010; Olaleye & Oladeji, 2011; Tefera, 2015; Ugwuadu, 2017) Particularly for children-of-the street, being orphaned, child abuse, poor

parent-child interaction, and family dysfunction can push children to the streets.(Abubakar-Abdullateef et al., 2017; Azuka & Patrick, 2019; Ekpiken-ekanem & Ayuk, 2014; Faloore & Asamu, 2010; Inyang & Ralph, 2015; Olaleye & Oladeji, 2011; Tefera, 2015; Ugwuadu, 2017) Streetism, for children on the street, maybe a survival strategy for a well-functioning family, however, there are gaps in the literature, which this thesis hopes to fill. Studies have reported that children of the street are sent out of their homes to provide financial sustenance for themselves.(Hills et al., 2016; Mounir et al., 2007; Netshiombo, 2015; Tefera, 2015; Wargan & Dershem, 2009b, 2009a) A Brazilian study conducted about two decades ago on poorly categorized children on the street reported that they are from disintegrated female-headed families, living in slums, with a high level of illiteracy and poverty.(Abdelgalil et al., 2004) A meta-analysis of the literature on street children reported that a major push factor in Africa is coercion by family members due to socioeconomic challenges, family dysfunction and the inability to provide educational support. (Alem & Laha, 2016) Similar conclusions were drawn from West African studies, which addressed the family dynamics of the minority categories of street children.(Abubakar-Abdullateef et al., 2017; Adewale & Afolabi, 2013; Faloore & Asamu, 2010; Ugwuadu, 2017)

There is a paucity of literature on family dynamics of children on the street in Nigeria while extensive research has been conducted mostly on children of the street, especially the Almajiris in Northern Nigeria.(Adewale & Afolabi, 2013; Ekpiken-ekanem & Ayuk, 2014; Faloore & Asamu, 2010; FMOH, 2015; Olaleye & Oladeji, 2011; Ugwuadu, 2017) A 2008 United Nations(UN) report of the Convention on the Rights of the Child Committee (CRC) in Nigeria, recognized the gap in knowledge regarding the prevalent children-on-the-street in southern states. (UN-CRC, 2008) Likewise, the 2013 Nigeria Child Rights Act manual, recognized a poor

understanding of the phenomenon of children-on-the-street, in the southern states, and proposed that this category of street children cannot be arrested for wandering. (UNICEF Nigeria-Bar Human Rights Committee, 2013) This is because, under section 26(1) of the Children and Young Persons Act (CYPA), any local authority in Nigeria may arrest a child if they have reasonable grounds that the child is wandering and has no home. (UNICEF Nigeria-Bar Human Rights Committee, 2013) Children-on-the street are not culpable because of the clause, thereafter the CRC recommended that research should generate baseline data on various issues affecting the rights of the children on the street, after which laws can be amended. (UN-CRC, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013) Recently a dissertation in 2017, investigated the push factors for children-of-the-street, in Iwo- road, a popular street in one of the urban local government areas (LGAs) of Ibadan, Nigeria. (Ugwuadu, 2017) This was a qualitative study and involved only male children-of-the street, three traders and two social workers. (Ugwuadu, 2017) Sample size, participants and study-site selection bias were obvious limitations of this study even though the author acknowledged children on the street as a majority group in Ibadan. (Ugwuadu, 2017) Escape from an abusive home environment, was a major push factor for streetism in that study, with bear mention of other domains of family dynamics. (Ugwuadu, 2017) The family-APGAR, a validated family function tool, which assesses Adaptability, Partnership, Growth, Affection, and Resolve (Eseigbe et al., 2014; Ogundokun et al., 2016) was incorporated as an interview prompt in this thesis. The family-APGAR will assist to decipher the poorly understood family dynamics of children on the street of the Ibadan metropolis. The hazards from the street and family ecology cumulatively engender health challenges for children on the street.

1.5 Health status of children-on-the street

The health problems observed in street children can be attributed to their family dynamics and adverse street experiences. Health problems of street children include malnutrition-related poor growth, skin infections and poor dentition.(Abubakar-Abdullateef et al., 2017; Asante et al., 2015; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007; Savarkar, 2018) They readily sustain unintentional physical injuries due to the roughness of street life. (Marcal, 2017) They lack access to health care when ill and can suffer maltreatment, sexual abuse or exploitation with subsequent sexually transmitted infections(STI) and HIV risk.(Abubakar-Abdullateef et al., 2017; Asante et al., 2015; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007; Savarkar, 2018) A meta-analysis of African literature published between 1990 to 2015 from 16 countries revealed the above morbidities are prevalent among street children. (S. N. Cumber & Tsoka-Gwegweni, 2015) However, this review recognized the fact that most of the studies were outdated and centred on children of the street. The meta-analysis recommended a detailed review of the health profile of different categories of street children in different regions of Africa. (S. N. Cumber & Tsoka-Gwegweni, 2015) Another meta-analysis of quantitative research published between 1995 and 2011 representing 35 countries, found a higher prevalence of malnutrition, poor growth, infection, injury, conduct problems and substance use among children of the street but specifics for children on the street were blurry. (Woan et al., 2013) Children of the street are easily susceptible to the aforementioned morbidities due to a lack of family support and poor shelter. (S. N. Cumber & Tsoka-Gwegweni, 2015; Woan et al., 2013) Contrarily children on the street with substantively different family and street dynamics may have different health outcomes, but this has been underexplored. Most studies in the meta-analysis merely compared the health of the generality of street children to that of school children.

(Woan et al., 2013) Only one multinational study in the meta-analysis reported a high prevalence of physical injuries among street children with no delineation for the children on the street.(Pinzon-Rondon et al., 2009; Woan et al., 2013) Four of the reviewed articles gave contradictory evidence on the nutritional and growth status of street children. A Kenyan study suggested that children on the street with family ties have better growth outcomes and recommended in-depth research in this area.(Ayaya & Esamai, 2001; Woan et al., 2013) The Kenyan study also found skin infections were the commonest morbidity in children of the street while dental problems were more in children on the streets Another four studies in the review reported a higher prevalence of sexual activity, STI and HIV among children of the street except for one of the four studies, which found comparable syphilis prevalence rates in children-on-the-street. (Jorge A. Pinto, Andrea J. Ruff, Jose V. Paiva, Carlos M. Antunes, Irene K. Adams, Neal A. Halsey, 1994; Woan et al., 2013)

Health outcomes frequently assessed in street children are growth status (using body mass index), sexual and dental health.(Ayaya & Esamai, 2001; Woan et al., 2013) A study examined the social network, livelihood and health-seeking behaviour of children of the street in three busy transit motor parks in Ibadan in 2008. (Faloore & Asamu, 2010) Although the authors acknowledged that 90% of the street children were children-on-the-street, they focused on children-of-the-street. (Faloore & Asamu, 2010) The study acknowledged their sampling strategy as a limitation and suggested further studies involve shop owners who are part of the social network of street children. (Faloore & Asamu, 2010) This thesis plans to fill the gaps in the aforementioned study by involving shop owners and utilizing a proportional sampling of children on the street in all five urban LGAs of Ibadan. Street children have been described as invisible and excluded from research that has to do with population vital statistics, health indices and

healthcare plans.(Abubakar-Abdullateef et al., 2017; Asante et al., 2015; Bassuk et al., 2015; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007; Savarkar, 2018; UNICEF, 2006) The research gap on the health status of children on the street serves as a compelling example of the global disparity in child health, which negates Sustainable Development Goals (SDGs) concerning children's rights. (Woan et al., 2013) The 2015 report on "Children Left Behind in Nigeria", and similar reports recommended targeted research to ameliorate the disparity. (FMOH, 2015; UN-CRC, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013) What are the specific family characteristics, experiences and health of children-on-the street in Ibadan, South-West Nigeria and what are the associations between these?

1.6 Problem statement

The growing number of children on the streets in Ibadan Nigeria is concerning, particularly in the purview of a variety of published research and targeted interventions over the years.

Although the literature on street children are numerous, information on the children on the street is lagging. The lack of explicit data on the phenomenon particularly the contextual family dynamics, experiences, needs and health underscores the epidemic of child streetism for family-connected street children cities of LMICs like Ibadan, Nigeria.

Existing literature are not precise and most do not utilize a holistic approach to the evaluation of the phenomenon of children on the street in Nigeria. Poor understanding of the phenomenon may be the reason for the failed interventions targeted at eradicating the acknowledged continuing presence of children on the streets of a metropolis like Ibadan, in Nigeria. The 'epidemic' of children on the streets in Nigeria is a public health concern and conflicts with the SDGs concerning children's rights, welfare and health.

1.7 Justification

Studies on street children capture mostly the children of the street with paucity regarding children on the streets, who are the major category. The fewer studies on children on the street in Nigeria are outdated, porous, usually unidirectional and quantitative without multidimensional exploration of the complexities that surround this major category of street children. These studies some of which are cited in the background to this thesis extrapolated data regarding children on the street as a sub-set of street children. Importantly review of literature revealed that most of the studies that acknowledged the uniqueness of children on the street among were old, centred on children of the street and recommended further focused research of children on the street.

This research focused on the major category of street children using in-depth description and exploration of their situations considering the complexities of interconnected factors that can be drivers for child streetism for a family-connected child.

Therefore, using a mixed-method approach, we adopted and applied the Bronfenbrenner ecological model to the multidimensional exploration of the family dynamics, experiences and health of children on the streets of Ibadan. This afforded us the opportunity of multiple reliable sources of rich information from the children and significant adults in their ecosystem. We triangulated this multidimensional information and obtained an appreciation of an updated situation of children on the streets of Ibadan. The result of this research has expectedly bridged literature gaps and can guide meaningful interventions against child streetism in Ibadan, Nigeria, considering we explored the unmet needs vis a vis the existing interventions in context of the family, experiences and health of children on the street.

1.8 Objectives of the Study

1.8.1 Aim of the study

This study explored the lived experiences, health, and family dynamics including specific family characteristics and needs of children on the streets in Ibadan, Nigeria.

1.8.2 Specific objectives of the study

1. To explore the lived experiences of children on the streets of Ibadan, Nigeria
2. To explore the family dynamics of children-on-the-streets of Ibadan, Nigeria
3. To explore the health of children on the streets of Ibadan, Nigeria
4. To describe the existing intervention and needs of children on the street of Ibadan, Nigeria

CHAPTER TWO

METHODS

CHAPTER TWO: METHODS

This research utilized a mixed-method approach but largely qualitative, with four study designs. A descriptive phenomenological qualitative approach was utilized for the four study designs and relevant descriptive quantitative data was obtained in two of the four study designs.

2.1 Study design

The research utilized four qualitative studies, of which two of the studies had quantitative measures included for descriptive purposes. The studies included:

1) In-depth interviews with the Oyo States child welfare officers.
2) In-depth interviews with street shop owners.
3) In-depth interviews with children on the street.
4) Paired In-depth interviews with a child on the street and a parental figure.

Descriptive quantitative data was obtained from the children who participated in the stand-alone in-depth interviews (study 3) and the children who participated in the paired in-depth interviews (study 4).

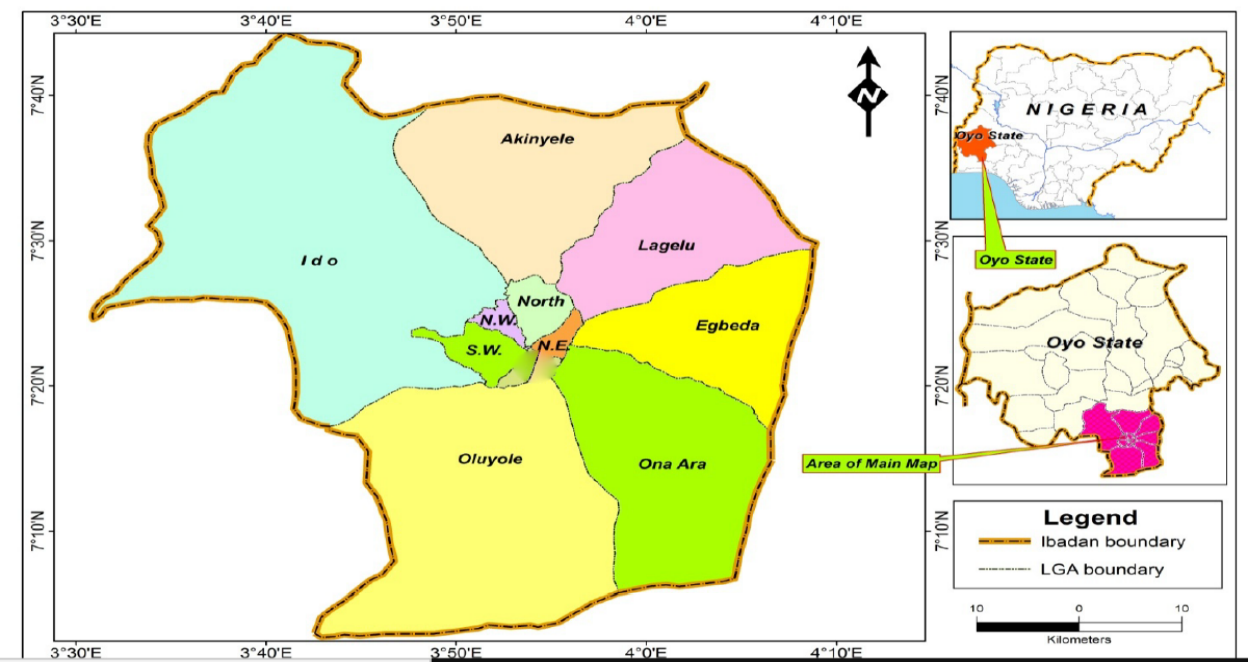
The research team consisted of the researcher who is a trained Family Physician (the lead research), two research assistants who are graduates with Masters in Public Health and a trained psychologist with a PhD in psychology, who has at least 10yrs working experience with the Department of Family Medicine at the University College of Hospital Ibadan. The research team had 3-days of training, discussions and briefing on the study protocol and procedure before the commencement of data collection. All team members had been involved in research, ethics training and certification. The lead researcher is a CARTA PhD fellow who had been trained on research methods inclusive of qualitative research design and data management. The training was part of the PhD series of program organized by CARTA during the 2nd Joint Advance Skills

(JAS 2) at the School of public health in the University of Witswaterands, during the thesis proposal writing stage.

2.2 Study sites

The study sites were five streets with a known active population of street children in Ibadan, Oyo State, Nigeria. Oyo State, the largest state in South-West Nigeria, has 33 local government areas (LGAs), with six rural and five urban LGAs situated within Ibadan, the state capital. Street children are found in the urban LGAs of Ibadan where they could benefit from the working class. Therefore, five streets were purposely selected at one street from each of the five urban LGAs in Ibadan, namely Ido, Northwest (NW), North (N), Northeast (NE) and Southwest (SW) LGAs.

Fig 2.1. The Map of Ibadan LGAs within Oyo State, Southwest Nigeria



The Ibadan urban LGAs are surrounded by the rural LGAs including the Akinyele, Lagelu, Egbeda, Ona-Ara and Oluyole LGAs, as shown in Fig 2(Adeola Fashae et al., 2020) above.

Fig 2.2 The street selected in each LGAs

2.3 Study 1: In-depth interviews with child welfare officers

This study utilized in-depth interviews with child welfare officers.

2.3.1 Population: These were Oyo-state-appointed child-welfare officers designated to each of the five urban LGAs of Ibadan.

2.3.2 Sampling Strategy: Child welfare officers working in the five urban LGAs (Ido, NW, N, NE and SW) were purposively selected at two officers per LGA. All, the LGAs' child welfare offices in Ibadan report to the central directorate for child welfare services in the Oyo State secretariat. Therefore, an additional two child welfare officers were selected from the Oyo State secretariat in Ibadan. The Oyo State secretariat is located in Ibadan North(N) LGA, wherein the Oyo State's Ministry of women affairs and social inclusion is located and within this Ministry the Department of child welfare services for Oyo State. The Oyo State's Ministry of women affairs and social inclusion is linked to the Federal Ministry of women affairs and social inclusion in the Federal Capital Territory (FCT) in Abuja, where all matters of child welfare

services are coordinated in Nigeria. The study protocol and ethical approvals were submitted to the office of the director for child welfare services at the Oyo state secretariat for notification and approval was obtained before the study commenced. The director for child welfare services in Oyo state represent a lower level policy advocate for child welfare service in the country. A total of 12 (selected at 2 per each of the 5 LGAs and 2 from the Oyo state secretariat) child welfare officers were selected by purposive and snowball sampling techniques, until saturation was reached.

2.3.3 Criteria for participant selection

2.3.3.1 Inclusion criteria for participant selection

1. Oyo States' child welfare officers with a minimum of six months' work experience in each urban LGAs and the Oyo State secretariat directorate of child welfare services (to guarantee the officers' familiarity with the locality of interest)

2.3.3.2 Exclusion criteria for participant selection

1. Non-consenting Oyo States' child welfare officers

2.3.4 Data collection from child welfare officers

The data collection via in-depth interviews took place between June 2022 and September 2022 across all urban LGAs in Ibadan. The interviews were conducted in LGAs' child welfare offices and at the state central directorate secretariat office, based on availability and at the convenience of the consenting child welfare officers.

Research assistants assisted with the recruitment and the interviews were conducted only by the researcher once and during the day, in English language. The translated interview guides in the local languages (Yoruba) were available for reference or clarity during the interview. In-depth interviews were conducted using an interview guide (APPENDIX_A) to explore the child

welfare officers' work experiences, knowledge, and perception of the family dynamics, lived experiences, health and needs of children on the streets of Ibadan.

The researcher developed the interview guide using validated a questionnaire (family APGAR) as a prompt during the interview. The family APGAR questionnaire was utilized as an interview prompt to explore the interpersonal relationship between parental figures and the child on the street. The interview guide had questions which also probed the family structure and resources of children on the street. The prompt questions used to explore the lived experiences, health and needs of children on the street were guided by validated evidence from literature and existing literature gaps. The same interview guide was adapted and used for the four categories of participants in this research (i.e. Studies 1,2,3, and 4).

The interviews were audio-recorded and field notes were used to record activities of interest during the interview. The child welfare officers shared their knowledge and perception of the lived experiences, family dynamics, health, needs and existing interventions for children-on-the streets of Ibadan. The director of the child welfare services in each of the urban LGAs suggested the street known with an active population of street children to the research team. The child welfare directors in each LGAs were informed of the date, time and location of the research activity on the select street. This official notification enabled the research team to promptly report incidence that required the intervention of a child welfare officer. But the child welfare officers were not present during any of the interactions with the children on the street or with the parental figure to avoid the feeling of being coerced. They were also not present at the interviews with street shop owners.

2.4 Study 2: In-depth interviews of street shop owners

This method utilized in-depth interviews of street shops or business owners.

2.4.1 Population

These were consenting street-shop or street-business owners within the five urban LGAs (Ido, NW, N, NE and SW). They were purposively selected at two street shops or business owners per each urban LGA in Ibadan. The choice of street in each LGA was guided by the information on a known active population of children on the street provided by the office of the director of child welfare services in each LGAs.

2.4.2. Sampling Strategy

Two street-shop or street-business owners were selected by purposive and snowball sampling techniques from each of the five LGAs (Ido, NW, N, NE and SW). A total of 10 street shops or business owners were selected, until saturation was reached.

2.4.3 Criteria for participant selections

2.4.3.1 Inclusion criteria for participant selection

1. Adults (above 18 years of age), both male and female
2. Street-shop or street-business owners at major road intersections close to public market-places (they readily unconsciously can observe the activities of children on the street due to their location)
3. Operates a shop/business from dusk to dawn for a minimum of six months on the select street. (they are knowledgeable about the activities and movement of the children throughout the day)

4. Being a past children-on-the-street was a desirable but not compulsory selection criterion (which was a criterion met by 5 out of 10 selected street-shop owners)

2.4.3.2 Exclusion criteria for participant selection

1. Previously belonged to other categories of street children (i.e. children of the street, children from street families and children who absconded from institutional care)

2.4.4 Data Collection

The data collection via in-depth interviews took place between June 2022 and September 2022 across all urban LGAs in Ibadan. Interviews were audio-recorded using an interview guide (APPENDIX_B) and field notes were used to record activities during the interview. The interview guide is the same one used for study 1 but tailored for questioning street shop owners or street small-business owners. These interviews also constituted formative data, as these participants assisted in the identification of current children on the streets. These participants also facilitated contact with the parental figures to obtain parental permission for the children's recruitment for sole interviews and recruitment for paired child-parent interviews. Research assistants recruited the participants and the researcher conducted the interview once and during the day, in the translated local language (Yoruba), using the English version of interview guides when needed. During interaction with street shops or street-business owners, observation of the activities of the children on the street was recorded in the research memo. Photographs of the street within the consented shop-owners' vicinity were taken after the interview. Only area photographs of the streets were taken after photograph consent was obtained from the shop owners and images of children on the street were avoided and blurred. The photographs taken were street scenes relevant to study objectives and the photos are for data enhancement as photo-elicitation (Glaw et al., 2017) to give robust insight into the everyday life of children-on-the

street. This study 2 explored the lived experiences, family dynamics, health issues perceived and expected needs of children on the street from adult street-shop or street-business owners' knowledge and perspectives. The recruited street-shop/small business owners who were past children on the street shared their history of lived experiences, family dynamics, health issues perceived and expected needs and expressed their concerns about the current children on the street.

2.5 Study 3: In-depth Interview of children-on-the-street

This mixed-method utilized a combination of an in-depth interview and a short-abridged questionnaire to obtain relevant descriptive information from each select child-on-the-street. A short-abridged questionnaire was administered before an in-depth interview with each child. The quantitative questionnaire was strictly for the thick description (Korstjens & Moser, 2018) of the children-on-the streets, from the 5 urban local government areas of Ibadan.

2.5.1 Population

These were assenting children-on-the-street selected from a street per each of the urban five LGAs of Ibadan.

2.5.2. Sampling Strategy

Children on the street were initially purposively selected with the assistance of street-shop or street-business owners and subsequently by snowball technique. A minimum of two children on the street were selected on each street in each of the five LGAs, with a total of 11 children the on street selected, until saturation was reached. The purposive sampling was applicable because this was largely a qualitative study and the quantitative measures was complementary for thick description of the children on the street. Children are found on the streets of Ibadan year-round without seasonal variation and the recruitment fitted conveniently into the research timeline.

2.5.3 Criteria for participants selection

2.5.3.1 Inclusion criteria for selection

1. A child-on-the-street whose parent/guardian had consented to the child's participation in the study
2. A child-on-the-street, aged 13yrs -17yrs 11months. (the mid to late teenagers are expectedly more neurocognitively developed and could participate and respond appropriately to questions)
3. A child on the street who returns home daily to his/her family at night to sleep.

2.5.3.2 Exclusion criteria for selection

1. A child on the street mentally or physically ill or impaired

(The parental figures of the two ill/impaired boys encountered during the research were sought after and their healthcare was initiated and facilitated by the researcher. A referral was made to the Paediatric outpatient clinics of University College Hospital for a boy with physical limitation of one upper limb. The other child with mild depressive symptoms was evaluated by the researcher, referred to the Child and Adolescent Psychiatric Clinic of the University College Hospital, Ibadan and followed up by the researcher.

2.5.4. Data Collection

The data collection took place between June 2022 and September 2022 across all urban LGAs in Ibadan. Permission was sought from the children on the streets to approach the parental figure for consent. Thereafter, parental consent was obtained for all recruited children after which the child's assent was obtained. The time and venue of the data collection was based on parental preference, child's assent and convenience but the parental figures were not present during data

collection from each child. For this mixed-method, a short-abridged questionnaire was administered to each child before the in-depth interview. The interviewer-administered questionnaires (APPENDIX_C_SECTION_A) is a compilation of short abridged questionnaires validated for street children in West Africa.(Korstjens & Moser, 2018; McAlpine et al., 2010; UNICEF, 2001; Wargan & Dershem, 2009a) This questionnaire was used for the thick description(Korstjens & Moser, 2018) of the children-on-the-streets for urban health geography(Ennew, 2003) of the child streetism phenomenon in Ibadan. This questionnaire included the 3-item Household Hunger Scale (HHS) (APPENDIX_C_HHS), the 11-item Demographic and Health Survey(DHS)-Wealth Index(WI) questionnaire (APPENDIX_C_DHS_WI), questions on street activities, school, HIV, sexual activity, and some measures of physical health. (Córdova, 2009; Deitchler et al., 2010, 2011; Rutstein & Johnson, 2004; UNICEF, 2001; Wargan & Dershem, 2009a; Wiesmann et al., 2009) The DHS-WI questionnaire assessed the household's ownership of selected assets (e.g. television) as a measure of socioeconomic status. The DHS-WI separates households into five wealth quintiles namely; Lowest, Second, Middle, Fourth, and the Highest. The lowest quintile corresponds to the poorest and the highest quintile corresponds to the wealthiest.(Rutstein & Johnson, 2004) The 3-item HHS was used as a measure of food security in the family, each of the 3 items was scored as; 1=Never 2=Rarely 3= Sometimes 4=Often. (Deitchler et al., 2010, 2011) The higher the HHS score the worse the food insecurity in the family or household. (Deitchler et al., 2010, 2011)

Upon completion of the short questionnaire, an in-depth interview was conducted and audio-recorded using an interview guide (APPENDIX_C_SECTION_B). Research assistants recruited the children and interviews were conducted by only the researcher, once and during the day, in the local language (Yoruba), using translated interview guides. Although a few of the children

understood English as expected and based on their level of education. Observation of the activities of children on the street was recorded in the research memo. The interview with each assenting child on the street was conducted only in the presence of the researcher and child, in the child's parent/guardian's shop or home. Subsequently, after the interview, a brief physical examination of the exposed scalp, skin, anterior teeth and measurement of weight and height was conducted at the parent/guardian home or shop. This study explored the lived experience, family dynamics, health, and expected needs of children on the street.

2.6 Study 4: In-depth interviews of pairs of a child on the street and a parental figure

2.6.1. Population

These were pairs of assenting children-on-the-street and consenting parental figures, selected from a street per each of the five urban LGAs of Ibadan.

2.6.2 Sampling Strategy

The children were recruited purposively and by snowball technique after parental consent was obtained as explained in study 3. Only children who agreed to a paired parent-child interview were selected for this while those that declined linked interview were recruited for the stand-alone interview. The children that declined linked interview felt the parental figure wouldn't appreciate being interviewed and might feel scrutinized. Permission for a linked interview was sought from each recruited child who agreed for the paired parental interview. Thereafter a parental figure for each recruited child on the street was approached for an in-depth interview. The selection of a child-parental figure pair was from the five urban LGAs (Ido, NW, N, NE and SW). Two (2) pairs of child-parental figures were selected from a street in each of the five LGAs, with total a of 10 pairs selected for the paired in-depth interviews.

2.6.2.1 Inclusion criteria for selection for the Paired In-Depth-Interview (IDI):

1. A child-on-the-street whose parent/guardian has consented to the child's participation in the study
2. A child-on-the-street who is aged 13yrs -17yrs 11months
3. A child-on-the-street who returns home daily to his/her family at night to sleep.
4. A parent to the select child-on-the-street who resides or works close to the street.

2.6.2.2 Exclusion criteria for selection for Paired-In-Depth-Interview (IDI):

1. A child-on-the-street that was mentally or physically ill or impaired

   (None of such children was encountered during the recruitment for the paired interview)

2. A parental figure whose recruited child declined the paired interview despite obtaining parental consent for the child's participation

3. A child whose parental figure declined a paired interview despite obtaining parental consent for the child's participation.

2.6.3. Data Collection

Data was collected from each selected assenting child on the street as explained for Study 3. Thereafter the parental figure of the interviewed child on the street was sought after by the research team. The parent's consent for an interview was obtained and a separate in-depth interview was conducted and audio-recorded using the interview guide (APPENDIX_D). Interviews were conducted by the researcher at the parental figure's convenience, once and during the day, in the local language (Yoruba), using translated interview guides. Identified conflictual parent-child issue found in one pair was attended to briefly by the research team psychologist on the field and the pair was referred to the researcher's place of work, at the

University College Hospital (UCH) for follow-up. The follow-up entailed individual and conjoint therapy by the clinical psychologist in the Department of Family Medicine. This study explored the lived experience, family dynamics, health, perceived and expected needs of children on the street from parent-child pairs.

2.7 Sampling matrix for the research participants (studies 1,2,3&4)

This is a summary of how the different categories of participants for the four studies were selected from each of the five urban LGAs in Ibadan.

Table 2.1 Sample matrix for all recruited participants(studies1,2,3&4)

Study	Category of participants	Characteristics	Selected in each of the 5 LGAs	Total participants in each category
1	Welfare officer	Oyo State-appointed child welfare officer working in each LGA and the central directorate in Ibadan.	2 per LGA & 2 from the Oyo State Secretariat	12
2	Street shop owner	Street shop or business owner on select street Being a past child on the street was an optional desirable criterion	2	10
3	Child on the street	Aged 13yrs -17yrs 11months	2	11
4	Parent-child pair	One parental figure and a child on the street aged 13yrs - 17yrs 11months	2 pairs	10 pairs
	Total recruited for the research			53

2.8 Data Management

2.8.1 Reflexivity and trustworthiness

The researcher observed reflexivity by introspecting to ensure that prior life and work experiences, assumption and beliefs did not conflict nor interfere with objectivity during data collection and interpretation. The PhD supervisor also made conscious effort to remind the researcher of reflexivity during data interpretation.

Although the researcher conducted all interviews because of confidentiality and sensitive family issues discussed, trustworthiness was maintained by ensuring two independent transcription of all audio-recording. Likewise, there was painstaking framework analysis (Srivastava & Thomson, 2009) of transcribed data with triangulation (Korstjens & Moser, 2018) of data conducted by the both researcher and PhD supervisor.

2.8.2 Qualitative Data Management (Studies 1,2, 3 and 4)

Framework analysis was conducted on the qualitative data set from the four studies. Framework analysis allowed for a systematic and succinct interpretation of qualitative data through five levels of data processing namely; familiarization, identifying a thematic framework, indexing, charting and mapping.(Srivastava & Thomson, 2009) The framework analysis matrix facilitated the identification of the thematic area of interest which was matched to the research objectives. The ATLAS-Ti Version 22 software supported the framework analysis with the generation of codes and quotes specific to the emerged thematic areas.

The qualitative data from all studies were triangulated (Korstjens & Moser, 2018) for the framework analysis, which was guided by the research objectives. The field notes, research memorandums and photographs were used to support the framework analysis. Themes and subthemes were used for the results layout. There was the generation of codes and assignments

of statements of quotes specific to the subthemes under each theme. A problematization (Alvesson & Jorgen, 2011) approach was considered for data analysis. This allowed for new observation especially as it pertains to the study location and era while acknowledging the current theoretical views about children-on-the street, with the plan to gap-spot and gap-fill literature on children-on-street.(Alvesson & Jorgen, 2011)

The results of the framework analysis are displayed within the four (4) articles that emerged from this research, presented in chapters 4,5,6 and 7.

2.8.3 Quantitative Data Management (descriptive data collected from the children part of studies 3 and 4)

Quantitative data were collected from all children on the street recruited for this research. A total of twenty-one (21) children participated in this research including eleven (11) children on the street and ten (10) children from the paired parent-child interviews. The collected quantitative data was analysed with SPSS version 23.

The quantitative data collected from each of the twenty-one (21) children on the street who participated in this research is strictly for the purpose of thick description of the selected children. The variables of family size (measured by the number of children in the family), the daily amount of monetary street earnings, socioeconomic status (DHS-WI), household food security (HHS), weight (in Kilogram-kg), height (in meters-m) and BMI (kg/m^2) were numerically presented or analyzed. The physical health concerns regarding feelings, skin lesions, anterior dentition, halitosis, and awareness of HIV and STI were assessed as ("yes" or "no"/ "present" or "absent") and tallied. None of the recruited children had a "yes" response to ever participating in sexual activity. Questions on parents' statuses, street activities and reasons for being on the street were collated and presented for each selected child on the street.

The statistical analysis for the quantitative data included

1. Principal Component Analysis (PCA) of the 11-items of the DHS-Wealth Index questionnaire for socioeconomic status classification of the family of each selected child on the street. The PCA result for the families of the 21 children on the street was in the range of 1st to 3rd Wealth Index quintile

   The DHS-WI interpretation (Córdova, 2009) for the 1st – 5th quintiles: 1st = Poorest family; 2nd =Poorer family; 3rd =Poor/Average family; 4th = Wealthy; 5th= Wealthier
2. Recoding and sum analysis of the 3 items Household Hunger Scale (HHS). The HHS assessed for the household food security for the family of each selected child on the street. The scores for the 21 children ranged from 0-3 with the following interpretation(Deitchler et al., 2011): 0-1 = No or little household hunger; 2-3=Moderate Household hunger > 3=Severe household hunger.

The descriptive data for the 21 recruited children on the street were displayed in tables using numbers and text and bar chart was used to depict the frequency of assessed health conditions (see chapter 3).

2.9 Ethical considerations

The Nigerian (secs 50 & 204 of CRA, 2003) and South African (sec 42(8)(c),Act 38 of 2008) Children's Act, favours vulnerable groups like street children,(Abdulraheem-mustapha, 2016; NHRC, 2003; Richter et al., 2007; Songca, 2019) as such all child-right laws were observed in the conduct of the research. All stipulated ethical principles of autonomy, disclosure, competence, understanding, assent, voluntariness, beneficence, non-maleficence and justice,(Richter et al., 2007; Songca, 2019) were observed in this research. The research information documents, consent, permission and assent forms were structured to capture all the above elements of ethical principles

(see Appendix A-D). Ethical approval was sought and obtained from two ethics committees - Institutional Review Board (IRB) in both Nigeria and South Africa, detailed below:

1. University of Ibadan-Oyo State Ministry of Health (Health Management Board) Medical Ethical Review Board (Local IRB) number AD/13/479/4118[A], dated 7th April 2021

2. University of Witwatersrand Human Research Ethics Committee (Medical) number- M210424, dated 23rd June 2021.

Permissions were obtained from the Oyo State's urban local government councils offices in all five urban LGAs of Ibadan and from the Oyo State's child welfare department in the Ministry of Women Affairs and social inclusion at the State secretariat in Ibadan, Oyo state, Nigeria.

Universal precaution against COVID-19 was ensured for the research team and all participants.

The research information letter(document) was written in simple language for ease of understanding for all participants. English is the official language in Nigeria, understood and spoken by most people, while Yoruba is the predominant local language in Ibadan, South-West Nigeria. Therefore, the research information letters, consent/assent forms, questionnaire and interview guides were translated into the local language (Yoruba) and available for participants with local language preferences.

Written consent was required from all adult participants and written assent from each of the selected children on the street. Consent was taken from the participants for interviews, audio recordings and street photographs as applicable. The research group comprised of the author, two research assistants, and a clinical psychologist. Anonymity was ensured during data collection by not requesting for names of participants. The research team ensured confidentiality, by use of only identifiers including serial numbers and location tags for easy reference, particularly for follow-up of children on the street who have identifiable family and health problems or needs.

The risks & benefits of the research were clearly explained to all participants to ensure that they are fully aware of the scope of the study. They were made to understand that there are no real risks involved in participating in the study nor would there be any consequences if they choose not to participate in the study. The immediate benefit from this study was the gifting of a hygiene kit consisting of a face mask, hand sanitisers, antiseptic soap, face towel, water bottle, toothbrush and toothpaste for each of the recruited children on the street Additionally, a little financial support was provided for two mothers to initiate healthcare for the two identified physically ill and mentally challenged children on the street. This was because the mothers had consented to the healthcare plan. These two children were not too ill to participate in the research, one was with chronic upper limb congenital shoulder movement limitation while the other had previously undiagnosed mild depressive symptoms. The child with mild depressive symptoms was attended to on-site by the researcher and the accompanying research team psychologist and followed up at the University College Hospital Ibadan, with psychotherapy until full recovery.

There was a management protocol for psychological distress on-site, which include stopping the interview, talk therapy between the researcher and participant and appropriate psychotherapy by the psychologist. This was instituted for a mother who was distressed (teary and aggrieved) by the martial separation which underscored her son's presence on the street. The interview was discontinued to allow her to vent and continued after the mother was relieved of psychological distress after the talk therapy. The researcher followed up with the mother and initiated the available family social and emotional support (in the form of her paternal aunt who resides in the same family home) for her. The mother claimed that she is coping well on a follow-up visit by the lead researcher (a family physician) and the research team psychologist. The psychologic distress protocol was in place prior to the commencement of the field work as detailed in the research

proposal and aforementioned. The follow-up psychotherapy (motivational interview) received by this distressed participant was at the expert discretion of the team psychologist after a joint agreed case assessment by the lead researcher and the psychologist.

All participants were made to realize that there is hope for long-term benefits such as ameliorations of the challenges of children on the street of Ibadan through actions of relevant stakeholders who would be made aware of the result of this study via publications. Participants were made to understand that there would be no financial incentives provided for participating in the study, except for free referral and initiation of healthcare at the Family Medicine Clinic of the UCH, Ibadan, Nigeria for the few concerned. Risks to the research team such as physical exhaustion was mitigated by scheduling data collection exercise for shorter periods and during favourable weather conditions. As such all the principles of beneficence, justice & non-maleficence were observed by the research team and for the participants.

All participants were informed of their autonomy and the right to withdraw from the study at any point in time without any consequences.

2.10 Source of research funding

This research was fully sponsored by the Consortium for Advanced Research Training in Africa (CARTA) with a provision of $10,000 available for funding the research. CARTA is jointly led by the African Population and Health Research Center and the University of the Witwatersrand and funded by the Wellcome Trust (UK) (Grant No: 087547/Z/08/Z), the Department for International Development (DfID) under the Development Partnerships in Higher Education (DelPHE), the Carnegie Corporation of New York (Grant No: B 8606), the Ford Foundation (Grant No: 1100-0399), Google.Org (Grant No: 191994), SIDA (Grant No: 54100029) and MacArthur Foundation (Grant No: 10-95915-000-INP).

CHAPTER THREE

PRELIMINARY RESULTS

CHAPTER 3: PRELIMINARY RESULTS

3.1 Introduction

This chapter detailed the preliminary results including the general description of participants involved in the four qualitative studies (1,2,3, &4) and the result of analysis of the quantitative data obtained from the children on the street (part of studies 3 &4).

3.2 Description of participants selected for the four studies

The table below shows the ages and gender of all fifty-three (53) participants selected for the four studies in each of the 5 urban LGAs. The table also shows the extra two child welfare officers selected from the Oyo state Secretariat central child welfare department.

Table 3.1 Participants recruited for four studies (studies 1,2,3, & 4)

Study sites	**Study 1**			**Study 2**			**Study 3**			**Study 4**					
	Child Welfare Officer	Age (yrs.)	Gender	**Street Shop Owner**	Age (yrs.)	Gender	**Child**	Age (yrs.)	Gender	**Paired Parent**	Age	Gender	**Paired Child**	Age	Gender
IDO	**WO1**	43	Female	**SO1**	56	Female	**C1**	17	Male	**PP1**	42	Mother	**PC1**	16	Male
	WO2	52	Female	***SO2**	35	Male	**C2**	14	Male	**PP2**	40	Father	**PC2**	15	Male
SW	**WO3**	41	Female	***SO3**	35	Female	**C3**	17+	Female	**PP3**	35	Mother	**PC3**	13	Male
	WO4	55	Female	***SO4**	40	Female	**C4**	17	Female	**PP4**	30	Mother	**PC4**	17	Male
N	**WO5**	46	Female	**SO5**	32	Female	**C5**	15	Male	**PP5**	30	Mother	**PC5**	17+	Male
	WO6	54	Female	**SO6**	30	Male	**C6**	14	Female	**PP6**	52	Mother	**PC6**	16	Male
NE	**WO7**	41	Female	***SO7**	41	Female	**C7**	15	Male	**PP7**	42	Mother	**PC7**	17	Male
	WO8	43	Male	**SO8**	28	Male	**C8**	17	Female	**PP8**	38	Mother	**PC8**	15	Male
NW	**WO9**	56	Female	**SO9**	45	Female	**C9**	17+	Male	**PP9**	40	Mother	**PC9**	17+	Male
	WO10	52	Male	***SO10**	34	Male	**C10**	17	Male	**PP10**	60	Grandmother	**PC10**	13	Male
							C11	17	Male						
State Office	**WO11**	37	Female												
	WO12	51	Male												
Total	**12**			**10**			**11**			**10**			**10**		

The keys to Table 3.1

1. yrs.-years
2. WO-Welfare Officer.
3. SO-street Shop/business Owner; *SO-street Shop/business Owner who was previously a child on the street
4. C-Child
5. PP-Paired Parent; PC-Paired Child

3.3 Results of quantitative data on Family of children on the street (part of study 3 and study 4)

There was no specific objective regarding the quantitative aspect of this research. The quantitative data obtained from the selected children on the streets were complementary data; describing the family composition and socioeconomic aspect of family dynamics, street engagement aspect of lived experiences (activities and time spent on the streets, schooling data) and basic health measures complementing the qualitative health data. This complementary quantitative data aids the appreciation of the urban geography of the phenomenon of children on the streets of Ibadan, Nigeria. The relevance of the quantitative data is expatiated in this thesis reflection in Chapter 8. Table 3.2 below shows the details on family size, parents' status and the primary custodian of each of the children on the streets of Ibadan that participated in this research. The table shows that 18 of the 21 children are from relatively large size family (with a number of 4 or more children in the family) and some with unwedded cohabiting parents with a history of previous failed "marital" unions.

Table 3.2 Family Profile of children on the streets (part of study 3 and study 4)

	LGA	I.D	Age (yrs.)	Gender	Parent's marital status	Status of parent	Child resides with	Number of children in the family
1	IDO	C1	17	M	Polygamous	Both alive	Both parents	Mother-2; Father-4 1 full-sibling 2 half-siblings
2		C2	14	M	Monogamous	Both alive	Both parents	3
3		PC 1	16	M	Monogamous	Both alive	Both parents	4
4		PC2	15	M	Monogamous	Both alive	Both parents	5
5	SW	C3	17+	F	Monogamous	Both alive	Both parents	6
6		C4	16	F	Monogamous	Both alive	Both parents	5
7		PC3	13	M	Separated Polygamous	Both alive	Mother	Mother-4; Father;6 3 full siblings 2 half-siblings
8		PC4	17	M	Widowed Monogamous	Mother alive	Mother	4
9	N	C5	15	M	Monogamous	Both alive	Both parents	10
10		C6	14	F	Widower remarried	Father alive	Paternal Uncle	4
11		PC5	17+	M	Cohabiting/Unwedded	Both alive	Both parents	3
12		PC6	16	M	Separated Polygamous Mum had 2 husbands	Both alive	Mother	Mother-5; Father-5 2-full-sibling 7-Half-sibling
13	NE	C7	15	M	Monogamous	Both alive	Both parents	6
14		C8	17	F	Widowed/Polygamous Cohabiting	Mother alive	Mum & stepdad	Mother;4 Father:3 2 full and 1 half-sibling
15		PC 7	17	M	Separated Mum had 2 husbands	Both alive	Mum & step-siblings	Father-6; Mother-4 1 full and 5 half-siblings
16		PC8	15	M	Monogamous	Both alive	Both parents	6
17	NW	C9	17+	M	Monogamous	Both alive	Both parents	4
18		C10	17	M	Monogamous	Both alive	Both parents	5
19		C11	17	M	Monogamous	Both alive	Both parents	3
20		PC9	17+	M	Unwedded/Widowed Polygamous	Mother alive	Mother	Father:7; Mother:2 1 full and 5-half siblings
21		PC 10	14	M	Unwedded/Widowed	Mother alive	Maternal Grandma	4

Table 3.3 shows the socioeconomic classification, reasons for child streetism, years the child had been in the street and approximate daily earnings in United State Dollars (USD-$).

Table 3.3 Socioeconomic Characteristics of children on the streets (part of study 3 and study 4)

	LGA	I.D	Age (yrs.)	Gender	Family's Wealth Index (WI)	Reason for being on the street	Years on the street	Street Daily Earnings (dollars) @ 1$=410 Naira
1	IDO	C1	17	M	2	Need money for school	6	7
2		C2	14	M	1	Hawking Mother's goods	3	12
3		PC 1	16	M	2	Hawking Mother's goods	3	11
4		PC2	15	M	3	Hawking Dad's goods	2	27
5	SW	C3	17+	F	1	My family lack money	10	9
6		C4	16	F	3	Hawking Mother's goods	10	2
7		PC3	13	M	3	Hawking Mother's goods	0.5	2
8		PC4	17	M	1	Assisting mother to make money	3	2
9	N	C5	15	M	3	Family lack money	6	3
10		C6	14	F	2	Hustling for money for paternal uncle's wife	3	6
11		PC5	17+	M	2	Hawking Mother's goods	4	8
12		PC6	16	M	2	Hawking Mother's goods	6	7
13	NE	C7	15	M	2	Assisting mother to make money	2	12
14		C8	17	F	3	Assisting mother to make money	7	2
15		PC 7	17	M	1	Need to earn money to eat what I prefer at home	4	1
16		PC8	15	M	1	Lack of no money to feed at home	3	1
17	NW	C9	17+	M	3	Needs money for final secondary school exams	1	9
18		C10	17	M	3	Family lack money	1 .5	9
19		C11	17	M	3	Need money for final secondary school exams	2	3
20		PC9	17+	M	2	Assisting mother to make money since father's demise	2.5	4
21		PC 10	14	M	1	Need money for school	2	2

WI: 1-Poorest; 2-Poorer ; 3 Poor/Average

More than half of the children (13 of 21) were from families with poorer wealth indexes and needed the meager (below 5 USD/day earnings on the street to support the family finances and their personal school needs. The recruited children with mean age 15.8yrs (range 13-

17yrs) had spent averagely 4yrs (range 0.5-10yrs) on the street and made averagely 6USD (range 1-12USD) daily.

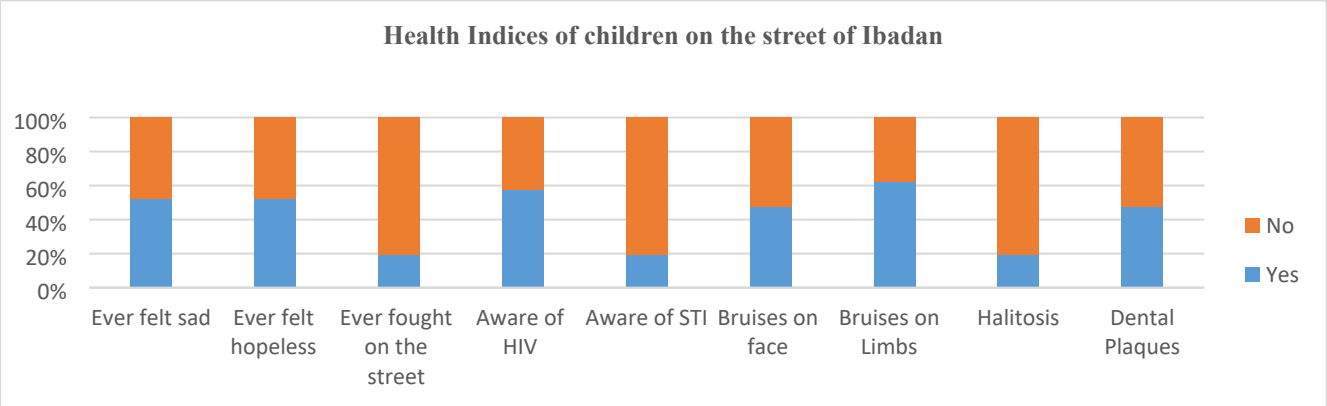
Table 3.4 shows the household food security score and the Body Mass Index of the selected children on the streets. Half of the children had a BMI close to the "underweight" value (i.e. <18.5 kg/m2). Fourteen (14) of them come from families that experienced little (HHS score 0-1) household hunger while 7 of them were from household which experienced moderate (HHS score 2-3) hunger.

Table 3.4 Household Hunger Scale and Body Mass Index of children on the street

No	LGAs	I.D	Age(years)	Gender	HHS	BMI (kg/m^2)
1	IDO	C1	17	Male	2	18.15
2		C2	14	Male	0	18.31
3		PC1	16	Male	0	22.90
4		PC2	15	Male	0	18.30
5	SW	C3	17+	Female	0	22.78
6		C4	16	Female	3	19.57
7		PC3	13	Male	1	18.38
8		PC4	17	Male	0	20.50
9	N	C5	15	Male	0	20.51
10		C6	14	Female	2	24.19
11		PC5	17	Male	0	20.23
12		PC6	16	Male	2	18.95
13	NE	C7	15	Male	0	18.66
14		C8	17	Female	3	18.99
15		PC7	17	Male	0	23.07
16		PC8	15	Male	3	15.58
17	NW	C9	17+	Male	1	18.44
18		C10	17	Male	2	20.51
19		C11	17	Male	1	19.69
20		PC9	17+	Male	0	18.45
21		PC10	14	Male	0	18.46

Figure 3.1 below shows the frequency of the health indices assessed in the selected twenty-one (21) children on the street.

Fig 3. Health Indices of the selected children on the street



More than half of the children responded "yes" to questions about feelings of sadness and hopelessness. About 60% of them were aware of HIV and had bruises on their limbs. Approximately 40% of them had bruises or scars on their faces and dental plaques.

CHAPTER FOUR

RECOUNT AND ACCOUNT OF LIVED EXPERIENCE OF CHILDREN ON THE STREET:

A PHENOMENOLOGY APPROACH

Abimbola Margaret Obimakinde[1], Moosa Shabir[2]. Recount and Account of Lived Experience of Children on the Street: A Phenomenology Approach. *International Journal of Qualitative Research,* 2 (3), 183-194. DOI: 10.47540/IJQR. v2i3.756 (Published March 2023)

4.1 Introduction

This chapter contains the first published article from this thesis. The article titled "Recount and account of lived experience of children on the street: a phenomenology approach" was submitted to the International Journal of Qualitative Research in 23rd December 2022 and was published 30th March 2023.

4.2 Abstract

Children on the street spend the daytime on street but go to their families at night. The lived experiences of these children stem from their daily activities on the street and interpersonal relations. Clarity on the lived experience of this category of street children is lacking in Nigeria. We explored lived experiences of children on the streets of Ibadan, Nigeria, sourcing information from the children and relevant adults involved with them. We conducted in-depth interviews with fifty-three participants, including children on the street, pairs of children and parental figures, street shop-owner, and child welfare officers. Framework analysis and coding with ATLAS Ti were conducted. Street Engagements, Beneficial and Challenging Experiences are the 3 thematic areas. Street Engagements included duration on the street, typical and atypical activities. Beneficial experiences included: financing family & personal needs, school co-financing, and better life opportunities. Challenging experiences included: financial crisis, school failure, prostitution, street gangs and substance use induction, thuggery, harassment, kidnapping, and ritual killing. The lived experience of street children with family ties is overwhelming with the challenging experiences subduing the perceived benefits. An appreciation of this discrepancy at the family level and target interventions can positively influence measures to curb the epidemic of children on the street.

Keywords: Children on the Street, Lived Experience, Phenomenology Approach

(See APPENDIX E: PUBLISHED ARTICLES for the full published article)

CHAPTER FIVE

PHYSICAL, MENTAL AND HEALTHCARE ISSUES OF CHILDREN ON THE STREET OF IBADAN, NIGERIA

Obimakinde AM, Shabir M. Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria. *Afr J Prm Health Care Fam Med.* 2023;15(1), a3819. https://doi.org/10.4102/phcfm. v15i1.3819(Published May 2023)

5.1 Introduction

This chapter detailed the article titled "Physical, Mental and Healthcare Issues of children on the street of Ibadan, Nigeria". The manuscript was submitted on 27th August 2022, accepted on the 5th of April 2023 and published on 26th May 2023 by the Africa Journal of Primary Health Care and Family Medicine. This is the 2nd published article from this thesis.

5.2 Abstract

Background: Most street children studied in lower- and middle-income African countries are without family links. However, the majority of street children are children on the street, living with families during the night and spending their day-time on the streets. The health of this majority group is poorly captured in the literature despite the growing epidemic of child streetism.

Aim: To explore the health of children on the street of Ibadan using multiple qualitative

Setting: A street in each of the five urban local government areas of Ibadan Oyo State, Nigeria

Methods: Participants comprising of children on the street, parental figures, street shop owners and child-welfare officers were purposively selected and interviewed. Interviews were audio recorded, transcribed, and thematically analyzed.

Results: Using triangulated data from 53 interviews, the study found that the children on the streets of Ibadan experienced many health challenges. Outstanding are poor carbohydrate-based diet, open defaecation with consequent infections, physical injuries and few deaths from road traffic accidents. Sexual, verbal and substance abuse were common although few children acquired resilience to adversity. The children had poor health-seeking behaviour and resorted

to patent medicine dealers or tradomedical practitioners on the streets.

Conclusion:

This study bridged some gaps in the literature regarding the health of children on the streets in Nigeria. The straddling of children between the family and street has cumulative health consequences as depicted in this study.

Contribution: This research can inform family-level intervention and primary health care plans to forestall the health challenges of children on the streets.

Keywords: family; children-on-the-street; unhygienic; concoction; hunger; sexual; hawk; injury.

(See APPENDIX E: PUBLISHED ARTICLES for the full published article)

CHAPTER SIX

THE FAMILY DYNAMICS OF CHILDREN ON THE STREETS OF IBADAN, SOUTHWEST NIGERIA

CHAPTER SIX: THE FAMILY DYNAMICS OF CHILDREN ON THE STREETS OF IBADAN, SOUTHWEST NIGERIA

6.1 Introduction

This chapter is detailed the article titled "The family dynamics of children on the streets of Ibadan, Southwest Nigeria" as stated above. The is the third manuscript from this thesis which was submitted May 10th 2023 and accepted for publication August 12th 2023 by the *South Africa Family Physician* (SAFP) Journal.

6.2 Abstract

6.2.1 Background: Children roaming the streets estimated at one in ten by a 2021 UNICEF report is a growing problem, in cities of Lower- and Middle-Income African countries. Studies of street children with no family ties abound, but there is a paucity of studies on children on the street who exist within families and return home daily. We explored the family dynamics of children on the streets of Ibadan, emphasizing family structure, resources, and relationships.

6.2.2. Methods: In-depth interviews were conducted with 53 participants, including children on the streets, parental figures, child-welfare officers, and street shop owners. Participants were selected from streets in the five urban local government areas of Ibadan, Nigeria. Recorded data were transcribed and framework analysis was performed.

6.2.3 Results: Three themes explained the family dynamics including family structural problems, poor family resources, and poor parent-child relationships. The family structural problems had three subthemes: broken homes, large families, and ambivalence around polygamy. Family resources had five subthemes comprising: poor economic resources, poor social resources, educational challenges, cultural ambivalence, and spiritual backdrops. Five subthemes also

captured the family relationships including poor adaptability, economic-oriented partnership, poor growth support, poor emotional connection, and poor family bonding.

6.2.4 Conclusion: The dynamics driving a family's choice for child streetism in Ibadan, mostly to hawk are devaluation of family life, parenting irresponsibility, and poor filial relationship, underscored by economic constraints and socio-cultural decadence. The results of this research buttress the need for family-level interventions to forestall the escalating phenomenon of child streetism in Ibadan, Nigeria.

6.2.5. Keywords: Family dynamics, streetism, hawking, children, interpersonal relationship, SCREEM, APGAR, Ibadan

6.3 Introduction

"Child-streetism" describes the presence of children below the age of 18 years who for various reasons are seen on the street without any apparent adult supervision. (Malindi, 2014) There are four categories of street children: children-of-the-streets with severed families link, children-from-street-families, children-who-absconded-from-institutional care, and children-on-the street. (Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015) The children-on-the-street is the dominant category of street children.(Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015) The children-on-the street are distinctly different, as they spend time on the streets during the day but return home daily to their families at night. They constitute 80-90% of street children in urban regions of low and middle-income countries (LMICs), like Nigeria. (Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015) There is an estimated 15 million street children

in Nigeria and intriguing is the fact that the highest proportion are those who have links to their families, which suggests family systems failure. (S. N. Cumber & Tsoka-Gwegweni, 2015; Hills et al., 2016) A week survey in the year 2021 on the streets of Ibadan, Nigeria revealed 5026 children most of whom come daily from a home.(Taiwo et al., 2021) An estimated 100,000 children with existing family ties were also found on streets of Lagos state, Nigerian in 2022. (Taiwo et al., 2021)

Family dynamics refers to the family structure and the pattern of relationship and support amongst the family members. (Harkonen et al., 2017) Each family member has a role to play that shapes family dynamics.(Harkonen et al., 2017) Inability of members to play the expected roles can lead to family dysfunction with repercussions for the welfare of children in the family. (Harkonen et al., 2017) An atypical family composition, inadequate resources, and interactions can push children to the street. (Adeyemi & Oluwaseun, 2012; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) The 21st-century LMICs are witnessing changes in family dynamics and consequent poor child outcomes in the background of socioeconomic challenges. (S. N. Cumber & Tsoka-Gwegweni, 2015; Hills et al., 2016) In Nigeria, seemingly the prevailing socio-economic realities are influencing family dynamics and the continuing phenomenon of street children. However, the majority of publications addressed "children of the streets" who are completely detached from their families with poor specificity regarding children on the street. The socio-economic realities include urban slum unstructured families, with one or both parents earning below minimum wage and desertion of the family by at least one parent.(Adeyemi & Oluwaseun, 2012; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) The situations of street children with severed families can be a logical extension of the family failure but the drivers of streetism for a child existing within a family need deciphering. Several processes within the

family can influence how members relate to each other, performs their roles and transit through expected and unexpected life events.(Ballester et al., 2018; Harkonen et al., 2017) The filial (parent-child) relationship in the family system, comprising adaptability, role performance, and communication, is important and can propel child streets when distorted.(Dennis & Martin.Peter, 2005) It seems families of children on the street are unable to adapt to their life situations and this engenders the unusual ecological crossing to the street. However, there are queries regarding the differences between the family dynamics of children-of-the-street and children-on-the-street. A meta-analysis and other studies across the world reported that street children are a by-product of socio-economically challenged families who are sent out of their homes to provide financial sustenance for themselves. (Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015; Faloore & Asamu, 2010; Hills et al., 2016) The aforementioned studies spoke extensively about children of the street. For instance, family disintegration and poor parent-child interactions have been reported as correlates of child-streetism but most publications speak to the minority categories of street children. (S. N. Cumber & Tsoka-Gwegweni, 2015; Hills et al., 2016) Extensive research has been conducted mostly on children of the street in West Africa and Nigeria, especially the Almajiris in Northern Nigeria. (Adeyemi & Oluwaseun, 2012; Alem & Laha, 2016; Olaleye & Oladeji, 2011) There are gaps in the literature regarding the family dynamics of children-on-the-streets which this research hopes to fill, focusing on children on the streets of Ibadan, the largest metropolis in southwest Nigeria with escalating child streetism phenomena.

6.3.1 Theoretical framework

Family resources and interpersonal relationships are the family dynamics relevant to the context of children on the street phenomena. The family SCREEM and APGAR were the frameworks used for this research. (Ashworth & Montano, 1982; Smilkstein, 1978) Gabriel Smilkstein adopted the SCREEM acronyms for the Social, Cultural, Religious or spiritual, Economic, Educational, and Medical domains, describing the various resources available within a family that may support a child or any other family members.(Ashworth & Montano, 1982; Smilkstein, 1978) The family SCREEM aids the understanding of resources that constitutes the family's abilities and weaknesses. (Ashworth & Montano, 1982; Smilkstein, 1978)

The family APGAR, also created by Smilkstein, is an acronym for Adaptation, Partnership, Growth, Affection, and Resolve in a family with the APGAR assessing the interpersonal relationship aspect of family functioning. The family APGAR can assess the degree to which the child receives support from the parental figure and evaluate the interpersonal relationships between family members.(Ashworth & Montano, 1982; Smilkstein, 1978)

The SCREEM guided the exploration of the resources within the family while the APGAR guided the understanding of the filial relationship between the parental figure and the children on the streets of Ibadan, in this research. In addition, the family structure was assessed using the family composition, family size, parents' availability, parents' marital status, and involvement with child-rearing.

6.4 Methods

6.4.1 Research design

This qualitative research utilized in-depth interviews (IDI) with four groups of participants. These groups included child welfare officers, street-shops owners, children on the street, and dyads of a parental figure and a child on the street of Ibadan, Oyo State. These four sets of interviews provided an in-depth exploration of the family dynamics of children on the streets of Ibadan Nigeria using triangulated information from multiple sources.

6.4.2 Sampling and participants

The study setting was five streets, one from each of the five urban Local Government Areas (LGAs) of Ibadan, the second largest city in Nigeria and the capital of Oyo State, Southwest Nigeria. The LGAs are IDO, South-West (SW), North (N), North-East (NE), and North-West (NW). All participants were initially purposively selected and subsequently by snowball technique.

The child welfare officers were Oyo State-appointed social workers. The social workers were selected at two per LGA and two from the central directorate for child welfare services of the Oyo state secretariat in Ibadan. The child welfare officers had worked at each LGA for a minimum of 6 months. The selection of each street was guided by information from the child welfare department in each LGA.

Two street shops or street-business owners per LGA, who had been operating a shop or business for more than six months on each street were selected. Being a past child on the street was a desirable selection criterion, met by a few. The shop owners served as links to the parents/guardians of the children on the street and assisted with the recruitment of the children for this research.

A minimum of two children on the street were selected from each of the five urban LGAs after their parents' permission was obtained. The children aged 13yrs to 17yrs 11months were individually interviewed, this age group selection was to allow for cognizance. Another set of two children per each LGA were selected and this second set of children were paired with a parent figure for paired interviews which were separately conducted.

6.4.3 Data collection and procedure

Ethical approval was obtained from the Oyo State, Nigeria, Ministry of Health, Research Ethics Review Committee, Ethics number AD 13/479/4118[A,] and the University of Witwatersrand, South Africa, Human Research Ethics Committee (Medical) - M210424. Data were collected between June and September 2021 ensuring universal precautions against COVID-19. Research documents were written in a simple English language and the Yoruba (local) translation was available. Written informed consent and/or assent (where relevant) was obtained from each participant for the interview. Each interview session was conducted by the first author with consideration of participants' preferences and privacy. The interviews were moderated using an interview guide which included the 5 items of the Family APGAR as a probe for questions for exploring the interpersonal relationship between a child on the street and a parental figure. The 6 items Family SCREEM was used to probe the interview segment on characteristics of the families of children on the street. The participants were audio-recorded using a digital recorder with written informed consent and/or assent.

6.4.4 Data Analysis

Direct and complete transcripts of the audio-recorded interview sessions were translated into English and typed in Microsoft Word. Both authors independently read the transcripts and agreed on the themes. Framework analysis of the data was conducted by a systematic process and interpretation of data through five levels of processing including; familiarization, identification of thematic framework, indexing, charting, and mapping. (Srivastava & Thomson, 2009) The Atlas Ti (version 8.4) qualitative analysis software package was used for deductive and inductive coding and with quotations specific to each theme and subtheme generated.

6.5 Results

A total of fifty-three interviews were conducted as shown in Table 6.1.

Table 6.1 Characteristics of Participants

Study sites		Age	Gender		Age	Gender		Age	Gender		Age	Gender		Age	Gender
	Child (C)			**Paired Parent (PP)**			**Paired Child (PC)**			**Shop Owner (SO)**			**Welfare Officer (WO)**		
IDO	**C1**	17	M	**PP1**	42	Mother	**PC1**	16	M	**SO1**	56	F	**WO1**	43	F
IDO	**C2**	14	M	**PP2**	40	Father	**PC2**	15	M	***SO2**	35	M	**WO2**	52	F
SW	**C3**	17+	F	**PP3**	35	Mother	**PC3**	13	M	***SO3**	35	F	**WO3**	41	F
SW	**C4**	17	F	**PP4**	30	Mother	**PC4**	17	M	***SO4**	40	F	**WO4**	55	F
N	**C5**	15	M	**PP5**	30	Mother	**PC5**	17+	M	**SO5**	32	F	**WO5**	46	F
N	**C6**	14	F	**PP6**	52	Mother	**PC6**	16	M	**SO6**	30	M	**WO6**	54	F
NE	**C7**	15	M	**PP7**	42	Mother	**PC7**	17	M	***SO7**	41	F	**WO7**	41	F
NE	**C8**	17	F	**PP8**	38	Mother	**PC8**	15	M	**SO8**	28	M	**WO8**	43	M
NW	**C9**	17+	M	**PP9**	40	Mother	**PC9**	17+	M	**SO9**	45	F	**WO9**	56	F
NW	**C10**	17	M	**PP10**	60	Grandm other	**PC10**	13	M	***SO10**	34	M	**WO10**	52	M
NW	**C11**	17	M												
SS													**WO11**	37	F
SS													**WO12**	51	M
Total	**11**			**10**			**10**			**10**			**12**		**53**

*SO-Shop owner who was previously a child on the street; SS-State Secretariat; M-male; F-female

The table 6.2 below shows the themes and subthemes that emerged from data analysis

Table 6.2 Themes and subthemes for family dynamics

	Themes	Subthemes
1	Family structure	Broken homes Large family size Ambivalence around polygamy
2	Family resources	Poor economic resources Poor social resources Educational challenges Cultural ambivalence Spiritual backdrop
3	Family interpersonal relationship	Poor adaptability Economic partnership Poor growth support Poor emotional connections Poor family bonding time.

The family structure informed family resources, the strongest theme, which in turn was underscored by family relationships.

6.5.1 Family Structure

Three subthemes explained the family structure.

6.5.1.1 Broken Homes

Most respondents shared that children on the street had typical family structures but with a fairly strong element of broken homes. Children shared stories of fathers and mothers who had left their spouses for another partner or a situation where the father had to move to another part of the country for work. Mothers shared stories of challenging relationships with their spouses, sometimes casual informal relationships or marital affairs that produced children. Some children had mothers or fathers that died, usually when they were younger, leaving them lone parent who is heavily reliant on grandparents.

‘They are from a broken home raised by single mothers, and single fathers.’ (WO10,52, M)

‘He(father) married another person... when my mummy died, he left us.’ (C6,14, F)

‘I have a maternal grandmother and a paternal grandmother. I have a mother. It is only my father that is late.’ (PC10,13, M)

‘My mummy and daddy were separated but my mummy was the first wife, when my daddy died things scattered.’ (C8,17, F)

Shop owners and welfare officers shared similar stories of children on the streets from broken homes and instances of the child-care burden on grandparents and other relatives who use the children to supplement income for their household. Welfare officers and shop owners opined unresolved parental conflict leads to easily broken homes particularly for parents who were from broken homes themselves. They shared stories of fathers that were in other cities whilst their children lived with mothers or grandparents who were not caring enough. Welfare officers strongly opined absentee parenting of these children leads to poor monitoring and their presence on the street.

‘Some mothers are separated from the child’s father, and the child is staying with a guardian who doesn’t have much money and therefore sends the child hawking.’ (SO1,56, F)

‘The mother dropped the children with relatives and remarried another man.’ (WO2,52, F)

6.5.1.2 Large family size

There appeared to be usually more than four children in the family of children on the street. Sometimes being a female amongst males was seen as a role to support a mother working. Sometimes being a male with younger siblings was seen as a rationale to support the family.

‘My father has one wife, my mum, and eight of us children.’ (C3,17, F)

‘My dad has one wife, and my mother has one husband and six children.’ (C7,15, M)

Welfare officers, and some shop owners, bemoaned that families had many children without planning to give them the care needed. They suggested better family planning.

‘The proper thing is that parents right from day one of their marriage know their economic capability and how many children they can take care of.’ (WO12,51, M)

‘There was a woman that birthed 16 children and she was selling groundnut and *garri* (cassava flakes). The husband works as a gardener. The 16 children shared clothes because the parents can’t cater for them.’ (WO9,56, F)

Not all children in a large family were on the street or encouraged to hawk. Many shared stories of smaller siblings that were at home usually with grandmothers and older siblings who were married, studying, or working and sometimes living in another part of the country. The older sibling would sometimes provide money for the family, but it would not be deemed enough.

‘My younger siblings are at home because they are not yet matured to hawk.’ (C7,15, M)

‘My older sibling can support me but she is just learning a trade and not yet established.’ (C9, 17, M)

6.5.1.3 Ambivalence around polygamy

Most respondents shared that these children had monogamous parental structures although some shared polygamous parental structures. Polygamous marriages varied between conflictual and harmonious. Some shop owners and welfare officers had very strong views on polygamous marriages as a reason for children on the street, they said the rivalry between the wives affects the care given to the children by the fathers.

‘The father has a second wife and she does not allow him to pay attention to me (first wife) and my children.’ (PP7,42, Mother)

‘I discovered that most of them come from a polygamous family and there is no way, a child from a polygamous family will be raised well, which was my story.’ (*S010,34, M)

‘Polygamous homes too can contribute, but it is not a common denominator.’ (WO3,41, F)

Some welfare officers and shop owners had views that polygamy was not as important a factor as negligent parenting.

‘Some men with many wives will raise the children well and some with a single wife won’t. It is a matter of responsible parenting.’ (WO7,41, F)

‘Even if they are many wives in the family, the wives could raise their children well.’ (*SO4,40, F)

6.5.2 Family Resources

This included five subthemes including poor economic and social resources as main subthemes.

6.5.2.1 Poor Economic Resources

Poor economic resources were characterized by either unemployed parents or those employed in low-paying roles. There were instances of one parent with low paying job (e.g. gatemen, farmer, shoe markers) and the other parent being unemployed which pushed the child on the street. The majority of the parents of the interviewed children are very small-scale traders, farmers, food vendors, and low-cadre office or factory workers. Shop owners and welfare officers opined that some parents are not gainfully employed.

‘His mother is currently not working.’ (PP10,60, Grandmother)

‘Don’t mind him, his father is not working.’ (PP5,30, Mother)

‘Those parents are jobless, they put any petty goods on a tray and tell the children to go hawk and make money before they can eat even breakfast.’ (SO8, 28, M)

‘Mostly, these children are those whose parents don’t have good jobs.’ (WO3,41yrs, F)

‘Mother is a trader, selling a variety of things, corn, pepper, vegetables, etc. My father is a farmer.’ **(**C3,17, F)

Child welfare officers described 70-80% of the parents as the "poorest of the poor" as quoted below;

‘What we mean by this are parents that could not feed themselves and their children three times a day, they struggle to eat once a day.’ (WO8,43, M)

‘We went to forty communities whereby the fathers or mothers would send their children to the street to work before the family can afford a meal a day.’ (WO7,41yrs, F)

6.5.2.2 Poor social support

Many respondents gave examples of a lack of spousal social support for the mothers, worse for unwedded mothers, wives in a polygamous marriage, and parents living separately. The mothers are reportedly the available parental figure and are usually deprived of support from the fathers who are mostly inaccessible.

'The ease of raising a child for the mother is smoother if the father is contributing. If their father is someone that supports me, the responsibilities won't be heavy, for me.' (PP5, 30, Mother)

'He left me for another woman. When I call him once he hears my voice, he disconnects the call. The children have stopped calling him because he had severally rained curses on them.' (PP3, 35, Mother)

Child welfare officers reported cases of unintentionally separated parents which degenerated into poor social support for mother and child. A couple of welfare officers and shop owners gave examples of socially inept immature parents.

'The father lived and worked in Abuja, comes home after four months and the mother goes to the market daily leaving the children at home unattended and these children go hanging around the streets.' (WO12, 51, M)

'Most of these parents are "babies" when starting raising these children. They don't have experience with parenting, they just observe and copy their neighbours' attitude towards children rearing' (*SO7,41, F)

6.5.2.3 Educational Challenges

Many of the interviewed children and their mothers shared a strong value for schooling.

All the children interviewed were in secondary school or just completed senior secondary school and anticipated further education. Respondents said street hustle for children serves as educational resources when parents are financially incapable.

'Some children hawk after school to assist parents buy needed school materials. Some start hawking in the morning and do not go to school when their parents cannot afford school fees.' (SO1,56, F)

‘We have some children that are determined to go to school and the only option given to such, by the parents is to hawk to augment what the parents are earning.’ (WO11,37, F)

‘For my WAEC (West Africa Examination Council) exams, I had to hustle for ten thousand naira, my parents struggled to add the rest of the money needed.’ (C1,17, M)

Most respondents reported that parental illiteracy and poor resources for the child's education are major challenges and causes of the continuing presence of children on the street. A few respondents mentioned that some parents pull children struggling with academics out of school and send them to the street to make money for the family instead of investing money to assist the child’s learning ability.

‘The low standard of education of their parents leads to poor understanding of the necessity of education for some children. Some parents prefer children hawk or beg for their daily needs on the streets.’ (WO9, 56, F)

‘It was a year before my daughter would finish secondary school she got pregnant. She didn’t complete her education.’ (PP10,60, Grandmother)

‘He wants to further his education but I think there is no financial means of making that happen, I won’t lie.’ (PP9,40, Mother)

6.5.2.4. Cultural ambivalence

A few parents said child streetism is a culturally acceptable avenue for a child to understudy the family’s trade and acquire trading skills.

‘It is for him to know how to trade, that is why he hawks the meat I sell. I grew up following my mum to her meat stall and learned the business, so when I resigned from my police job, I easily could go back to being a butcher because I had gained the experience as a child.’ (PP2, 40, Father)

Welfare officers and street shop-owners inferred some Ibadan natives anecdotally disregard family life in favour of promiscuity, resulting in children who are uncared for, roaming the street.

‘Ibadan indigenes generally don’t care about keeping a home. They say any Ibadan indigene that does not engage in extramarital affairs is a bastard. The mother sends her children from different

unions to live with her ex-husbands' mother or her mother and the children are sent to the streets to fend for themselves.' (CW5,46, F)

A few child welfare officers spoke extensively about the loss of collectivist culture and culturally brainwashed illiterate wives, who birth unplanned children to satisfy their husbands' desires.

'Gone are the days when a child found to be wayward will be scolded by people in the neighbourhood.' (WO11,37, F)

'The mother will say "I don't want my husband to do anyhow or sleep around, let me just be giving him children.' (WO7,41, F)

6.5.2.5 Spiritual backdrop

Respondents reported that some parents believe God will sort out their children when they are on the streets and some children share this belief with their parents.

'Most of these parents don't care to plan their family size, because they believe that God will take care of them. They are less concerned and so after a few months they are pregnant again.' (WO3,41, F)

'I know destiny cannot be altered, God has destined that I will hawk on the street, and I have accepted my fate, that is how God has ordained it.' (C4,17, F)-7th of eight children in a monogamous union.

An unemployed mother of six children *(PP8,38yrs)* whose first child *(PC8,15, M*) carries loads on the street, claimed the reason for birthing up to 6 children was because her pastor advised her continuing birthing until the "rebirth" of her second child who was a seer and died due to spiritual warfare.

6.5.3 Family Interpersonal Relationship

Interpersonal relationships, between the child on the street and parental figure, are strongly influenced by family resources and family structure. Family interpersonal relationships had five sub-themes.

6.5.3.1 Poor Adaptability

Shop owners and child welfare officers opined that children on the street handle their problems by themselves with no effort from their parental figures. Respondents said children on the street living with guardians are more disadvantaged in this regard.

‘Child and parent don’t even communicate on personal issues; the mother does not even know how to ask “How was your day” and the child won’t have the chance to say “Mummy this happened on the street today.’ (*SO7,41, F)

‘My uncle’s wife is not the kind of person someone can talk to, because she will not listen, even my uncle is not approachable.’ (C6,14, F)

Shop owners who were previously children on the street shared stories of their guardians’ inability to assist them handle troubling matters but few children claim they occasionally discuss troubling matters with their mothers who are relatively more accessible.

‘I have been sorting myself out since I was 15yrs, that time when we say “Grandma we are suffering” she will say “All is well”. Because she isn’t someone that has the power to fight for us so she can’t say “Come let me ease your troubles”.’ (*SO10,34, M)

6.5.3.2 Economic Partnership

Child welfare officers and shop owners opined most of these children do not enjoy nurturing from the parental figure, but rather the children view themselves as financial partners and therefore do not see the need to share decision-making with parents

‘The mother will go her way to make money and the child will go her or his way to hawk and they will all meet at home at night.’ (WO7,41, F)

‘There are some children that once they start making money, the parents are unable to talk to or control such a child because the child sees himself or herself as breadwinner and treats the parents as mates.’ (SO5,32, F)

A few children claimed they enjoy shared decision-making and good nurturing from their mothers but gave no specific examples while many children reported the reverse.

‘I eat at home occasionally. It's not that I don't like the food but because I have money, I want to buy what I desire. At times if mother tells me to wash plates, I reply rudely because she isn’t feeding me.’ (C10, 17, M)

6.5.3.3 Poor Growth Support

Child welfare officers and shop-owners opined the reality for many of these children is that the parental figures, do not particularly care or plan the children’s life progression. All interviewed children expressed the desire to further their education but were sceptical of the parent’s support. Parental figures also expressed reservations about their ability to support their children’s academic progress or desires to pursue new directions.

‘Parents don’t care about the situation of these children. No plan, no savings.’
(WO8,43, M)

‘Parents that have good plans for the child and want a better future for the child will do fast to take the child off the street but this isn’t the situation for these children.’ **(**SO9,45, F)

‘He already told me he wants to go into the business of trading. This news of him wanting to be a lawyer is strange to me(laughs).’ (PP5,30, Mother)

A few of the children said if it is within the parents’ capability, the parent supports their wishes for new directions. Evident were few mothers, who part-sponsored vocational training like shoe-making (*PC4, M,17*) and tailoring (*PC7, M,17*) for their children.

‘I told my mum I want to be a soldier, so she took me to the army barrack and the soldiers promised that when I am done with Junior secondary school, I can be admitted to army school.’ (PC3,13, M)

6.5.3.4 Poor Emotional Connections

The interviewed children on the street did not care to discuss the topic of emotional connection with the parental figure, they flippantly gave “yes” responses. However, some children and mothers elaborated on their lack of emotional connection. Shop owners and child welfare

officers opined about a lack of affection and emotional connections between children on the street and their parents.

‘If I should carry my goods home, and I didn't make enough sales, my parents will complain and blame me, aside from that we don’t talk much.’ (C1,17, M)

‘He doesn't tell me much. You know it's what a child tells, I can know. (PP6,52, Mother)

‘The fathers are usually not in the picture and they don’t have a good connection with the mothers. Some mothers get unnecessarily annoyed and beat the children when they don’t make enough money from the streets, not caring about the hazards.’ (WO9,56, F)

Few mothers claimed they share a good bond with their children.

‘Once I notice that his mood is not right, I’ll call him and ask and he will tell me, what is bothering him.’ (PP4,30, Mother)

6.5.3.5 Poor Family Bonding Time

Most of the child welfare officers, shop owners, and some of the children said the norm for most families of children on the street is the inability to have quality family bonding time. Few children shared limitations to family bonding time because of the time needed to stay on the street for their economic activity.

‘They don’t have any family time, because some parents leave the home in the evening and stay out all night and the child go and comes as pleases.’ (WO11,37, F)

‘I don’t hawk only on Sundays, that is the time we can bond. I tell them my thoughts sometimes but mostly I jot things in my diary.’ (C11,17, M)

Only one parental figure shared his efforts at making provision for family bonding time others complained of time constraints.

‘I create enough time for my children to talk with them and for them to be free with me.’ (PP2, 40, Father)

6.6 Discussions

The results showed that children on the street came from family structures characterized by broken homes and large-sized families. The family has poor economic and social resources, and challenges with children's schooling or parental illiteracy. The relationship pattern between children on the street and the parental figure included poor adaptability, poor growth support, economic partnership with parents, poor emotional connection, and lack of family bonding time. The three thematic results were intertwined, with relationships reflecting family resources premised on the broken family structure of children on the street of Ibadan, Nigeria.

6.6.1 Broken homes and poor socio-economic resources of children on the street

The children in this study, have structural family problems and attendant poor socioeconomic family resources. Patterns included children from broken homes living with unwedded mothers, mothers cohabiting or married but separated or widowed, lacking spousal support, and struggling with finances. Streetism for children who have existing links to their families has been attributed to structural family problems like broken homes as evident in this research. (S. Cumber et al., 2017; Sorre & Oino, 2013) Mothers and fathers play significant roles in children's well-being and neither of their roles can be neglected or substituted. (Harkonen et al., 2017) It was not surprising that some children in this study complained about their absent fathers. The initial absence of some fathers was in search of better economic opportunities in other geographic locations. However, the fathers eventually withdraw from their first family, remarry or cohabit with another woman and start another family in another location. Supporting our finding, other researchers had reported the mobility of fathers in search of greener pastures in urban areas, making them migrate and re-settle. (Bigombe & Khadiagala, 2004; Boertien et al., 2017; Cooper

et al., 2019) This engenders the acquisition of multiple female partners, with subsequent detachment and abandonment of the original "wives" and their children with resultant broken homes, as revealed in this study. (Bigombe & Khadiagala, 2004; Boertien et al., 2017; Cooper et al., 2019) The studies further explained that broken homes exist because the housing set-up in urban areas, does not allow several wives to live together and eventually "matricentric" homes emerge, where mothers live with the children and the fathers, visit. (Bigombe & Khadiagala, 2004)

Poor spousal support for mothers was discussed at length by participants in this study. We found that most mothers and their children lacked both social and financial support, particularly from poorly committed unwedded fathers. A hypothesis proclaimed unmarried fathers tend to downplay their fatherly roles and are less materially and emotionally involved with the family compared to married fathers. (Boertien et al., 2017; Cooper et al., 2019) This was the scenario in this study, which necessitated children taking to the street to support their mothers. Likewise, married fathers particularly those living separately from the family or in polygamous unions were materially and emotionally uncommitted to mothers and children on the street in this study. The necessity of joint parental responsibility for good child outcomes cannot be overemphasized. (Boertien et al., 2017; Cooper et al., 2019) Streetism for some children in this study could have been averted if the families had adequate socio-economic resources. There was a mention of children on the street with socially inept young parents, who lacked parenting skills and were products of broken homes. The lack of an ideal parent role model for the immature parents of children on the street increases the odds of poor social support for these children. This underscores the need for school and community parenting programs as suggested by other

studies on street children because such programs will entrench parenting responsibilities in all individuals from childhood and continue to adulthood.(Gianneschi, 2017; Mcneil Smith et al., 2015; Oppong Asante, 2016)

The economic resources of the parents were constrained due to low-cadre occupations and unemployment as found in this study and previously published in a Nigerian study as a solitary cause of child streetism. (Olaleye & Oladeji, 2011) The parents of children on the street in this study were described as the "poorest of the poor" who could not afford to provide a meal a day for themselves and the children. This is an interesting description but regardless of this, poor economic resources are known as "push and pull" for child streetism, vastly cited in the literature. (Kaime-Atterhog, 2012; Olaleye & Oladeji, 2011; Zakaria et al., 2015) Children venture to the streets primarily to obtain some form of livelihood and make money for feeding because when a child is hungry nothing else appeals except to find means for obtaining food. (D'abreu et al., 2001) This was one reason present and past children on the street of Ibadan citied for venturing to the street but over time they save up to support their other needs. In this study working older siblings were willing to support the children on the street but were not gainfully employed, were apprentices, or have personal financial burdens, as previously reported.(Abamara, 2016; Ennew, 2003) Although the economic situation in Nigeria is harsh and many families are struggling to manage the resources at their disposal, (Adeyemi & Oluwaseun, 2012; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) not all financially constrained parents have children on the street. It seemed as if child streetism is inevitable for families with structural problems, poor social resources in addition to poor economic resources

6.6.2 Large family size and poor socioeconomic resources of children on the street

This study revealed an association between large family size and the presence of children on the street. A large family size stretches the finances of the family with the need for children to take to the street and engage in economic activities to fend for themselves and support the family finances. (S. Cumber et al., 2017; Sorre & Oino, 2013) In a large family, the cost of raising children can also overwhelm the financial resources with consequent child streetism. Large family size settings related to a family's financial incapacity have been published as a major factor contributing to poor child care and push for child streetism. (S. Cumber et al., 2017; Sorre & Oino, 2013)

Worse child outcomes are associated with household chaos in instances of polygamy and large family sizes as discovered in this study. (Bigombe & Khadiagala, 2004; S. Cumber et al., 2017; Sorre & Oino, 2013) Although some participants suggested an association between polygamy and child streetism other participants believed that the association of polygamous families with child streetism was not true. Polygamous and/or large families can be overridden by good parenting strategies which is a valid and proven idea. (Abamara, 2016; Ennew, 2003; Sorre & Oino, 2013)

6.6.3 Parental illiteracy and streetism as an educational resource for children

It was deduced from this study that poorly educated parents do not prioritize children's schooling but rather send them to the streets to support family finances. This isn't a novel finding, because it has been documented that parents who are poorly educated and financially incompetent preferably send the children to the street to supplement the family's income.(Abdelgalil et al., 2004; Alenoma, 2012; Faloore & Asamu, 2010)

In the purview of poor economic resources of the parents in this study, streetism for some children served as an educational resource where they make money to support current schooling or save towards further education. These children experience interruptions in schooling, some with eventual school failure while some are outrightly withdrawn from school. These educational challenges have consequences and of particular concern are "social adaptation" problems for these children in the future. (Abamara, 2016; Ennew, 2003) It is however laudable that some mothers in this study, part-sponsored their children's desire for academic growth or vocational training against the odds of poor financial capability and poor spousal support.

6.6.4 Cultural ambivalence and child streetism

The parents' desire for their children to acquire skills in the family trade, viewed as a culturally permissive idea, accounted for the presence of some of the children on the street of Ibadan as previously reported in Tamale Ghana. (Alenoma, 2012) Although involving children in trading on the street is regarded as a violation of child's rights in Nigeria. (Faloore & Asamu, 2010; Taiwo et al., 2021) Parents view it as a learning process that can be a fallback for the children in the future should they encounter job or school failure. (Alenoma, 2012; Asante, 2019)

The loss of the collectivist culture of rearing children is a trend affecting families in Sub-Sahara-Africa and this was also reported in this study as a cause of the continuing presence of children on the street of Ibadan. (Bigombe & Khadiagala, 2004) The modernization of families has led to the loss of the traditional African kinship-oriented system and culture of collective child-raising. (Bigombe & Khadiagala, 2004) Accordingly, a Nigerian study published a Yoruba adage saying "Only one father gives birth to a child but hundreds of other surrogate parents in the community are waiting outside there to train and bring up the child" explaining the importance of collectivist culture. (Adewale & Afolabi, 2013) Our study supports the need to take into consideration other

persons in the child's mesosystems that can halt the multiplication of children on the street, as previously suggested. (Adewale & Afolabi, 2013)

The report of parental irresponsibility and devaluation of family life in favour of promiscuity was alluded to as a trademark of some Ibadan indigenes in this study. It was reported that promiscuity and serial cohabitation produce children who are uncared for and abandoned, with aged grandmothers who lack the resources and skills for effective parenting. Living with grandmothers encourages resilience for street-involved children but this is when grandmothers are supported socially and financially. (Malindi, 2014; Vågerö et al., 2018) Uprooting a child from a nuclear family to guardian care predisposes them to the risk of developing learned helplessness, psychological problems, and developmental delays, worse for the unmonitored child mingling with street elements. (Marcal, 2017) This is a concern for children on the street who are living with guardians therefore the culture of serial promiscuity with abandoned children should be addressed.

6.6.5 Child streetism and spiritual backdrops

We found some parents committed their children to the street in the hope of divine intervention that can bring forth a positive outcome for the child. Religion has been associated with the infringement of child's rights like child marriage but it is also known as a source of resilience for children of the street. (Hills et al., 2016) A study conducted among homeless street children reported they believed in God for a chance at a better life while living on the street.(Asante, 2019) Structural problems and lack of resources in the families of street children have been linked to parents' shift in worldview and distortion of reality. (Francis, 2012) This may be the reason for the spiritual rationalization of these parents in conjunction with their poor literacy

level. Nigeria is a religious country like other LMIC countries in Africa. (Aransiola, 2013; Asante, 2019) Therefore it is necessary to address the spiritual belief that unplanned children will be sorted by God when they are sent out to the street by their parents.

6.6.6 Poor adaptability and poor family bonding time

A child usually receives more parenting from the resident parent, mostly the mother as was the case for the children in this research. The available parent is usually challenged by the time demand and socioeconomic struggle of the lone residential parent. (Harkonen et al., 2017) This may be the reason the children in this research could not elaborate on relationships with their mothers because time demands did not afford them family bonding. The children reported almost non-existent relationships with the unavailable fathers and when available the fathers hardly have time to bond or form a tangible relationship.

Creating family time for personalized dialogue between a child and the parents is the essence of a nurturing relationship, which affords an avenue to share and solve problems. (Bethell et al., 2017) Personalized dialogue between a child and parents, has been proven to avert the effect of any ACEs(Adverse Childhood Experiences) and promote the healthy development and well-being of children.(Bethell et al., 2017) However, many children in this study reportedly bear and solve all their problems by themselves which depicts poor adaptability. Poor adaptability if unchecked can lead to the breakdown of the parent-child relationship and has been reported as a cause of children leaving the home permanently for the streets or elsewhere. (Bethell et al., 2017; Francis, 2012)

6.6.7 Poor parent-child emotional connections

The reports of poor parent-child emotional connections and the unwillingness of children on the street to elaborate when probed about the display of affection with their parents connote limited

or strained interactions. The lack of filial emotional connection is concerning because poor filial emotional connection and display of affection are precursors for antisocial behaviour in adulthood.(McGauran et al., 2019) Lack of parental nurturing documented in this study in the background of poor economic resources and school disruptions can result in poor formal and informal support for the children which can mediate negative psychosocial problems for the children in the present and future.(Marcal, 2017)

6.6.8 Economic oriented partnership

The need for economic partnership with parents imposes parentification on these children. (Noonan et al., 2018) Parentification is when a child assumes parental roles of financial provider and together with emotional disconnect the children are at risk of behavioural problems in adolescence and antisocial behaviour in adulthood. (McGauran et al., 2019; Noonan et al., 2018) The “power of earning money” whereby the child feels he or she is equal to the parental figure and does not feel the need to share decision-making with the parent was evident in this study. This is another dimension of parentification that negatively influenced the desire for new directions of children on the street because they do not care to discuss their plan for growth with their parents or were sceptical.

The reported inability of most children on the street to form a genuine partnership with their parents aside from the “economic interest partnership” is worrisome. It was gathered that parental figures were generally unconcerned about the child’s situation on the street, and the child's movements and they don't have any plan for the child's progression except to obtain monetary returns. This is in keeping with a Nigerian publication of the liaise affaire parenting style among families of street children in general which lacked specifics for children on the

street.(Ekpiken-ekanem & Ayuk, 2014) Noteworthy in this research is the empathy towards the mother's poor financial situation and parentification of children on the street, particularly boys who feel obliged to assist the mother when the father does not meet up to expectations.

A 2015 study found that enabling parent-child interpersonal relationships can numb the effect of poor economic and social resources with a positive emotional and behavioural outcome for adolescents. (Noonan et al., 2018) This had been the position of the African Union since 1999 when they pronounced within the Charter on the Rights and Welfare of the Child that “a child should grow up in a family environment where there is happiness, love and understanding”.(Aransiola, 2013) The cumulative effect of structural family problems, poor family resources, and poor filial relationships on the socio-emotional outcome of children and adolescents has been generating research interest in recent times. This exploration of the family dynamics of children on the street has filled some gaps in this regard.

6.6.9 Strength and Limitation

The sampling strategy and inclusion of paired parent-child in-depth interviews is a strength of the study because it afforded the richness of information derived and family-level insight. The teenage inclusion criterion for the children on the street was selected due to ethical considerations and could be viewed as a limitation because the voices of younger children were not captured.

6.6.10 Conclusions

Based on the results of this research, parental literacy, employment, understanding of effective parenting, and children’s rights, regardless of parents’ differences and situation, spiritual or

cultural beliefs could be important foci in further research or strategies to reduce children on the street.

6.7 Recommendation

The following recommendation are examples of holistic and multilevel approach to address the family dynamics issues:

1.Family support and strengthening family resources can help parents realize their roles in protecting children's rights.

2. Family outreach and counselling to build parent-child trust and reintegrate a child away from the streets back into the family microsystem.

3. Community leaders' involvement in identifying families that need help regarding a child's well-being and prompt notification of the states' welfare service before the child ventures to the street.

4.Advocacy by stake holders for policy change for effective child welfare monitoring in the community, providing opportunities for education and vocation training.

A family-level intervention to support the wellbeing of children on the street of Ibadan, is a recommendation for further research.

6.8 Conflict of Interest

The authors have no conflict of interest to declare.

6.9 Authors' Contributions

A.O. and S.M. conceptualized and interpreted the data and both drafted the manuscript. A.O. was responsible for data collection.

6.10 Data Availability

The data sets for this study are not openly accessible but can be available upon request and ethical considerations.

6.11 Funding Information

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CHAPTER SEVEN

CHILDREN ON THE STREETS OF IBADAN NIGERIA: NEGLECT OF CHILDREN'S RIGHTS

CHAPTER SEVEN: CHILDREN ON THE STREETS OF IBADAN NIGERIA: NEGLECT OF CHILDREN'S RIGHTS

7.1 Introduction

This chapter details the manuscript titled "Children on the streets of Ibadan Nigeria: neglect of children's rights" submitted to the *International Journal of Children's Right* on 30th June 2023. It is under review and it is the fourth manuscript developed from this thesis.

7.2 Abstracts

The Nigerian Convention on the Rights of the Child (CRC) 2008 enacted prohibitive laws against child streetism. However, there has been a growing "epidemic" of street children with existing family ties, in Nigerian metropolises like Ibadan. This article focuses on perceptions of formal responses to the problem of child streetism using interviews with children on-the-street, parental figures, child-welfare officers, and street shop owners. This was a descriptive qualitative phenomenological research. Participants were selected from each of the five urban LGA of Ibadan, purposively and by snowball technique. In-depth Interviews (IDI) were conducted, audio-recorded and transcribed. Framework analysis of data was supported by ATLAS-Ti version 22. The prevailing child streetism in Ibadan is consequence of the State's failed education systems, inadequate children's vocational and rehabilitation programs, lax child welfare laws, lack of empowerment of skilled children, and poor policies on family size. Suboptimal interventions included community-based child welfare programs, parental poverty alleviation, public sensitization and child welfare monitoring. There is urgent need to update, enforce laws and amalgamate efforts against child streetism in Ibadan.

Keywords: Child Streetism, Welfare, Child Rights, Laws, Family, Child Rights Act (CRA), Convention on the Rights of the Child (CRC), Children and Young Persons Act (CYPA)

7.3 Introduction

Low-and middle-income countries (LMICs) of the world are experiencing epidemic proportions of child streetism, particularly in sub-Saharan Africa, including Nigeria.(Parveen, 2014; Sorre & Oino, 2013; Tefera, 2015; Zarezadeh, 2013) Despite several governmental and non-governmental efforts, the street children phenomenon has remained a public health burden since it was first acknowledged in Ethiopia in 1887.(Arthur, 2012; Parveen, 2014; Sorre & Oino, 2013; Tefera, 2015; Zarezadeh, 2013) "Child-streetism", describes the presence of unsupervised children below the age of 18 years who are on the streets for various reasons.(Arthur, 2012; Boakye-Boaten, 2006; Ennew, 2003; Owusuaa, 2010; UNICEF, 2001) Nigeria is estimated to have between 7-15 million street children and the number keeps increasing(Adewale & Afolabi, 2013; Taiwo et al., 2021) Children-on-the-streets (with ties to their families) constitute the majority (80-90%) of street children who are seen in urban regions of LMICs, like in Ibadan Nigeria.(Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007) Other minor categories of street children include children of the street with a completely severed family link, children of street families whose parents are beggars or destitute on the street, and a few are street children who absconded from institutional care.(Alem & Laha, 2016; S. N. Cumber & Tsoka-Gwegweni, 2015; Mounir et al., 2007) The children-on-the street is a distinct major group because they return home daily to their families at night regardless of their activities on the street.(Asanbayev et al., 2016; Parveen, 2014; Sorre & Oino, 2013; Tefera, 2015; Zarezadeh, 2013) It is disturbing that the majority of street children exist and live within a family setting.

The 2003 Child Right Act (CRA) was fully adopted in Nigeria in 2013 and it acknowledges a child as a person under the age of 18 years and recognizes street children as a vulnerable group in need of continuing evaluations and appropriate interventions(Abdulraheem-mustapha, 2016; NHRC, 2003; Richter et al., 2007; Songca, 2019) The 2008 United Nations(UN) report of the

Convention on the Rights of the Child Committee (CRC) in Nigeria, recognized the prevalence of children on the street in southern cities like Ibadan, despite established interventions and advocated for lasting solutions. (United Nations Children's Fund, 2008) The 2013 Nigeria Child Rights Act(CRA) manual, proclaimed that this major category of street children cannot be arrested for wandering, considering their existing links to a family, and recommends astute exploration of the growing phenomenon in the southern states after which targeted interventions and policies can be implemented. (UNICEF Nigeria-Bar Human Rights Committee, 2013) Congruent to the 2013 CRA manual, section 26(1) of the Nigeria Children and Young Persons Act(CYPA) directed that any local authority in Nigeria may arrest a child if they have reasonable grounds that the child is wandering and has no home. (UNICEF Nigeria-Bar Human Rights Committee, 2013) But this is also not applicable to the majority of street children who are children on the street with known and existing family links. Therefore the CRC recommended that research should continue to generate explorative data on various issues regarding and affecting children on street and evaluate existing interventions, after which laws can be amended. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008)

Child streetism further adds to the many burdens and challenges in LMICs, like in Nigeria. Leaving the phenomenon of child streetism in LMICs unchecked negates all the objectives of Sustainable Development Goals (SDGs) concerning children's rights and well-being. (Ayuku, 2004; UNICEF, 2006) Ibadan, the third most populous metropolis in Nigeria has an active population of children on the street which connotes several interventions failed. (Ayuku, 2004; UNICEF, 2006; United Nations Children's Fund, 2008) Hence the need to explore efforts of the governments and non-governmental organizations concerning children-on-the streets of Ibadan.

7.4Methods

This paper is part of a larger descriptive phenomenological qualitative study on children on the streets.

7.4.1 Study Sites

The study was conducted in Ibadan the capital of Oyo State and the largest city in southwest Nigeria. The five urban Local Government Areas (LGAs) of Ibadan were the study sites, where one street with a known population of street children was selected per each of the LGAs. The Directorate of Oyo State's child welfare service in each of the five urban local government councils of Ibadan guided the street selection. A street was selected from different areas of Ibadan, South-West (SW), North(N), North-West (NW), North-East (NE), and IDO LGAs, with a total of five streets selected.

7.4.2 Study Designs

Four different groups of respondents were targeted for interviews. It includes:

1) In-depth interviews (IDI) with Oyo State's child welfare officers.
2) In-depth interviews (IDI) of street shops or street business owners.
3) In-depth interviews with children on the street from each of the selected streets.
4) Paired In-depth interviews of a dyad of a parental figure and a child on the street.

7.4.3 Study population and sampling strategy

Oyo-state-appointed social workers designated to each directorate of child welfare services in the five urban LGAs of Ibadan were selected for In-depth interviews (IDI). These child welfare officers had at least six months' work experience in each urban LGAs which guaranteed familiarity with each locality. Two consenting child welfare officers were selected from each of

the five urban LGA and two officers were selected from the central secretariat in Ibadan to obtain more information from the directorate at the state level and insight into national efforts.

Two adult street shops or business owners from each of the five urban local governments had in-depth interviews. Selection criteria included a minimum of six stays on the select street which can guarantee familiarity with the children on the street. Being a past child on the street was a desirable selection criterion, met by some of the participants. The selection of shop owners was purposive and they served as links to the recruitment of children on the streets by facilitating links to the children's parents or guardians.

The selection of the children on the street was initially purposive with the assistance of the street-shop owners and subsequently by snowball technique. At least two children on the street were selected per street in each of the five urban LGAs. A child-on-the-street aged 13yrs -17yrs 11months, who return home daily and whose parent/guardian consented to the child's participation in the study was selected for in-depth interviews after written assent and parental consent were obtained.

Paired In-depth interviews with a dyad of a child-on-the-street and a parental figure were conducted, selecting two parent-child pairs from each of the five urban LGAs. The children that participated in the paired IDI were another set of children on the street recruited as explained previously, after which a parental figure for each selected child was interviewed.

7.4.5 Data collection

Data collection was between June and September 2021. We ensured adequate patient information regarding the purpose of the study and observed the process for in-depth interviews,

obtaining participants' consent and assent. Interviews were conducted by the first author with research assistants who supported the process of recruitment. Participants' preferences with the choice of venue, time, and conduct of research activities were obliged. A pre-developed interview guide which explored the needs of children on the street of Ibadan and existing governmental and non-governmental efforts was used to moderate the interviews. The same interview guide was adapted for the three categories of participants (please keep consistency – respondent or participant). A digital recorder was used for the interview with the full consent and assent of all participants.

7.4.6 Data Management

Fifty-three (53) interviews were conducted including ten (10) IDI with child-welfare officers, ten (10) street shop owners' IDI, eleven (11) IDI with children on the street, and ten (10) paired IDI with dyads of parent-child.

Audio-recorded interview sessions and the field notes were completely transcribed and typed out in Microsoft Word. The qualitative data were analyzed using the techniques and procedures of framework analysis, including five levels of systematic data processing; familiarization, identification of thematic framework, indexing, charting, and mapping.(Srivastava & Thomson, 2009) Coding was done deductively and inductively, and supported with the use of ATLAS Ti-version 8.4, with the generation of quotes specific to the emerging themes and subthemes.(Korstjens & Moser, 2018)

7.5 Results

The quotations are labelled in brackets by respondent group and number, age (in years), and gender ((M)ale/(F)emale. The respondent groups are WO – Welfare Officer, SO – Shop Owner, PP-Paired parent, PC-Paired child, and C-Child. *SO-Shop owner who was previously a child on the street.

Two themes explained the efforts of the governments and non-governmental organizations concerning children-on-the streets of Ibadan. Governmental shortcomings are the bigger theme with six subthemes. The smaller theme addresses the few existing governmental and non-governmental interventions which had four subthemes.

7.5.1 Governmental shortcomings

Government shortcomings were a major theme. It included jurisdictional reasons for the growing epidemic of children on the street of Ibadan. The six subthemes explain the shortcomings of the Oyo state's government regarding the welfare of children in the state and upholding the child rights Acts. These relate to education systems, vocational training, lax laws, difficulty rehabilitating, lack of empowering skilled children and poor policies on family size.

7.5.1.1. Failure of Oyo state's education systems

Child welfare officers expressly said Oyo state's government has failed to provide the necessary services and amenities to keep children in school. They claimed children come out to the street from their families because the State's government has failed in ensuring the mandated basic free primary and secondary education for all children.

> "When the state fails to provide the necessary things to keep the children in school, definitely the children will come out to the street, that is one effect of the state government not doing its duty. The high rate of drop-out of children in primary and secondary school in the South-West is a lot". (WO12,51, M)

> "If the child says "I want to go to school". Our office can only enroll the child in school but the government has no money to foot the bill. (WO5,46, F)

Few children on the streets, some parents and shop owners strongly opined that educational support in form of a full scholarship by the government will ensure children stay in school and not roam the street. This is because they believe most children on the street are encouraged to seek income-

generating activities to support their education. Child welfare officers elaborated that despite the government's declaration of "free basic education" for children in the state, parents are required to buy books, and uniforms, pay for meals at school, home-school transportation, and other needs the school requires to educate the children.

> "Children will go to school to the University level if education is free. (PP6,52, Mother)
>
> "If the government can help with our education to any level, I am sure there would be none of us on the street." (C11,17, boy)
>
> "I want the government to give me a scholarship, to sponsor me in my school" (C5,15, boy)

7.5.1.2 Inadequate vocational training program for uneducable children

Participants believed and opined that vocational skills acquisition is a better alternative to engage uneducable children in, instead of them wandering on the streets when they experience school failure. Participants opined vocational skill set will enable such children to earn a decent livelihood off the street when established later in life. Welfare officers attest to the inadequate slots for government-sponsored vocational training for children found wanting.

> "The government does this once in a while. We invite the parents to our office and take the parent and child to our vocation center. We have one at Yemetu, it's a vocational center for shoemaking, catering, and other skill acquisition. We make sure to visit the children in the vocational center and give them a stipend because they must have money to feed themselves. When we take them off the street and do not visit them at the centers they will go back to the street. After this vocational training, the government gives them some tools to use but the parent has to look for where and how to set up the business." (WO5,46, F)
>
> "Because it is not all of them that can still go to school we ask what trade or skill they want to acquire and we enrolled them in vocational training provided by the government, although we have limited slots" (WO3,41, F)

Few children who desired vocational skills especially those with learning difficulties or those forced out of school to the street, due to poor academic performance complained of the cost of

getting skilled vocational training as an alternative. These children said their parents can't afford to make payments for vocational training and paying out of money made from street activities drains their merger income. Some of the children suggested there is a need for more government-sponsored vocational and skill training centers. The parents and children complained of a conflict of interest between learning a trade and making money from street engagements plus time constraints.

> "When I leave school, I go to where am learning tailoring skills, so it won't affect the school. I have been an apprentice since grade 5 now I am in grade 8. It would have been faster if not for my street runs. (PC7,17, boy)

> "He told me himself that he wants to learn to tailor. So, I said he should not yet do the entrance exam to secondary school because he could not read and write well at that time, because if he did the entrance exam and he gets into secondary school, it would just be a wasted effort. His father just paid part of the fee for the vocational training since he started the apprenticeship 2yrs ago" (PP9,40, Mother)

7.5.1.3 Lax State's child welfare laws

Welfare officers and some shop owners implied the state government is not strict with enforcing the existing state's child rights and prohibitive laws targeting child labour. Child welfare officers opined additional specific laws that forbid parents from sending their children to the street and prohibit any activities involving children on street are necessary.

> "There are laws, we have children and young person's law but it is very complex. The Oyo State child rights laws and young person law was inaugurated in 2006, it is all-encompassing because it gives examples of all the possible offences against children and gives instructions on the protection of these children. We are looking into ways of enforcing these laws because we are aware that there are a lot of parents who are not capable of taking care of their children and again we are fine-tuning what will be considered as child abuse or neglect." (WO12,51, M)

> "Maybe Oyo state is downplaying the child right acts, but if there are serious laws and punishments for breaking the laws we shouldn't be seeing so many children on the street to date" (WO3,41, F)

A few children on the street also opined that enforcing prohibitive laws against child streetism is necessary because some parents will have no choice but to abide by the law or risk being punished.

> "If the government said we shouldn't hawk on the street again; we won't hawk on the street again." (PC6, 16, boy)

> "Laws that say we should not sell on the street is the only prevention, but I understand if I'm not here, some others will be. It will be a bit hard because we are in Nigeria and we are not a serious country." (PC9,17, boy)

7.5.1.4 Difficult rehabilitation of children on the street

Child welfare officers expressed the difficulties encountered with the rehabilitation of some children on the street. This reportedly frustrates their rehabilitative efforts and the unsuccessfully rehabilitated children with the influx of new children, contributes to increasing numbers of children on the streets. They attribute this to the fact that the children had imbibed the norms of street life and are unable to stay completely off the street.

> "He was found out by his parent who reported him to us. We counselled him and he went back to school but he could not stop going back to the street and he cannot stay in the school. The parent had to look for somewhere else to rehabilitate him far away from home and the streets he is used to" (WO12,51, M)

> "We have tried rehabilitating most of them, by picking them out of the street. After taking them out of the street we then try to engage them. But they will mostly go back to the street. (WO3,41, F)

> "We won't mind the mother's nonchalant attitude, it's the child we will be counselling all the time and calling to follow up on the rehabilitation effort. What the parents are not doing we have to take up the role ourselves or else the child will go back to the street, we can't always sustain the follow-up, so we see most of them back on the street (WO5,46, F)

The welfare officer acknowledged very few cases of children on the street who were rehabilitated successfully and taken away from the street. They shared a few encounters with some children who outrightly reject any form of rehabilitation.

> "Even when the government wants to monitor them and intervene some of the children will still say "am not interested in anything you have to offer" (WO3,41, F)

7.5.1.5 Lack of empowerment of skilled older children

Participants suggested that the older children on the street should be empowered by the government by providing them with resources to establish a trade of their choice after completing their basic education or after the acquisition of a vocational skill. Shop owners said the older children's inability to access empowerment from the state government is the reason they take to the street to earn any kind of livelihood.

> "But the government should also provide support for the children on the street, the government should empower them, they can help expand their business away from the street, because I feel what they are doing is better than stealing because when they hustle they will eat from their work, it better than them stealing." (SO5,32, F)

> If the government can help us. I mean the government can give me money to do better business if they get give me shop rent money so we can be able to eat, drink and sleep without hawking on the street" (PC3,15, M)

Although few shop owners attest some of these older teenage children are reluctant to take up government offers which are usually very limited because of daily monetary gains on the street. Welfare officers also seconded that some older street children decline the offer of government empowerment because it is meager and they preferably opt for apparently more profitable ventures outside the shores of Nigeria or engage in other fraudulent scams.

> "Some children travel out of the country for better opportunities and they still suffer when they got there. They said when they got there, they were used as slaves. It was the Nigerian government that went to get them back to the country because those who took them there couldn't bring them back again and all the things they promised them were in vain. When they got back to Nigeria, although the government wants to make life comfortable for people they couldn't empower them as expected. If the government can help to empower them all, that is what can reduce all those issues of mothers sending their children to the street" (WO12,51, M)

7.5.1.6 Poor policies on family size

Child welfare officers suggested there should be a stricter policy on the family size in the country because, in theory, the proposed ideal in Nigeria is a maximum of four children in a family unit, particularly for socially and economically constrained parents. They strongly opined that the continuous presence of children on the street is the result of unplanned families with many children that are uncatered which is a consequence of poor policy on prescribed family size. Few street shop owners buttressed there is a need for a governmental policy on family planning according to family resources citing how such an approach had worked in controlling the population in some developed countries.

> "In other words, we should encourage population control by matching the economic capacity of a family to how many children they can have." (WO12,51, M)

> "Parents should work hard and have money to train their children so that they won't depend on the government or anybody, that should be a strict government policy on family size. There are too many children on the street the government can't handle all" (WO5,46, F)

7.5.2 Existing government and non-government interventions

Existing interventions were a minor theme with four sub-themes. It included: synergistic community-based child welfare teamwork, parental poverty alleviation, public sensitization on children's wellness, and child welfare monitoring programs.

7.5.2.1 Community-based child welfare teams and synergistic efforts

Child welfare officers narrated the establishment of community-based child welfare teams which was a necessary step in targeting child streetism. This reportedly is because the Oyo state's social welfare workforce is inadequate to achieve all the State's set goals for the eradication of the presence of children on the streets. The Rapid Response Team (RRT) and Social Safety Net Program (SSNP) were two of the established community-based child welfare support teams.

> "We have some measures in place already, for example, the Rapid Response Team (RRT) where we use other community people who are not social workers. The RRT are alternatives to social welfare officers and the number of RRT is greater than social workers in the State. We are preparing to form the RRT in all the local governments in the state so that they can help us to track among other things, child abuse and street children. Another one of our programs is this Social Safety Net Program, we have four of it in Nigeria that people have started benefiting from, people can run to these community-based offices handling this program with issues of child welfare." (WO12,51, M)

It was also reported that the government and non-governmental organizations are working together to produce policies and bills to support and protect children on the street.

> "Another thing is that we are working in synergy with most of the Non-Governmental Organizations (NGOs), who are already working on controlling the situation of children on the street so that we have a unified effort. We have an information management system to know the effect, the rates, and the dimension of the children on the streets and the families. I mean the government is open to change, to transformation, to have an open mind because the government cannot do it alone but in partnership with both local and international organizations for effective plans and action. And then we're also galvanizing our activities at the grassroots level so that some people will be involved, we have champions that we've worked with." (WO11,37, F)

7.5.2.2. Poverty alleviation and empowerment scheme for poor parents

Child welfare officers and a few street shop owners reported various government programs that provide financial support or relief for poor families. Welfare officers gave details of some of these schemes including the Government Employment and Entrepreneur Program (GEEP), the Cash Transfer program, and the Home-School Feeding programs. The shop owners corroborated these and also gave examples of parents who have benefited from the government-driven empowerment scheme. It was reported that these programs are meant to serve as a deterrent to sending children to the streets for monetary gains by assisting parents and families to cater to their needs and send their children to school.

> "GEEP is the Government Employment and Entrepreneur Program which is ongoing, we support small-scale businesses for indigent parents. Also, we are about to start the Home-School feeding program which we are already piloting. We have the Cash Transfer Program, they stopped earlier this year but they have started payment again this month.

> Under the cash transfer, we have a parents' coaching program, which is a broad project itself. Very soon the Federal government will commence Mature Woman Projects (MWP) which is to empower the poor the poorest women, in every local government, presently they are each state of the country. During that summit in Abuja, the World Bank vowed to support, and International Monetary Fund (IMF) said that they will carry on, in all the 36 states in Nigeria and its LGAs and so very soon hopefully they will commence." (WO12,51, M)
>
> I prefer we focus on the empowerment of the poor of the poorest financially. Government officials were still paying yesterday at Orelope, LGA. The cash transfer is mostly to mothers, especially those identified as the poorest of the poor through data that was given to us by the State Operating Coordinating Unit (SOCU)for child welfare. (WO12,51, M)

However, few children and parents said although they have heard of these programs but had not been able to benefit from them.

> The government can help the family by renting shops for the mother and also empower the mother to take care of the children." (PC5,17, M)
>
> Government should assist us with money or they can give me a job, I will do it. I have tried looking for a Job but they did not employ me. I work can work as a cleaner or messenger in any office. (P3,35, Mother)

7.5.2.3 Public sensitization on children's wellness, education & substance abuse

Child welfare officers said they have been conducting a series of public sensitization programs which occurs mostly in the communities and in schools where they emphasize the need for parents to care for their children within the family and ensure their children go to school

> "We did a lot of sensitization; we go to schools to speak with Parent Teachers' Association (PTA). We go also sensitize the Nigeria Union of Teachers association and advise them against associating with existing children on the street and for them to discourage children on street. We let the children in the schools know the do's and don'ts, the risk of being on the street." (WO4,55, F)
>
> "It is just because finances are down in the local government at the moment, we do go out, with handbills to sensitize people, we publicize with megaphones and we even call drama actors to do role play so that the people can understand by dramatizing the dangers of street hawking for children. We go to markets like Oje and Oranyan market and surrounding communities. There was a time we did sensitization with the PTA (Parent-teacher

> association) associations of some schools in North East Ibadan. We tell them that we know that the economy of Nigeria is difficult and they may be tempted to send children hawking on the street but we let them know the repercussion." (WO4,55, F)

The sensitization programs reportedly also focus on the negative impact of drug abuse which the children are exposed to on the streets and keep them going back once they get addicted.

> "We want the sensitization on children's wellness and education, to continue in our schools in the state and also the talk about drug abuse. If not for the RRT we will have not covered many grounds and we even have some NGOs working on drug and substance abuse issues with us in schools creating awareness of this." (WO12,51, M)

> "We enlighten parents in communities and let them know the repercussion of other children on the street, so they will know there is a need for them to curb their children in order not experiences the same, especially substance use. We tell them "to send the child to the street is easy, but to take them back home is a serious problem because that is where their eyes and mind will be." (WO3,41, F)

Shop owners acknowledged witnessing such programs but reiterated the need for continuing sensitization and awareness in schools and communities emphasizing education as a necessity and duty to be fulfilled by parents, creating awareness of children's wellness and the dangers of child hawking. Child welfare officers reported that part of their community sensitization includes talks on gender equality and marital harmony which they have identified as factors that push children from the family to the street

> "We are continuously sensitizing parents about the essentials of social services and equality of our women. We also focus on settlement of the matrimonial homes, because if the foundation of the family is okay, there is no need for the children to come out to the street A lot of programs we're doing also include raiding activity of children seen on the streets." (WO12,51, M)

7.5.2.4 Child welfare monitoring and alternate custody plan

The welfare officer related the efforts of the family courts and child welfare offices in the state where they enforce parental responsibility, by monitoring a defaulting parent remitting the upkeep

funds for the child at their office at the designated time of the month. Welfare officers also said they monitor that the upkeep paid by the defaulting parent (usually the father) which is to be remitted to the primary caregiver (usually the mother) is expended for the child's welfare.

> "The family welfare office is meant for husband and wife dispute settlement for sake of adequate child care. It's a place where both of them divorced or separated meet up and the responsibility of the man to the children is enforced. It is ensured that the father takes care of the children, at times some fathers are asked to bring the money for the children's upkeep to that office where it will be handed over to the mother or paid into the mother's account, so the father's responsibility is monitored regularly.' (WO5,46, F)

Child welfare officers reported that when the intervention of family welfare officers fails, they make an alternative plan but only in a few cases. This includes putting the child up for adoption or short-time custody care with foster parents when the parents are declared incapable of parenting after a thorough evaluation. They narrated that this is not readily done because of the tedious and lengthy process of investigation to validate the good intentions of the adoptee or foster parent to avoid further exploitation of the vulnerable child.

> We have welfare offices in Onireke where we handle family child's welfare disputes, and process adoption, including juvenile welfare services. When this welfare offices action is unsuccessful, we take the case to the family court, at the magistrate and high court level and we have our court assessors that assess most of these cases and present them to the court for an action plan in the best interest of the child may foster care or adoption. But we carefully evaluate these alternate plans and it can frustrate us and the adopter because it is a long process (WO12,51, Male)

A few shop owners and parents narrated some of the alternate custody plans for children on the street. This included a few private philanthropists and NGOs who take up part of the child's welfare when school is in session and returns the child care to the family during school holidays.

> “Some of these children are sent to Hamzat Oriyomi's school. He goes on the radio 88.7FM program every Friday to explain his mission. He puts these children through his boarding school without collecting a dime from the family. The government should help Oriyomi’s school to do more beyond secondary school education, which will encourage him to progress with good work so that those children won't turn bad in the future or return to the streets (*SO3,35, F)
>
> If more philanthropic NGOs in this country can help us to take care of our children it will be good. Right now, if you have one thousand naira now, you can't use it to take care of two children for a day.” **(**PP6,52, Mother)

7.6 Discussions

This research provided insight into the efforts and shortcomings of the Oyo state government and the Non-Government Organizations (NGOs) regarding the prevailing and growing numbers of children on the streets of Ibadan, Nigeria. The existing efforts include synergy between the state and community-based child welfare teams, government-driven parental poverty alleviation programs, public sensitization on children’s wellness, and child welfare monitoring programs. However, the governmental shortcomings were more, including the jurisdictional reasons for the continuing presence of children on the street of Ibadan. These are the failure of the Oyo State’s education systems, inadequate government-owned free vocational training programs for uneducable children, lack of empowerment of skilled older street children, lax Oyo state’s child welfare laws, difficulty with the rehabilitation of children on the streets, and poor policies on proposed family size in Nigeria.

The mandate of free basic education has not been fully achieved by the Oyo state’s government as found in this study which contributes to the presence of children on the streets of Ibadan. Reportedly the state government can only provide free enrolment of children in school but cannot commit to financing the other essential school needs that parents of children on the street struggle with. The free and compulsory Universal Primary Education (UPE) Scheme in Nigeria was established in 1976 and it failed because of the lack of serious planning and commitment by

the government which lead to the launching of the Universal Basic Education (UBE) in 1999.(Etuk et al., 2012; Kolapo, 2011; Onojete, 2006) In 2004 the Federal Government of Nigeria revamped the educational policy of the UBE from 6-3-3-4 to 9-3-4. (Etuk et al., 2012; Kolapo, 2011) The 6-3-3-4 means 6 years of primary, 3yrs of Junior Secondary, 3yrs of Senior Secondary School (SSS), and a minimum of 4yrs tertiary education while the 9-3-4 is essentially the same with the merger of the first 6 years of primary and 3yrs of Junior Secondary School(JSS) education. (Etuk et al., 2012; Kolapo, 2011) This 2004 educational policy featured the UBE program and mandated a minimum of 9 years of free basic education for every Nigerian child. (Etuk et al., 2012) The specifics of this policy included ensuring all school-age children are in school, and after completing the free six years of primary education they transit to Junior Secondary School (JSS). (Etuk et al., 2012; Osei-senyah, 2004) Both the then UPE and the UBE policies stressed the inclusion of underserved children like the street and working children. (Etuk et al., 2012; Osei-senyah, 2004) This was to be made possible by allotting dedicated government funds to the UBE program and a 2012 publication evaluating the Nigeria UBE policy recommends that government should ensure that funds meant for the UBE are effectively utilized and monitored.(Etuk et al., 2012; Osei-senyah, 2004) But unfortunately, as evident in this research, some children are on the street because of the lack of governmental full sponsorship of mandated basic education. It was gathered in this research that despite the provision of free basic public education for children in each Nigerian state, parents or guardians are responsible for most of the direct and indirect costs of schooling. Many of the children on the street who participated in this study and those in another study(Yusuf & Tsagem, 2022) desire to be in school full-time if there is government sponsorship to maintain daily school needs because earning on the street is difficult and a distraction. Previously, each state government in Nigeria

was responsible for the full cost of basic schooling of children enrolled in public primary and secondary schools. (Osei-senyah, 2004) A revisit of this aforementioned should be advocated as part of solutions to the current epidemic of children on the street.

This research found that one of the reasons children are found on the street is the financial inability of parents to sponsor vocational training for children who had challenges with formal education. The 2004 National Policy on Education included the provision of equal educational opportunities for all children and recommended the Federal and State governments operate vocational training centers for educationally challenged and vulnerable children like street children. (United Nations Children's Fund, 2008) Although there are established vocational training centers in Ibadan, Oyo state they are not enough to absorb children in need of such alternatives. A Nigeria study analyzed the vocational preferences of home-based versus street children and found that street children preferred vocational skill training to formal academic education. (Ubangha & Oputa, 2007) This preference was associated with their realization of the socioeconomic disadvantage of their family to fund formal education and interests in the available occupational opportunities which can be achieved through vocational skills training. (Ubangha & Oputa, 2007; Yusuf & Tsagem, 2022) Therefore in compliance with the existing national education policy, it can be advocated that more government-owned free vocational training centers be established. This will keep children out of school engaged, reduce the number of children on the street, and foster economic self-dependence of these children when of legal age to work and earn.(Yusuf & Tsagem, 2022) Likewise as expressed in this study, the Oyo state's government should establish protocols and accessible funds which can empower older children who have acquired self-thought skills to establish a small-scale business entrusted to the parents or guardian until the child is of age. This is because it was reported in this study that the

few vocational opportunities occasionally give basic tools to few trained children but the full establishment is left to the parent to sort out. The difficulty with the rehabilitation of children on the street can also be linked to poor educational support from the state government, lack of vocational training centers, and lack of protocol for alternative engaging activities.

Poverty alleviation programs for parents and financial empowerment of poor families have been an approach to ensuring child welfare in Nigeria. This research revealed recent models of poverty alleviation and empowerment of poor parents in Oyo state including the Government Employment and Entrepreneur Program (GEEP) and the Cash Transfer programs. These are laudable programs but with limited reach to the poor parents that need such assistance as found in this study. These programs are part of the Federal and state government mandates as recommended by the 2003 Nigerian Child Rights Act. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) Child welfare departments are situated in the States and Federal Ministry of Women's Affairs and Social Development (FMWA&SD). In 2006 the FMWA&SD started the Women Fund for Economic Empowerment (WOFEE) in each state in Nigeria. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) The WOFEE was a soft loan scheme for women especially poor mothers for the establishment of small-scale businesses and vocational skills acquisition for small-scale industries. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) The department of child welfare services in all states in Nigeria is within the FMWA&SD and they devote special attention to poor families or single-parent families especially poor mothers(UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008). The special attention to poor families is an attempt to ensure children are cared for within the family and prevent any form of child streetism in a bid to support the

family finances as observed in this study. The FMWA&SD, now known as the Federal Ministry of Women Affairs and Social Inclusion (FMWA&SI) continually explore different poverty alleviation programs like the GEEP and CASH program of the child welfare department in Oyo state MWA&SI, where direct monthly cash transfer to very poor families is the modus operandi.

This research revealed one of the reasons for the prevalence of children on the streets of Ibadan is the laxity of child rights laws despite the explicit statements in the 2003 Nigerian Child Rights Acts (CRA), which was enacted in Oyo state in 2006. (NHRC, 2003; UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) Interestingly predating the 2003 CRA, many states in Nigeria had enacted laws against child hawking on the streets, for instance in 1985 the then Bauchi State enacted the "prohibition of hawking by children" which stated that "parents or guardians who send out their children hawking in contravention of the edict are liable to a maximum punishment of one-month imprisonment without an option of fine".(United Nations Children's Fund, 2008) The 2003 CRA is built on such edits and mandates parents, guardians, and state authorities to provide care, sustenance, and good upbringing of all children within the normal home setting. (NHRC, 2003; UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) The CRA developed the twenty-four child rights themes comprising the rights of the Nigerian child to survival, development, and protection and strengthened the legislation of the state including the prohibition of street hawking, begging, and withdrawal of children from schools mainly for commercial purposes. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008). Specifically section 28 of the CRA expressly "prohibits exploitative labour" and section 30 "prohibits activities involving children in buying, selling, hiring or involvement of children in the purpose of hawking or begging for alms or prostitution''.(United Nations Children's Fund,

2008) In 2008 the committee of the Convention on the Rights of the Child (CRC) noted that almost all 36 states in Nigeria had enacted prohibitive laws against children's involvement in street hawking, begging, or any form of exploitative labour with little bearing on child streetism. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008). There was a re-evaluation of the CRA in 2013 by the UNICEF committee of the CRC (UNICEF Nigeria-Bar Human Rights Committee, 2013) reiterating the rights of the Nigerian child. But these acts are not enforced, the acts are not obeyed and offenders who violate the CRA are not being prosecuted (FMOH, 2015), as reported in this study. Over the years due to poor legislation, the phenomenon of child streetism persists whereby the majority of the children with existing family ties are found roaming the streets of major cities like Ibadan as observed in this study and another one published in 2022. (Taiwo et al., 2021)

Synergized teamwork between the state welfare officers and community-based child welfare team is one of the ongoing efforts in Oyo state to ensure child rights are not violated and for prompt response and action to any observed and reported violations like child streetism. The Rapid Response Team (RRT) and Social Safety Net Program (SSNP) were two of the established non-governmental community-based child welfare support teams working synergistically with the Oyo state child welfare services in this study. The synergy between the government welfare offices and community-based NGOs had been an approach since the instituting of the CRA. (United Nations Children's Fund, 2008) In 2003 the National Agency for the Prohibition of Traffic in Persons and Other Related Matters (NAPTIP) was established in Nigeria as part of efforts toward the protection of child rights. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) The NAPTIP was made up of several law enforcement agencies working with a plethora of NGOs within the communities. (FMOH, 2015;

United Nations Children's Fund, 2008) The NAPTIP is empowered with oversight duties of securing court convictions and jailing perpetrators of child rights violations, identified by community-based NGOs.(FMOH, 2015; UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008) A 2020 publication suggests advanced child social welfare strategies between the government and NGOs to combat child streetism. (Taiwo et al., 2021)A similar approach is what the Oyo state welfare service is utilizing with the RRT and SSNP which reportedly has boosted the duties of the state welfare service considering the merger workforce in the state welfare services.

This study provided insight into child welfare monitoring programs coordinated by the state welfare officers under the direct oversight of the family court. The Oyo state passed into law the Nigeria CRA in 2006 after it was enacted in 2003 however the Family Court of Oyo state (FCO) which is significant to its implementation did not become functional till July 2020. (Toyinbo, 2020) The procedure for ensuring financial child support is remitted by a defaulting father, channelled through the FCO as found in this study impressive. Although the recent establishment of the FCO connotes the child welfare office had been unable to enforce the CRA related to streetism until 2020 and this might have contributed to the prevailing numbers of children on the street of Ibadan. However, the monitoring program seems overwhelmed by the number of children on the streets of Ibadan as found in this study and other Nigerian studies.(Adewale & Afolabi, 2013; Faloore & Asamu, 2010) This is in contrast to situations in developed countries where the children's welfare system is grounded and able to cater to all children in need. (Adewale & Afolabi, 2013) The Oyo state Family Court also handles the alternate custody plan for children on the street as reported in this study. A reason for failed rehabilitation of children on the street in this study was poor compliance of parents with instructions on providing for the

children's needs and raising them off the street. Foster care was mentioned in this study as an alternative welfare plan for children to avoid them been sent back to the street after rehabilitation or when parents are declared incompetent. Foster care of such children by house parents employed by child welfare agencies has been suggested as a solution to effective rehabilitation of children on the street.(Yusuf & Tsagem, 2022)Some Nigerian NGOs had promoted fostering of children on the street by selecting individual families as a way of preventing streetism or rehabilitation of street children(Adewale & Afolabi, 2013; Yusuf & Tsagem, 2022). The FCO also adjudicates the due diligence with adoption as an alternative welfare plan for children on the street. (Toyinbo, 2020) However, welfare offices in this study bemoan the tedious adoption process, making it less of a welfare option for children on the street of Ibadan.

Large family size with many children has been associated with tendencies for child streetism in Nigeria. (Ikechebelu et al., 2008; Taiwo et al., 2021) The 2015 report on the state of the Nigerian child revealed children were approximately half (48.26%) of the 183 million population of the country and expressed the need for population control through family planning considering a projected yearly population growth rate of 3%. (FMOH, 2015) The Nigerian population policy was introduced in 1988 when the estimated population was about 80 million which was attributable to a large family size at an average of six children per family. (Mazzocco, 1988) The policy recommended an average of four children per woman, advocates a marriage age of 18 years and 24 years for men and recommends pregnancy be restricted to women aaged18-35yrs with (Mazzocco, 1988) In 2012 at the London summit on Family Planning initiative the Nigeria population policy was evaluated and it was reiterated that four children per woman are ideal with the "Four is Enough" campaign. (Renne, 2015; WHO, 2012) Currently, Nigeria's population is estimated at 220 million and street children are estimated at 15 million, with almost 90% of them

with family ties, (Adewale & Afolabi, 2013; Taiwo et al., 2021) which reflects poor compliance with population policy. (FMOH, 2015) It has been suggested in this study that a strict policy on the recommended family size of four children per monogamous union might be a solution. (Ikechebelu et al., 2008; Taiwo et al., 2021) Additionally, public sensitization on effective parenting, family planning, family values and child-rearing as found in this study had always been advocated as modalities to stem the phenomenon of child streetism.(Adewale & Afolabi, 2013; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011; Taiwo et al., 2021)

7.7 Conclusions and Recommendation

The 2003 Nigeria CRA mandates parents, guardians, and national and state authorities to provide care, sustenance and good upbringing of all children within the normal home setting and detailed rights of the Nigerian child which are to be upheld. (UNICEF Nigeria-Bar Human Rights Committee, 2013; United Nations Children's Fund, 2008)

The situation of children on the street in this study depicts neglect of duties and responsibilities of the family, government and non-governmental organizations. The child on the street phenomenon calls for continuing multisectoral re-evaluation to address all issues found in this research. The Nigerian CRA, free basic education and the national population policy need to be entrenched, and expansions of vocational opportunities for children, poverty alleviation for parents and sensitization on child welfare should be unwavering efforts.

CHAPTER EIGHT

INTRODUCTION, SUMMARY OF THE ARTICLES, REFLECTIONS, LIMITATIONS, STRENGTHS, CONTRIBUTION TO KNOWLEDGE, IMPLICATIONS, CONCLUSIONS

CHAPTER EIGHT; INTRODUCTION, SUMMARY OF THE ARTICLES, DISCUSSION, REFLECTIONS, LIMITATIONS, STRENGTHS, CONTRIBUTION TO KNOWLEDGE, IMPLICATIONS, CONCLUSIONS

8.1. Introduction

The first chapter focused on background of the study, conceptual framework, literature review, and objectives of the study. The second chapter detailed the methods used for this study including the study design and data analysis. The third chapter presented the preliminary data which included the description of participants selected for the four qualitative studies and the result of the quantitative data collected for thick description of the selected children on the streets. The fourth chapter is the first published article on the lived experiences of children on the street, titled *Recount and account of lived experience of children on the street: a phenomenology approach*. The fifth chapter is the second published article titled *Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria*. The sixth chapter is a manuscript under review, titled *The family dynamics of children on the streets of Ibadan, Southwest Nigeria* which focused on the family characteristic of children on the street. Chapter seven titled *Children on the Streets of Ibadan Nigeria: neglect of Children's Rights* is another manuscript under review which focuses on the needs, existing and desired intervention for children on the streets of Ibadan, Nigeria.

This concluding chapter (eight), responds to the research gap and study objectives referred to in the introductory chapter one and reflects on the study methods and the findings. It accomplishes this by presenting the summary of the articles or manuscripts, discussion of results, reflections, limitations of the study, strengths of the study, contribution to knowledge, implications and conclusions. This final chapter highlights new information which filled some gaps in literature regarding the children on the street in Ibadan, Nigeria detailed within the *discussions* and *contribution to knowledge* sections.

8.2 Summary of published articles and submitted manuscripts from this study

This study largely utilized a qualitative explorative approach to decipher the context of children on the street of Ibadan, Nigeria. The key findings are presented within each of the two articles and two manuscripts underlisted.

8.2.1 Article 1: "Recount and account of lived experience of children on the street: a phenomenology approach"

The lived experiences of children on the street was explored using interview guide which focused on clarifying the peculiarities and assumptions. Three thematic areas emerged including the street engagement, challenging and beneficial experiences of children on the street of Ibadan. The challenging experiences is the biggest theme, underpinned by street engagement and outweighed the beneficial experiences. The street engagement theme explained the duration of street engagement, the typical and atypical activities children on the street engage with. Most of the children had been on the street for many years and spend most of their daytime on the street regardless of their school calendar. The typical activity they engage with is the hawking of edible produce on the street while a few carry heavy loads for a fee. Atypically the children on the street leave the street for menial "work" in people homes, building sites or quarry, in search of better renumeration. The beneficial experiences for the children included, monetary gains on the street with ability to finance their family and personal needs particularly their school needs. The children encountered more challenging experiences which included financial crisis, school failure, induction to substance use, prostitution, street gangs and risk of being victims of public harassment, kidnapping and ritual killing. Overall, the lived experience of street children with family ties is overwhelming with the challenging experiences subduing the perceived benefits.

8.2.2 Manuscripts 1: “The Family dynamics of children on the streets of Ibadan, Southwest Nigeria”

The family dynamics of children on the street was explored using the family structure, the family SCREEM to assess the resources and the family APGAR to assess the filial relationship. Three thematic areas explained the family dynamics of children on the street of Ibadan including family structural problems, inadequate family resource and poor filial interpersonal relationship. The children on the street came from family structures characterized by broken homes and large-sized families. The children on the street in this study were from families with poor economic and social resources. They are from families with educational challenges including parental illiteracy coupled with variety of schooling challenges for the children. The filial relationship pattern included poor adaptability, poor growth support, economic partnership with parents, poor emotional connection, and lack of family bonding time. The three thematic areas which explained the family dynamics of the children on the street of Ibadan were intertwined, with the filial interpersonal relationships reflecting family resources premised on the broken family structure.

8.2.3 Article 2: “Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria”.

The health status of children on the street of Ibadan was explored using interview guide that inquired about their health problems and available treatment options. The interview guide was developed to probe the health issues of children on the street which were controversial, presumed or overlooked in literature. Three thematic areas explained the health status of children on the street in this study, namely the physical health problems, mental health issues, and healthcare challenges. The subthemes inclusive of poor nutrition, depressive feelings, verbal abuse, poor

health-seeking behaviours and unconventional healthcare stemmed from factors within the family and were worsened by the children's presence on the street where they spend most of their daytime. The subthemes that were consequences of the unusual ecological crossing into the streets where children mingle with other elements outside the family included poor toilet habits, exposure to infections, sexual health problems, injuries, body aches, allergies, misbehaviours, substance abuse and acquisition of psychological strength. The risk of death and few reported deaths of children on the street emerged as one of the physical health challenges related to the lack of responsible adult supervision of these children on the street. Conclusively a lot of health challenges are encountered by children on the streets of Ibadan.

8.2.4 Manuscript 2: "Children on the Streets of Ibadan Nigeria: neglect of Children's Rights"

This manuscript emerged from the exploration of the needs of the children on the street of Ibadan. Analysis revealed two thematic areas including governmental shortcomings and ongoing efforts against the presence of children on the streets of Ibadan. The governmental shortcoming was a dominant theme with six subthemes which projected jurisdictional failures as reason for the continuing presence of children on the street of Ibadan. These includes failure of the Oyo State's education systems, inadequate vocational training programs for uneducable children, lax State child welfare laws, difficult rehabilitation of children on the street, lack of empowerment of skilled older street children, and poor policies on family size. The smaller theme which detailed the existing interventions had four sub-themes including synergistic community-based child welfare teamwork, parental poverty alleviation programs, public sensitization on children's wellness, and child welfare monitoring. However, it was expressed by the majority of the study participants that child streetism is connected to failure to observe the CRAs and that the existing interventions are overwhelmed and subdued by the governmental shortcomings.

8.3 Discussions

8.3.1 Introduction

The rationale for this study was the identified literature gap and the need for explorative contextual research about family-connected street children in cities of LMICs like Ibadan, Nigeria. Children-on-the streets have become an enormous public health concern with escalating numbers in urban cities of LMICs. (S. N. Cumber & Tsoka-Gwegweni, 2015; Woan et al., 2013) Much of the literature on street children reviewed during the proposal stage of this study focused on the family-disconnected minority groups of street children. (Adewale & Afolabi, 2013; Ekpiken-ekanem & Ayuk, 2014; Faloore & Asamu, 2010; FMOH, 2015; Olaleye & Oladeji, 2011; Ugwuadu, 2017) This included Nigerian studies which were old studies and elaborated majorly on children of the streets with severed family links. This study utilized four qualitative interview-based studies with some quantitative data obtained for a thick description of the selected children on the street. Information was sourced from multiple participants including children on the street and significant adults in the children's ecosystem. The adult participants were parental figures, child welfare officers, and street shop owners of which some were past children on the streets. A total of 53 participants were selected from the five urban LGAs in Ibadan. Participants aside from child welfare officers were selected from streets with an active population of children on the street guided by information from the Oyo State's child welfare departments in each of the 5 LGAs. This study provided current and updated data on the family dynamics, lived experiences, health, and needs of children on the streets of Ibadan, Nigeria

8.3.2 The family dynamics of children on the streets of Ibadan, Southwest Nigeria

Regarding the family dynamics of children on the street in this study, mothers were the available and supportive parental figures. This is similar to other studies which had reported that street children are from mother-headed families. (Adeyemi & Oluwaseun, 2012; Bigombe & Khadiagala, 2004; Boertien et al., 2017; Cooper et al., 2019; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) However, this study elaborated on the context of "single" parenting for children on the streets, which was attributed to absentee fathers. The initial absence of such fathers was in search of better economic opportunities in other geographic locations in the city. Eventually, the fathers withdraw from their first family, remarry or cohabit, and start another family in a new location with resultant matricentric broken homes. It was inferred in this study that "matricentric" homes emerge because the housing set-up in urban areas does not allow polygamous family settings and this had not been obvious discussion in the literature on street children. Interestingly this study also revealed that even when fathers don't completely abandon the family, the unwedded ones downplay their roles, which "push" children to the street for economic activities to support the mothers.

The supporting quantitative data itemized the reasons for each child being on the street which is due to financial constraints in the family specially to support the "single" mother's income. The recruited children on the street at a mean age of 15 years had spent an average 4yrs on the streets and made about 6 USD daily. This was insufficient and couldn't solve the economic constraint in the family, hence their prolonged presence on the streets. This buttresses previous publications that had muted the link between the socio-economic situations in Nigeria and the family dynamics of the children on the streets. (Adeyemi & Oluwaseun, 2012; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) This is because the realities of prevalent urban-slum unstructured

families in Nigeria, with either or both parents earning below minimum wage, were found to be one of the drivers for child streets in this research. The Wealth Index quantitative analysis of the families of children on the street in this study revealed most of them are from very poor families which corroborated that many of the children are from lower socioeconomic classes within the urban setting.

Aside from the lack of paternal parenting, this study revealed unperturbed socially inept young parents who lacked parenting skills because they were also products of broken homes contributed to the growing numbers of children on the streets. This is intriguing and has not been highlighted in many studies that mention the family characteristics of children on the streets. (Adeyemi & Oluwaseun, 2012; Bigombe & Khadiagala, 2004; Boertien et al., 2017; Cooper et al., 2019; Faloore & Asamu, 2010; Olaleye & Oladeji, 2011) Additionally, unlike other literature which stated a negative association between child streetism and polygamous or large family size (Abamara, 2016; Ennew, 2003; Sorre & Oino, 2013), this study revealed good parenting strategies can override the "push" effect of polygamy and large family size on child streetism. However, the quantitative data collected from the children on the street detailed their family context, particularly the parent's marital status and family size. Many of the children were from families where there are more than four children per monogamous union and the mothers were either married, unwedded, or simply cohabiting. The "power of earning money", parentification of children, cultural inclination to trivialize the ideal family life, poor emotional parent-child connectedness, and lack of family bonding are subthemes in this study. These family dynamics had not been directly explored in understanding the children on the street phenomenon and can guide meaningful family-level interventions against child streetism in Nigeria.

8.3.3. Recount and account of lived experience of children on the street: a phenomenology approach

This study captured the lived experiences of children on the streets of Ibadan including their street engagement, beneficial and challenging experiences. Nigerian studies have listed daily labour as the most common financial activity of street children followed by street vending and begging.(Alem & Laha, 2016; Ekpiken-ekanem & Ayuk, 2014; Ikechebelu et al., 2008; Owoaje et al., 2011) However, using the street shop owners as links to the children on the street and point of entry into the family, the research only captured children on the streets involved with hawking or load carrying. Street shop owners seemed to be familiar with parental figures of children on the street who are engaged mostly with hawking and a few carrying goods for fees on the streets. The report of children on the streets in this study leaving the streets at times in a bid for higher remuneration, to engage in menial chores in other places including private homes is worrisome. These activities that involved veering off the street is not pronounced in the literature regarding the lived experiences of children on the street and has its attendant risk of extraneous child abuse. (Adewale & Afolabi, 2013; Loknath, 2014; Nanda, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013). Likewise, this study discovered Northern Nigerian parents who "lent" their children to Southwestern Nigerian women for street begging as a form of business transaction, which is intriguing and should be further researched. Literature on street children copiously reports economic gains as the main "push" (Faloore & Asamu, 2010; Tefera, 2015; Tettegah, 2012; Wargan & Dershem, 2009a) with sparse mention of the monetary losses and debts incurred by children on the street as found in this study. The risk and occurrences of children on the streets being victims of kidnappers and ritualists as found in this study should be a focus of further research. These grievous dangerous lived experiences should

be emphasized in publication and leveraged in campaigning against child streetism to families in Nigeria.

This study revealed that it is safe to assume that children on the street if not properly monitored may dovetail to become children of the street, which had not been an outstanding mention in the literature. Although the female street-shop owners in this study had witnessed children on the street grow into adult street-shop owners as evidenced by 5 of 10 recruited street-shop owners who were past children on the street. However, adult participants claimed times have changed and the current children on the street pick up more of the vices witnessed with tendencies to derail and become drug addicts or vagrants. The parental figures also expressed pessimism about the future of these children on the street because of their socioeconomic challenges and limitations.

8.3.4. Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria

This study revealed that children on the street of Ibadan had many physical, mental and health care issues. Regarding the physical health problems, we found these children exist within families that experiences household hunger with poor dietary intake of high carbohydrate-based diet, plus the quantitative data obtained revealed many of the children were underweight, evidenced by the lower BMI. These findings disputed studies on street children which inferred better nutritional intake among children on the street compared to other street children categories. (Ayaya & Esamai, 2001; O'Haire, 2011; Woan et al., 2013)

There was a revelation in this study regarding the toilet habits children on the streets of Ibadan. This included the fact that few children go back home to use the toilet facilities and the association of indiscriminate toilet habit with inadequate numbers and fees charged for public

toilet use in Ibadan. Additionally, the risk and occurrence of drowning and death from the defecation of children into streams or rivers was reported in this study.

Confirming the description of street children as "invisible and excluded" from the health care plan. (Arthur, 2012; Dybicz, 2005; UNICEF, 2006). Obviously, there was accessibility constraint to orthodox the healthcare services for the children on the street in this study mainly because of the high cost. Many of the children on the street were from lower socioeconomic family with poor wealth index (WI) and had to settle for cheaper alternative tradomedical, herbal remedies or road-side chemist which were readily available, accessible and affordable. Although children and their mothers were aware of orthodox health care service but this wasn't attainable.

It was observed that despite the ongoing public measures to control the COVID-19 pandemic, during data collection there were no targeted plans or actions from the health ministry for the protection of children on the streets of Ibadan. Poor hygiene was a serious concern reported by all categories of participants in this study, which predisposed the children on the street to diarrhoea disease and urinary tract infection due to indiscriminate unhygienic toilet habit. The lack of COVID-19 protection plan, lack of and high cost of the few public toilets on the streets, as found in this study are examples of "exclusion" of street children from public healthcare plan and policies. Likewise, there was serious concern about sexually transmitted diseases among the children on the street attributed to sexual exploitation by unruly adults and in-between the children on the street. However, the interviewed children on the street denied engagement in sexually activities but some were aware of mode of transmission and prevention. Some mothers also preferably send their sons to the street to avoid girl's sexual exploitation which maybe a reflection of the reported public sensitization programs on STI, periodically organized by the state's child welfare officers.

The report on eye and lung allergic reactions among children on the street in this study is insightful and has not been specifically documented for this category of street children. Spinal arthropathy was a possible health challenge for children on the street as found in this study, whereas most literature mentions mostly musculoskeletal skeletal aches and pains.

Trivialization of illness symptoms by children on the streets and their parental figures was related to the poor health-seeking in this study with consequent complicated illness. Trivialization had not been an obvious reason in the literature for poor health-seeking among street children and this should be explored by future research.

A few children on the street complained of feeling sad and hopeless while a few affirmed they acquired psychologic resilience due to lessons learnt on the street and experience with harshness of street life. There seemed to be opportunity for both positive and negative mental health attribute for children on street as found in this research. Therefore, it can be assumed that the existing linkage of these street children to the families particularly the interactions (even though limited as reported in this study) with the mothers who they vent to, maybe a mental health coping mechanism for the children.

Although substance use was denied by the interviewed children and parental figures. Street shop owners and welfare officers in this research cited instances of children on the street who were indoctrinated to substance use, got addicted, became vagrants and eventually severed links with the families. Regardless, the observed trajectory of conduct problems by street shop owners among children on the street in Ibadan is an interesting find that hadn't been highlighted in other studies on street children in Ibadan. This observed trajectory maybe related to disinhibition induced or supported by substance use and may be a pointer for prompt action at rehabilitation of a child on the street.

8.3.5 Children on the Streets of Ibadan Nigeria: neglect of Children's Rights

This study explored the needs children on the street of Ibadan and revealed a lot of unmet needs due governmental shortcomings. Although despite the reported overwhelming lack and needs of children on the street, applaudable are the reported governmental and non-governmental efforts against child streetism in Ibadan. Outstanding is lack of commitment of the state's government to Universal Basic Education (UBE). All the interviewed children where in school even if previously stalled, delayed, truncated or demoted. Generally, this study found that children on the street in Ibadan are usually school children who are encouraged or "pushed" to seek income-generating activities to support their education. Child welfare officers elaborated that despite the government's declaration of "free basic education" for children in the state, parents are required to fund all needs except for the pupil's enrollment fee's and teachers' salaries. Likewise, there the Oyo state has some provision for vocational education, but the slots can't cater for all and requires financial input from the parental figure. Hence, educational and vocational training is accessible to children on the street but it limited, and not sustainable by the parental figures who are of lower social class because of need for co-payment.

This study has contributed to the literature on interventions against the street children phenomenon in Nigeria. (Alem & Laha, 2016; Ekpiken-ekanem & Ayuk, 2014; Ikechebelu et al., 2008; Owoaje et al., 2011) Interventions against child streetism, found in this study included community-based child welfare programs, parental poverty alleviation, public sensitization, child welfare monitoring, fostering, and adoption tracks. The parental poverty alleviation programs, child welfare monitoring, fostering and adoption track constitute forms of social support for the children on the street and the parental figure but the support is meager and not consistent.

For instance, although there was no clear report of child trafficking or slavery in this research. The welfare officers reported a situation where they found children were put on the streets to beg for money by guardians with permission from the parental figures, who gains certain percentage of income generated by these children. This was discovered during one of the occasional street raids aspect of the child welfare monitoring exercise, the welfare officers intervened and ensured the children were taken off the streets. These interventions although inadequate are laudable and are not published in recent Nigerian literature.

Regardless the situations of the children are related to many deficiencies on the part of the judiciary, legislative, and executive authorities which festered the parental and socioeconomic factors. The growing number of children on the street as found in this study is related to the failure of parental figures, and state and national authorities to uphold the Nigeria CRA mandates. This result of the study suggests perhaps if the phenomenon of child streetism is viewed as a serious violation of laws and policies there may be an end in sight.

8.3.6 Conclusions

The result of the quantitative data supported and corroborated the qualitative thematic analysis. Therefore, it can be concluded that the purpose of the quantitative questionnaire for a thick description of children on the streets of Ibadan was achieved. Additionally, the collected quantitative data across the different 5 LGAs showed similarities in family characteristics, socioeconomic situations, and nutritional status of children on the street across the Ibadan metropolis. This therefore achieved the aim of urban geography of the children on the streets of Ibadan, informed by the quantitative data. This study design afforded us holistic information about the situation of children on the street from the relevant points of view of the four categories of participants.

Overall this study achieved all of the four objectives stated in chapter one. Specifically, we

1.Explored the lived experiences of children on the streets of Ibadan, Nigeria

2. Explored the family dynamics of children-on-the-streets of Ibadan, Nigeria

3. Explored the physical, mental and healthcare issues of children on the streets of Ibadan, Nigeria

4. Described the existing intervention and its shortfall versus the unmet needs of children on the street of Ibadan, Nigeria

We provided contextual detailed and updated information on the family dynamics, lived experience, health, and needs of children on the street in Ibadan Nigeria, bridging gaps in literature. The results of this research enhance the understanding of the phenomenon and can guide the necessary actions or interventions to curtail the growing numbers of children on the street in Nigeria.

8.4 Reflections on the study protocol

8.4.1 Parental figures reluctance to participate and grant parental permission

All ethical principles were observed and obtained in the conduct of the studies and detailed research information leaflet was given to all participants. However, some parental figures were initially reluctant to consent to personal participation or give parental permission for their child's participation. This was because they were sceptical and scared of the intention of the researcher and being found culpable of neglect of parental responsibilities, as a result of previous witnessed or experienced harassment by child welfare officers who raided the streets for unsupervised children and traced the families out. The researcher assured the parental figures of the intention of the study which was to obtain an in-depth understanding of the situations of children on the

street in Ibadan. They consented willingly thereafter, especially with the proof of identification of the researcher as a Family Physician who seeks to understand the family perspective of the subject of the research. In addition, they were asked to choose the time and venue of the interview, many choose a neutral shop or canteen on the streets, some choose their stall or shop, and a few choose their family house for the interview. A few mothers were glad the interview afforded them the opportunity to unpack and unburden their family struggles.

8.4.2 Poor differentiation between children "on" and "of" the street by adult participants

It was surprising that the child welfare officers have no clear sense of demarcation of the difference between the children-of the street and children-on the streets. Therefore, it wasn't even that much of a shock that the street shop owners are confusing the two categories. On contact with the different categories of participants aside from the children there was the need for an explicit explanation of the child-on-the-street. Despite the pre-interview clarification of the subject of research being the children-on the-street the adult participants particularly street shop-owners and child welfare officers derail in the course of the interview and had to be brought back to the subject matter. However, the shopkeepers that were previously children (5 of the10 recruited) street-shop on the street could understand the difference between children-of and children-on the street and they focused on topic of discussions. The parental figure expressed some guilt-feeling once they realized their contribution to the child's status, being referred to as a type of a street child. The children on the street also expressed concerned about being frequently mistaken for a vagrant child of the street and atimes they were addressed and treated as such by the general public. This mix-up and confusion between the identity of the "children-of" and "children-on" the street may also be another reason for the lack of explicit literature on children on the street in Nigeria.

8.4.3 Shop owner's awareness of the family history of the parental figures of children on the street

The street-shop or street-business owners knew some of these parental figures as far back as the earlier younger ages of the parental figures. They gave insight into the family background and linage and they could easily link the researcher with the family because of their familiarity with the family. The shop-owners also said some of these parental figures has unspoken expectations of them keeping an eye on their children on the streets. It was unanimously expressed by street-shop owners that they don't know the parents or families of "children of the streets" who would normally engage in street begging or constitutes nuisance on the street. The shop owners described the children of the street as very migrant groups of street children and they are aware of few children from street families who are always together but limited to Ibadan North and North-West. This therefore supports the importance of involvement of relevant adults within the ecosystems in children's research.

8.5 Limitations of the study

1. The prevalent gender of the recruited children on the street was male. Plausibly because of the attended risk of sexual exploitation of the female child on the street as cited by few parental figures in this study who preferably send their sons to the street. Therefore, the plan for equal gender representations of children on the street in this study was impossible.

2.The male street-shop owners were not particularly interested in discussing issues of children on the streets, except for the few that agreed after some cajoling. Therefore, there were predominately female shop owners' perceptions about the phenomenon of children on the streets in this study.

3. Mothers and a grandmother were the parental figures readily available and willing to give parental permission and commit to participation in this study expect for one father who

participated. Therefore, the unequal representation of gender among the selected parental figures limited the information derived to maternal views on family and socioeconomic factors associated with child streetism.

4. The sampling strategy might have limited the generalization of the study result, as the entire streets in the 5 urban LGAs of Ibadan were not be captured. However, having a representative street in each of the 5 urban LGAs is expected to mitigate this.

8.6 Strengths of the study

1. The multiple qualitative studies with four categories of participants within the children's ecosystem afforded a comprehensive data which should be an encouraged approach in children studies. The information from these four categories of participants prevented unnecessary assumptions and provided facts.

2. The inclusion of adults who were past children on the streets as participants is novel and enriched the data obtained due to cognizant recount of ordeals of a child on the streets of Ibadan.

3.The participation of parents in the parent-child paired interview allowed for direct corroboration of information about the family situation which had contributed to child streetism, which is an uncommon approach in the literature on street children.

4. The pro-family rather than a judgmental approach used in obtaining sensitive information about family dynamics from participants can considered a strength of this study. Considering the initial reluctance of parental figures to participate and give parental permission was overcome by the assurance of the status of the researcher as a family-oriented specialist who applied a family centered method of persuasion and communication in breaking the ice of reluctance. Therefore, the collection of data by the researcher, a trained Family Physician overcame the original resistance to parental consent and parental permission (for child's participation) which was

expected due to anxiety and stigma. This initial parent reluctance may be one of the limitations to the availability of studies on street children with family ties.

5.Sampling across the five (5) urban LGAs of Ibadan is a strength of the study, because it enabled representation across the Ibadan metropolis and generalization of the result. Whereas other past studies on street children in Ibadan limited data collection to a particular LGA.

6.The inclusion of the child welfare officers working in central directorate of child welfare office in the Ministry of Women Affairs and Social Inclusion at the Oyo state secretariat afforded insight into the state and national limitation and efforts on child streetism in Nigeria.

7.The use of validated Family Medicine tools (APGAR and SCREEM) which guided the exploration of the family dynamics of children on the street, can be considered a strength of this study. These tools allow for succinct data collection and analysis. Therefore, the use of validated quantitative tool as a guide for in-depth interviews can be suggested as an approach in qualitative research.

8.The streets photograph taken during the data collection aided photo elucidation and the appreciation of the possible hazards on the streets described by the participants during the in-depth interview. Although the photo will not be published due ethical consideration for the participants, as the streets can be easily identified by persons familiar with Ibadan, Nigeria.

9. Research assistants were trained to ensure proper participant recruitments, cordial interactions with study participants, and accuracy of field note. But the interviews were primarily conducted by the researcher to ensure consistent data collection which can be considered a strength of this research. However, to prevent physical exhaustion and burn-out there was spacing of days for data collection from different locations.

8.7 Contribution to knowledge

This study revealed some unexplored and undocumented factors that are related to the escalating numbers of children on the streets of Ibadan, Nigeria. This study provides information which filled some gap in literature of children on the street in south west Nigeria as outlined below:

1. This study elaborated the context of the single parenting for children on the street in Ibadan. The association between child streetism and poor parenting or trivialization of ideal family life was highlighted in this study. Likewise, the unilateral relation between polygamy, negligent parenting and child streets was invalidated.

2.The explicit socioeconomic circumstance described for children on the street was revealed by this study. The finding that Northern Nigerian parents "lent" their children to Southwestern Nigerian women for street begging as a form of business transaction was a revelation in this study.

3. Parentification of children on the street due to "power of earning money", and poor emotional parent-child connectedness are discovered family dynamics children on the street phenomenon and this information can guide meaningful family level interventions against child streetism in Nigeria.

4. The veering off and engagement of children on the street in menial chores in other places including private homes was a discovery in this study which hadn't being obvious published lived experiences.

5. This study contributed to the sparse literature on monetary losses and debts incurred by children on the street.

6. This study found undocumented information regarding toilet habit of street children, which included children going back home to use the toilet facilities.

7. Spinal arthropathy was found as possible health challenge for children on the street in this study which is not an obvious mention in literature.

8. The street shop owners reported a trajectory of conduct problems among the children on the streets. This an interesting finding which had not been highlighted in other studies on street children in Ibadan.

9.The trivialization of illness symptoms by children on the streets and their parental figures was related to the poor health seeking in this study, which is not an obvious reason in literature.

10.This study has contributed to the literature on interventions against the street children phenomenon in Nigeria, although inadequate are laudable. And this study suggests the epidemic of children on the street in Nigeria can be considered a violation of CRAs, laws and policies.

8.8 Implication

8.8.1 Implication for research

1. Family Medicine is a speciality that seeks biopsychosocial approach to health and related conditions. The use of validated Family Medicine tools to develop the interview guide and for the thematic analysis of the results allowed for succinct qualitative assessment of family dynamics. This should be encouraged in future Family Medicine research and other qualitative researches relating to family dynamics.

2. The study incorporated participation of relevant adult in the children's ecosystem, including adults who were past children on the street, which guaranteed detailed cognizant understanding

of the situation of children on the streets. Future research on children should endeavour to involve data collection from relevant adults' participants who had passed through or witnessed similar situation for robust actualization of study objective as obtained in this study.

3. The finding of the Northern Nigerian parents lending their children to Southwestern Nigerian women for street begging as a business transaction should be a focus for further research on street children in Nigeria.

8.8.2. Implication for Family Practice

1.The result of this study can be utilized in counselling on family dynamics problems related family structure, resources and interpersonal relationship. The pros and cons as revealed in this study can guide counselling and intervention planning for disturbed families having similar challenges and difficulties. The highlighted challenges in this study included ineffective parenting, poor parent-child interaction, poor spousal support and poor family health-seeking behaviour.

2.The result of these study can be utilized for planning targeted rehabilitation programs for children on the street. Particularly the result on lived-experience and filial interpersonal relations

8.8.3 Implication for Policy and legislation

1.The failure of Oyo State's educational system contributed to influx and presence of children on the street in Ibadan. Therefore, the Nigerian Universal Basic Education (UBE) policy needs full implementation in Ibadan, Oyo State and Nigeria as a whole.

2. The policy on the recommended family size of four children per martial union needs to be implement and actively encouraged. But exceptions can be allowed when there are no current or anticipated socioeconomic contraindications in the family unit.

3. The Child Rights Acts (CRA) which guides parental responsibilities towards children must be upheld and offenders should be prosecuted promptly to serve as deterrent to others.

4. The Child Right Acts which guides governmental responsibility and duties towards children must be upheld.

5. The Child welfare departments and Family courts systems in Oyo state needs to be strengthened to cater to the growing number of children on the street in Ibadan Nigeria

6. The existing child and welfare service needs to be expanded and better financed at state and national level.

7.The child welfare service should be made more readily accessible to distressed children by establishing more community-based child welfare service support teams.

8. There should be law against non-biologic relations being illegal custodian of other people's children in Nigeria because it can lead to child streetism as seen in this study.

8.9. Recommendation

8.9.1 Recommendation for further research

1.Qualitative research can be recommended as an approach to understanding issues that have multidimensional causations and association like child streetism. The multiple largely qualitative study designs which incorporated the relevant adults in the children's ecosystem provided insight into the magnitude of the problems and informed on intervention that is necessary to be in place to curb this phenomenon. The robustness of the result of this study supports the usefulness of qualitative approach to understanding phenomenon of children on the street which teased out the subtle and obvious information which filled literature gaps on children on the street which were conspicuously missing in quantitative studies on street children.

2. It can also be recommended to support quantitative children research with a parallel qualitative approach for a thick description as done in this study.

3.The identified reluctance of parental figures to participant in research concerning their children and skepticism for the intention of the researcher on account of fear of being judged for not living up to their expectation as parents is a recommendation for further research

4.Further studies to explore the public's poor differentiation between "children of" and "children on" is a recommendation from this study.

8.9.2 Recommendation for policy markers

It evident that the existing intervention for eradicating child streetism in Ibadan is overwhelmed by the unmet needs of the children and their families. Therefore, it can be recommended that policy maker continuously work synchronously with all stakeholders on matter's affecting children welfare when designing, implementing and evaluating the interventions.

8.9.3 Recommendation for health sector

The "invisible and excluded" tag needs to be dropped when referring to public healthcare for vulnerable children inclusive of street children. This will be achieved when the health sector ensures adequate provision for vulnerable children, for instance it can be recommended that any vulnerable child should have access to free healthcare.

8.9.4 Recommendation for education sector

The local, state or federal government of Nigeria needs to establish full primary and secondary school sponsorship for children on the street, that will take care of all the financial needs including feeding (at least during school hours). The full sponsorship should be provided for

both academic schooling or vocational education with support for establishment of a trade post vocational training when the child turns 18years (official adult age in Nigeria) or merit-based full or part scholarship for tertiary education.

8.10 Conclusions

This study has contributed to the existing literature on children on the streets in Nigeria. It provided insights on the family characteristics, the lived experience, health and needs of children on the street. The use of the Bronfenbrenner theory as a conceptual framework and the qualitative approached aided the actualization of the study objectives. We discovered that a lot contributes as "push" for child streetism and the "pull" effect is momentary gratifications but fraught with diverse adverse challenges and consequences for this majority group of street children.

This chapter presented the main conclusion including reflections, contributions to new knowledge and study implications and recommendations. This chapter acknowledged that the data generated addressed the aim of this study and filled literature gaps on street children about children on the street.

The recommendations from the findings of this study were made for future researchers interested in issues relating to children particularly a vulnerable group like street children. The policy implications suggested from this research are suggestions for future research on vulnerable children in Nigeria. Importantly several government policies need to be amplified to match the mandate in the Nigeria CRAs.

There is need for multisectoral approach to ending the growing epidemic of children on the street of Ibadan, Nigeria. This child welfare services needs to be strengthened and parental figures must be responsible and accountable. It is not enough to churn out research rather there is need for ensuring the needed interventions, polies and laws are in place. I plan to contribute my quota to curbing this phenomenon by disseminating this information with stakeholders including myself for actions as appropriate.

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APPENDICES

APPENDIX A (STUDY 1):IN-DEPTH INTERVIEW OF CHILD WELFARE-OFFICERS

Study title: "Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status"

Study information document for Oyo State's Child-welfare officers

Dear Sir/ Madam,

I am Dr Abimbola Margaret OBIMAKINDE, a family doctor at the Family Medicine Unit of the College of Medicine, University of Ibadan, Nigeria. This study is part of several studies in fulfilment of the requirement for a PhD in Family Medicine registered with the University of Witwatersrand, Johannesburg South Africa. The purpose of the studies is to understand the experiences, family characteristics and health of children-on-the-street of Ibadan, a metropolis in Oyo state, Nigeria. Children ON the street, are children, (below 18yrs) who are on the street during the day without any responsible adult supervision but who then return home at night to a known and identifiable family.

This study will involve key informant interviews of Oyo state, Ibadan urban LGAs, child-welfare officers (like yourself), to explore your understanding of the experiences, family characteristics and health issues of children-on-the-street. You will only be interviewed once during this period. The interview is expected to be completed in 40-60 minutes. You will not be at any tangible risk by participating in this study. We hope this study can benefit the community and state by assessing your perception of children on the street. This may contribute to a better understanding of the life and experiences of children on the street and the information collected will be channelled to policies and interventions that can address the problems and needs of children on the street and their families. All the information collected from this study will be confidential. It will be coded and cannot be linked to you in any way and your name or identifier will not be in any publication or reports from this study. Your participation in this study is entirely voluntary. If you choose not to participate, this will not affect you in any way. You can also withdraw from

the research at any time with no consequences to you. If you choose to stop participating, we will remove all the information we collected from you, from all the reports of this research.

When the research is over: you will be informed of the outcome of the research through the state local government health authority and during this research, you will be directly informed about any information that may affect you. You may contact me on +23408028406568 or at the Family Medicine Department UCH, Ibadan. Nigeria.

This study has been approved by the Human Research Ethics Committee (HREC-Medical) of the University of the Witwatersrand, Johannesburg and the Human Research Ethics Committee (Medical) of the University of Ibadan/Oyo State Health Management Board, Ibadan, Nigeria. A principal function of these Committees is to safeguard the rights and dignity of all people who agree to participate in this research and the integrity of this research. If you have any concern over the way, the study is being conducted please contact the Witswaterands (HREC-Medical) through Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. AND Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za. You could also contact Dr G Abass, Chairman (HREC-Medical) Oyo State Health Management Board, Ibadan, Nigeria on +2348033280687.

I hope the information in this leaflet will enable you to give informed consent to participate. Thank you for reading this Study Information Sheet.Yours faithfully.

Dr. Abimbola Margaret OBIMAKINDE

Date: March 2021

Consent form for the In-depth interview with the Oyo state child welfare officers

I, the undersigned participant, hereby agree to provide consent to participate in the study titled **"**Children on the street of Ibadan, Nigeria: Experiences, Family Dynamics and Health Status**"**

I know that my participation in this interview is not compulsory. I know that I will not receive any payment for participating in this interview. I know that the research team will keep all my answers to the research team and that my name will not be attached to my answers. I know that I may not answer a question if I feel uncomfortable with it or that I can withdraw from participating at any time of my choosing. I realize that this project has been reviewed by, and received ethics clearance through, the Office of Health Research Ethics Committee of the University of Witwatersrand and University of Ibadan/Oyo state health management board and that I may contact these offices and the researcher if I have any comments or concerns about my involvement in this study.

I understand that I can contact any of the listed below for further enquiries.

Dr Abimbola Obimakinde: +23408028406568

University of Ibadan/Oyo State Human Research Ethics Committee (Medical) Ethics Nigeria. +2348033280687
University of the Witwatersrand's Human Research Ethics Committee (Medical) Ethics Committee: (011) 717 1234. I understand and voluntarily agree to participate in this study

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:
Name of Witness: _____
Signature: _____
Date: _____

Consent Form for Audio Recording of the In-depth interview with the Oyo state child welfare officers

I hereby consent to the audio recording of the interview.

.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg and the University of Ibadan/Oyo State Human Research Ethics Committee, Nigeria.
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

In-depth Interview of child-welfare officers

1. Date _____
2. Time: start_____ stop_____
3. LGA/Street address: _____
4. How old are you? _____
5. What is your gender? _____
6. What is your religion? _____
7. Marital status? _____
8. What is your level of education? _____
9. How long have you been a state child-welfare officer? _____
10. How long have you been working in this local government? _____

***In-depth Interview* guide**

Can you share your perception of the children-on-the-street phenomenon?

Prompts

- Who or what do you think is majorly responsible for the presence of children on the street?
- Can you tell me the kind of activities these children on this street engage in?

What is your perception of the experiences of children-on-the-street?

Prompts

- Can you tell me of bad experiences, problems or dangers that you have documented or heard happening to the children?
- What do you think are long term problems for children on the street?
- Do you think there is any benefits or gains for children-on-the-street?

What is your perception of the family dynamics (structure and function) of children-on-the-street?

Prompts

- What do you think are the characteristics of the family of children on this street?
- Do you know if the lack of money in the family is responsible for the presence of children-on-the street?
- What kind of interaction or relationship between parents/family and children have you documented or is known as the cause of the presence of children on the street?
- What can parents/family do to prevent the presence of children on the street?

What is your perception of the health issues of children-on-the-street?

Prompts

- Can you mention what you know about the health problems of children on this street?

- Do you think they have a problem regarding eating food and drinking water while on the street?
- What do you know regarding the toilet habit of children-on-the-street?
- What do you know constitute adverse experiences or possible dangers to the health of children-on-the-street?
- Where do children on the street go, when they fall sick while on the street or what
- do they do?

What plans does your office have regarding children-on-the-street?

Prompts

- What do you know are the needs of children-on-the-street?
- What plans does your office have, to prevent these problems or dangers experienced by children-on-the-street?
- What services do you think your ministry and ministry of health can provide for these children-on-the-streets and their family to take them off the street?

Do you have any parting final comment on this interview?

APPENDIX B: (STUDY 2):IN-DEPTH INTERVIEW OF STREET SHOP OWNERS

WITS UNIVERSITY

Study title: "Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status"

Study information document for street-shop owners or street-business owners

Dear Sir/ Madam,

I am Dr Abimbola Margaret OBIMAKINDE, a family doctor at the Family Medicine Unit of the College of Medicine, University of Ibadan, Nigeria. This study is part of several studies in fulfilment of the requirement for a PhD in Family Medicine registered with the University of Witwatersrand, Johannesburg South Africa. The purpose of the studies is to understand the experiences, family characteristics and health of children-on-the-street of Ibadan, a metropolis in Oyo state, Nigeria. Children ON the street, are children, (below 18yrs) who are on the street during the day without any responsible adult supervision but who then return home at night to a known and identifiable family.

This study will involve in-depth interviews of business or shop owners (like yourself) on the streets, to explore your experiences, family characteristics and health issues when you were a child-on-the-street. You will only be interviewed once during this period. The interview is expected to be completed in 40-60 minutes after which photographs of your environment on this street will be taken. You will not be at any tangible risk by participating in this study. We hope this study can benefit the community by assessing and sharing your history as a child on the street. This may contribute to a better understanding of the life and experiences of children on the street and the information collected will be channelled to policies and interventions that can address the problems and needs of children on the street and their families. All the information collected from this study will be confidential. It will be coded and cannot be linked to you in any way and your name or identifier will not be in any publication or reports from this study. Your participation in this study is entirely voluntary. If you choose not to participate, this will not affect you in any way. You can also withdraw from the research at any time with no

consequences to you. If you choose to stop participating, we will remove all the information we collected from you, from all the reports of this research.

When the research is over: you will be informed of the outcome of the research through the state local government health authority and during this research, you will be directly informed about any information that may affect you. You may contact me on +234-8028406568 or at the Family Medicine Department University College Hospital (UCH), Ibadan. Nigeria.

This study has been approved by the Human Research Ethics Committee (HREC-Medical) of the University of the Witwatersrand, Johannesburg and the Human Research Ethics Committee (Medical) of the University of Ibadan/Oyo State Health Management Board, Ibadan, Nigeria. A principal function of these Committees is to safeguard the rights and dignity of all people who agree to participate in this research and the integrity of this research. If you have any concern over the way, the study is being conducted please contact the Witswaterands (HREC-Medical) through Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. AND Ms Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za. You could also contact Dr G Abass, Chairman (HREC-Medical) Oyo State Health Management Board, Ibadan, Nigeria on +2348033280687.

I hope the information in this leaflet will enable you to give informed consent to participate. Thank you for reading this Study Information Sheet.

Yours faithfully.
Dr. Abimbola Margaret OBIMAKINDE

Date: March 2021

Consent for In-Depth Interviews of Street-Shop/ Street-Business owners

I, the undersigned participant, hereby agree to provide consent to participate in the study titled **"**Children on the street of Ibadan, Nigeria: Experiences, Family Dynamics and Health**"**

I know that my participation in this interview is not compulsory. I know that I will not receive any payment for participating in this interview. I know that the research team will keep all my answers to the research team and that my name will not be attached to my answers. I know that I may not answer a question if I feel uncomfortable with it or that I can withdraw from participating at any time of my choosing. I realize that this project has been reviewed by, and received ethics clearance through, the Office of Health Research Ethics Committee of the University of Witwatersrand and University of Ibadan/Oyo State Health Management Board(HMB) and that I may contact these offices and the researcher if I have any comments or concerns about my involvement in this study.

I understand that I can contact any of the listed below for further enquiries.

Dr Abimbola Obimakinde: +23408028406568

University of Ibadan/Oyo State HMB Human Research Ethics Committee (Medical) Ethics Nigeria. +2348033280687
University of the Witwatersrand's Human Research Ethics Committee (Medical) Ethics Committee: (011) 717 1234

I understand and voluntarily agree to participate in this study
Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:
Name of Witness: _____
Signature: _____
Date: _____

Consent Form for Audio Recording of In-Depth Interviews of Street-Shop/ Street-Business Owners

I hereby consent to the audio recording of the interview.

.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg and the University of Ibadan/Oyo State Human Research Ethics Committee, Nigeria.
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

Consent Form for Street Photograph After In-Depth Interviews with Street-Shop/ Street-Business Owners

I hereby consent to photographs of the street within my vicinity to be taken after my interview has been conducted.

.

I understand that:

- The photos will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The photo will be transcribed and any information that could identify me will be removed
- My face will not be identifiable in any photography
- The photos will normally be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years if no publications arise from this research.
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg and approval of the University of Ibadan/Oyo State Human Research Ethics Committee, Nigeria.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

In-depth Interview for (Street shop/ business-owners)

1. Date _____
2. Time: start_____ stop_____
3. Street address: _____
4. How old are you? _____
5. What is your gender? _____
6. What is your religion? _____
7. Marital status? _____
8. What is your level of education? _____
9. What is your job description on the street? _____
10. How long have you been on this street? _____

***In-depth Interview* guide**

What are your perceptions as a past child-on-the-street?

Prompts

- What or who was majorly responsible for your past situation as a child-on-the street?
- Can you tell me the kind of activities you were engaged in?
- What about your schooling back then?

What were your experiences as a child-on-the-street?

Prompts

- Can you tell me of bad experiences, problems or dangers you encountered as a child-on-the-street?
- What were the long term problems you experienced as a child-on the-street?
- Can you tell me if you experienced any benefits or gains when you were a child-on-the-street?

What were your family dynamics (structure and function) as a child-on-the-street?

Prompts

- What were the characteristics of your family when you were child-on-the street?
- Can you explain if lack of money in your family was a reason you were a child-on-street?

- What kind of interactions or relationships existed between you and your parent/guardian at the time you were a child-on-the-street?
- What could have been done by your parents/guardian to prevent your status as a past child-on-the street?

What were your health issues when you were a child-on-the-street?

Prompts

- Can you mention your health problems were when you were a child-on-the street?
- Did you have problems regarding eating food and drinking water at that time?
- How did you go about the use of the toilet when you were a child-on-the-street?
- What constituted dangers to your health when you were a child-on-the-street?
- What did you do when you fell sick while on the street or where did you go?

What are/were your thoughts on solving the issues you had as a child-on-the-street?

Prompts

- What were your unmet needs when you were a child-on-the-street?
- What do you think could have been done to prevent problems or dangers you experienced as a child-on-street?
- What services do you think government or people in the ministry of health can provide for children-on-the-streets and their family to take them off the street?

Do you have any parting final comment on this interview?

APPENDIX C. STUDY 3:IN-DEPTH INTREVIEW OF CHILDREN-ON-STREET

WITS UNIVERSITY

Study title: "Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status"

Study information document for child-on-street (combine for study 3 & 4)

Dear participant,

I am Dr Abimbola Margaret OBIMAKINDE, a family doctor at the Family Medicine Unit of the College of Medicine, University of Ibadan, Nigeria. This study is part of several studies because is part of getting a higher degree (PhD) in Family Medicine registered with the University of Witwatersrand, Johannesburg South Africa. The purpose of the studies is to understand the experiences, family characteristics and health of children-on-the-street of Ibadan, a metropolis in Oyo state, Nigeria. Children ON the street, are children, (below 18yrs) who are on the street during the day without any responsible adult looking out and watching over, but who then return home at night to a known and identifiable family.

As you are aware, I had seen you before now and asked for your parent/guardian's place of work and home address. I have gone looking for him/her and explained this research to him/her. I have asked your parent/guardian for permission, before asking you to participate in this study and I have been given signed permission. But know that you can decide not to participate regardless of the permission given to me by your parent/guardian.

This study will involve interviewer-administered (short answer) questionnaires, observations and deep interviews(discussion) with a child-on-the-street (like yourself). This study is to talk to you about your experiences, family characteristics and health issues as a child-on-the-street. You will only be interviewed once during this period. The short-answer questionnaire and the interview is expected to be completed in 40-60 minutes for you. You will not be in any danger or trouble by participating in this study. We hope this study can benefit you and the community. This interview will help us to better understand the lives and experiences of children on the street and the information collected will be channelled to policies and interventions that can address the problems and needs of children on the street and their families. All the information collected from this study will be kept as a secret between us and you, and cannot be linked to you in any way and your name will not be in any public reports from this study. Your participation in this study is entirely your decision and voluntary. If you choose not to participate, it is okay and this will not affect you in any way. I mean there will be no penalty or consequences if you decide not to participate in this study. You can choose to stop your participation in this research at any time

with no troubles for you. If you choose to stop participating, we will remove all the information we collected from you, from all the reports of this research.

I will like to tell you that I (Dr Obimakinde) will also have the same type of deep discussion with the parents/guardian of some of the children on this street. If your parent lives or work nearby and agrees to participate, he/she will be interviewed and asked the same kind of questions you will be asked during the deep discussions. However, if you prefer not to have your parent participate in this research your parent/guardian will not be requested to participate.

When the research is over: you will be informed of the outcome of the research through your parent/guardian, the state local government health authority and during this research, your parent/guardian will be directly informed about any information that may affect you. You may tell your parent/guardian to contact me on +23408028406568 or at the Family Medicine Department UCH, Ibadan. Nigeria.

This study has been approved by the Human Research Ethics Committee (HREC-Medical) of the University of the Witwatersrand, Johannesburg and the Human Research Ethics Committee (Medical) of the University of Ibadan/Oyo State Health Management Board, Ibadan, Nigeria. A principal function of these Committees is to protect the rights of all people who agree to participate in this research and the fairness of this research. If you have any worry or fear about the way, the study is being done please contact or tell your parent to contact the Witswaterands (HREC-Medical) through Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. AND Ms Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za. You could also contact Dr G Abass, Chairman (HREC-Medical) Oyo State Health Management Board, Ibadan, Nigeria on +2348033280687.

I hope the information in this leaflet will help you to permit us to include you in this study. Thank you, for letting me read and explain this leaflet to you. A copy of this document was given to your parent/guardian before he/she gave us permission for your participation in this study. You will also take this copy home to show and keep with your parent/guardian.

Yours faithfully

Dr. Abimbola Margaret OBIMAKINDE

Parental consent form for the participation of a child-on-the-Street (combined for study 3&4)

I have read the information letter concerning the research protocol titled**: "Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status"; Study information document for child-on-street (combine for study 3&4)**

I understand that this research is being conducted by Dr Abimbola Obimakinde, a family doctor at the Family Medicine Unit of the College of Medicine, University of Ibadan, Nigeria. I understand this part of several studies for her getting a higher degree (PhD) in Family Medicine registered with the University of Witwatersrand, Johannesburg South Africa.
I acknowledge that all information gathered on this project will be used for research purposes only and will be considered confidential. I am aware that permission may be withdrawn at any time without penalty by advising the researcher.

I realize that this protocol has been reviewed by, and received ethics clearance from the University of Witswaterands, Human Research Ethics Committee –Medical (HREC-Medical) through Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. AND Ms Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za. . I realize that this protocol has also been reviewed by, and received ethics clearance from the (HREC-Medical) Oyo State Health Management Board, Ibadan, Nigeria through Dr G Abass, Chairman on +2348033280687.
I understand that I can contact any of the listed below for further enquiries.
Dr Abimbola Obimakinde: +23408028406568
University of Ibadan/Oyo State Ministry of Health, Human Research Ethics Committee (Medical) Ethics Committee: +2348033264593
University of the Witwatersrand's Human Research Ethics Committee (Medical) Ethics Committee: (011) 717 1234

I understand and voluntarily agree that my child;
Child's Name: _____
Child's Birth Date: _____
Gender of Child: ___ Male ___ Female
Decision: 1. Yes - I would like my child to participate in this study
2. No - I would not like my child to participate in this study
Name of Parent/guardian: _____
Date: _____ Place: _____
Signature or Mark of Parent or Guardian: _____

Assent form for the Child-on-the-street (Combined for Study 3&4) for Interview

Hello, my name is _____. I am a research assistant working with a Family doctor (Dr Abimbola. Obimakinde of the Family Medicine Unit of the College of Medicine, University of Ibadan, Oyo State, Nigeria) who is concerned about the family life and experiences, street experiences and health of children who are seen on the street. Can she (Dr Obimakinde) talk to you and ask you some questions and also later at end of the talk, take your weight, height, look at your exposed arms exposed legs and front teeth and everything will take about 40-30 minutes? Your discussion with her will also be recorded on a tape recorder which is only for purpose of this research. Your participation in this research is based on your decision and not by force, even though your parent/guardian had given me permission for your participation.

If you do not want to do it, you don't have to. Do you understand this? You will not receive any payment for participating in this interview. Do you understand this? She will keep all your answer to herself and the research team and your name will not be attached to your answers. This means that nobody will be able to say afterwards that it is you who said this. I am asking you your name only for you to sign the agreement paper to participate in this study. Do you understand this? If She asks you any question that you feel uncomfortable with or you do not want to answer, please tell her. You can say "I don't want to talk about that". She will then go to the next question. Do you understand this? The normal thing to do is to talk to you and ask you questions in the presence and with the agreement of your parent or guardian. Your parent/ guardian has permitted us to talk to you and if you want him/her or another adult, to be present with you throughout this research activity please say so. Do you understand this? Part of the research includes an interview of some of the parents/guardians of children-on-the street like you. However, if you don't want us to ask your parent/guardian to participate, please say so. Do you understand this?

Is there anything that you want to ask me before, the questions and answers between you and Dr Obimakinde begin?

I have been explained to and asked the above questions and

1. I agree (assented), it is OK to proceed with the questions and interview. Yes/No
2. I understand all about the audio recording and agree that my answers during the discussions to be recorded Yes/No
3. I agree(assented) to the brief examination and measurements Yes/No
4. I want my parent/guardian or an adult of my choice to be present during my participation in this study Yes/No
5. I agree that my parent/guardian could participate in this research if he/she is asked and wants to participate Yes/No

Child's Name: _____
Child's Birth Date: _____
Gender of Child: ___ Male ___ Female
Place_____
Sign or thumbprint _____ Date_____

Witness by (Parent/A research team member/An adult chosen by the child)

Name of Witness: _____
Signature: _____
Date: _____

Assent form for the Child-on-the-street (Combined for Study 3&4) for the audio recording of the interview

I agree that my discussions with Dr Obimakinde, be recorded.
I understand that she will bring out a tape recorder to record our discussions when I start the deep discussions(talks) with her. This is because she will later need to listen to it, to remember exactly what I said during the discussion.
I understand that the recording will be kept in a very safe place and nobody except her can play or listen to it without her knowing.
I understand that my recorded voice will be converted (transcribed) to sentences, which will be written out on paper and that is how it will be used to explain what I said.
I understand that the recorded discussions will be erased after two years if she writes about this study in a medical magazine by then and at most it will be erased after six years, even if she doesn't write about this study in any medical magazine.
I understand that it will be very tough for anyone to ask for this recorded discussion because they will need to get permission from the health-study authorities of the Witwatersrand University in South Africa and the University of Ibadan where Dr Obimakinde is studying for her higher degree and working.
I understand that when she writes about this study in any medical magazine, my words will be written exactly how I said, but my name will not be added to my words, so no one will know it is me.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witness (A research team member)
Name of Witness: _____
Signature: _____
Date: _____

SECTION A QUESTIONNAIRE for Thick Description of Children-On-Street (combined for Study 3 & 4)

Serial number__ Street location in Ibadan___ Time____ Date_____

1.Age:

2. Gender: i) Male ii) Female

3. How many years have you been coming to this street: _____

4. Parent status: i) Both parents alive ii) Mother alive, father dead iii) Father alive, mother dead iv) Both Parents dead

5. Parent marital status: i) Married (monogamous/polygamous) ii) Divorced iii) Separated iv) Cohabiting v) never married

6. With who, do you live?

i) Live with both parents ii) Live with one parent iii) Live with a relative, who? _____

7. If you do not stay with a parent what is/are your reasons;

i) Poverty/lack of money ii) Child wants to stay with relative/friend

iii.) Parents won't allow it iv) Distance/lack of transport to school v) Others_____

8.HouseHold Food Security Questionnaire

i. In the past [4 weeks], did it happen that there was no food to eat of any kind in your house, because of the lack of resources to get food? 1. Never 2. Rarely 3. Sometimes 4. Often

ii. In the past [4 weeks], did it happen that you or any household member went to sleep hungry because there was not enough food? 1. Never 2. Rarely 3. Sometimes 4. Often

iii. In the past [4 weeks], did it happen that you or any household member went a whole day and night without eating anything at all because there was not enough food? 1. Never 2. Rarely 3. Sometimes 4. Often

9.Demographic Health Survey -Household Wealth Index-Could you tell me if you have the following in your house?

i. Television; (0) No (1) Yes

ii. Refrigerator; (0) No (1) Yes

iii. Conventional telephone; (0) No (1) Yes

iv. Cellular telephone;(0) No (1) Yes

v. Vehicle; (0) No (1) One (2) Two (3) Three

vi. Washing machine; (0) No (1) Yes

vii. Microwave oven; (0) No (1) Yes

ix. Indoor plumbing; (0) No (1) Yes

x. Indoor bathroom;(0) No (1) Yes xi. Computer; (0) No (1) Yes

10.Question about street and schooling

What are/is your reasons for being on the street? _____

What do you do on the street? _____

What times of the day are you on the street? _____

How much money do you get/make daily on the street? _____

What do you do with the money that you make on the street? _____

Are you in school? i) yes or no ii) class/grade level_____

Reason for not being in school; _____

What are your future career choices/aspiration? _____

11.Health questions and physical appearance

Do ever feel sad or hopeless? i) yes/no ii) how often?

Are involved in fights on the streets with other children? i) yes/no ii) how often?

Have you ever smoked? i) yes/no ii) what did you smoke_____

Have you ever drunk alcohol? i) yes/no ii) which alcohol did you take_____

Have you ever used "hard" drugs or other substance? i) yes/no ii) which hard drug/substance

Where do you get assistance on the street when you are not feeling well or when sick? _____

Do you know about HIV? i) yes/no ii) how is it transmitted? _____

Do you know about STI? i) yes/no ii) have u ever had STI? yes/no

Have you had sex before? i) yes/no ii) what age did u start? _____

Did you use a condom? i)yes/no ii) Do you have more than two sexual partners? _____

Well dressed and clean i) Yes ii) no

Bruises/cuts/wounds on the body (exposed arms and legs) i) Yes ii) no

Missing/fracture anterior teeth i) Yes ii) no

Anthropometry i) Weight_____ ii) Height_____ iii) Body Mass Index (BMI)

SECTION B

Guide for In-depth Interview of children-on-the-street (combined Study 3 & 4)

Serial number_____ Date_____

Initials of Child on the street_____ Time; start_____ stop_____

What are your experiences as a child on the street?

Prompts

- What are the experiences you encounter on the street?
- Are there any challenging/difficult experiences on the street?
- Are there any good/beneficial experiences you think you derive from being on the street?
- What about your school?

What are the dynamics of your family?

Prompts

- Describe your family composition?
- How would you briefly describe the relationship or interaction between you and your parent/guardian? (APGAR as prompt below)
  - Do you get advice or support from your parent when you have problems or in trouble?
  -Do they discuss common interests with you and share in problem-solving?
  -Are you friendly/cordial with your parent; how you spend time with your parent?
  - Do you share your emotions/feelings with your parent and do they do with you?
  -Do your parent/guardian resolve differences with you and support your wishes?
- How does your family characteristics or experience, influence your being on the street?

What is your health like generally?

Prompts

- What about physical health?
- What about nutrition?
- How does being on the street influence your health?
- How does your health influence you being on the street?

What are your health issues as a child-on-the-street?

Prompts

- Can you mention health problems you think is because of you being a child-on-the street?
- Did you have problems regarding eating food and drinking water on the street time?
- How did you go about the use of the toilet when you are on the street?

- What do you think are dangers to your health as a child-on-the-street?
- What do you do when you feel sick while on the street or where did you go?

What are your thoughts on solving the problem of children-on-the-street?

Prompts

- What do you think are your needs as a child-on-the-street?
- What do you think can be done to prevent these problems or dangers you experience?
- What services do you think the government or people in the ministry of health can be provided for i. you as a child-on-the-streets and ii. for your family, to enable you to stop coming to the street?

Any parting comments for me or issues on your mind regarding this topic?

APPENDIX D. (STUDY 4): PAIRED IN-DEPTH INTERVIEW (child-parental figure)

Study title: "Children on the street of Ibadan, Nigeria: experiences, family dynamics and health status"

Study information document for the parent/guardian (for parent-child pair interview)

Dear Sir/Madam

I am Dr Abimbola Margaret OBIMAKINDE, a family doctor at the Family Medicine Unit of the College of Medicine, University of Ibadan, Nigeria. This study is part of several studies in fulfilment of the requirement for a PhD in Family Medicine registered with the University of Witwatersrand, Johannesburg South Africa. The purpose of the studies is to understand the experiences, family characteristics and health of children-on-the-street of Ibadan, a metropolis in Oyo state, Nigeria. Children ON the street, are children, (below 18yrs) who are on the street without any responsible adult supervision but who then return home to a known and identifiable family.

This study will involve in-depth interviews of a pair of a parent/guardian of a child-on-the-street and a child-on-the-street, which in this case will be yourself and your child, who had been identified as a child-on-the-street. As you know, you had earlier given me your permission for your child's participation in this study and your child agreed (assented) to participate, now it is your turn. This study is to explore your' and your child's perceptions /thoughts of the experiences, family characteristics and health issues of children-on-the-street. You and your child will only be interviewed once but separately during this period. The interview is expected to be completed in 40-60 minutes for each of you. You and your child will not be at any tangible risk by participating in this study. We hope this study can benefit the community by assessing your and your child's thoughts and feelings about children on the street. This may contribute to a better understanding of the life and experiences of children on the street and the information collected will be channelled to policies and interventions that can address the problems and needs of children on the street and their families. All the information collected from this study

will be confidential. It will be coded and you and your child will not be required to write your names. This cannot be linked to you in any way and your name or identifier will not be in any publication or reports from this study. Yours and your child's participation in this study are entirely voluntary. If either or both of you choose not to participate, this will not affect either or both of you in any way. You can choose to stop your participation in this research at any time with no troubles or consequences for either or both of you. If you choose to stop participating, we will remove all the information we collected from you, from all the reports of this research.

When the research is over: you will be informed of the outcome of the research through the state local government health authority and during this research, you will be directly informed about any information that may affect you. You may contact me on +23408028406568 or at the Family Medicine Department UCH, Ibadan. Nigeria.

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg and the Human Research Ethics Committee (HREC-Medical) of the University of Ibadan/Oyo State Health Management Board, Ibadan, Nigeria. A principal function of these Committees is to safeguard the rights and dignity of all people who agree to participate in this research and the integrity of this research. If you have any concern over the way, the study is being conducted please contact the Witswaterands (HREC-Medical) through Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. AND Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za. You could also contact Dr G Abass, Chairman (HREC-Medical) Oyo State Health Management Board, Ibadan, Nigeria on +2348033280687.

I hope the information in this leaflet will enable you to give informed consent to participate. Thank you for reading this Study Information Sheet.Yours faithfully.

Dr. Abimbola Margaret OBIMAKINDE

Date: March 2021

Consent form for the Parent/guardian In-depth Interview (for paired IDI)

I, the undersigned participant, hereby agree to provide consent to participate in the study titled "Children on the street of Ibadan, Nigeria: Experiences, Family Dynamics and Health Status"

I know that my participation in this interview is not compulsory. I know that I will not receive any payment for participating in this interview. I know that the research team will keep all my answers to the research team and that my name will not be attached to my answers. I know that I may not answer a question if I feel uncomfortable with it or that I can withdraw from participating at any time of my choosing. I realize that this project has been reviewed by, and received ethics clearance through, the Office of Health Research Ethics Committee of the University of Witwatersrand and University of Ibadan/Oyo state health management board and that I may contact these offices and the researcher if I have any comments or concerns about my involvement in this study.

I understand that I can contact any of the listed below for further enquiries.

Dr Abimbola Obimakinde: +23408028406568

University of Ibadan Human Research Ethics Committee (Medical) Ethics Committee: +2348033264593

University of the Witwatersrand's Human Research Ethics Committee (Medical) Ethics Committee: (011) 717 1234

I understand and voluntarily agree to participate in this study

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

Consent Form for Audio Recording of the Parent/guardian In-depth Interview

I hereby consent to the audio recording of the interview.

.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg and the University of Ibadan/Oyo State Human Research Ethics Committee, Nigeria.
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

Guide for Paired In-depth Interview (for parent)

Parent guide for paired IDI

Serial number_____ Street location in Ibadan_____

Date_____

Relationship to the child_____

Time; start_____ stop_____

Street Address; _____

1.Age

2.Gender

Can you tell me what you think or know about your child's experiences on the street?

Prompts

- What are the experiences your child encounter on the street?
- Are there any challenging experiences on the street?
- Are there any beneficial experiences you think your child derives from being on the street?
- What about your child's schooling?

What are the dynamics (structure and function) of your family?

Prompts

- Describe your family composition?
- How would you describe the relationship or interaction between you and your child/ward?

- Do you advise or support your child when he/she have problems or in trouble?

-Do you discuss common interests with your child and share in problem-solving?

-Are you friendly with your child; how do you spend time with your child?

- Do you share emotions/feelings with your child and does he/she do with you?

-Do you resolve differences with your child and support your wishes?

- How does your family characteristics influence your child being on the street?

What is your child's health like?

Prompts

- What about physical health
- What about nutrition?
- How does being on the street influence their health?
- How does their health influence your child being on the street?

What health issues do you think your child has because he/she is a child-on-the-street?

Prompts

- Can you mention any health problems you can think of or know of?
- Does she/he have problems regarding eating food and drinking water?
- How does she/he go about the use of the toilet?
- What constitute dangers to the health of your child on the street?
- What does she/he do when sick while on the street or where will she/he go?

What are your thoughts on solving the problem of children-on-the-street?

Prompts

- What do you think are the needs for children-on-the-street?
- What do you think can be done to prevent these problems or dangers?
- What services do you think the government or people in the ministry of health can provide for these children-on-the-streets and their family to take them off the street?

Any parting comments for me or issues on your mind regarding the topic?

APPENDIX E: PUBLISHED ARTICLES

INTERNATIONAL JOURNAL OF QUALITATIVE RESEARCH
Journal Homepage: https://ojs.literacyinstitute.org/index.php/ijqr
ISSN: 2798-6047 (Online)
Research Article

Volume 2	Issue 3	March (2023)	DOI: 10.47540/ijqr.v2i3.756	Page: 183 – 194

Recount and Account of Lived Experience of Children on the Street: A Phenomenology Approach

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ABSTRACT

Children on the street spend the daytime on street but go to their families at night. Lived experiences of these children stem from their daily activities on the street and interpersonal relations. Clarity on the lived experience of this category of street children is lacking in Nigeria. We explored lived experiences of children on the streets of Ibadan, Nigeria, sourcing information from the children and relevant adults involved with them. We conducted in-depth interviews with fifty-three participants, including children on the street, pairs of children and parental figures, street shop-owner, and child welfare officers. Framework analysis and coding with ATLAS Ti were conducted. Street Engagements, Beneficial and Challenging Experiences are the 3 thematic areas. Street Engagements included duration on the street, typical and atypical activities. Beneficial experiences included: financing family & personal needs, school co-financing, and better life opportunities. Challenging experiences included: financial crisis, school failure, prostitution, street gangs and substance use induction, thuggery, harassment, kidnapping, and ritual killing. The lived experience of street children with family ties is overwhelming with the challenging experiences subduing the perceived benefits. An appreciation of this discrepancy at the family level and target interventions can positively influence measures to curb the epidemic of children on the street.

INTRODUCTION

Streetism strips children of humanity and subjects them to struggle for survival at a tender age amidst many experiences on the street (Alem & Laha, 2016; Arthur, 2012; Ennew, 2003). "Child-streetism" describes the presence of children below 18 years, who for various reasons are seen on the street without any adult supervision (Alem & Laha, 2016; Arthur, 2012; Ennew, 2003). Of the four categories of street children, children-on-the street is the dominant category. These children earn some sort of livelihood on the street daily and return home to their families at night (Alem & Laha, 2016; Arthur, 2012). The other categories are children on the streets with severed families link, children from street families, and children-who-absconded-from-institutional care (Alem & Laha, 2016; Arthur, 2012).

Children on the street are the vast majority of street children in urban regions of under-developed and developing African countries like Nigeria (Adewale & Afolabi, 2013; Alem & Laha, 2016; Woan et al., 2013). The lived experiences of children on the street stem from their daily activities, in terms of "work", their use of time, social activities, interpersonal relations, survival strategies, and choices on the street (Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011; Shahen, 2021). Street children experience all forms of struggles, exploitations, insecurity, and adversities. However, these experiences are documented mostly by children on the street, who are deprived of family contact (Mickelson, 2000; Myburgh et al., 2015; O'Haire, 2011). For instance, only 2 of 108 papers in a systematic review of publications on street children from 35 Lower and Middle-Income Countries (LMICs) speak to children on the street

as being less likely to encounter some of these experiences (Woan et al., 2013). Street children in general engage in begging, hawking, and helping people on the street, with these financial activities forming a major part of their experiences and the money made by street children remains a major pull for streetism (Mickelson, 2000; O'Haire, 2011).

Nigerian research articles had listed daily labor as the most common financial activity, followed by street vending and begging among street children but lacked specifics for children on the streets (Alem & Laha, 2016; Ekpiken-ekanem & Ayuk, 2014; Ikechebelu et al., 2008; Owoaje et al., 2011). The aforementioned studies published different forms of exploitation and challenges of street children but are not explicit about lived experiences of children on street. The available literature on the lived experiences of street children in Nigeria, as cited above is outdated and pertained to children on the streets with severed family links. There is a research gap on the lived experience of the children on the street who spends most of their daytime on the street but return to their families at night, on daily basis. This research investigated the children on the street, the prominent category of street children whose lived experiences have not been well documented. This study provided an updated experience of children on the street in Ibadan, the largest city in South-West Nigeria.

Methods

This research was part of larger phenomenology research on children on the streets. The study was conducted in the five urban local government areas (LGAs) of Ibadan, the capital of Oyo State, and the largest city in Southwest Nigeria. One street with a known population of street children was selected from each of the five urban LGAs. The selection of each street was guided by information obtained from the directorate of Oyo State's child welfare service in each of the urban local government councils of Ibadan. The urban LGA areas are Ibadan South-West (SW), North (N), North-West (NW), North-East (NE), and Ido. These five urban LGAs form the central and cosmopolitan areas of Ibadan while six other LGAs of Ibadan are remote and rural areas in the outskirts.

Study Designs

This comprised qualitative sessions with four categories of participants:

1. In-depth interviews (IDI) with Oyo State's child welfare officers in Ibadan.
2. In-depth interviews (IDI) of street shops or street business owners in Ibadan.
3. In-depth interviews with children on the street of Ibadan.
4. Paired in-depth interviews of a dyad of a parental figure and a child on the street of Ibadan.

The study participants were the children on the streets and relevant adults in their ecosystems; including the parents, street shop owners, and child welfare officers. In-depth interviews (IDI) with Oyo-state-appointed social workers designated to the directorates of child welfare services in the five urban LGAs of Ibadan were conducted. This category of participants served as key informants who provided data that guided the selection of the street in each LGA with a known population of children on the street. In addition, by virtue of their work experiences, they are expected to have detailed information on the lived experience of these children. These were child welfare officers with a minimum of six months' work experience in each urban LGAs which guaranteed the officers' familiarity with each locality. In each of the 5 Ibadan urban LGA directorates, two consenting child welfare officers and two officers working in the Oyo State central secretariat in Ibadan were purposively selected to obtain more information from the directorate at the state level. The selected officers all had a minimum of a Master's in Social Works or related courses. All were in their middle age and had at least seven years of work experience.

Street shops or business owners in the urban local government were selected for in-depth interviews. This category of participant observes and interacts with these children on daily basis and are expected to have information about the parent or guardian of these children. These were adult participants, who had been operating a shop or business on the select street for a minimum of six months. The street shop owner's observation of the children's daily lived experience is vital as they can provide more information on other aspects the children might not recognize. Being a past child on the street was a desirable selection criterion that was met by some of the selected shop owners who alluded to this. The purpose of this criterion is to

have them recount their lived experience, and contrast or corroborate the experiences of the current children on the street. Two street shops or business owners were selected from each of the five LGAs using the purposive and snowball technique. These participants served as links to the parent/guardian of the children on the street and assisted with the recruitment of children on the street.

Children on the street were initially purposively selected with the assistance of the street-shop owners and subsequently by snowball technique. A minimum of two children on the street were selected from each of the 5 urban LGAs. Inclusion criteria for selection was a child-on-the-street aged 13yrs -17yrs 11months, who return home daily and whose parent/guardian consented to the child's participation in the study. This age bracket was selected to capture children in their middle and late phase of adolescence which ascertained better cognizant responses during the interview. Because younger age children and early-aged adolescents may be less cognitively developed. In-depth interviews were conducted with the children after their assent and parental consent were obtained.

For the paired in-depth interviews, a dyad of a child on the street and a parental figure was selected in two pairs from each of the 5 urban LGAs. These were parent-child pairs who consented and assented to participate in the interview. This was another set of children on the street who were recruited as explained previously. Thereafter a parental figure for each recruited child on the street had an in-depth interview.

Data collection

The data were collected between June and September 2021. The process for in-depth interviews was observed, including explaining the purpose of the study and obtaining participants' consent and assent. Each interview session was conducted by the first author. The interview guide was available in both English and Yoruba (the predominant local language in the study sites) versions for ease of understanding and the language preference of the participants. The interviews were conducted in either English or Yoruba based on each participant's choice and the research team was able to communicate proficiently in both languages. The choice of venue and conduct of research activities was with full consent and assents of participants and preferences were obliged. The interviews were moderated with the use of a pre-developed interview guide. The interview guide was used to explore the experiences of children on the street of Ibadan, asking the same questions which were adapted for the three categories of participants. The interview sessions were audio-recorded, using a digital recorder with the full consent and assent of all participants.

Data Management

A total of 53 interviews were conducted: eleven (11) IDIs with children on the street, twenty (20) paired IDIs with 10 parent-child pairs, ten (10) street shop owners' IDIs, and ten (10) IDIs with child-welfare officers. Direct and complete transcripts of the audio-recorded interview sessions and the field notes were typed out in Microsoft Word. The qualitative data were analyzed using the techniques and procedures of framework analysis, including five levels of systematic data processing such as familiarization, identification of thematic framework, indexing, charting, and mapping (Srivastava & Thomson, 2009). Emerging themes were supported by field notes and research memos. Atlas Ti version 8.4 was used for coding while coding was done deductively and inductively, with the generation of quotes specific to the variables, and the data from these four research sessions are triangulated (Korstjens & Moser, 2018).

Ethical considerations

The ethical principles of autonomy, disclosure, competence, understanding, assent, voluntariness, beneficence, non-maleficence, and justice were observed in this study. Ethical approval was obtained from two ethics committees, the Oyo State, Nigeria, Ministry of Health, Research Ethics Review Committee, Ethics number AD 13/479/4118[A], and the University of Witwatersrand, South Africa, Human Research Ethics Committee (Medical)- M210424. Universal precaution against Covid-19 was ensured for the research team and all participants.

Results and Discussion

Three thematic areas comprising Street Engagement, Beneficial, and Challenging Experiences captured the lived experience of children on the street of Ibadan. The challenging experiences underpinned by street engagement are

the biggest theme that outweighs the beneficial experiences. Quotations are labeled in brackets by respondent group and number, age (in years), and gender ((M)ale/(F)emale. The respondent groups are WO-Welfare Officer, SO-Shop Owner, PP-Paired Parent, PC-Paired Child, and C-Child.

*SO-Shop Owner previously had a child on the street.

Street Engagements

The subthemes explained the age at which the children are introduced to the street, the hours of the day spent on the streets, and their activities.

Duration on the streets

Most of the children that participated in the research had spent an average of four years on the street with a range of 6 months to 10 years of being on the streets. Street shop owners who were past children on the street recounted the ages they started going to the street. Child welfare officers corroborated that many children are put on the street before their tenth birthday and they grow up imbibing the street culture. "I started going to the street, at age of 5 years, I was following my older sibling since I was five years old. I follow her around when she is hawking on the street before I started on my own back then" (*SO4, 40, F). "I've been doing everything for myself right from when I was about age 14 years, hustling on the street". (*SO10, 34, M). "I saw a boy hawking kolanut on the Orita-Challenge Expressway. He is a little boy. I don't think he is up to 10 years old" (WO6, 54, F).

Most of these children are found on the street from afternoon till dusk and beyond. Some children resume the street after returning from school on weekdays but earlier on weekends. Some children resume to the street very early and go back home late at night especially when school is not in session or when exams are over for the session. "When I go to school, let's say like 3 pm I come to the street. When I don't go to school, I come like 1:30 pm. I go by 9:30 pm, and even when I'm going to school the following day, I still close at the same time". (PC6, 16, M). "Back then, by 2 pm we would close from school and I would hawk nylon bagged water till night falls" (*SO3, 35, F). "When he is not writing any school exam, he goes to the street around 3 pm, because he would go home first after school. During the holiday, he goes around noon and goes back home at night" (PP9, 40, Mother).

Typical activities of children on the street

Many of the children on the street were engaged in hawking or vending snacks, drinks, bottled or sachet water, raw or cooked fresh farm produce, seasonal fruits or vegetables, and cooked staple food. A few were load carriers and vehicle conductors for commercial bus drivers. "They hawk and sell pure water, minerals, and all other edible stuff" (WO10, 52, M). "He helps me hawk *Ponmo* (cow-skin) to Aleshinloye. When I don't have *Ponmo*, he collects things to hawk from some distributors like cheese-balls snacks" (P10, 60, Grandma). "I only asked him to help me hawk sachet. I didn't know he is carrying loads for people on the street" (PP8, 38, Mother). "The children are working with the National Union of Road Transport Workers (NURTW) as conductors" (WO8, 43, M).

A minute proportion reportedly gambles with money, plays, and hangs out with their peers on the street. They hustle for some money alongside play or go swimming for fun and catch fish to hawk for money. "Yes, at times I just come to play. I came yesterday; I am here today and have made 200 naira carrying loads on the street" (C7, 15, M). "They are also into betting among themselves, they will say "you have five naira, let us play a game", through betting they will have little more money to take home" (WO3, 41, F).

Adult participants opined that most children on the street are usually not involved in street begging but for very few exceptional cases when they are out of cash, to procure and sell the wares they normally hawk. "Only a few of them believe in begging; rather, they try to get any small amount of money from any odd job on the street. They will rather do odd jobs like being load carriers". (WO7, 41, F). "Some are begging for money, although some of them do minor jobs maybe to help someone sell drinks on the street" (WO5, 46, F).

Atypical activities of children on the street

Some unexpected activities were reported about these children which were events that occurred on the street in times of desperation and in other places aside from the street. For instance, children on the street reportedly leave the street to work as laborers at construction sites or look for houses to render services which purportedly fetches them more money. "I learnt he also goes to car-parts dealers stores to carry heavy metals and car parts for more money" (PP7, 42, Mother). "I saw some of

my mates that went to work in a building site and the building collapsed on them" (C7, 15, M). "Some of the boys will leave what they are hawking if the money is not enough to do house chores for a fee in other peoples' houses. They cut bushes, wash dirty clothes, do house cleaning, or work in street food canteens" (WO10, 52, M). "The boys on the street also get engaged in hard labor like digging gutters on the street or at the quarry breaking stones". (WO12, 51, Male).

A few of the children interviewed said sometimes, shoppers on the streets send them on errands and tip them. Instances, where children hang around the street parties hopeful for food leftovers, were cited. "Sometimes, when I am sent on errands by people (shoppers), they could give me money to take away" (PC5, 17, M). "Some you see roaming about the street, you see them at roadside parties eating and gathering leftovers" (WO7, 41, F).

An interesting report was obtained from child welfare officers working in the Oyo State central directorate regarding the financial exploitation of some children on the street with the knowledge and cooperation of their parents. "Yoruba people, usually women, are hiring Hausa children, especially female ones, all the way from the North to bring them down to the South and use them to beg for money on the street. We had a woman who was using about seven children and none of the children belongs to her. She sends them out to the streets to go beg for money. The real parents are in the North; they call them just to know the amount they will be paying them for using their children to beg and make money" (WO12, 51, M).

Beneficial experiences

Participants gave accounts and shared their opinion about the benefits children derive from being on the street. The benefits are both tangible monetary gains and intangible gains.

Financing family and personal needs

Many of the interviewed children on the street said they can support the family finances, particularly the mothers' finances. "I'm helping my mother hawk her goods; so, I give all the money back to her. She will give me money when I need things" (PC5, 17, M). "Sometimes he may bring 300 hundred naira. Like yesterday, he brought 500 hundred naira but today, there is no money with him for now" (PP8, 38, Mother). "There are some times that my mother doesn't have enough money, I can help. In a day I can get 4,000-naira profit" (C11, 17, M).

Participants reported that the children also save up money from street activities to support their personal needs. "It's not that I give all the money I make to my parents; I also give it to thrift collectors. I am making the daily contributions and saving to buy whatever I need" (C9, 17, M). "Sometimes I make three hundred naira or up to five hundred. I do save it. If I want to get a shoe and the money my parents gave me is not complete, I add the saved money to it" (C7, 15, M).

School Co-Financing

Many of the children who hawk on the street do it to earn some money to co-fund their schooling. For instance, the children save up for basic school needs and pay for promotional school exams because the parents' financial commitment to the children's education is limited. "I want to further my education that's why I'm also trying to gather money. I was the one that paid for my West African Senior Secondary Certificate Examination" (C10, 17, M). "Most are going to school but the parents don't have money for the boy to finish school. So, he goes to hawk on the street and gathers money to send himself to school" (SO5, 32, F). "He wants to further his education after secondary school but there is no money; so, he hustles on the street to have money to further his education" (SO6,30, M).

Better life opportunities

Child welfare officers, shop owners, and the children themselves believe that the street avails the children the opportunity to meet NGOs, philanthropists, or ordinary people on the street who could help them and change the course of their lives for the better. These opportunities include the chance of a full school scholarship. "I can meet the person that will help me on the street. I mean a helper of my life, it does happen on this street" (C7, 15, M). "Some of them may have luck, that during the process of being a child on the street, they find someone to assist them so much so that they will not have the memory again that they have once passed through such a life. We have seen mostly NGOs take them off the street" (WO3, 41, F).

A few of the children on the street and shop owners gave examples of children who have had the chance for better profitable engagements off the street. "Shop owners looking for shop attendants

and seeing the way such child markets his goods on the streets can take such a child up and take care of him and they will start selling together in the shop. It has happened before on this street" (PC10, 13, M).

Challenging experiences

This is the largest theme that addresses challenges arising from the unsupervised presence of children on the street.

Financial crisis

The lack of sales and loss of money made from street activities were pressing challenges for children on the street despite monetary gain being a major benefit. A significant proportion of the children lamented about the occasional inability to sell their goods, particularly when street traffic is light or on rainy days with indebtedness to their suppliers or the parents' suppliers. "There was a day that I didn't make sales, there was no traffic that day, people couldn't slow down to buy from me and I had to take it back home. It was not a good day because my mother had a daily debt to settle" (PC6, 16, M).

Many of the children on the street reported they easily misplace money made from their activities on the street which makes them incur loss and debt. Some welfare officers highlighted these financial crises as the reason children seek hard labor or paid domestic chores off the street. "I had finished selling "pure" (sachet) water in the evening, and I was about to go and give money to the person that gave me the pure water to sell so I can take my profit and go home. I don't know if it was when I was changing money, but all the money had fallen out of my pocket. Like 1,700 naira was lost. I wanted to give the owner 850 naira and I would have kept 850 naira which was my gain for the day" (PC4, 17, M). "So, when I noticed that the tires of my fan-ice bicycle were deflated and I wanted to pay a vulcanizer to help me repair them, I found out my money was all gone. My pocket was torn and I didn't know. I lost almost 7000 naira. All the goods were up to 12,000 naira, and my gain could have been like 4000-5000 naira that day". (PC9, 17, M).

School failure

Children on the street reported that they have challenges with their education, with limitations to studying daily after school, attending to school assigned homework or extra lessons in preparation for promotional examinations. "I was meant to write Joint University Admission Matriculation Board Exam this year. They said it was 5,000 naira. It's not that I can't do it, but I feel I should go for tutorials first but selling on the street takes my time" (C9, 17, M). "I don't have time to read after school before I come to the street. If I get home early sometimes, I do read but when I get back in the night, I am usually tired. So, I would not be able to read" (C4, 17, F). "When I go to school, I come to the street by 3 pm every day and I leave by 6 pm. When there is a school holiday, I come by 1 pm every day and leave by 5 pm. I don't have time for after-school extra-tutorial or summer holiday school" (C2, 14, M).

It was reported that some children on the street miss school frequently, suspend school, and may eventually drop out despite their ambitions due to inertia to further their schooling, the incessant struggle for money, or derailment by money made on the streets. "The family members have left the home for the boy because they can't cope. He stopped at primary six when he was doing well in street business and didn't further his education and now he is a trouble to the whole family" (WO9, 56, F). "Such a child may not want to go to school again because they will be distracted by the little money they are making. I do know a boy since 2012 that has been doing this street hawking and is not furthering his education" (SO6, 30, M). "I had to hawk and hustle to make money. I had to stop schooling for like three to four years and I later continued schooling in 2019" (PC7, 17, F).

Few mothers shared their frustrations regarding the insufficiency of the money made on the streets by children to support further higher education and participants opined also that few parents or guardians frustrate the children's effort to send themselves to school. "Whether he wants to go to the university, polytechnic, or college of education, he has to do something to make extra money. If they ask us to bring money, we have no choice but to. He wants to study more but street hawking is not enough" (P9, 40, Mother). "When I was in JSS 3, I was sent to go live with my

grandma. My father came to school to give me and my cousin money for our junior WAEC and my grandma said "bring it let me keep it for you" but she spent it, despite knowing I was hustling on the street to support my schooling" (*SO10, 34, M).

Prostitution of girls on the street

Child welfare officers across all five urban local government areas of Ibadan gave examples of how girls on the street were directly or indirectly lured into prostitution. They shared instances where they had intervened in cases reported to them by parents. The interviewed girls on the street did not give any account of being involved in such acts, but few mothers expressed their apprehension regarding the possibility of girls being lured by men on the streets. A few street shop owners gave some examples of children on the streets they witnessed being involved in prostitution. Child welfare officers reported children on the street also take sexual advantage of each other. "We had a case of a girl that was beyond control, always going out to the street and won't repent. The parents reported and in the course of preliminary investigation, the girl confessed that she had been going to one woman at her home. We have no option but to break down the house and we took some girls out of one home around midnight where boys are trooping into to have sex with them" (WO12, 51, M). "A case like that was reported to this office, but we couldn't probe deeper. The mother didn't want to blow up the case. When the child was hawking, a man takes her in and slept with her severally. The girl said he gives her 500 hundred naira whenever he is interested" (WO2, 52, F). "Some of them will hawk today, they will not sell tomorrow but do prostitution and off and on. At times, they come to me and ask maybe I can patronize them". (*SO2, 35, M).

Initiation into street gangs and substance use

Shop owners and child welfare officers said a significant negative outcome of the exposure of children to the street is the initiation into cults and gangs. Peer pressure was said to influence the choice to join bad gangs through which they acquire the habit of causing mayhem and constituting nuisances on the streets. A few parents expressed their fears regarding this but claimed to guide against this by asking known street shop owners to keep an eye out for their children. Few street shop owners shared stories of children on the street who had joined gangs and were caught in criminal acts. "His brother asked him what he was doing outside the home, because in this area, once they notice a child is idle and roams around the street, he can be invited to join a bad gang" (PP7, 42, Mother). "The notorious "1 million boys" gang go into the street to disturb people and the children on the street will mingle with them. They are bad gangs and they disturb people on the street and the children mingle with them at times and join in the gang activities" (WO8, 43, M). "It is easy to initiate them to a secret cult and those robbers' gangs. They use boys on the street, they train them. They will say, "Go and observe, where did they put the key, where is this and that?" At the end of the day, they will give the children something for services rendered" (WO2, 52, F). "I witnessed two children on the street who burgled somebody's shop at 2 am, children of like twelve years old. By the time the boys are older, they can become mature armed robbers" (*S2,35, M).

Child welfare officers reported that children on the street use and abuse substances due to influence by gangs of children or adults smoking marijuana and other substances on the streets. Parental figures seemed to downplay their awareness despite many obvious scenes of touts smoking substances on the streets' corners. "Those boys join bad gangs and from there, they start to smoke to the point that they won't listen to their parent's corrections anymore" (WO6, 54, F). "I discovered that at an early age the children get involved in some hard drugs, that end their life suddenly, and they get them from the streets, some just mix some things. Some take marijuana and even the chemicals in cough syrup and then get addicted with time" (WO12, 51, M).

Thuggery

Thuggery in the forms of rough and violent behaviors with some criminal intent was reported among children on the street. These included street fighting, pocket-picking, and stealing which may be lone incidents or part of street gangs' misconduct. Participants said there are situations where thug groups are fighting, breaking bottles, and injuring one another during which some children get coerced to join in or sustain an injury while attempting to flee the situation. "Some people will be fighting on the street, hitting and stabbing themselves with bottles on the street. I have experienced it; we always run to save our lives because sometimes

they shot guns" (C5, 15, M) "If there is a fight in Sango-Eleyele Road among the area boys, they could break something on the child's head. If you don't run away or join them" (PC6, 16, M).

Street Shop-owners said the children on the street are easily triggered to fight one another because of fighting scenes they witness on the streets. Stealing and pocket-picking were reported as one of the vices children on the street indulge in as a result of exposure to miscreants on the streets. The interviewed children on the street also shared their personal experiences regarding this. Child welfare officers said some of the children on the street steal and pickpocket. "Some of my peers that hawk together with me on the street, steal things from each other and the person they stole from won't notice until later" (PC5, 17, M). "They have stolen his money and two phones while he was selling on the street. He wanted to go and sell, and his phone dropped and his mates they were hawking together picked it and they didn't tell him" (PP5, 30, Mother). "If they see something to steal, they will steal it just to make sure they get something to eat and they return home with something for their parents to even eat" (WO3, 41, F).

Harassment

Police and task force officers reportedly exploit children on the street for their goods, chase them and throw away their goods in the process with a loss of revenue for these children. "The task force people disturb us; sometimes, they take my "egusi" soup away and sometimes they take all the food away" (PC1, 16, M). "Sometimes, police chase them away from where they are hawking on the street; they end up throwing their goods away when they are running from task force officer or police" (PP2, 40, Father).

In the same regard, adults on the street are reportedly judgmental about the characters of children on the street. Without the benefit of the doubt, they assume these children are without morals. "There are some people that perceive girl hawkers as prostitutes, bad children or children without a future" (C8, 17, F).

Kidnapping and ritual killing

Children on the street are reportedly targeted by kidnappers for ransom and ritual killing. All categories of participants expressed that it is very dangerous to let children go on the street especially at odd hours because children had gone missing after encounters with kidnappers or ritualists, particularly before dawn and late at night. "One of the dangerous dangers is that they are subjects of some predators. When I said predators, I'm talking of ritualists and kidnappers" (WO 12, 51, M). "There are people who use people for rituals and can use charms on them. That is the danger I see there, and it is not good for a child to be hawking on the streets at night" (PC3, 13, M). A personal experience by one of the recruited girls on one of the streets and an eyewitness account of a street shop owner were narrated: "I was hawking, the person said he wanted to buy my cooked corn and told me to go and collect some change for him from a story building up there. I was confused and unaware of his intention. I did not know what happened to me that day. I could not even think straight. I gave him all of my sales money" (C4, 17, F). "The *baba* (elderly man) pretends to sell calendars on the street and he will call these children and send the children on errands and they will disappear, he has been kidnapping them. He sells them for those who need babies or children for any reason" (*SO4, 40, F).

The average age of recruited children on the street for this research is fifteen years. These children were introduced to the street around school age (six years), which had been the trend in Ibadan over time. This is evidenced by the tender age, the past children on the street in this research reported they were also introduced to the street by their parents.

The age range of children on the street in this study is similar to the ages of working street children found in Accra, Ghana, and other major cities across sub-Saharan Africa, and Latin America. (Mugove & Lincoln, 2015; Oppong Asante, 2016; Pinzon-Rondon et al., 2009; Ugwuadu, 2017).

The early age of introduction of children from the family to the street harms their behavioral and social development and can numb the expected positive impact of formal and informal education (Tettegah, 2012). Additionally, many of these children arrive on the street daily from around noon and stay past dusk which is not ideal because the nighttime is associated with more dangers than daylight (Mugove & Lincoln, 2015; Ugwuadu, 2017). The presence of children on the street at night will necessitate them developing survival

skills beyond their developmental stage which can have consequences in the present and future (Ugwuadu, 2017).

Expectedly, most children on the street in this study hawked edibles which have steady daily consumers. Hawking and load carrying on the street is the mainstay activity most children on the street engage with and the goods are supplied by the parent or guardians (Fiasorgbor, 2015; Ikechebelu et al., 2008) The search for higher remunerating work by children on the street in forms of hard labor including digging trenches on the street and work in the quarry as found in this study, has not been frequently published. Literature on street children related hard labor more with children on the street who have severed links to their families (Adewale & Afolabi, 2013; Loknath, 2014; Nanda, 2008; UNICEF Nigeria-Bar Human Rights Committee, 2013). The attendant risk, and danger associated with these kinds of works in other places including private homes and construction sites was evident in this study where some children on the street reportedly died working in a building that collapsed. Street begging is known to be common among children on the street as previously published and affirmed by this study (Abubakar-Abdullateef et al., 2017; Ayaya & Esamai, 2001; S. N. Cumber & Tsoka-Gwegweni, 2015). However, instances of children being given out by their Northern Nigeria parents to be used for street begging as a business venture by some Southwestern Nigeria women was a revelation in this study. This is because using children for street begging for financial gains is not a norm in Southwest Nigeria. Unlike the good document pervasive "Almajiri" culture in Northern Nigeria where parents sent children completely out of the home to survive on nomads and street begging (Abubakar-Abdullateef et al., 2017; Panter-brick, 2002; United Nations Children's Fund, 2008). The ability of children on the street to support their family's revenue with their earnings on the street and make money for their expenses including cofounding school needs are known as push and pull for child streetism (Faloore & Asamu, 2010; Tefera, 2015; Wargan & Dershem, 2009). The money made by many of these children mostly goes to support the mother's finances and boost her ability to cater to her family. The fact that children on the street run into debt in form of a lack of sales and loss of money generated from street activities as found in this study has not been highlighted as a challenging experience, while monetary gains are overhyped (Faloore & Asamu, 2010; Tefera, 2015; Tettegah, 2012; Wargan & Dershem, 2009). However, despite the benefit of being able to co-fund their schooling, children on the streets experienced school failure. The children on the street are unable to study after school, they could not attend extra tutorial classes, frequently skip or suspend school and may eventually drop out of school. Challenges with schooling have been documented for street children in general (Abdelgalil et al., 2004; Faloore & Asamu, 2010; Inyang & Ralph, 2015; Panter-Brick et al., 1996).

The perceived benefit of chance for positive life opportunities on the street as inferred in this study is astonishing, because of the obvious dangers and routine difficulties on the streets. Although it is a known fact that NGOs go out to seek and intervene in matters concerning vulnerable groups like street children, particularly in LMICs (Azuka & Patrick, 2019; UNICEF Nigeria-Bar Human Rights Committee, 2013). However it is not a routine occurrence and they can only alleviate the suffering of a very minute number of street children (Azuka & Patrick, 2019; UNICEF Nigeria-Bar Human Rights Committee, 2013). Therefore, the chance of all children on the street being helped is slim. Passersby or business owners on the street may grant temporary solutions to the needs of children on the street, but sustainable measures that can keep children off the street are rooted within the family with a constant responsible parental figure (UNICEF Nigeria-Bar Human Rights Committee, 2013). Therefore, there is a need to disabuse the mindset of the slim chance of better life opportunities as a motivation for putting children on the street.

The initiation of children on the street into gangs and cults was discovered in this research, as published by many others but most publication refers to the minor categories of children with severed family link (Adeyemi & Oluwaseun, 2012; S. Cumber et al., 2017; Onyemachi, 2010). Thuggery and cultism had been recorded as some of the challenging experiences of children on the street which when unchecked may result in the complete severance of children from the family to full-time street living (Adeyemi & Oluwaseun, 2012; Cumber et al., 2017; Onyemachi, 2010). Nigeria has

recorded a high level of civil unrest with unprovoked multiplication and surges of street thugs (Adeyemi & Oluwaseun, 2012; UNICEF Nigeria-Bar Human Rights Committee, 2013). The steady stream of these street thugs can be linked to the indoctrination of children on and of the street (Adeyemi & Oluwaseun, 2012; Onyemachi, 2010). The consequent introduction of children to substance use was as expected considering the observed high prevalence of substance use on the street coupled with peer influence as previously published (Adeyemi & Oluwaseun, 2012; Onyemachi, 2010; Oppong Asante, 2016; UNICEF Nigeria-Bar Human Rights Committee, 2013). The array of substances children on the street indulge in ranging from cough syrup to marijuana is noteworthy in this research.

The children on the street were harassed by passersby on the street and the law enforcement agents harass and exploit them unjustly in this study. Social discriminatory and oppressive actions from the general public are some of the challenges encountered by children working on the street, aligning with Oppong Asante's (2016) finding.

Children on the street are known to go into prostitution as a survival strategy on the street or as revenue-generating activity (Asanbayev et al., 2016; S. N. Cumber & Tsoka-gwegweni, 2017; Orme & Seipel, 2007). However, we found instances where children on the street were lured and co-opted into prostitution. Men reportedly take advantage of the girls who hawk on the street instead of patronage and tip excessively which keeps the girls going back. A study conducted in 2008 in Eastern Nigeria revealed more than half of girls hawking on the street were sexually harassed by male adults, with significant proportions having penetrative sexual intercourse of which few were forced, but many submitted willingly due to monetary gains (Ikechebelu et al., 2008). The study and recently, a 2019 Nigeria situational review of working children on the streets revealed many girls on street consequently had unwanted pregnancies and sexually transmitted diseases (Azuka & Patrick, 2019; Ikechebelu et al., 2008). Unfortunately, girls on the street are still lured or forced into prostitution, reiterating the need to discontinue streetism, particularly for children with known existing family ties. Boys on the streets are also victims of sexual exploitation as published (Azuka & Patrick, 2019; Ikechebelu et al., 2008) and inferred in this research. The kidnapping of street children for ritual and other purposes was reported as a common incidence in one of the urban local governments in Ibadan by research published in 2017(Ugwuadu, 2017). Similarly, our participants across the five urban LGAs of Ibadan reported cases of kidnapping occurring, particularly at night or early hours of dawn. The children on the streets reportedly are victims of hypnosis for financial exploitation and kidnapping. The manner of hypnotism included customers or adult street vendors tricking the children by engaging them in seemingly innocent street activities.

Conclusion

This research revealed that children on the street encounter more challenging experiences than beneficial ones by their presence on the street which isn't an ideal microsystem for a family-connected child. Continuing research on children on the street will provide evidence that showcases the ongoing detrimental lived experiences of these majority groups of street children and harness the necessary interventions.

The findings of this research provided insights bridging some gaps in the literature on the lived experiences of children on the street. The following are recommendations arising from the results of this study: The trajectory of events that leads to eventual school drop-out among children on the street as suggested in this study needs attention from stakeholders combating child streetism. The revelation that some Northern Nigeria parents loan out their children for begging on the street while the children live with Southwestern women in their homes should be paid particular attention in the preventive strategy against children streetism in South-West Nigeria.

Campaigns against harassment and discrimination of children on the street are necessary to increase public sympathy and enhance the self-worth of these children. This will facilitate easy rehabilitation and re-integration of these children into society. The scenarios where children are hypnotized or kidnapped are beyond the control of most stakeholders fighting against the phenomenon of child streetism. However, this emphasizes the necessity to reinforce the family's

awareness and recognition of this kind of danger and encourage them to keep children off the street.

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Physical, mental and healthcare issues of children on the street of Ibadan, Nigeria

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Background: Most street children studied in lower- and middle-income African countries are without family links. However, the majority of street children are children on the street, living with families during the night and spending their day-time on the streets. The health of this majority group is poorly captured in the literature despite the growing epidemic of child streetism.

Aim: To explore the health of children on the street of Ibadan using multiple qualitative studies.

Setting: A street in each of the five urban local government areas of Ibadan Oyo State, Nigeria.

Methods: Participants comprising of children on the street, parental figures, street shop owners and child-welfare officers were purposively selected and interviewed. Interviews were audio recorded, transcribed, and thematically analyzed.

Results: Using triangulated data from 53 interviews, the study found that the children on the streets of Ibadan experienced many health challenges. Outstanding are poor carbohydrate-based diet, open defaecation with consequent infections, physical injuries and few deaths from road traffic accidents. Sexual, verbal and substance abuse were common although few children acquired resilience to adversity. The children had poor health-seeking behaviour and resorted to patent medicine dealers or tradomedical practitioners on the streets.

Conclusion: This study bridged some gaps in the literature regarding the health of children on the streets in Nigeria. The straddling of children between the family and street has cumulative health consequences as depicted in this study.

Contribution: This research can inform family-level intervention and primary health care plans to forestall the health challenges of children on the streets.

Keywords: family; children-on-the-street; unhygienic; concoction; hunger; sexual; hawk; injury.

Introduction

Children on the street have existing links to their families and constitute 80% – 90% of street children, in urban regions of low- and middle-income countries (LMICs), like Nigeria.[1,2,3] These children return home daily to their families regardless of their street activities, unlike other minority groups of street children including children of street families, children of the streets and children who absconded from institutional care.[1,2,3]

In 2008, the United Nations Children's Fund (UNICEF) reported a global estimate of 218 million cases of child labour, including 150 million estimates of street children in LMICs, particularly in Africa.[4,5] The 2007 Nigeria Population Reference Bureau (PRB) estimated 15 million street children in the country with the majority as children on the street.[5] A 2021 publication reported 5026 child labourers from a 7-day headcount exercise of children on the streets of Ibadan, Nigeria.[5] The Volunteer Work Africa (VWA), in 2022, estimated 100000 street children in Lagos, Nigeria, the majority of whom were on the street for reasons of parental poverty, separation or unemployment.[6] Owobu and colleagues, in 2022, reported that 9 out of 10000 adolescents in Edo State, Nigeria were street children with existing family ties.[6] These estimates are insights into the prevailing phenomenon of child streetism.

Children's health problems on the street can be attributed to family food insecurity, street environment, interactions and healthcare access. Extensive research on the health of street children pertains to children of the street with severed family links, but the health of the children on the

street is not outstanding.[1,2,3,7,8,9] Health problems of street children include malnutrition, infectious diseases, substance abuse, sexual abuse, injuries, behavioural disorders and a lack of access to health care.[1,2,3,7,8,9] A meta-analysis of African literature revealed the aforementioned morbidities among street children and recognised that most studies were centred on children of the street.[2] Another systematic review revealed that the studies concentrated on minority groups of street children lacking specifics for children on the street.[10] In a health study of street children conducted in Ibadan, Nigeria, although 90% were acknowledged as children on the street, they mostly captured children of the street.[11] The study then recommended dedicated research to explore the health of children on the street who are the major category of street children.[11] Considering that children on the street are the prominent category, the lack of data on their health constitutes a disparity in health research on street children.[1,2,3,7,8,9,12] The 2015 report on 'Children Left Behind in Nigeria' and similar reports recommended targeted research to ameliorate this disparity.[13,14,15] This study explored the health of children on the street of Ibadan, sourcing in-depth information and providing insight on specific health problems.

Theoretical framework

The Bronfenbrenner bio-ecological system theory was used for the conceptualisation of this research. This theory examines the interaction between factors in the immediate family and society that can affect the child's development.[16,17,18] The theory addresses the microsystem, mesosystem, exosystem and macrosystems of a child.[16,17,18] The family is the typical microsystem with the unusual ecological crossing into the streets that are an atypical microsystem, where children mingle with other elements outside the family.[16,17,18] In the exosystem, the child welfare officers are involved with the support and care of these children on the street, and street shop owners witness their livelihood. In describing the health of children on the street, there is a need to evaluate their immediate family and understand the interactions on the street that affect their health and take the perspective of persons in the ecosystems.

Research methods and design

Design and sampling

This descriptive cross-sectional study evaluated the everyday conscious understanding of the health experiences of children on the street while setting aside preconceived opinions.[19]

This research utilised four qualitative methods including in-depth interviews (IDI) with children on the street, paired IDI with a dyad of a parental figure and a child on the street and IDI with Oyo State's child welfare officers and street shops or business owners. Participants were sampled purposively using the snowball technique from five streets in Ibadan, capital of Oyo State Southwest Nigeria, selecting a street from each of the five urban Local Government Areas (LGAs): North (N), Northwest (NW), Southwest (SW), Northeast (NE) and Ido. The selection of a street in each LGA was guided by information derived from the Oyo State directorate for child welfare services, which provided information on the streets with a known active population of children on the street. Sampling across the five urban LGAs of Ibadan allowed for a detailed description of the phenomenon in Ibadan.

Participants and recruitments

The selection of children on the street was initially purposive as guided by the street shop owners who were familiar with the parental figure and thereafter by snowball technique on each of the streets. The sampling matrix as shown in Table 1 explains the participants' characteristics and selection across each of the five urban LGAs in Ibadan.

Data collection procedure and measures

Ethical approvals were obtained

Data were collected between June and September 2021 and universal precautions (including the use of facemasks and hand sanitisers) against coronavirus disease 2019 (COVID-19) were ensured. The research document was written in English language and the Yoruba (local) translation. A back translation of the Yoruba version to English was done to ascertain the literal validity of the original document. Either of the two versions was used based on the language preference of the participants. Ibadan city has a mix of indigenous mostly Yoruba-speaking people and educated people who can converse in English. Written consent and assent were obtained from each participant. The interviews were moderated using a pre-developed interview guide and audio-recorded using a digital recorder. The interview guide was self-developed to explore the pertinent health issues of children on the street referenced in literature and to fill the gaps identified. The interview guide adopted probe questions that had been used by other studies to evaluate the documented health concerns of children on the streets, emphasising on their health status and challenges.[2,4,11] The guide contained questions exploring general health

TABLE 1: Sample matrix for recruited participants.

Number	Category of participants	Characteristics	Minimum selected in each of the five LGAs	Total in each category
1	Child on the street	Aged 13 years–17 years 11 months	2	11
2	Parent–child pair	One parental figure and a child on the street aged 13 years–17 years 11 months	2 Pairs	10 Pairs
3	Street shop owner	Street shop or business owner on select street Being a past child on the street was an optional desirable criterion	2	10
4	Welfare officer	Oyo State-appointed child welfare officer working in each LGA and the central directorate in Ibadan	2 per LGA and 2 from the Oyo state secretariat	12
	Total			53

LGAs, local government areas.

problems, problems regarding food and water consumption, toilet habits, mental health-related problems, health hazards on the streets, healthcare-seeking behaviours and options of children on the street.

Data management

Direct and complete transcripts of the audio-recorded interviews were typed out in Microsoft Word. The qualitative data from the 53 interviews were analysed using procedures of framework analysis, including five levels of systematic data processing: familiarisation, identification of thematic framework, indexing, charting and mapping. The data from the four qualitative studies were triangulated[19,20] by converging information from all participants. Coding was done using the Atlas Ti version 8.4, with the generation of specific codes for a robust appreciation of the health issues of children on the streets of Ibadan.

Ethical considerations

Ethical clearance to conduct this study was obtained from the University of Witwatersrand and the Oyo State Ethics Review Committee (No. M210424 and AD 13/479/4118A).

Results

The analysis was organised into three themes: (1) physical health challenges, (2) mental health issues and (3) healthcare challenges. The physical health challenges included: (1) poor nutrition, (2) poor toilet habits, (3) exposure to infections, (4) sexual health problems, injuries with body aches and allergies. The mental health subthemes included: (1) depressive feelings, (2) misbehaviours, (3) verbal abuse, (4) substance abuse and (5) psychological strength. The healthcare subthemes included: (1) poor health-seeking behaviours and (2) unconventional healthcare.

These themes emerged through framework analysis of the triangulated data obtained from the children and significant others within their ecosystem. The health conditions were consequent of cumulative factors in the immediate family and the street microsystems. Poor nutrition, depressive feelings, verbal abuse, poor health-seeking behaviours and unconventional healthcare stemmed from factors within the family and are worsened by the children's presence within the atypical street microsystem where they spend most of their daytime. Poor toilet habits, exposure to infections, sexual health problems, injuries with body aches, allergies, misbehaviours, substance abuse and psychological strength were consequences of the unusual ecological crossing into the streets where children mingle with other elements outside the family. Table 2 describes the respondent labelled in the bracket for each quote.

Physical health challenges

The physical health challenges are physical conditions affecting the children on the street due to street elements, some of which are underscored by factors within the family. Six aforementioned subthemes explained these physical health challenges including poor nutrition, poor toilet habits, exposure to infections, sexual health problems, allergies and injuries.

TABLE 2: Codes for the respondent groups.

Number	Abbreviation	Description
1	C	Child on street
2	F	Female
3	M	Male
4	PC	Paired child
5	PP	Paired parent
6	SO	Shop owner
7	*SO	A shop owner who was previously a child on the street
8	WO	Welfare officer

Poor nutrition

Many of the children who were interviewed reported that they were unable to access food in their household and went hungry until they made money from street hawking or their parents received handouts from neighbours. Child welfare officers shared instances:

> 'The mother leaves early in the morning without providing food for the children and returns home at 11pm, expecting the children to look up to their neighbours for food. The children just find their way to the street.' (WO5,46, F)

A few children shared their stories:

> 'When we wake up in the morning we do house chores, then whatever little money our parent has, they give us to buy something to eat first, maybe later if they see someone to give them money we will eat properly.' (PC7,17, M)

> 'I can only buy food to eat after making a sale.' (PC3,13, M)

> 'I do buy food to take home for us to eat because my parents don't have much money to get food for the family.' (C10, 17, M)

Shop owners said that the meals available and affordable to these children were mostly carbohydrates and junk food, which the children prefer because it is filling. The children and parents gave examples of regular meals consumed by the children:

> 'My mother gives us only bread for breakfast daily, my older brothers work in a bakery so they bring bread home. When I carry loads on the street, I make like two hundred naira and buy beans to eat the bread and by evening I make more money to cook the food I like.' (PC7,17, M)

> 'He buys and eats rice or bread when he is hungry while hawking on the street, he eats bread in the morning before leaving.' (PP3,35, Mother)

> 'I buy and eat rice, biscuits and doughnuts every day.' (C2,14, M)

Street shop owners and welfare officers mentioned that the children drank from various sources of water, including hygienic ones like pre-packed treated water. It was, however, mentioned that the children drank untreated sachet water and unhygienic ones like stagnated well or rain water when on the street. A few of the children who hawk *pure water*, that is pre-packed sachet water, reported that they drank from

their stock when thirsty. Participants opined that the children buy sachet water, because it is cheap or take water from government boreholes or well water on the street:

> 'They drink whatever type of water that is available, clean or not, it doesn't matter as long as it quenches their thirst.' (WO3,41, F)

Poor toilet habits

Shop owners and welfare officers were disturbed about the poor toilet habits of the children and discussed it at length. They mentioned that the children urinated indiscriminately and indulged in open defaecation. Welfare officers shared instances of indiscriminate defaecation including defaecation into polythene bags, tied and left on the streets:

> 'We don't have a toilet on this street, the children go inside the bush where the breeze blows freely, and they use the leaves in the bush to clean up.' (SO6,28, M)

A few of the children and parents mentioned that the children go home to use the toilet facility or defaecate in nearby bushes, rivers and streams:

> 'There is no toilet on this street. He would hold it till he gets home but if he is pressed, he goes to defecate in the bush at the back of that factory.' (PP3,35, Mother)

> 'He said he went to a stream to defecate, and his other sandal got carried away by the stream.' (PP8,38, Mother)

Some adults strongly opined that indiscriminate defaecation by the children is because of the inadequate number and cost of use of public toilet facilities on the streets of Ibadan:

> 'It is an annoying fact that children on the street take to open defecation because the number of public toilets in the state is not enough.' (WO12,51, M)

> 'There is a toilet somewhere in the market. It is 50 naira to defecate and 20 naira to urinate and he can't pay that every time.' (P10,60, Grandmother)

Exposure to infections

Shop owners and welfare officers reported exposure of the children to faecal-oral diseases and other infections:

> 'They commonly have rashes on their body and scalp. Malaria is common since they always walk and get bitten by mosquitoes from those stagnant gutters and during this COVID-19 [*coronavirus disease 2019*] era, they can easily catch it.' (WO8,43, M)

A few respondents expressed concerns about the unhygienically prepared and vended food on the streets and the risk of gastrointestinal infections:

> 'Presently a constant variable is the unhygienic condition these children found themselves in. There is poor environmental sanitation and a lack of proper waste control on most streets which readily contaminates the food and water they consume, and they get sick.' (WO12,51, M)

Parents and children expressed their fear of children contracting infections and gave examples of instances of illness:

> 'We have helped people carry loads and used our hands to pick their oranges from the gutters, we carried loads dirtied in mud and disposed of people's waste on our heads, I think that gave me diarrhoea one time.' (PC7,17, M)

> 'It is God that protects against food contamination and diarrhoea, we eat on the street but as a mother, I know it is not proper and responsible of me to have my child hawking and eating from street canteens which are usually dirty, but it is because of our situation.' (PC,35, Mother)

A few children reported that in their opinion they had contracted genitourinary infections like gonorrhoea through indiscriminate urination in dirty places and child welfare officers recounted similar cases:

> 'I can "toilet" (defecate or urinate) anywhere, to the extent that I have "toilet disease" many times.' (C8,17, F)

Sexual health problems

Shop owners and child welfare officers passionately shared stories of sexual exploitation, abuse and assault of both boys and girls with consequent teenage pregnancies. Shop owners reported that physically mature girls get sexual advances and harassment from men and reported sexual exploitation between girls and boys on the street:

> 'It happened to me when I hawked as a child, "area boys" see me and say: "girl how far?" Back then, I took alternative street routes to avoid the area boys.' (*SO7,41, F)

> 'The girl was at a tender age of eight years. I visited the mother and intervened for her to be taken off the street because she has been sexually abused repeatedly.' (WO3,41, F)

Welfare officers narrated cases of young girls who hawk and have been repeatedly sexually abused by men and shared stories of unwanted teenage pregnancies:

> 'Girls' population is not much among the children, but unwanted teenage pregnancies are common nowadays. Sometimes ago we went out for raiding children, unfortunately, some girls had positive pregnancies during the routine test we did.' (WO12,51, M)

> 'A case I handled before, was that of a girl who was repeatedly sexually abused, and nobody took responsibility when it resulted in pregnancy.' (WO5,46, F)

Some mothers said that they avoid sending their mature daughters to the street to avoid sexual exploitation. A few shop owners and welfare officers opined that unwanted teenage pregnancies and births contributed to the increasing population of children on the street:

> 'Ibadan is the worst place; you see all those young girls hawking "pure" [*sachet*] water with the pregnancy. The boy that impregnated her will be doing "guy" around and still impregnate another girl.' (SO8,28, M)

Aches and injuries

Most of the children complained of headaches that were worse on sunny days and pains affecting the neck and limbs. Some parents attested to these complaints and welfare officers and shop owners shared their awareness. Street shop owners who were previously children on the street narrated lingering body aches and pains dating back to childhood days of intense street hustling activities:

'You know the kind of work I do, and I have been under the sun since morning, I usually have headaches or stomach aches, so that is how it is. Once in a while, I have body aches, leg pain, and shoulder pain.' (PC7,17, M)

'The load I am carrying give me a headache and neck pain … after making my hair newly then I still have to place the load on my head to hawk, I get headaches, worse under the sun.' (C8,17, F)

'My body aches generally, so my mother buys pain relief drugs for me almost every day.' (PC4,17, M)

Street shop owners and children shared that they acquired injuries inflicted on each other from play or fighting among themselves or when physically assaulted by street thugs during forceful exploitation:

'But the injury on his face was four days ago, he said his colleague threw a stone at his face.' (PP8,38, Mother)

'Those mature thugs beat them and collect their money, they make them suffer and wound them.' (SO3,35, F)

Many children had scars and bruises on the face and limbs that they shared were the results of injuries sustained while playing or during other street activities, some of which were related to vehicle accidents. Child welfare officers gave accounts of children involved in road traffic accidents (RTAs) while hawking on the street; most had minor injuries and a few deaths were reported:

'Moving car tyres stepped on him about a year ago and one of his big toes was injured and now deformed.' (PP5, 30, Mother)

'"Maruwa" (tricycle) hit me by the side of my body once and knocked me down, it did not break my bones although it weakened me.' (PC7, 17, M)

'A child died at Aleshinloye junction, he died as he was hawking and crossed the road in hurry and many of them had died like that.' (WO9,56, F)

Welfare officers reported cases of children on the street who died from swimming when they went to defaecate in streams or decided to take a swim:

'They leave their goods somewhere and go swimming in the streams around for fun and hope to catch fish and hawk it for money, unfortunately, some have drowned and died.' (WO3,41, F)

'There was a situation whereby some children went to the river to swim and drowned recently and two years ago at "Asejire" river.' (WO12,51, M)

Allergies

A few children complained of eye irritation, chest discomfort and cough when on the streets. Some mothers acknowledged that these irritations occurred because their children were exposed to dust and fumes on the streets. Child welfare officers mentioned that allergic conditions were known health problems for these children:

'I have red eyes, this one started last week. It gets worse when cars that emit a lot of heavy smoke pass by.' (PC5,17, M)

'Clouds of dust from passing vehicles affect my breathing at times.' (C11,17, M)

The mental health issues of children on the street

This is the second theme that entailed the mental health problems and strength found among the children on the street. The mental health theme has five subthemes, including depressive feelings, misbehaviours, verbal abuse, substance abuse and psychological strength.

Depressive feeling

A few children said that they occasionally felt ashamed, sad and hopeless when they thought of the situations that brought them to the street or saw other children being cared for by their parents passing by on foot or in cars. Child welfare officers share their concern for future depression in these children, especially those exploited and abused:

'When I see my ex-secondary schoolmates in traffic while hawking, I don't greet them because I feel shame.' (C10,17, M)

'I just don't like hawking on the street like this. Shouting all about the street, while I am hawking so people can hear and patronize me, makes me unhappy.' (PC4, boy,17)

Misbehaviours

Various misbehaviours of children were cited by shop owners and parents. A few of the children owned up to misbehaving towards each other, adults on the street and at home:

'I tell my son "Why do you misbehave, why do you want to trouble my life?"' (PP7,42, Mother)

'Some of us do beat ourselves, we fight ourselves and throw away each other's goods in the process.' (PC1,16, M)

'The only thing that bothers me and saddens my heart is that sometimes I misbehave towards my mother, and I tend to talk rudely to her.' (C11,17, M)

Street shop owners and welfare officers said the children's misbehaviours reflected their exposure to ill-mannered street thugs or touts:

'Some of them learn how to fight on the street, they easily get angry, and they don't have the habit of saying sorry when they offend someone.' (SO7,41, F)

Verbal abuse

Some children reported verbal abuse from people on the street and described the unfair insults and derogatory remarks from people who patronised them. They reported being cursed and talked down to by customers, shop owners or passersby:

'Customers do abuse me, insult me and they sometimes talk harshly when chasing me away from their cars and those things pain me.' (PC6, 16, M)

'A lot of people say to me that I do not have a mother or father just because I am hawking. They don't know me, and they say that to me and it's painful.' (PC3,13, M)

A few children shared that their parents verbally abuse them at home and child welfare officers gave instances that they witnessed:

'If I should carry my goods home and I didn't make enough sales, my parents will be blaming me and shout at me when I get home.' (C1,17, M)

'When some mothers are talking, they say "the unfortunate child has gone hawking since morning and if the money is not complete, I won't give him food". You can imagine what they say directly to the child.' (WO9,56, F)

Substance abuse

The children and their parental figures denied substance abuse among the selected children, but the shop owners and welfare officers reported that children are lured into substance abuse through their interaction with commercial drivers in garages and members of the National Union of Road Transport Workers (NURTW):

'The smaller children would have been eyeing those smoking out of curiosity, so they eagerly taste. The older children are sent on errands by these street thugs to go and buy Indian hemp, "Oja" that's their language and they eventually start smoking by association.' (WO5,46, F)

'I saw my mates drinking alcohol and I thank God I am not drinking alcohol.' (C7,15, M)

It was reported that children smoke and drink all sorts of things that cause serious intoxication. Reportedly both boys and girls are lured into ingestion of 'health' herbs soaked with alcohol:

'Children assist those selling alcoholic drinks on the street, particularly those who sell herbs soaked with alcohol called "Agbo – jekomo," they are invited to taste it as a health remedy, and little by little they start taking alcohol habitually.' (WO3,41, F)

Child welfare officers and shop owners opined that these children were at risk of substance addiction and related long-term mental health problems and they gave examples. Welfare officers reported the challenges of rehabilitation of the children once they got addicted; some skipped school and eventually left home:

'We do see one child that had sold things in traffic on this street before, he has gone mad because he smokes Indian hemp, and he still roams the streets to date.' (SO9,45, F)

Psychological strength

A few child welfare officers opined, that despite tales of woe, hazardous exposures and bad experiences, a minute proportion of children turned out to be mentally strong, vigilant and resilient:

'Most of these children are psychologically strong. They are very determined, so they developed a kind of resistance to the way and situation they have found themselves in.' (WO12,51, M)

'I have "brain" no man can deceive me that he wants to give me five hundred, because I know that when I sell, I can make a gain of five hundred and I have seen results of girls that were deceived.' (C8,17, F)

A few past and current children on the street shared that they learnt from the mistakes of their peers and were determined not to fall victim:

'I had determination in my life to succeed because when I looked at my family and what brings me down in the family, I told myself anything bad I don't want in my life and I won't do it to myself. So, I distanced myself from bad friends and it helped me to focus on my life, now I am a degree holder.' (*S10,34, M)

Healthcare issues of children on the street

This third theme addressed the healthcare issues of children on the street. Two subthemes emerged including poor health-seeking behaviour and unconventional healthcare options available to the children on the street when they fall ill as a result of engagement with street activities.

Poor health-seeking behaviours

It was reported that the children had poor health-seeking behaviours. Shop owners and child welfare officers said that mothers downplayed these children's illnesses and delayed getting treatment:

'He doesn't use drugs like that, except when he is very sick, he takes after me in that manner, when he has pains, he sleeps it off and wakes up alright.' (PP6, 52, Mother)

'The market women will ask the child "did you not know you were sick before coming out to the street?" and the child usually says, he knows, he just said he should manage to come and hawk.' (SO7, 41, F)

Children living with guardians reported that the guardians disregarded their complaints of ill health, so they resorted to taking part of the money made on the streets to obtain drugs at the chemist without the knowledge of the guardian when the illness worsens. A few children said they found a place to nap or rest on the street when sick and thereafter continued their activities without getting any treatment:

'When I have a headache, I pour cold water on my head, relax for 20–30 minutes it goes away and I stand up to continue my work.' (C8,17,F)

Unconventional healthcare

Many respondents said that ill children on the street had limited access to conventional healthcare services and resorted to the available and affordable unorthodox options. A visit to the 'chemist' or 'patent medicine seller' is reportedly a popular option:

'The child goes to the chemist and explains the illness. The chemist won't ask if he or she has eaten or not, they take money from the child and count different kinds of drugs and hand it over. Even when the mother is informed all she does is buy an over-the-counter mixture of pills from a chemist and give the child.' (WO6,54, F)

'I will get drugs by myself at the chemist, I tell the chemist how I feel and they give me whatever drugs I need. Sometimes, I could have remnant drugs at home from the chemist and I use just that.' (C9,17,M)

Street shop owners reported that even when children go home or tell their mothers of their illness, the treatment option includes a visit to the chemist or purchase of pills

from roadside drug peddlers. Child welfare officers opined that because the children are minors, they are unable to approach conventional health care providers and opt for herbal concoctions, which are readily accessible and affordable. Welfare officers said that the mothers preferably look for tradomedical practitioners or procure herbal concoctions for the child:

> 'I use herbal drugs, I buy from herb sellers that hawk around the street, they already know how they sell it to me.' (C10,17, M)

> 'They [*children*] tell the herb seller their complaints and the seller will mix different concoctions and give them to drink on the spot.No quantity or no dosage specifications.' (WO9,56, F)

> 'We were given the herbal concoctions from the tradomedical place and directed that he should take it with hot water regularly so that it will reduce it.' (PP9,40, Mother)

Discussions

This research explored the health issues of children on the street of Ibadan via interviews with the children and adults in their ecosystem. The results revealed expected health challenges and realities not yet published.

Physical health challenges of children on the street

Food security is defined based on the availability of adequate food, access to food and appropriate food consumption.[21,22] The children on the street experienced occasional household hunger; they had poor feeding patterns, and carbohydrates were the available staple foods for them in their homes. Specifically, it was deduced that most of the children barely had breakfast daily or ate plain bread, and they bought cheap food that contained mainly carbohydrates when on the street. This research revealed that many of these children lived in a household with inadequate quality and quantity of food that can support their nutritional requirements for proper growth. Food insecurity in Nigeria is associated with the poor earning power of the head of the family,[22] which is relatable in this study. This is because the money generated by the children is needed for the children's breakfast or to support the family's main meal, which is usually dinner. This study revealed that children on the street are from food-insecure families, clearing the impression of a better nutritional status among this category of street children.[10,23,24]

Although in this study many of the children drank pre-packed 'sachet' water that is affordable, it is common knowledge in Nigeria and other neighbouring countries that not all 'sachet' water is hygienically produced.[11,25] The tendency for these children on the street of Ibadan to drink 'sachet' and other unclean water with the attendant contamination of food and water due to the unhygienic nature of the street can cause diarrhoeal diseases as found in this research and, published previously, for children living on the street.[26,27]

The unhygienic and indiscriminate sanitary habit of children while on the street was extensively reported, while open defaecation featured prominently as similarly published for street-dwelling children in other sub-Saharan African LMICs.[11,28,29] Interestingly, this study found that few children go back home to use the toilet facilities when convenient. Likewise, the inadequate number and fees charged for public toilets in Ibadan have not been extensively published as a reason for the indiscriminate toilet habit of children on the street. The defaecation of children into streams or rivers with the risk of drowning and death was an unexpected finding.

The attendant risk of communicable febrile illnesses like malaria and COVID-19, food and water-related gastrointestinal disease and skin rashes were not exceptional findings in this study. In the background of poor nutrition and the unhygienic nature of the streets in LMICs, children on the street are prone to food, water, insect and air-borne diseases.[10,26] The lack of personal protective devices during a pandemic as observed in this study is another factor that can predispose children on the street to communicable diseases. Street children have been described as invisible and excluded from the health care plan.[12,30,31] This was apparent during the data collection for this study, as despite the COVID-19 pandemic, there were no targeted plans or actions from the health ministry for the protection of children on the street. These children were unperturbed about masking up until convinced by the research team. Related to air-borne disease exposure is the risk of environmental health hazards, like the dust raised by passing vehicles and smoke from exhausts that resulted in irritative allergic symptoms for children in this study. The report on eye and lung allergic reactions among children on the street is insightful and should be a focus for future health research. Although studies had reported inhalation injury among homeless street children and respiratory infection as morbidities among children of the street, there is no mention of allergic respiratory disease.[32,33]

Many of the children in this study complained of recurrent injuries, aches and pains, which were attributed to musculoskeletal strains caused by activities on the street, as expected.[10,26] Common causes of physical injuries for children including fights with peers, trauma sustained due to roughness of the street and motor vehicular accidents were reported in this study.[29,33,34] These causes of injuries were reported for the children in this research. Nevertheless, it was reported that boys get injuries inflicted due to physical assault while being financially exploited by unscrupulous motor-garage men. Financial exploitation particularly of the boys on the street had been reported by other African studies.[25,26] However, the fact that the process of financial exploitation by street thugs inflicts physical injuries on the children on the street was an interesting finding in the research. Road traffic injuries (RTI) were featured in this study as expected and a few deaths from RTI were unfortunate incidents. The safety of these children should never be undermined, and understandably interviewed mothers were very concerned about the risk of RTI but seemed incapacitated by their needs for the income generated by these children.

In this study, children hawking goods on their heads complained of neck pain, and former children on the street complained of chronic low back pain, dating to childhood

days of hauling loads on the street. These musculoskeletal complaints suggest that neck and back arthropathy should be considered as part of the health challenges of children on the street. Body aches and pains when associated with headaches and malaise could be symptoms of malaria considering their exposure to incessant mosquito bites from stagnant water on the street.[37] A few of the children who reported that they needed to rest and nap somewhere on the street could have had malaria-related aches and pains.

This study found that children on the street of Ibadan were sexually harassed, exploited and abused. A study published that new and younger children were prone to sexual abuse by adults or older boys and girls on the street, contrary to reports from other studies, as opposed to other literature on street children.[36] The sexual exploitation reported in this study was recurrent regardless of gender, age of the children or time of arrival on the street, as opposed to other literature on street children.[37,38,39] In this study, sexual exploitation with consequent teenage pregnancies and refusal to identify or ascertain the perpetrators were reported. Likewise, denial of paternity from men or boys that impregnated the girls was a common event on the streets of Ibadan. Accordingly, Fawole and colleagues published that society may show sympathy for sexually abused girls, but there is an attendant risk of stigma, fear or shame that deter them from reporting the sexual abuse.[40] The study further revealed that street girls who report the abuses are prone to physical assaults by perpetrators and loss of their goods, among other things, and these might be the reasons why girls were reluctant to report sexual abuse to date. Out of concern about sexual exploitation and its consequences, a few mothers in this study preferred not to send their mature daughters to the street, whereas some mothers were unbothered. As was expected, there were few reports of sexually transmitted infections (STIs) among children in this study.[26,37,40] However, the report of children in this study, who had contracted sexually transmitted and urinary tract infections from indiscriminate and unhygienic toilet habits on the street needs future probing.

The mental health of the children

The children in this study reported depressive feelings in the form of shame, sadness and hopelessness associated with their situation. These feelings are related to the reasons for their presence and activities on the street. Published literature on the mental health of street children has reported mood disorders but specifics for children on the street are not obvious as highlighted by this study.[36,41,42] Behavioural problems are documented mental health challenges of other minor categories of street children and there are gaps in the literature regarding behavioural problems among children on the street.[3,43] Therefore, it was enlightening to find children in this study who realised their misbehaviours towards their parents and worked on positive change. Additionally, street shopkeepers in this study had understudied the trajectories of behavioural problems of these children. The shop-keepers described a trajectory that typically began with discourtesy and aggravated to unruliness and aggression.

Verbal abuse from parents at home was a discovery in this study, which occurred when the children were unable to meet the parents' expected sales target on the street. The children had to endure constant cursing and derogatory remarks from people who patronise them and other people who would not patronise but swear at them at the slightest chance. Although studies on the mental health of street children had highlighted general emotional problems mostly in children of the street, verbal emotional abuse was not prominent.[26,33,44,45] The complaint of verbal emotional abuse must not be trivialised, because if it coexists with feelings of shame, sadness and hopelessness it may become a risk for depression and substance abuse among children.

The use and abuse of alcohol and smoking of marijuana (*Oja*) were reported among children in this study. Although all interviewed children denied substance abuse, some gave examples of their peers involved in this act. The presence of children on the street and exposure to unscrupulous adults, particularly commercial motor-park touts (*Agbero*) as reported in this study, was concerning. The association of these children with the *Agberos* constituted a risk for their substance abuse particularly marijuana.[11,35,42,46] A study pointed out the lower prevalence of unprescribed medication and substance abuse when children stay and are cared for at home and are not exposed to street life.[47] Smoking marijuana, alcohol use and abuse are known mental health problems of street children in general.[11,35,42,46] However, this research detailed the manner of indoctrination of children on the street bridging research gaps on substance use among street children.

It was a pleasant surprise that few participants in this study opined that positive mental health attributes can be developed by children. These attributes included resilience and determination to succeed, as previously documented for children of the street.[48,49,50] Although this study did not specifically enquire about the factors that support the positive mental health attributes observed in the children, it was inferred that they learnt from other people's mistakes. Studies have associated resilience in homeless street children with support from non-governmental organisations (NGOs), religious beliefs, meaningful and reciprocal friendships and a sense of humour.[42,49] However, there are many adverse health issues for the child on the street, which outweigh these perceived mental health benefits, as listed in this study and corroborated.[50] This perspective of positive mental attributes gained by the children does not excuse the fact that the street is an unhealthy microsystem for the physical, cognitive and psychosocial development of a child.[36,51] A child raised within a family can be linked to other microsystems like school and other ideal social networks where these positive mental health attributes can be developed and nurtured.

Healthcare challenges

In this study, the children delayed seeking healthcare because they or their mothers trivialised illness symptoms, and at the extreme illness, complaints were ignored by the guardians

until it becomes critical. It was reported that one of the reasons for the delay in healthcare seeking is because the mothers lacked knowledge of orthodox healthcare. Eventually, when they did seek healthcare, they preferred unorthodox healthcare due to its accessibility, affordability and alignment with parents' beliefs. A 2008 Indian study revealed similarly that parents and associates of street children, the severity of the illness and the family's financial constraints were obstacles to prompt health-seeking of working street children.[52] Although that study included all working street children and did not delineate the obstacles for children on the street, as found in this study. Another study in Durban reported poor health-seeking behaviours among homeless street children, which were associated with non-existing links to a family, which could render them the needed support to seek prompt healthcare.[50] This study has shown that children on the streets have poor health-seeking behaviour related to socioeconomic factors and the health perception of the family.

Preference for unorthodox and unconventional healthcare is the norm for the children in this study. The patronage of a chemist, street drug vendors and the use of herbal concoctions by children on the street of Ibadan is not a new finding.[37,53] However, what is worrisome is the normalisation of consumption of herbal concoctions and alcohol-based 'health herbs' among these children, which is being vended by women on the street. A study had queried the apparent 'innocent' vending of harmful substances to children on the street by grown women who should be better informed.[35] Therefore, the national monitoring agency for drug administration and child welfare officers needs to regulate sales of health herbs especially alcohol-based ones to street children and increase awareness of the health hazards. Unmonitored patronage of untrained patent drug-store owners on the street because of proximity and affordability exposes the children to consuming mixtures of over-the-counter pills with its attendant acute and chronic systemic health problems.

Strength and limitations

This study, to the best of the authors' knowledge, revealed the realities of health issues of children on the street of Ibadan, Nigeria that have not been explicitly written in literature. In addition, various opinions were sought from divergent stakeholders. However, a limitation is the fact that most of the mentioned infectious diseases could not be substantiated by specific objective assessments and measures.

Implication for further research

Further research on the health issues of children on the street is recommended, incorporating validated quantitative measures that can further substantiate the health problems of these children within the provision of research ethics of vulnerable children.

Conclusion

This study revealed the health issues of children on the street of Ibadan Nigeria using a qualitative approach by sourcing information from the children and significant informants in their ecosystem. The result showed that the health issues identified are more related to their presence on the streets, which is an atypical microsystem for these children. Therefore, family-level interventions are necessary to deter the family-oriented health challenges and control the street-related health problems and adverse exposures. For instance, the poor nutrition, mortality related to poor toilet habits and RTI, the luring of children to marijuana and alcohol use by street touts and unrestricted sales of alcohol-infused herbal remedies to children should be curbed.

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Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

This study was conceived and designed by A.O. and M.S. Research data and interviews were collected and conducted by A.O. Interpretation of data including, framework analysis, thematic coding, manuscript writing and reviews were conducted by both A.O. and M.S.

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Data availability

The data sets for this study are not openly accessible but can be made available upon request and ethical considerations.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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