13

PRA with street children in Nepal

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· Introduction

This account outlines why and how I used certain PRA techniques for research on the health, backgrounds and life-styles of street children in Kathmandu, Nepal. I then assess the process of data collection and results generated for their impact on the children's livelihoods.

Research with street children in Kathmandu began in 1993 as part of a multi-disciplinary study of urban and rural children in Nepal. We compared the growth status, family background and lifestyle of street children with urban squatter children, privileged urban school children and rural village children (Baker *et al*, forthcoming in 1997; Panter-Brick *et al*, 1996). In brief, the results showed that street children (defined as those who work and live on the streets) achieved lower growth scores than the urban school children, but were taller and heavier for their age (higher growth scores) than urban squatter and rural village children. The street children described a broad spectrum of home and work experiences that had led to their living on the streets. They made significant use of various resources found within their social networks of peers, local communities and the staff of NGOs. Hence, my aims in the following year of research were to:

- Question how such social relations were perceived and used by street children for health services and their impact on their health status.
- Develop participatory methodologies appropriate for research with street children. The aim was to give informants a directive role in and facilitate their ownership of the research process and also to obtain results of use to policy makers, programme workers and children.

· Rationale for the PRA approach

The PRA approach, yielding both qualitative and quantitative data, provides scope for the collection and comparison of health issues identified by street children (Baker *et al*, 1996). For example, in the final stages of research several sources of data relating to the health of street children were available, including the comparative study of growth status (Panter-Brick *et al*, 1996), records kept by two NGO clinics[1] of the numbers of cases of particular conditions attended to each month and my own observations of the children's health seeking behaviour. I sought to triangulate these with the children's own experiences and views concerning periods of ill-health and any action taken. I felt PRA was the best means of achieving this.

Participants and the method implemented

Four groups comprising of between five and 15 children participated in this part of the study. They were all boys aged 10 to 16 years whom I had known for several months. I had built up a good rapport during daily interactions with the children in their living and working environments: namely the junkyard (where a group of 12 children who live by rag-picking are based), the squatter community and the NGO centre. The groups were chosen to represent a cross-section of street-living

[1] The two NGOs with whom I did this research were the Child Workers in Nepal and the Child Welfare Society.

Source: PLA Notes (1996), Issue 25, pp.56–60, IIED London

experiences and the individuals were interested and willing participants.

The methods were adapted from PRA approaches used in other research contexts (IIED 1992). To prepare appropriate exercises I first consulted the NGO health workers about their experiences and questions concerning children's health behaviour. Secondly, I discussed the proposed research with children from the four groups to ascertain their interest in the topic and their views about possible practical limitations.

Initially we made a 'spider diagram' of boys' experiences of ill-health in their homes, while living on the streets and for some, while they were based in the NGO centre. In the centre of a large piece of paper a key word is circled to form the spider's body and participants' experiences are added as the spider's legs (see Figure 1). Using the health complaints mentioned, we made a table and, by group consensus, ranked each one (on a scale of one to five) according to frequency, degree of pain, how much it affected the ability to earn and the places where treatment can be obtained (see Figure 2). To assess how dietary habits related to health, a second table was made with common food items identified by the children. These were also ranked for frequency of consumption, tastiness, cost and suitability for consumption when ill.

A NGO health worker and/or a 15 year old 'ex-street child' (who now attends a local school) and I facilitated the discussion and recording of information. One boy was chosen by the children to write down the scores agreed by the group. Facilitators noted particular comments and points relating to group dynamics that were pertinent to the research topic.

· Scope of results

The children enjoyed comparing their experiences and being able to represent them visually. The discussion was purposefully not restricted by the facilitators but nevertheless tended to be focused on the relevant health issues through the 'hands-on' task of completing the table. A good rapport with both the children participating and the local adults was fundamental to establish understanding of the purpose of the activity and the relaxed atmosphere required to generate valuable data. I would warn against over-ambitious group tasks as participants may not sustain interest or concentration. Clear explanations, tasks that are divided into manageable chunks, large sheets of paper, erasers to allow for changes and a simple ranking scale are vital.

Source: PLA Notes (1996), Issue 25, pp.56–60, IIED London

Figure 1. Spider diagram drawn by street boys

Figure 2. Table completed by street children showing impact of illnesses and action taken

Illness	Boil	Dog bite	Wound	Scabies	Diarr-hoea	Hit by vehicle	Cold	Fracture	Hunger	Fever
Frequency	4	5	5	3	5	2	5	3	5	3
Degree of pain	5	4	3	3	3	5	2	4	5	5
Effect on earning	5	3	1	0	5	3	2	5	2	5
Treatment sought at/with	Free homeo-pathic clinic	NGO clinic/ state hosp.	NGO clinic	None-friends	None-friends	NGO clinic/ junk yard owner	None	NGO clinic/ state hosp.	Friends /junk yard owner	Homeo-pathic clinic

Source: PLA Notes (1996), Issue 25, pp.56–60, IIED London

Comparison of the data produced by the four groups sheds light on the factors that influence health status. For example, the ill-health emphasised (in terms of frequency, degree of pain etc.) by the children can be related to variation in income-generating activity and the social relations formed in the work context. The role of adults in guiding health related behaviours varies among the total sample and is most influential among some of the squatter children (who live with their families) and some street children based in an NGO centre. Nonetheless some relatively independent street children demonstrated knowledge of both the conditions and the means of seeking treatment.

The range of health complaints volunteered by individuals can be compared to the complaints recorded by the NGO clinics. Parallels are evident in acute conditions (for example infected boils and dog bites). However some chronic conditions (including worms and skin sores) are described by street children as debilitating and yet are commonly treated in the clinic when patients are seeking help for acute complaints. Some children did not see it as appropriate to seek help beyond their peers for diarrhoea and wounds unless they were totally immobilised. There is evidence of differences in children's ideas and experiences of intervention according to the degree of previous or current association with NGO provision.

Overall, many children knew the health risks that their work and living conditions exposed them to and could identify means to minimise them, for example washing regularly, wearing shoes while rag-picking and drinking clean water. While many rag-picker boys keep soap, a second set of clothes and go to regular eating spots, a large number of children, (who are mostly below 14 years), are very mobile, have no possessions and do not appear to prioritise behaviours specifically to maintain good health.

By identifying the level of concern for overall health and their current methods of dealing with ill-health, this research can be used to design appropriate action or further research. For example, the NGOs might consider investigating ways to improve the treatment facilities in clinics known to the children. Community health amenities could be provided in the squatter and junkyard areas, perhaps facilitated by some of the older street children.

Limitations

This was a group task and hence lacked the fine-grained data available in individual health profiles.

I was unable to gain further quantitative data concerning perceptions and experiences of stress or psychological well-being. The Western concept of stress is not one that can be easily transferred to other cultures. In Nepal, the children would talk of 'worries' or 'hardship' but not in terms of being unwell. There is scope for the development of methods in which children can record their own sense of well-being. Among street children in particular, there is a need to investigate how self-esteem affects children's ability to use social relations and opportunities in different environments.

It was impossible for both myself and the NGO health worker to enquire about the children's sexual habits and health. Our gender and regular interaction with most of the boys, in addition to our links to the NGO centre, may have prevented open discussion of these topics. However, of increasing concern to the NGOs was the fact that the street boys were very reluctant to talk about sexual matters, even among trusted male social workers.

As described above the sample of children was not stratified nor selected to be representative of the wider street child population. The purpose of the research was not to draw conclusions about all the street children. Firstly the mobility of street children makes selecting a reliable sample very difficult. Secondly, the category of 'street children', although widely used by policy-makers and development organisations, may not be relevant to the children's own life experiences and needs in particular environments within Kathmandu.

Source: PLA Notes (1996), Issue 25, pp.56–60, IIED London

· Issues arising

Researcher role

Street children are put in the limelight in both the international policy arena and the local media. Hence researchers are working with people whose social status is under constant negotiation. In common with many anthropologists, I was aware that appropriate research could not be led by my own agenda and I could not just be a 'participant observer' (Hinton, 1995). Rather, in the eyes of the street children, local NGOs and wider society, I had a role in the debate and action surrounding provision for the children. This evolving role was manifested in my daily interaction in particular settings. Within this context, both the practical feasibility and my role in the social dynamics underlie the choice of methods, the scope of children's meaningful participation and the validity of the research results.

In the junkyard, I was only able to carry out more organised research methods (the PRA methods described above) after I had spent five months becoming familiar with the relationships between the owner, his family members and the rag-picker children, and assessing what was expected of me in that context. Researching within the NGO programme areas required careful consideration of how particular research exercises and their results related to the agenda and aims of the NGO staff. For example, the use of diagrams to discuss health issues needed to be set within the broader aims of health education and building incentives to pursue literacy classes. Hence we prepared a special workshop on health issues and self-help as part of a non-formal education programme. Diet was discussed and a tasty, nutritious meal was served to attract children and reinforce what they knew or learnt about good food.

Validity of results

Group exercises rarely reflect equal contributions from all members, so while facilitating this research I noted when age and status differences within the group affected interpersonal relationships and hence the discussion. In addition, I was aware that some children may have been seeking to please me, an adult associated with the NGO programme, and therefore tended to give the expected response.

Attendance and participation

Prior to the health exercises I carried out focus group discussions on various cultural and socio-economic issues in three locations; the junkyard, city square and NGO centre. A small core of usually older boys attended regularly; however there were many others whose attendance was sporadic. The quality of data obtained in single sessions of the health research shows the potential for continuing this technique over a period of time with the four groups of children (either to further explore health issues and strategies for action or in other pertinent areas of street living). It was evident to me that for such research to be effective in action programmes the children's regular attendance and participation are vital. To guarantee the latter, the obvious strategy is for researchers and children to conceive, prepare and implement the research. However, such an undertaking needs considerable investment of time and energy by all participants plus a supportive infrastructure through which results can be disseminated and action facilitated. Although my efforts increased children's participation in defining and evaluating their health experiences, they did not meet my aim of giving ownership of the research to the informants. Part of the problem was that street children are not always interested in such long-term proposals as they are keen to discuss and bring change to their lifestyles immediately.

· Summary

The PRA exercises that I have described are certainly potential channels through which the health experiences and perceptions of children can be fed into policy and programming. Of particular relevance to NGOs and other health service providers are the children's responses about their current health-seeking behaviour and reasons why they cannot always access appropriate resources.

Moreover the experience of participation in this research contributed to the children's role

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in directing decisions normally made by adults on their behalf. This empowerment of street children is one of the broad aims of the NGO in Kathmandu. However, there have to be effective means of ensuring that children's health needs do not remain simply points of discussion as this is unfair to all participants. Despite our preparatory discussions, some children had high expectations of immediate further action, for example a full health examination and treatment. It may be argued that research will always lead to expectations that cannot be met. However, at the very least, the means (in terms of support from adults) must be available to enable children to act towards meeting their own health needs.

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Source: PLA Notes (1996), Issue 25, pp.56–60, IIED London