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## Augmenting the lives of street children through life enrichment education (LEE)

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Indeed by emphasizing the debilitating aspects of street life, most studies have brought street children to prominence as "a category of children whose life circumstances place them at physical and psychosocial risk" (Veale et al., 2000). It was in this context, the study entitled "Augmenting the lives of street children through Life Enrichment Education (LEE)" was undertaken with a main objective of enhancing the selected street children's overall development by imparting LEE to gain insight into selected physical, psychosocial and vocational aspects. This research conducted in Coimbatore city, TamilNadu, India comprised of 66 boys and 52 girls residing in rehabilitation homes. An interview schedule was framed to secure adequate information on their knowledge base in reference to physical and psycho-social aspects before and after imparting LEE. The data collected was systematically computed and subjected to systematical analysis. The substantial leap of the awareness percentage and the 't' value significant at 1 percent level with regard to the selected aspects of physical dimension (physical health care, substance use and reproductive health care), psycho-social dimension (communication and listening skill, assertive behaviour, emotional health and moral behaviour) and vocational dimension unmistakably designate that the LEE programme had made a better headway in the minds of the selected street children. Promotion and protection of street children's life is dependent on education, health and attitudinal changes in behaviour and confidence to lead an independent life. Hence the society is responsible to frame suitable strategies to mould their livelihood, which can be made possible with LEE as it brings forth attitudinal changes, behaviour modification and desirable health practices.

Keywords: life enrichment education, street children

Street children' being a problem created by the society, a movement against social and human inequality, exploitation, abuse and cruelty needs to be focused by the researchers to fill the gap existing between the street children and the community as a whole (Navreet, 2003). Thus, it is of an imperative need to improve the health status, develop good psycho-social qualities and facilitate them to venture on a vocation in order to sketch them into the mainstream of the society. Aligned with this milieu, an education programme was developed with special reference to street children known as "Life Enrichment Education (LEE)" focusing on improving their physical, psycho-social and vocational strength.

The philosophy of LEE is based on the belief that an individual's daily experiences should reflect, as much as possible, his/her preferred lifestyle, while providing a sense of usefulness, pleasure and as normal a level of functioning as possible (Mangrulkar et al, 2001).

Life Enrichment Programme can be operationalised to specific situations. Based on the information from previous researches, observation of the life style of street children residing in the rehabilitation homes and the interview with the Directors of these homes the needs, problems of these children were evinced and recognized that these group of children have to be educated on certain aspects namely importance of good physical health, abstaining from substance use, awareness on sexual and reproductive health, training to manage emotions, motivating to be assertive, building up decision making and goal setting ability and exposure to vocational training. Therefore, this study was embarked with the trust that through the designed LEE Programme, the chosen unprotected section of the children can be encouraged to a hopeful

prospect. Hence the objectives framed for this study were to

### *Objectives of the study*

- Assess the street children's existing knowledge/attitude/skill (KAS) on their life style with respect to a) Health care b) Psycho-social issues and c) Vocational issues
- Develop an appropriate curriculum of LEE for street children and chalk out its strategies
- Enhance the selected street children's overall development by imparting LEE to gain insight on health care, psycho-social and vocational issues
- Assess the efficacy of LEE imparted to the street children and
- Obtain the feedback of LEE intervention

### *Hypotheses of the study*

Hypothesis framed for the study include:

- The Life Enrichment Programme imparted to the street children has no impact on the level of knowledge on life enriching activities in relation to physical health care
- The Life Enrichment Programme imparted to the street children has no impact on the level of knowledge on life enriching activities on the subject of psycho-social issues
- The Life Enrichment Programme imparted to the street children has no impact on the level of knowledge on life enriching activities regarding vocational guidance and motivation and

## Method

### *Participants*

All the street children in the age group of 13 to 17 (66 boys and 52 girls) residing in 'Don Bosco Anbu Illam' for boys at Ukkadam, Coimbatore and 'Mariyalaya' for girls at Ganapathy, Coimbatore,

Tamilnadu were selected for the study aiming to impart LEE among street children.

### Construction

The trivia of the tools primed, constructed and used are

- Interview schedule to elicit general background of the selected children
- Interview schedule to elicit KAS of the selected children on life enriching activities - It was further divided into three components

### Instruments

*Interview schedule to assess the KAS of the respondents on physical dimension:* brings the data on physical fitness, nutrition, hygiene, disease control, details of substance use, knowledge on reproductive health and on STD's and AIDS.

*Interview schedule to assess the KAS of the respondents on psycho-social aspects:* gets the information on communication and listening skill, interpersonal relationship, assertive behaviour, emotional development, decision making and problem solving ability.

*Interview schedule to elicit the vocational aptitude of the selected sample:* devised to collect data on the motivation to undergo vocational training

On implementing the suggestions of experts the interview schedule was redesigned and pilot study was conducted with twenty five respondents. The modified schedule was quantified by scores and administered to the selected sample before and after LEE to evaluate its efficacy, in terms of their knowledge gain, attitudinal change and skills developed in adopting healthy practices.

### Questionnaires to determine the feedback of the LEE programme

The checklist designed for this purpose was alienated into two sections namely

- From the Directors and educators of the rehabilitation homes
- From the teachers of the school where the beneficiaries were enrolled

### Conduct of the study

The study was conducted in four phases, as given below:

*Phase I: Establishing rapport:* The personnels of rehabilitation homes, were oriented about the importance of LEE intervention to street children and were convinced for their benevolence. Also a sense of trust and a rapport in and with the beneficiaries was established to maximize the degree of trust.

*Phase II: Collection of data:* The interview schedule was administered to the beneficiaries to find out initial KAS base on life enriching activities. Each child was interviewed in person by the investigator by spending 20 to 25 minutes.

*Phase III: Conducting LEE:* LEE was conducted in three stages

*Selection of the content:* The content selected was categorized into three dimensions namely

- Physical Dimension (Health care nutrition, hygienic practices, disease control and physical fitness; Abstaining from substance use; Awareness on sexual and reproductive health, HIV/AIDS)
- Psycho-social Dimension (Social development interpersonal relationship, communication and listening skill, assertive behaviour; Emotional control and behaviour; Decision making

and problem solving ability; Developing acceptable moral behaviour; Utilization of leisure time)

- Vocational Dimension (Exposure to various vocations; Motivation).

### Method of instruction

The method of knowledge acquisition, attitude change and skill acquisition followed in this research, include role play, situation analysis, small group tasks, debates, content analysis, brainstorming, relaxation and trust building exercises and games. LEE was conducted for a period of five months with an approximate period of instruction of one hour daily in each rehabilitation homes. The period of instruction varies for each and every aspect depending upon its depth essential for the selected section of street children totting up to 379 hours (Physical Dimension- 75 hours; Psycho-social Dimension - 256 hours; Vocational Dimension - 18 hours)

### Efficacy of the LEE intervention

On completion of LEE, the interview schedule on physical, psycho-social and vocational aspects were re-administered to the selected street children, to find out the efficiency of the programme.

### Analysis of data

For the analysis of data, percentage, t-test and test of ANOVA were performed.

### Findings of the study

The summary of the findings were presented as follows:

#### General profile

- Higher the age of street boys, larger were their number and higher the age of street girls, lower were their number. Vast majority of the selected sample were Hindus followed by Christians and then Muslims. Three out of every seven children hailed from rural area and hence a migrant.
- The parents of the majority of selected sample (79%) are living.
- Fathers of 61 boys and 43 girls had one or more undesirable habits.
- About 75 percent of the sample were deprived of parental care and affection.
- Fourteen per cent of the beneficiaries had not been to school.
- Majority of the sample (47%) left home before their 13th birthday.

#### Knowledge /ATTITUDE /SKILL (KAS) OF THE SELECTED SAMPLE ON PHYSICAL DIMENSION BEFORE AND AFTER LEE

Life Enrichment Education emphasizes the ability to use essential knowledge and skills necessary to adopt, practice and maintain healthy behaviours. This dimension of the research teams up with four aspects namely a. Physical health care, b. Abstaining from substance use c. Reproductive health care and d. Awareness on STD's and HIV/AIDS

#### Physical health care

The proper health of human beings hinges on the combined effect of four distinct sub-facets of health care - Physical fitness, Nutrition, Hygienic practices and Disease control (Ayukku et al., 2003). The Table I below chronicles the KAS of the selected street children on physical health care in relation to prior and after LEE.

Table I: KAS gained on physical health care by the selected street children

Knowledge gained on	Boys				Girls				Total			
	BE		AE		BE		AE		BE		AE	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Physical fitness</b>												
Meaning of physical fitness	44	67	59	89	16	31	48	92	60	51	107	91
Ways to be physically fit	10	15	66	100	20	38	51	98	30	25	117	99
Praying before going to bed	50	76	60	91	46	88	52	100	96	81	112	95
Ways to get sound sleep	13	20	54	82	14	27	50	96	27	23	104	88
Taking care of minor illness	30	45	66	100	23	44	48	92	53	45	114	97
Mean score	2.2273		4.6212		2.2885		4.7885		2.2542		4.6949	
SD	1.0784		0.6508		1.0907		0.5364		1.0796		0.6064	
't' value	18.7735**				15.0683**				23.9744**			
<b>Nutrition</b>												
Awareness on balanced diet	24	37	47	71	20	38	50	96	44	37	97	82
Signs of good nutrition	28	42	50	76	15	29	51	98	43	36	101	86
Foods good for vision	42	64	66	100	49	94	52	100	91	77	118	100
Good practices while eating	28	42	44	67	30	58	52	100	58	49	96	81
Energy giving foods	42	64	66	100	38	73	52	100	80	68	118	100
Mean score	2.2848		4.1364		2.9231		4.9423		2.6780		4.4915	
SD	1.8418		1.0653		0.8128		0.3076		1.4900		0.9128	
't' value	8.2724**				17.0996**				14.6387**			
<b>Hygienic practices</b>												
Ways to keep oneself clean	61	92	66	100	52	100	52	100	113	96	118	100
Brushing teeth twice a day	16	24	42	64	0	0	42	81	16	14	84	71
Emptying bowel regularly	39	59	64	97	21	40	45	87	60	51	109	92
Washing hands after toileting	8	12	41	62	29	56	52	100	37	31	93	79
Hazards of spitting in open places	27	41	49	74	20	38	47	90	47	40	96	81
Mean score	2.2879		3.9697		2.3462		4.5769		2.3136		4.2373	
SD	1.0780		0.8588		0.9879		0.6958		1.0353		0.8441	
't' value	11.2242**				14.0106**				17.2194**			
<b>Disease control</b>												
Drinking clean and safe water	22	33	51	77	52	100	52	100	74	63	103	87
Walking with slippers	23	35	51	77	20	77	40	77	43	36	91	77
Not using other's things	22	33	49	74	41	92	48	92	63	53	97	82
Covering when cough / sneeze	25	38	55	83	30	85	44	85	55	47	99	84
Not eating roadside foods	23	35	46	70	32	88	46	88	55	47	92	78
Mean score	1.7424		3.8182		3.3654		4.4231		2.4576		4.0847	
SD	1.1676		0.9431		1.5085		0.7501		1.5505		0.9112	
't' value	17.4620**				6.6630**				15.2295**			

\*\* Significant at one per cent level

When probing into all the facets of health care namely physical fitness, nutrition, hygienic practices and disease control the upshot in percentages and the mean scores of both boys and girls being statistically significant at one per cent level had ensured that the LEE programme had armored the street children's shrewdness on the overall physical health.

**Abstaining from substance use**

As Life Enrichment Education aims to include the promotion of responsible behaviour, self confidence, equality and the prevention of prejudice and abuse, the investigator was very careful to make the programme to strike a balance between the provision of information with the opportunity to develop values and skills in young people to enable healthy development, to cope with their problems and to resist influences to use substances. The realization of importance in understanding how, why, where of substance use by the street children, was deep felt for developing specific ways to help them overcome the habit. Accordingly a series of questions had been posed on them to hit upon this information. The outcome has been enumerated in Table II.

Table II: Substance use among selected street boys

Aspects	Responses	
	N (58)	%
<b>Habits</b>		
Smoking cigarettes	54	81
Drinking alcohol	42	64
Chewing tobacco	28	42
Relishing drugs	8	12
<b>Origin of the habit</b>		
From peers	24	41
From fathers	20	35
On their own	8	14
Media influence	6	10
<b>Reasons for using substances</b>		
Desire to behave like adults	57	98
Peer pressure	52	90
Stimulation	49	85
Sharing and friendship	42	72
Experimentation	24	41
Thrill of doing something forbidden	12	21
Impress the other gender	9	16

Among 66 boys 58 of them have had one or the other undesirable habit of using substances. The cram furthermore divulges the information that 79 per cent had the combination of two habits and 58 per cent had the combination of three habits. It was also discovered that they pander to substance use, whenever and wherever they find the opportunity. While asking over the reasons in using substances, 57 boys accepted their desire to behave like adults and 52 of them were pressured by their peers. Researches into factors that typically lead adolescents into smoking (Ali, & de Myunck, 2005; Olds & Thombs, 2001), drug use (Graham et al., 1991) and the use of alcohol (Scheier & Botvin, 1997; Olds & Thombs, 2001) had indicated that peer influence may manifest itself through adolescent's accurate or inaccurate perceptions of his peers behaviours. The finding of the present research had uniformity to the above quoted facts. Focus on the relevant messages in the LEE programme made the children to understand that an adolescent can express his desire to be considered as a grown up by working sincerely, by taking up responsibility, by being mature, calm and possessing ability to handle pressures appropriately.

The education programme had enlisted a spectrum of impressive features and relevant messages that could diffuse erroneous perception, and successfully infuse positive behavioural change in them. Keeping in congruence, out of 58 street boys with one or more habits, there was a significant upheaval in the number of street

children (50) after education, who made up their mind to refrain from the habits to which they were addicted as against boys prior education. This finding alert the welfare personnel that more strengthened programme on LEE with reference to abstaining from substance use had to be carried out.

#### Views on substance use

The drug education part of LEE was not about repairing all social evils. It was about repairing the evil of ignorance. An array of questions was used to adjudge their attitude on substance use and the data revealed the commendable rise in the awareness percentage which had ensured that LEE with a focus on connectedness, relevant life contexts, personal and interpersonal competence and interactive teaching techniques had stimulated the intellect of these children to react more positively towards substance use.

#### Reproductive health care

The age group 13-18 years being the period of sexual maturation, knowledge of sexuality, menstruation and reproduction is essential. So the selected section of the children were educated about certain important issues concerned with common reproductive health problems, overcoming the myths prevailing reproductive health and adoption of right practices. The Table III below pictures the outcome of LEE on reproductive health care issues general to both boys and girls.

Table III: KAS gained on reproductive health care issues common to selected boys and girls

Statement	Boys				Girls				Total			
	BE		AE		BE		AE		BE		AE	
	N	%	N	%	N	%	N	%	N	%	N	%
Right age for marriage of girls	65	98	66	100	38	73	52	100	103	87	118	100
Right age for marriage of boys	64	97	66	100	37	71	52	100	101	86	118	100
Right reproductive age of girls	8	12	66	100	10	19	37	71	18	15	103	87
Meaning of healthy sexual relationship	17	26	59	89	15	29	38	73	32	27	97	82
Attitude on healthy sexual relationship	23	35	58	88	25	48	52	100	48	41	110	93
Hazards of unhealthy sexual relationship	0	0	66	100	17	33	34	65	17	14	100	85
Meaning of sexuality	0	0	49	74	10	19	38	73	10	8	87	74
Attraction towards opposite sex	0	0	49	74	40	77	51	98	40	34	100	85
Symptoms of pregnancy	0	0	23	35	7	13	33	63	7	6	56	47
Ability to abstain from sexual act	10	15	66	100	11	21	31	60	21	18	97	82
Mean score	2.8333		8.6061		4.0385		8.0385		3.3644		8.3559	
SD	0.9541		1.1486		1.7485		1.2980		1.4830		1.1437	
't' value	34.0108**				17.7949**				31.3949**			

\*\* Significant at one per cent level

The meaning and benefits of healthy sexual relationship (HSR) was explained to them through a simple demonstration called "One Legged and Two Legged Race". Here one leg indicates the 'right to have sex' and the second leg indicates 'responsible behaviour'. Having intercourse before marriage was like running the race of life on one leg which leads to disadvantages such as more falls, blames and delays. Whereas running on two legs can give better balance, faster running and more grace. Through this demonstration the children were made to learn that people can lead better and more successful life when they add the second leg of responsible behaviour to their first leg of right to be sexual. The overall percentage had seen a consistent rise from 27 per cent to 82 per cent on their knowledge towards HSR; 41 per cent to 93 per cent on their attitude of HSR; and 14 per cent to 85 per cent on the awareness of the dangers when not having HSR. Hence, LEE through demonstration had not only supplied relevant messages but had also enriched the KAS of the sample in the issue of HSR.

Also LEE supplied certain tips to the beneficiaries with regard to abstaining themselves from sexual advances. Eighty two per cent of the selected children were able to recite more than three tips to turn down a sexual advance. However boys outshone girls (100% against 60%) in this aspect. The significant difference at one per cent level between the pre test and post test mean awareness scores was an indicative of the increase in street children's gain in KAS on selected issues of reproductive health.

#### Sex specific queries

Certain girls' specific and boys' specific questions were raised on the recipients to stumble on their knowledge, awareness, practice and attitude towards reproductive health care. With no family support to fall back on, it was not surprising that these children lack information on these aspects. The Figure 1 and 2 reflects the outcome of the KAS gain on sex specific reproductive health care queries in relation to boys and girls respectively.

Knowledge and practices related with reproductive health (girls)

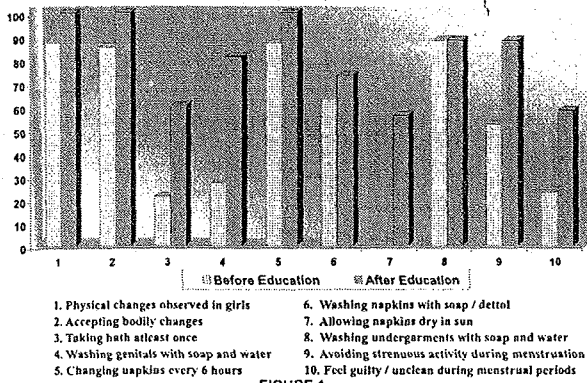


FIGURE 1

KNOWLEDGE AND PRACTICES RELATED WITH REPRODUCTIVE HEALTH (BOYS)

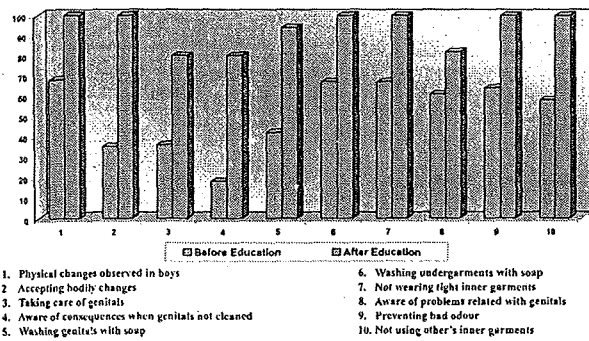


FIGURE 8a

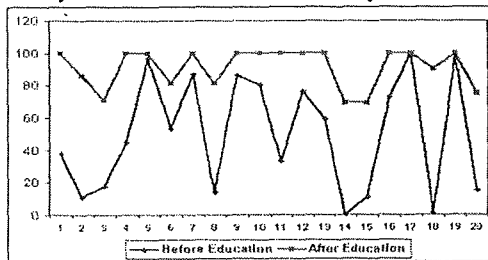
Topic was highly personal and sensitive, the investigator faced hesitation and apprehension from the participants. However the investigator made attempts to encourage them, built their confidence and emphasized that it was quiet natural and normal for adolescents to undergo this stage in life. They were made to discuss their inert feelings so that an apt education programme could be organised to answer their questions.

To go deep into the data on the sex specific questions related with reproductive health care the difference between the mean scores before (Boys - 5.1515 and Girls - 5.3269) and after LEE (Boys - 3636 and Girls - 8.0385) was statistically significant at one per cent level which further supplement the findings by justifying that the participants of the education programme had acquired more KAS on matters related to reproductive health care.

Awareness on sexually transmitted diseases and HIV/AIDS

HIV/AIDS and STD's are one of the most serious health problems affecting India, with the potential to reverse development gains unless efforts are intensified in both quality and scale. Figure 3 highlights the awareness on STD's and AIDS.

KAS gain on sexually transmitted diseases and aids by the selected street children



1. Meaning of STD's
2. Possible causes of STD's
3. Ways to prevent STD's
4. Common symptoms of STD's
5. Curability of STD's
6. Meaning of AIDS
7. Communicability of AIDS
8. Ways to prevent AIDS
9. AIDS as a deadly disease
10. Curability of AIDS
11. Existence of AIDS vaccine
12. Chances of getting AIDS

Mode of transmission of AIDS

13. Shaking hands
14. Hugging someone with AIDS
15. Kissing someone with AIDS
16. Transfusion of blood
17. Sharing infected needles / syringes
18. Wearing clothes of someone with AIDS
19. Multiple sexual partners
20. Mosquito bed bites

FIGURE - 3

The figure portrays lucidly that LEE had made a stride by serving as an impetus in doing away with certain misconceptions regarding STD and HIV/AIDS, which is revealed by the pre assessment and post assessment mean scores being statistically significant.

To sum up the findings relevant to the physical dimension, it has to be acknowledged that the education programme on LEE had improved the knowledge of the selected section of the children with the issues pertaining to all the aspects of physical health. Thereby, the Hypothesis numbered one was refuted, marking the efficacy of LEE on the street children's acquisition of knowledge on life enriching activities in relation to physical health care.

Knowledge/attitude/skill (KAS) on psycho-social dimension before and after life enrichment education programme

LEE comprises a group of psycho-social competencies that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships and manage their lives in a healthy productive manner.

*Social Development:* The aspects of the social development covered in this present research are interpersonal relationship, communication and listening skill and assertive behavior.

Interpersonal relationship

For children whose family circumstances have been limited, the interpersonal relationship matters much when compared to other children. The Table IV exemplify the understanding of the selected children on factors related to interpersonal relationship.

The 't' value calculated with the data prior and after LEE was highly significant at one per cent level with reference to both boys and girls, highlighting the fact that the well planned and organised LEE elevated the understanding on the aspect of interpersonal relationship and it had far-reaching implications in the minds of street children.

Communication and listening

The street children who were deprived of good home environment were found far behind normalcy before LEE. They did not mind to say things clearly before, but gained considerable knowledge through LEE and tried to say things clearly. This change in behaviour was implied through the appreciable improvement from 32 percent to 81 percent (girls 25% to 79% and boys 38% to 82%). The importance of listening with a clear head was emphasized among the respondents through a 'whispering game'. The overall 't' value that shows significant difference at one per cent level confirms the above findings.

Assertive behaviour

Table V illustrates how the behaviour of being assertive takes a hold of the selected street children after LEE.

Table IV: kas gained on interpersonal relationship of the selected street children

Factors related to interpersonal relationship	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Be a good friend	46	70	66	100	13	25	34	66
Be an important member of the gang	32	48	55	83	15	29	42	81
Respect other's views/lifestyles	9	14	51	77	8	15	46	89
Have trust in friends	12	18	56	85	10	19	31	60
Show appreciation for others work	43	65	66	100	0	0	43	83
Being easily approachable	33	50	66	100	38	73	52	100
Ability to organize / lead group activities	15	23	49	74	6	12	42	81
Be good in conversation	14	21	52	79	2	4	36	69
Mean score	3.0909		6.9848		1.7692		6.2692	
SD	1.2370		0.9526		0.8771		1.2851	
't' value	25.2215**				25.4367**			

\*\* Significant at one per cent level

Table V: Assertive behaviour of the selected street children before and after LEE

Assertive behaviour	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Saying 'no' to specific situations	22	33	49	74	10	19	33	63
Taking rejection in stride	18	27	44	67	6	12	34	65
Enjoy conversing with strangers	23	35	66	100	17	33	43	83
Insisting upon knowing why	11	17	47	71	15	29	38	73
Asking for clarification	10	15	48	73	3	6	29	56
Not getting upset and shake	32	48	52	79	9	17	35	67
Accepting criticism in case of fault	32	48	56	85	13	25	40	77
Being stringent with possessions and money	17	26	56	85	5	10	35	66
Giving personal opinion	22	33	60	91	6	12	37	71
Talking with people spreading false stories	42	64	64	97	19	37	52	100
Mean score	3.4697		8.2121		1.9808		7.2308	
SD	2.2203		1.1703		1.5529		1.6404	
't' value	17.2401*				19.8373**			

\*\* Significant at one per cent level

Adolescents are normally not assertive for fear of displeasing others. This happens more in case of street children. However, LEE made them learn to take rejection in stride and think of creatively dealing with rejection if it happens, shown by the boost to 66 per cent. The overall statistically significant 't' value at one per cent level reiterates the fact that the LEE had boomed the street children's

knowledge of exhibiting assertive behaviour.

*Emotional health*

Statements used to deem the intellectual capacity of the respondents towards their emotional behaviour along with percentages before and after LEE is projected in Figure 3.

EMOTIONAL BEHAVIOUR OF THE SELECTED STREET BOYS AND GIRLS BEFORE AND AFTER LEE

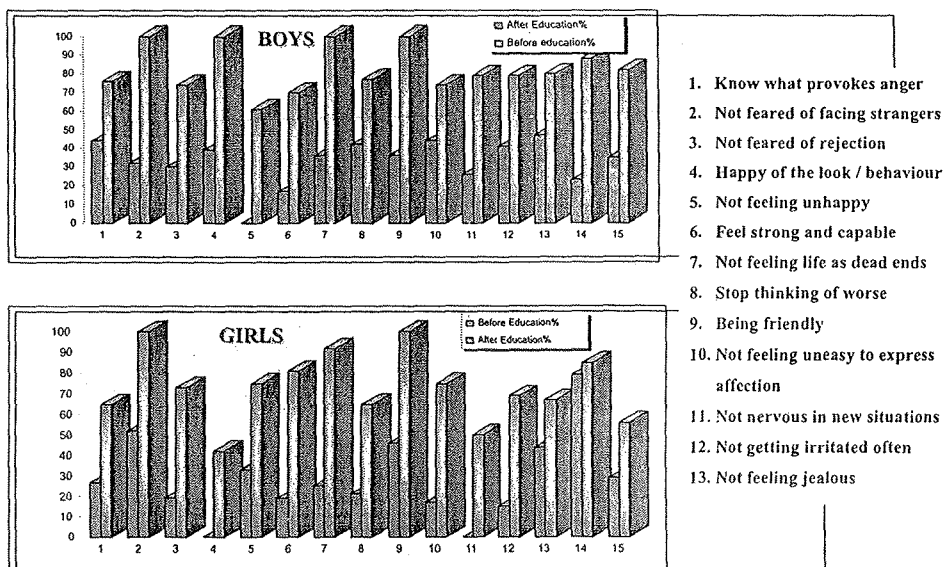


FIGURE - 3

Table IV: kas gained on interpersonal relationship of the selected street children

Factors related to interpersonal relationship	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Be a good friend	46	70	66	100	13	25	34	66
Be an important member of the gang	32	48	55	83	15	29	42	81
Respect other's views/lifestyles	9	14	51	77	8	15	46	89
Have trust in friends	12	18	56	85	10	19	31	60
Show appreciation for others work	43	65	66	100	0	0	43	83
Being easily approachable	33	50	66	100	38	73	52	100
Ability to organize / lead group activities	15	23	49	74	6	12	42	81
Be good in conversation	14	21	52	79	2	4	36	69
Mean score	3.0909		6.9848		1.7692		6.2692	
SD	1.2370		0.9526		0.8771		1.2851	
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Taking rejection in stride	18	27	44	67	6	12	34	65
Enjoy conversing with strangers	23	35	66	100	17	33	43	83
Insisting upon knowing why	11	17	47	71	15	29	38	73
Asking for clarification	10	15	48	73	3	6	29	56
Not getting upset and shake	32	48	52	79	9	17	35	67
Accepting criticism in case of fault	32	48	56	85	13	25	40	77
Being stringent with possessions and money	17	26	56	85	5	10	35	66
Giving personal opinion	22	33	60	91	6	12	37	71
Talking with people spreading false stories	42	64	64	97	19	37	52	100
Mean score	3.4697		8.2121		1.9808		7.2308	
SD	2.2203		1.1703		1.5529		1.6404	
't' value	17.2401*				19.8373**			

\*\* Significant at one per cent level

Adolescents are normally not assertive for fear of displeasing others. This happens more in case of street children. However, LEE made them learn to take rejection in stride and think of creatively dealing with rejection if it happens, shown by the boost to 66 per cent. The overall statistically significant 't' value at one per cent level reiterates the fact that the LEE had boomed the street children's

knowledge of exhibiting assertive behaviour.

*Emotional health*

Statements used to deem the intellectual capacity of the respondents towards their emotional behaviour along with percentages before and after LEE is projected in Figure 3.

EMOTIONAL BEHAVIOUR OF THE SELECTED STREET BOYS AND GIRLS BEFORE AND AFTER LEE

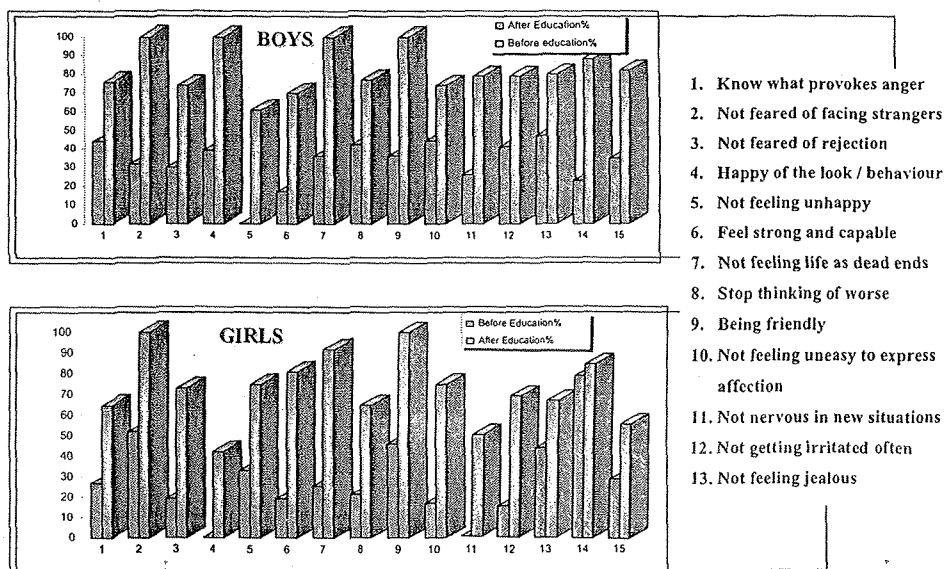


FIGURE - 3

The leap in the overall percentages and the statistically significant 't' value calculated with this data on emotional behaviour revealed the fact that the street children had become conversant on issues related to the same after LEE.

*Emotional control of the selected street children*

Certain emotions, their causes, ways of overcoming and relieving techniques as perceived and practiced by the sample before and after LEE were discussed as follows.

- **Fear** : LEE taught them the steps to conquer fear and enabled 61 of the respondents to follow the steps in conquering fear.
- **Anger** : Twenty five percent of the children learnt to be comfortable with anger and 89 respondents became familiar with the steps to be followed in controlling anger.
- **Stress** : After LEE about 28 boys and 36 girls got into the practice of doing stress relieving exercises.
- **Anxiety** : Six boys and nine girls were found to suffer from anxiety. Out of which 12 of them became familiar with anxiety relieving techniques.
- **Depression** : Out of seven boys and nine girls suffering from depression, six boys and eight girls were familiar with techniques that relieve them from depression.

*Decision making ability*

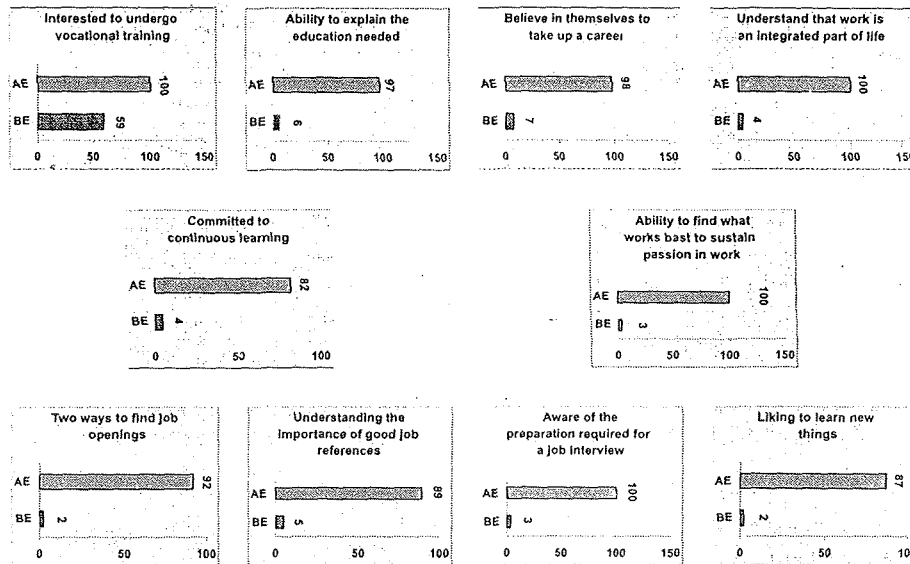
Education on decision making aspect involved strategies to make the participants encourage to think, discuss and express freely and frankly. LEE furnished significant and applicable information on the aspect of the steps to be followed in a goal getting process and it also stressed the importance of the goals setting and problem solving. The 't' value with a significant difference at one per cent level projects the potential of LEE in enhancing the knowledge of the participants on decision making and problem solving ability and also confirming the positive effect on goal setting procedures.

Overall data of the psycho-social dimension highlights that the selected sample gained considerable knowledge on social development, emotional behaviour, decision making and problem solving ability, after participating in the education programme, which refutes the Hypothesis numbered two.

*Kas on vocational dimension before and after life enrichment education programme*

The LEE programme on the aspect of vocation was carried out with the objective of helping the individual to achieve his development and derive satisfaction in his selected vocation. The Figure 4 presents a vignette of the street children's aptitude on vocational stream both before and after LEE.

*Overall knowledge gained on vocational aptitude of the selected street children*



BE - Before Education, AE - After Education, Figure 4

Thus looking from every angle the overall increase in the awareness percentage as shown in the Figure and the significant difference between the initial and final mean scores for the dimension on vocational guidance and motivation being significant at one per cent level, may perhaps be supposed that, the education programme had served the purpose for which it had been evolved by providing the street children with essential life oriented education, thereby refuting the Hypothesis numbered three.

*Vocational interest of the selected sample*

The vocational interest of the selected street children after education had a drastic change in comparison to the interest in them before education. Prior participating in the programme the respondents

were not able to spell out their vocational interest specifically. But after the education programme almost 68 per cent of the selected children (53 boys and 27 girls) were competent to predict out their vocational interest explicitly. Subsequent to the intervention programme out of the 53 boys who got hold of the interest in their future career, 21 boys desired to become drivers and also they were fully fledged up to undergo appropriate training after their studies. Among the remaining boys 13 of them wished to be trained on auto mechanism, whereas five boys believed to take over their family's profession, carpentry. Few boys expressed their fondness to become electricians (6) and welders (5) in their future respectively. It was astonishing to find out three children who had sought to take up engineering profession and establish themselves as contractors.

When the girls were put through the mill, it was beyond belief to discover that 12 girls covet to become police officers and eight girls articulated their keenness for training in beauty course, to start beauty parlours. Out of the remaining seven girls four of them like to be teachers and three girls yearn to get into agriculture (setting up a plant nursery). The institution working for these children can procure the help of industrialists, trade unions/personnel and various organisations to provide suitable job avenues to these children.

### Feedback on LEE

Out of the 13 personnel involved with the street children 12 of them were greatly convinced on the subject of the resource persons, their contribution in giving out the information and the teaching strategies adopted to facilitate the selected group of children to gain desired knowledge, adopt acceptable behaviours and acquire/practice the skills learnt. The feedback form also made the respondents to give their general views on LEE as observed by them, which in turn proved the efficacy of the programme as below

- Family relationship among ten boys and six girls were strengthened.
- Academic performance of 29 per cent of the total sample had been improved
- Complaints over fighting with peers had gone down to a striking level
- Leadership qualities had also been exhibited and
- The number of children participating in sports activities, art and handicrafts competitions held in schools as well in the institution had raised nearly two fold.

### Conclusion

Laconically, the findings of this research pins down that the LEE programme was highly beneficial in terms of providing essential details and information on life enriching aspects to the street children. In addition, it encouraged them to change their attitude and practice skills on life enriching issues. These apart, it has no doubt, prepared the target group to lead a better life by motivating them to look life in a positive sense. The enrichment of the life of street children is what the education programme had tried to aim and achieve.

### Recommendations

The following recommendations emerged out of this study may be useful in reappraising the strategy for preventing street children and improving their conditions.

- Poverty should be identified, ameliorated and eliminated.
- Provision of free and compulsory education to all children upto 14 years.
- Appropriate skill oriented education system should be incorporated.
- Non-formal job oriented education should be provided.
- Creating awareness among the public should be sustained.
- A joint action plan to mobilize funding facilities should be initiated.
- Street educators should be provided with resource materials and training experiences.
- Colleges / Universities can have linking programmes with these rehabilitation homes
- Adequate exposure, training resources and opportunities should be provided.

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