

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/283275319>

Street Children and Adolescents in Ghana: A Qualitative Study of Trajectory and Behavioural Experiences of Homelessness

Article · February 2016

DOI: 10.1007/s40609-015-0039-8

READS

41

1 author:



[Kwaku Oppong Asante](#)

University of KwaZulu-Natal

32 PUBLICATIONS 106 CITATIONS

SEE PROFILE

Street Children and Adolescents in Ghana: A Qualitative Study of Trajectory and Behavioural Experiences of Homelessness

Kwaku Oppong Asante¹

Published online: 20 October 2015
© Springer International Publishing 2015

Abstract This study was conducted to understand the lived experiences of street children and adolescents. Using a qualitative approach, semi-structured interviews were conducted with 16 purposively selected homeless children and youth (with a mean age of 14 years) from the Central Business District of Accra, Ghana. Thematic analysis showed that disorganised and broken homes, following family members to the city and the desires for freedom from parents were identified as the factors that push children to the street. Notwithstanding the main reasons for being homeless, participants' behaviours on the street exposes them to severe behavioural and health risks problems including substance and alcohol use, sexual harassment and rape, violence and violent-related behaviours and perceived public stigma. These findings underscore the need for an effective community parenting programme that focuses on parental and proactive family reconciliation skills, and the provision of supportive structures to help youth access physical and mental health services from providers.

Keywords Street children and adolescents · Health risk behaviours · Survival · Qualitative · Ghana

Introduction

Homeless children and youth are globally considered as one of the most vulnerable populations. The United Nations

Centre for Human Settlement (2007) defines street children as any individual for whom the street (including unoccupied dwellings) have become their place of living and/or source of livelihood, inadequately protected and supervised by responsible adults. In Ghana, there are concerns that the high number of street children and adolescents could become a public health issue. The streets' environment in which they reside contribute to them being deprived of basic human needs such as access to food, clothing, education and health facilities (Orme and Seipel 2007). Their vulnerability is further compounded by the lack of HIV education, as well as sexual and reproductive health for adolescents as these occur within the school context in Ghana (Awusabo-Asare et al. 2006) with few activities directed at out-of-school marginalised youth, including homeless youth.

In urban centres like Accra, street children work mainly as porters and sales workers and sometimes as child commercial sex workers (Anarfi 1997; Oduro 2012). These activities expose them to great risks such as violence, sexual abuse, serious physical and psychological harm and sexually transmitted infections including HIV and AIDS. What compounds the already difficult situation worse is that these homeless youth in general are seen as a societal burden and not necessarily in need of protection, care and love (Quarshie 2011). As a vulnerable group of people, homeless youth are exposed to various adverse conditions on the street, and exploring how they live and thrive in such conditions would enable us to better understand the lives of street children in order to help them improve their living conditions while on the street, and to help them successfully leave the streets.

Previous studies in Ghana suggest that street-connected children have less knowledge about sexuality than other youths (Anarfi 1997; Wutoh et al. 2006). Furthermore, they are more likely to engage in unprotected sex and other high-risk sexual behaviour as a means of survival (Anarfi 1997;

✉ Kwaku Oppong Asante
kwappong@gmail.com

¹ Discipline of Psychology, School of Applied Human Sciences, University of KwaZulu-Natal, Howard College Campus, Durban 4041, South Africa

[Oduro 2012](#)), and are seen as a societal burden and socially stigmatised due to their state of homelessness ([Quarshie 2011](#)). There is, however, sparse literature that has explored more holistically the lived experiences of street youth in Ghana. This qualitative study was therefore conducted to explore the lived experiences of street children and adolescents in Accra, Ghana. The findings of the present study could inform policy guidelines for ensuring access to health services and to guide mental health promotion interventions among homeless youth.

Literature Review

Under this section, the prevalence of the street/child homelessness and possible contributory factors to the problem are discussed. This is followed by examining health risk behaviours and their possible interactive effect, specifically violent-related behaviours, substance use and abuse, and perceived stigma.

Prevalence and Contributory Factors to Children and Adolescent Homelessness

There are estimated to be more than one billion children who are growing up on urban streets around the world, and these numbers are most likely to increase as the global population grows and as urbanization continues apace ([UNICEF 2012](#)). The statistics across Africa are quite staggering and alarming as there are about three million street children and youth in Africa ([World Bank 2006](#)), and as many as one million (of which a greater proportion had dropped out of school and a significant number had never been to school) are believed to be on the streets in Egypt ([Consortium for Street Children \(CSC\) 2009](#)). In Ghana, the prevalence of the phenomenon has increased from about 35,000 to 90,000 within the last 5 years in Accra alone ([Accra Metropolitan Assembly \(AMA\) 2014](#)). The Catholic Action for Street Children ([CAS 2010](#)) headcount conducted in 2009 indicated that there are about 35,000 and more street children in the Greater Accra region alone. Key child labour indicators from the Ministry of Women and Children Affairs in 2011 indicated that over 50,000 children are living and working on the streets with nearly 50 % in the Greater Accra region alone ([MOWAC 2012](#)).

The inability to get a consistent definition of homeless youth might have contributed to the varied numbers of street youth in Ghana, and globally as a whole. Some researchers ([Edidin et al. 2012](#); [Ennew and Swart-Kruger 2003](#)) have indicated that both the transient and nomadic nature contribute to the varied prevalence of homeless youth. Others have argued that the inflated and frightening figures could possibly push international donors to fund support programmes that would help reduce the escalating number, something that

could have helped explore the experiences and circumstances of these homeless youth ([Molla 2012](#)).

Homelessness is a result of multiple factors in complex associations, and as such, there is no single reason that can be identified as the cause. However, most of the reasons can be categorised into three broadly-related factors: push factors, pull factors and the desire for freedom from parental control ([CAS 2010](#); [Oduro 2012](#); [Ward and Seager 2010](#)). Push factors refer to factors or circumstances that compel young children and adults to live on the street. Some of these factors include abuse from family relatives, death of family relatives and family disintegration/breakdown including divorce ([Boakye-Boaten 2008](#); [CAS 2010](#); [Huges et al. 2010](#); [Ward and Seager 2010](#)). Studies conducted in South African and Uganda of homeless children revealed that the death of a single or both parents were evident in over 79 and 75 % of the explanations given by participants interviewed about why they left home, respectively ([Ward and Seager 2010](#); [Swahn et al. 2012](#)).

Pull factors on the other hand refer to urbanization experiences brought to young adults by their peers, and the prospects of seeking a better life ([CAS 2010](#); [Oppong Asante and Meyer-Weitz 2015](#)). Family poverty and the quest to improve the economic conditions of families have been documented as key reasons given by street children for their state of homelessness ([Orme and Seipel 2007](#)). Poor infrastructure in the rural areas and the low quality of schools in the remote areas were identified as critical factors contributing to homelessness for children and young adults in Ghana and Mali ([Hatløy and Huser 2005](#)). Another reason why youth run away from home is the desire for freedom and escape from parental restrictions ([Oppong Asante and Meyer-Weitz 2015](#)). [Oduro \(2012\)](#) indicated that some of the participants on the streets of Accra, Ghana revealed that their parents were of good socioeconomic status but because of their desire for freedom, they ran away from home. According to some participants interviewed in the study, the street offers so much freedom, that “you can do whatever you like, and can even decide not to brush your teeth” ([Oduro 2012](#), p. 45).

Violence and Violent-Related Behaviours

Homelessness increases the risk for abuse of street youth ([Coates and McKinze-Mohr 2010](#); [Edidin et al. 2012](#); [Slesnick et al. 2009](#)). Compared with other young adults in the general population, street youth are at a higher risk for violence and violence-related behaviours ([Slesnick et al. 2009](#)). The living conditions of homeless children and youth may compel them to exhibit violent behaviour themselves, or to become victims of violent behaviour from the general population. One of the most often reported violent-related behaviours among homeless youth is coerced sex/sexual harassment with females often being the victims in these situations

(Coates and McKinze-Mohr 2010; Kayembe et al. 2008; Lockhart 2002; Nada and Suliman 2010; Oduro, 2012). In their study of street children in Egypt, Nada and Suliman (2010) showed that a majority of their participants had experienced various forms of violence and abuse from older street children and even the police. The authors further reported that over half of the young girls aged 11–17 years had been sexually abused (Nada and Suliman 2010).

Substance Use and Misuse

Substance use and misuse among homeless youth populations is generally higher than among youth living in households (van Leeuwen et al. 2004; Zerger et al. 2008; Embleton et al. 2013). However, the type of substance used and the prevalence rate vary remarkably according to context and geographical location. In a comprehensive review, Embleton et al. (2013) reported that street youth in high-income countries usually use injecting drugs and other substances that are not commonly used by homeless adolescents from low- and middle income countries (LMIC). While the prevalence rate of substance use has been found to be in the range of 70–90 % in resourced developed countries such as Canada and the USA (Zerger et al. 2008; Nyamathi et al. 2010), drug use prevalence in LMIC are generally lower, ranging from 14 to 54 % (Embleton et al. 2013).

Interviews with street children in Egypt revealed that 62 % of the participants reported substance use, with the highest substance used being alcohol (35 %) with only 3 % indicating injection drug use (Nada and Suliman 2010). Similarly, Kayembe et al. (2008) found a higher rate of substance use among a group of street children in the Democratic Republic of Congo (DRC) with 82, 64 and 4 % of the participants reported to have used marijuana, alcohol and cocaine, respectively. A similar pattern of substance use was also reported among street youth in Kenya, where lifetime and current substance use was 83 and 74 %, respectively (Embleton et al. 2012). Apart from the rate of substance use and the likelihood that individuals will engage in risky sexual behaviours, including non-condom use and multiple sexual partners (Embleton et al. 2013; Kayembe et al. 2008; Nada and Suliman 2010), substance use also heightens the probability of presenting with severe psychological problems including suicide ideation and attempts (Kidd and Carroll 2007).

Social Stigma

The precarious situations that street youth find themselves make them susceptible to stigmatisation by the general society through labelling, name calling and possible discrimination. A recent study conducted in Nigeria revealed that street youths were ignored and feared by society in general (Ogunkan and Adeboyebo 2014). The same study further revealed that

respondents considered homeless youth to be “an environmental eyesore and not nice to be looked at” (p. 43). In a study conducted by Kidd (2007) among 208 youths in New York and Canada, it was shown that social stigma experienced by homeless youth was dependent on self-reliance and the number of years spent on the street. Although social stigma faced by homeless youth have been documented in developed countries (Kidd 2004; 2007), this has not been explored within an African context. It is unclear to what extent stigma or public perception influences their lifestyle.

Theoretical Frameworks

The socio-ecological theory (Bronfenbrenner 1994) and risk and protective factor model (Hawkins et al. 1992) were used as frameworks to guide the study. The socio-ecological theory stems from the perspective that numerous factors both within and outside of the individual determine the general course of development as well as specific behavioural patterns. From this perspective, the state of homelessness is likely to bring changes within the ecological environment which are likely to affect their lifestyles including survival and adaptation on the street. This notion is akin to Bandura’s (1986) reciprocal determinism between the individual and the environment. It is therefore expected that homeless children and youth experiences of the interplay of the different influences within their ecology are likely to determine their behaviour. Similarly, the risk and protective factors model (Hawkins et al. 1992) explain that factors within a particular population may reduce (protective factors) or exacerbates (risk factors) the occurrence of a particular behaviour. Among vulnerable populations such as homeless adolescents, several factors are associated with both homelessness and susceptibility to various health risk behaviours. Personal and situational characteristics as family problems, abuse and neglect, need for independence as well as those reviewed in the literature are known factors leading to homelessness. Additionally, their poor health seeking behaviour, vulnerability to physical and sexual abuse and maladaptive coping strategies may determine their behaviour while homeless. Using these frameworks, this study expects that changes in an individual’s immediate environment cause them to leave their homes for the street, and their survival and adaptation while on the street may depend on how they interact in and within the different ecologies while homeless.

Methods

This study employed a qualitative design with a semi-structure interview schedule, as this allowed the researcher to develop a rich understanding of the lived experiences of homeless street youth and the mechanisms that allow them to survive in the midst of adversity. Qualitative approach to research enables

researchers to capture how those being interviewed view their world, to learn their terminology and judgments and to capture the complexities of their perceptions and experiences (Neuman 2011). The sample consisted of 16 children and adolescents (9 males and 7 females) between the ages 11 and 16 years (average age = 14). Participants were purposively selected from specific locations in the Central Business District of Accra, Ghana based on the following inclusion criteria: self-identified as homeless, lived on the street for a month or more, agreed to participate in the study and willing to answer questions related to their experience of being homeless.

Two social workers who had extensive working experience with homeless young adults through involvement with two non-governmental organizations were recruited to help with the identification of the participants. These research assistants had an average of 8 years working experience with street children in various social and psychological domains related to their health and general well-being. Their involvement was justified in that they bridged the gap between the researcher and the street children, so that the youth would feel comfortable in answering the interview questions. The research assistants also served as mediators for the researcher to help identify street children at specific locations that met the inclusion criteria and to assure them of the legitimacy of the study as most street youth feel reluctant to open up to people they do not know or trust (Oduro 2012). The research assistants were however not present at the time of interviewing the participants.

The interviews were conducted at a convenient place and in a preferred language of the participant (i.e. Twi and Ga—two predominant local languages spoken in Accra, Ghana). The researcher who conducted the interview had proficiency in these languages. The interview schedule used for the in-depth interview was developed based on the literature review, the theoretical frameworks and the researcher's understandings of the concept of homelessness gained from critical engagement with the literature. The interview schedule consisted of questions which focused on homeless adolescents' experiences of how they live, cope and survive on the street, the circumstances which led to them living on the street and reasons for remaining there. The interview schedule only served as a guide, and probing questions were used to explore the youths' own views and experiences during the interview process. Some of the questions asked were: *How did you come to live on the street? What would you say are the main challenges for living up on the street?* Interviews lasted between 45 and 60 min, and were transcribed directly into English. The data was collected from 20 December 2012 to 3 February 2013.

Ethical approval for the study was obtained from the Department of Social Welfare, Accra, Ghana and the Human and Social Science Ethics Committee of the University of KwaZulu-Natal, South Africa. Due to the low educational

background and their inability to read, verbal informed consent was obtained from participants for their participation in the study. The researcher read and translated the consent form into the preferred language of the participant. Permission to audio-tape the interview was asked and granted. The social workers were present to act as an independent witness to the consent process. None of the participants expressed the need for psychological service although they were told of the availability of a psychologist should they require such a service. To ensure confidentiality and anonymity of the participants, the names and location were not reported, as this could lead to identification. The participants were provided with some refreshment at the beginning of the interview as a token of appreciation for their willingness to participate in the study.

Data Analysis

All audio taped data were transcribed verbatim to English. Analyses were done using thematic analysis (Braun and Clarke 2006). Generally, this process of analysis involves sorting or coding the data into themes and categories by identifying and analysing repeating patterns that exist in the data. The analysis followed the six steps involved in thematic analysis (Braun and Clarke 2006). The first step was to translate and transcribe the data verbatim. Because most of the interviews were conducted in the local language, the researchers first translated the audio-taped interview into English. The second stage was the iterative process (where the researcher read and reread the data and got deep into the data). In the third and fourth stages, the researcher identified themes and codes relevant to the current research aims and objectives. In the fifth stage, identified themes were restructured and revisited to ensure that the analysed data were focused and detailed enough. The final step was where the coded statements were then grouped under different broad themes. Two independent coders were engaged to cross-validate the emergent themes. Furthermore, constant engagements with the audio interview were followed to ensure that transcriptions were properly done. Some of the statements made by the research participants were repeated or paraphrased during the interview process to ensure that interpretations of participants' answers by the researcher were confirmed by the immediate paraphrasing of the intended meaning of information communicated during the interview. These steps were aimed at enhancing the validity and reliability of the findings. The NVivo software (version 10.1) was used to help structure the analysis patterns.

Results

Following the interviews, the findings were organised into two major themes: push factors for homelessness and behavioural responses to homelessness.

Push Factors for Homelessness

Participants in the study talked about various reasons that contributed to them leaving for the street. Commonly identified sub-themes include disorganised and broken homes, accompanying parents to the street and lastly the desire to be free from parent control.

Disorganised and Broken Homes

In some cases, the responses of the participants painted a picture of disorganised or broken homes. Two of the participants mentioned how a step-parent treated them differently from what they were used to, and this prompted them to leave home. Although not explicitly stated in the interview, this could be as a result of parental divorce. Some of the responses indicating maltreatment from step-parents are indicated below:

My step-mother that I was staying with was not taking good care of me. She did not treat me well, not giving me food, and then I will go hungry for some time. I sometimes wished my mother was around. (Participant 13).

I was with my father in the North [Northern Ghana] when my step-mother moved in with us. She started treating me badly so I left home for Accra to sell water [sachet water] and I later met one of my friends and we came here [street]. (Participant 12).

From the above quotes, it seems that these participants made a conscious effort to escape their current predicament (maltreatment), and their only viable alternative was to run away from home and go to the street. In the case of Participant 12, meeting a friend enabled and encouraged her to leave, as she felt that she would not be lonely on the street.

The inability of family members to care for children left behind by deceased relatives was also found to contribute to participants leaving home. One participant narrated how she ran away from home and ended up on the street:

When my mother passed away [died], my auntie [aunt] promised to take care of me. She even promised my mother that she was going to do this before she died. After my mother's funeral I was taken to my aunt's place and things were moving on well. Then all of a sudden, things changed. She told me there was no money to pay my school fees because she was not having enough money. After I stopped school, I would sometimes go hungry for a day without food. I get beaten with little provocation, so one day I said it was enough, so when she sent me to buy

something in the nearby shop, I did not go back home again (Participant 5).

This participant realised that the promise made to her and her deceased mother by her aunt (caregiver) that her needs would be met and that she was so looking forward to became illusive. After being subjected to several abuses, she decided to escape from such an abusive environment which eventually led her to live on the street.

Moving with Caregivers to the City

Some of the participants justified their stay on the street as being a result of their wish not to violate a socio-cultural norm of obeying their parents. They felt that they were not expected to disagree with their caregivers. This may also be due to the fact that they were dependent on them. This means that there would be no one to take care of them should they indicate otherwise. The dependency factor was therefore crucial in these scenarios:

I followed my mother here [street]. She left to town [Accra] and I decided to follow here. I was forced to follow her because there was no one to take care of me after she had left (Participant 2).

Another participant's (who has lived on the street for 2 years) response to a question of how he ended up on the street explained:

Life at home was really good. I liked it a lot. I like going to school to with my friends, and going to the farm to fetch firewood...but my mother said things were difficult, so we had to leave home to come and live here [on the street]. I had no other option than to say yes. We had nobody at home to take care of us. I had to obey my mother and follow her to Accra and live with her (Participant 4).

It can be deduced from Participant 4's explanation that he was hesitant to follow his mother but was compelled by the fact that there was no other caregivers at home. The situation was also compounded by what he re-counts as "things being difficult". The mother's desire to escape from the difficult life (poverty) in her village had led to an abrupt end to her child's education. This resulted in a drastic change from his cherished activities with peers to a new and an uncertain environment (the street).

Desire for Freedom

Experimentation is often associated with adolescence (Sumter et al. 2009). Adolescents also desire to become more

independent from their care givers. Consequently, their relationship with friends gains more importance. More females than males wanted to be free from parental control. A participant narrated her desire to escape from her parent's control:

I just decided to leave home because I wanted to be free from my mother's control. I think she is so strict on me. I feel that I am old so I could be on my own. I do sometimes go home but do not sleep there (Participant 14).

During the course of the interview, some of the phrases used which exemplified their state of freedom on the street include “*nobody check(s) anyone*”, “*wo ye die wope*” (you do what you like), and “*aha ye aplodo*” (street life). Unlike children at home whose activities and behaviours are monitored by their parents, these participants were free from parental control and free to do what they liked whether positive or negative, right or wrong. The views expressed by these participants reflect the ideological thinking of adolescents in developed countries. According to Arnot (2009), the new generation of young adolescents use language that emphasizes a more independent and individualistic way of living, which eventually is used as a justification for their choice to move from home. The perceived freedom on the street that these youth so wished for becomes an illusion, as life on the street is masked by extreme violence and poverty experienced on the street.

Behavioural Responses to Homelessness

Once homeless youth are on the street, they become exposed to several health risk behaviour. This theme reports on the behaviour of the youth. Analysis showed three main themes namely violent and violent behaviours, sexual harassment and rape, alcohol and drug use, as well as social stigma.

Violence and Violent-Related Behaviours

Participants in this study revealed a high prevalence of violent behaviours such as fighting. Some of these fights arose as a result of territorial dominance where male street children from a particular location moved into an area occupied by another group of male street children. One such incidence that was reported seemed to have been the result a gang (who usually reside about 2 miles away) accusing another group of “taking their girls”.

Yes, just like yesterday in the night, some boys came here (where we sleep) and wanted to provoke us and bring troubles ... and fight with us. They said that the boys here [i.e. Accra Central] came to their place [Kaneshie] for their girls. They don't understand why the boys should walk all this distance and come to their

area. All these are not necessary because as someone will say we are Kubolo [a derogatory and belittling word used for street child], so for you to come from Kaneshie and come to Accra to come and fight with us... (Participant 12).

Other violent behaviours reported occurred as a result of older children taking advantage of the street hierarchy and their power (of being older) when things do not go the way they want. This was narrated by the participant below:

For example someone will go and gamble and they would lose his money, and this will bring a fight. Sometimes we also gamble with playing cards and put money on it and even dice throwing (ludo dice). Some of the elderly boys, when the games/cards in which we bet does not go in their favour, then they would like to beat the young ones. They try to take the money even if they lose (Participant 7).

The level of violent behaviours among the participants in the study could be seen partly as an adaptive behaviour which could help in their survival in the street context.

Sexual Harassment and Rape

Over two thirds of the female participants indicated knowing someone who had been raped or sexually harassed, but none of them indicated that they themselves had been a victim. A 15-year-old female who revealed that she has gone through a lot of struggles on the street, including the use of drugs, narrated how she escaped a possible gang rape:

Sometime past they [a group of boys] took me to go and have sex with them but I told them no. I ran from them down a hill and even fell. I saw an old woman down the hill and sat by her pretending she was a relative. When they were passing by again and saw me, I ran into a police station to report (Participant 13).

Although female street children recognised rape as a health and social problem, they indicated that they had to adjust to the situation and cope with it, as possible rape is one of the challenges girls living on the street have to face. One way of avoiding being sexually harassed or possibly being raped was for girls to sleep in a group.

Some of them will try to have sex with you forcefully, but we sleep in a group to avoid these boys worrying us when we sleep in the night. I know some of my friends who have been raped by some of these boys. This is one of the hard things for us girls over here (Participant 9).

Other girls, who could not sleep with other members in groups reported having to forgo having a deep sleep in order not to become a victim of sexual violence.

I don't sleep, and I barely sleep until day break. If you sleep deep too much you will be exposing yourself to them and they can do it to you as well. I don't want to fall into their tricks and traps (Participant 14).

Even sometimes a girl would wear a short to sleep and by the time she wakes up, some people have used some sharp object like blade to cut her and slept with her "rough rough" (meaning mercilessly). Even your slippers would not be there. It is also taken away (Participant 16).

Alcohol and Drug use

The use of alcohol and drugs was found to be very high among the youth on the street. Participants in the study reported the use of alcohol, which they indicated helped them forget unpleasant feelings. A large number of the participants indicated that they had used some form of drugs, especially marijuana (which is popularly called "weed") on the street. The narratives below illustrate the prevalence of drug use.

Smoking of weed is a normal thing here. Most of the people you see do it (smoke it). When we want to do it (smoke the marijuana), we go to a place where it will be difficult to see us (Participant 2).

Ahhh, a lot of people smoke it here (referring to marijuana). Even some of my female friends also do it. But not all of us smoke 'weed' (Participant 9).

The high prevalence of substance use on the street coupled with strong influence makes it difficult for some of them to resist it. The challenge of resisting the desire to smoke marijuana on the street comes with some consequences such as being coerced or beaten. This is especially the case for young street children who had recently come to the street. Some of these cases are illustrated in the responses below:

When I came here (on the street), they [the older boys] tried to teach me how to smoke it but I refused. They beat me up when I said I would not do it. This made me to run away from them. They smoke it a lot here and sometimes, they smoke cigarettes too. They have this person who supplies the weed and they know where to go and buy it. Even the last time, one of our friends was caught by the police holding

a "weed". He was taken to the police and was later told to go and not to do that again (Participant 4). When I came here, it was my friends who taught me how to smoke and drink (alcoholic beverages). When I started, I smoke the 'weed' everyday (Participant 13).

The narratives above paints a picture of socialised practices where new entrants are taught and trained on how to access and possibly smoke drugs such as marijuana. It was evident that the risk of being arrested by the law enforcing authorities such as the police is high, as the use of marijuana is prohibited in Ghana. For the female participant below, learning how to smoke marijuana started as a cordial friendship with a close friend but she was subsequently coerced to smoke against her will.

For the 'weed', I got it from a friend. I did not know her but she said she would like me to be her friend. We then started walking together, and then one day she took me to a place and gave me some of the 'weed' to smoke. I was told that if I don't smoke it, I would be beaten. So that is where I learn these things (Participant 16).

Some of the participants further indicated that they were aware of the negative effects of smoking marijuana, and thus wanted to stop. They, however, said that the pressure and presence of their friends, who also smoke, made it difficult to quit, no matter how hard they tried to stop.

I know it is not good and I want to stop. But when my friends are going to smoke the 'weed' I will follow them, then "something" tells me to smoke, smoke. But I don't really like it. What actually happens is that, they would not tell me that they are going to "light" [smoke marijuana] but they will tell me to follow them to somewhere, only to find out that they are going to smoke weed. I find it difficult to resist it at that moment (Participant 10).

It is like you don't smoke it alone. If you are in a group doing it then you can pass it from one person to the other until the fire goes down, then you all walk away. So if you are there and someone "passes it over to you" then you can have it as well (Participant 8).

It can be understood from the above narratives that the social context in which individuals are compelled to conform to pressure from the group, may result in unintended risky behaviour. This, as explained by Participant 8, makes it difficult to resist smoking marijuana. It seems thus that their poor refusal skills and low levels of self-efficacy made it difficult for them to resist the pressure from their peers to smoke marijuana.

Social Stigma

Street youth are faced with discriminatory and socially oppressive actions from the general public. These activities result in them being vulnerable to public violence as they are mistaken to be thieves and pick pockets. The findings in this study revealed heightened perceived public stigma towards street youth. The majority of the participants indicated that they were beaten, wrongly accused of stealing and are called derogative names by the public. The sentiments expressed by participants in the study can be summed up from a narrative below:

Some people think that we are slaves for being a street child. But when you don't know someone you might think he is a slave but when the person goes to his hometown, he is not a slave there. They think that we don't have money; we are poor, homeless, sleeping anywhere. They just do not give us any respect at all. They think we are not even part of humans. They regard us nothing. They have a place to sleep; and we don't have anywhere to sleep, so they think that we are not part of life, they are the ones who enjoy life. What can we do, we can't say anything about that [shakes the head and smiles] (Participant 4).

Discussion

This study was conducted to explore homeless youths' experiences of life on the street in the Central Business District in Accra, Ghana. Homelessness can be caused by several factors, and as such, there is no single reason that could be attributed to it. However, most of the reasons identified in this study were categorised in three broad-related themes: disorganised and broken homes, following family relatives to the city and the need for independence from parental control, similar to what had been previously found in previous studies conducted in Sub-Saharan African countries (e.g. [Abdullah 2014](#); [Oduro 2012](#); [Ward and Seager 2010](#)). As found from the narratives of the participants, physical and sexual abuse, poverty and the desire for freedom seems to be the main contributory factors for their state of homelessness. Family poverty and the quest to make money and survive have been documented as a key reason given by street children in other developing countries ([Abdullah 2014](#); [Ward and Seager 2010](#)). Participants whose parents could not live with the abject poverty conditions in the rural area had to journey to the city for a better standard of living. With no family relative to take care of them, such children had to follow their family member, particularly their mothers in order not to defy their parents but also not to lose their livelihoods. Poor infrastructure in the rural areas and the

low quality of schools in the remote areas has been identified as critical factors that contribute to homelessness for children and young adults in Ghana and Mali ([Hatløy and Huser 2005](#)). These structural, personal and interpersonal factors which had contributed to youth homelessness in this study supports the socio-ecological theory ([Bronfenbrenner 1994](#)) which indicates that factors both within and outside of the individual influences specific behavioural patterns.

Notwithstanding the reasons that made them homeless, participants in this exploratory study were exposed to various socio-emotional problems including violence and violent behaviours (for example rape and sexual harassments), and were involved in alcohol and drugs use. Participants also reported feelings of depressive symptoms and reported being stigmatised by others. Violence and violent-related behaviours such as fighting, sexual harassment and rape are prevalent among homeless youth globally ([Coates and McKinze-Mohr 2010](#); [Kayembe et al. 2008](#); [Lockhart 2002](#); [Nada and Suliman 2010](#)). In a study of street children in Egypt, over 93 % of the participants indicated that violent behaviour was seen as normal in their day-to-day living and a crucial determinant of the ability to cope with street life ([Nada and Suliman 2010](#)). Further, incidences of sexual harassment and rape as found in this study have been reported in previous studies among street children in Ghana ([Oduro 2012](#); [Boakye-Boaten 2008](#)). The street environment in which survival is through domination might have influenced male participants to be aggressive, and could have contributed to them using females as the 'object' to which violent behaviour is redirected ([Coates and McKinze-Mohr 2010](#)). Female homeless youth are therefore at risk of becoming the victims of violence-related behaviours on the street.

Although the majority of the participants interviewed revealed that they know someone who had been raped or sexually assaulted, none indicated to have been a victim themselves. Previous studies in Ghana have suggested that female street youth reluctance to disclose that they had been victims of such acts is based on a fear of being stigmatised and considered to be physically weak and, losing their boyfriends who would not want to be seen with someone who has been raped ([Boakye-Boaten 2008](#); [Oduro 2012](#)). It was however interesting to note that female participants adapted different strategies to avoid being raped such as safety in numbers by sleeping in a group. Other researchers such as [Mizen and Oforu-Kusi \(2010\)](#) reported a similar finding that sleeping close to one another afforded girls security from the reassuring presence of friends and the formidable strength in the number of friends around each other.

Youth in this study provided insight about reasons for substance use and the context within which it is used. Poor coping skills to manage the challenges of streetism can be attributed to substance use on the street. Participants used drugs for the relief of emotional problems, but at the same time indicated

that its use placed them at risk for engaging in other health risk behaviours. Temporary benefits of substance use were thus identified, helping them to cope with the challenges of streetism (e.g. feelings of neglect, to be overly alert and attentive). This corroborates the findings of other studies which found that substance use among homeless youth was used to help them cope with their difficult situations (Kayembe et al. 2008). However, youth also recognised the various ways in which substance may endanger them of engaging in criminal behaviours. The social context within which substances are abused can be likened to the exploration of youth vulnerabilities to get them hooked into the cycle of addiction. In such cases early entrants, who are very young and inexperienced, are introduced to drug use, leading to late addiction and more deeply entrenched in street life.

Participants in this study also revealed that they were stigmatised and subjected to ruthless treatment by the public. Generally, the street is not an ideal place for children to live (Koller and Hutz 2001) and previous studies in Ghana show that the environment is very hostile to street children as they are considered to be drug users, and involved in other socially undesirable activities like petty theft and even robbery (Quarshie 2011). This contributed to the view that street children are a threat to society and not as people who are in need of help from society (Corsaro 2011). These perceptions about street children could influence negative public behaviour towards them as indicated by the participants in this study. These findings of the study also revealed that these negative perceptions and attitudes towards homeless youth influenced their self-esteem. Although this study did not investigate the relationship between perceived stigma and self-esteem, there is evidence to suggest that perceived stigma is associated with low self-esteem among homeless youth populations (Kidd 2004, 2007). This, thus, suggests that continued stigmatization of homeless youth may compromise their already challenged mental health and wellbeing through negative emotions including depression.

Implications for Social Work

Despite the limitations, the findings of this study also have three key implications for social work. Firstly, structural drivers of homelessness such as poverty and violent-related behaviour such as physical abuse need to be addressed. It is therefore imperative for the government to increase social-economic programmes to help improve the standard of living among its citizens. Additionally, social workers may think of developing community parenting programme that focuses on parental and proactive family reconciliation skills, as early parenting programmes might be effective in reducing violence in the home. This in turn might help manage the problems that may cause the youth to leave home. Secondly, while knowledge of the consequences of substance use is necessary,

this will not be adequate as knowledge is not always translated into health-enhancing behaviours. This has to be supported by skills development and social support for the practice of health-enhancing behaviours. Development of effective coping skills by homeless youth is essential in addressing some of the risky behaviours. For example, social workers working with NGOs providing services could educate and teach youth on how to recognize risk contexts in which they could be tempted to use substances as an emotional coping mechanism, and also facilitate help seeking from service providers. Studies have shown that improved coping skills help young adults in the general population to perceive and react to stressors in less harmful ways (Garcia 2010). Finally, social stigma interventions as well as anti-stigma campaigns directed at youths living on the street are necessary to enhance their survival and likely integration into society. These programmes can increase public sympathy and awareness by educating the general populace on the methods utilised by homeless youth to survive and their increased vulnerability to other health risks while on the street.

Limitations and Directions for Future Research

The present study advances our knowledge of the causes of homelessness and the lived experiences of street children and adolescents in Ghana, but some limitations should be noted. The small sample size and the non-probability sampling method used mean that the findings cannot be generalised to all street children in Ghana. The sample used in this study were only street youth who lived entirely on the street, and as such the experiences of those in the shelter could have yielded another understanding of the lived experiences of street children. Further studies should therefore include street youth who are housed in the various shelters provided by community-based organizations in Ghana as there are NGO's that provide education and reproductive health service to homeless children in Accra. Their views could validate and provide further understanding of the general health risk for homeless youth in Ghana.

Conclusion

This study has increased our understanding of the lived experiences of homeless youth. Disorganised and broken homes, following family members to the city and the desires for freedom from parents were identified as the factors that push children to the street. Notwithstanding the main cause for being homeless, participant's behaviours on the street expose them to severe behavioural and health risk problems including substance and alcohol use, sexual harassment and rape, violence and violent-related behaviours and perceived public stigma. The findings provide useful information for further

research and for the development of effective community parenting programme that focuses on parental and proactive family reconciliation skills and the provision of supportive structures to help youth access physical and mental health services from providers. In addition, current and future interventions should prioritize anti-stigma campaigns directed at youths living on the street to enhance their integration into society.

Acknowledgments The author acknowledges the receipt of a grant from the Strategic Research Fund from the College of Humanities, University of KwaZulu-Natal, South Africa, which partially funded the study. Thanks to my colleagues who read the draft and made critical comments which enriched the content of this paper. I am also grateful to Frederick Nartey who helped with field work and data collection.

Compliance with Ethical Standards

Conflict of Interests The author declares that there is no financial or conflict of interests regarding the publication of this paper.

References

- Abdullah, M. A., Basharat, Z., Lodhi, O., Wazir, M. H. K., Khan, H. T., Sattar, N. Y., et al. (2014). A qualitative exploration of Pakistan's street children, as a consequence of the poverty-disease cycle. *Infectious Diseases of Poverty*, 3(1), 11.
- AMA [Accra Metropolitan Assembly] (2014). *Census on street children in the Greater Accra region*. Accra: Author.
- Anarfi, J. K. (1997). Vulnerability to sexually transmitted disease: street children in Accra. *Health Transition Review*, 7(supplement), 281–306.
- Awusabo-Asare, K., Biddlecom, A., Kumi-Kyereme, A., & Patterson, K. (2006). *Adolescent sexual and reproductive health in Ghana: results from the 2004 National Survey of Adolescents, Occasional Report*. New York: Guttmacher Institute No. 22.
- Bandura, A. (1986). *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Boakye-Boaten, A. (2008). Street children: experiences from the streets of Accra. *Research Journal of International Studies*, 8, 76–84.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen, & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (pp. 1643–1647). Oxford, England: Pergamon Press.
- Catholic Action for Street Children (2010). *The Ghanaian street child*. Accra, Ghana: Catholic Action for Street Children.
- Coates, J., & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: trauma in the lives of homeless youth prior to and during homelessness. *Journal of Sociology and Social Welfare*, 37, 65.
- Consortium for Street Children (CSC) (2009). *Street children statistics*. Retrieved from http://www.streetchildren.org.uk/_uploads/resources/Street_Children_Stats_FINAL.pdf
- Corsaro, W. (2011). *The sociology of childhood* (3rd ed.). Thousand Oaks: Pine Forge.
- Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: a literature review. *Child Psychiatry & Human Development*, 43(3), 354–375.
- Embleton, L., Ayuku, D., Atwoli, L., Vreeman, R., & Braitstein, P. (2012). Knowledge, attitudes, and substance use practices among street children in Western Kenya. *Substance Use and Misuse*, 47(11), 1234–1247.
- Embleton, L., Mwangi, A., Vreeman, R., Ayuku, D., & Braitstein, P. (2013). The epidemiology of substance use among street children in resource-constrained settings: a systematic review and meta-analysis. *Addiction*, 108(10), 1722–1733.
- Ennew, J., & Swart-Kruger, J. (2003). Introduction: homes, places and spaces in the construction of street children and street youth. *Children Youth and Environments*, 13(1), 81–104.
- Garcia, C. (2010). Conceptualization and measurement of coping during adolescence: a review of the literature. *Journal of Nursing Scholarship*, 42(2), 166–185.
- Hatløy, A., & Huser, A. (2005). *Identification of street children: characteristics of street children in Bamako and Accra*. Oslo, Norway: Allkopi.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64–105.
- Huges, J. R., Clark, S. E., Wood, W., Cakmak, S., Cox, A., MacInnis, M., et al. (2010). Youth homelessness: the relationship among mental health, hope and service satisfaction. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(4), 274–283.
- Kayembe, P. K., Mapatano, M. A., Fatuma, A. B., Nyandwe, J. K., Mayala, G. M., Kokolomami, J. I., et al. (2008). Knowledge of HIV, sexual behaviour and correlates of risky sex among street children in Kinshasa, Democratic Republic of Congo. *East African Journal of Public Health*, 5(3), 186–192.
- Kidd, S. A. (2004). “The walls were closing in, and we were trapped : a qualitative analysis of street youth suicide. *Youth and Society*, 36(1), 30–55.
- Kidd, S. A. (2007). Youth homelessness and social stigma. *Journal of Youth and Adolescence*, 36(3), 291–299.
- Kidd, S. A., & Carroll, M. R. (2007). Coping and suicidality among homeless youth. *Journal of Adolescence*, 30(2), 283–296.
- Koller, S. H., & Hutz, C. S. (2001). Street children: psychological perspectives. *International Encyclopaedia of the Social and Behavioural Sciences*, 22, 15157–15160.
- Lockhart, C. (2002). Kunyenga, “real sex,” and survival: assessing the risk of HIV infection among urban street boys in Tanzania. *Medical Anthropology Quarterly*, 16(3), 294–311.
- Mizen, P., & Ofofu-Kusi, Y. (2010). Asking, giving, receiving: friendship as survival strategy among Accra's street children. *Childhood*, 17(4), 441–454.
- Molla, A. (2012). *A psycho-educational model to facilitate the mental health of street children*. University of Johannesburg: Doctoral dissertation.
- Nada, K. H., & Suliman, E. D. A. (2010). Violence, abuse, alcohol and drug use, and sexual behaviours in street children of Greater Cairo and Alexandria, Egypt. *Aids*, 24, S39–S44.
- Neuman, L. (2011). *Social research methods: qualitative and quantitative approaches* (7th ed.,). New York: Pearson International.
- Nyamathi, A., Hudson, A., Greengold, B., Slagle, A., Marfisee, M., Khalilifard, F., et al. (2010). Correlates of substance use severity among homeless youth. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 214–222.
- Odoro, G. Y. (2012). ‘Children of the street’: sexual citizenship and the unprotected lives of Ghanaian street youth. *Comparative Education*, 48(1), 41–56.
- Ogunkan, D. V., & Adeboyejo, A. T. (2014). Public perception of street children in Ibadan, Nigeria. *IFE Psychologia*, 22(1), 39–49.
- Opong Asante, K., & Meyer-Weitz, A. (2015). Using reflective poems to describe the lived experiences of street children and adolescents in

- Ghana. *International Journal of Adolescence and Youth*, 20(2), 148–150.
- Orme, J., & Seipel, O. M. M. (2007). Survival strategies of street children in Ghana: a quantitative study. *International Social Work*, 50(4), 489–499.
- Quarshie, E. N. B. (2011). *Public's perceptions of the phenomenon of street children: a qualitative study of students and shopkeepers in Accra, Ghana*. (Master's thesis, Norwegian University of Science and Technology), 2011.
- Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: moving forward. *Children and Youth Services Review*, 31(7), 732–742.
- Sumter, S. R., Bokhorst, C. L., Steinberg, L., & Westenberg, P. M. (2009). The developmental pattern of resistance to peer influence in adolescence: will the teenager ever be able to resist? *Journal of Adolescence*, 32(4), 1009–1021.
- Swahn, M. H., Palmier, J. B., Kasirye, R., & Yao, H. (2012). Correlates of suicide ideation and attempt among youth living in the slums of Kampala. *International Journal of Environmental Research and Public Health*, 9(2), 596–609.
- The Ministry of Women and Children Affair [MOWAC] (2012). *Fifty thousand (50,000) children live on the streets of Ghana—statistics*. Accra, Ghana: Author. Accessed on Nov 18, 2012 from <http://digitaljournal.com/article/134172#ixzz1mcXGQbXm>
- United Nations Center for Human Settlement [UNCHS] (2007). *Strategies to combat homelessness*. Nairobi, Kenya: Author.
- United Nations Children's Fund (UNICEF) (2012). *The state of the world's children 2012: children in an urban world*. New York, NY: Author.
- van Leeuwen, J. M., Hopfer, C., Hooks, S., White, R., Petersen, J., & Pirkopf, J. (2004). A snapshot of substance abuse among homeless and runaway youth in Denver, Colorado. *Journal of Community Health*, 29(3), 217–229.
- Ward, C. L., & Seager, J. R. (2010). South African street children: a survey and recommendations for services. *Development Southern Africa*, 27(1), 85–100.
- World Bank (2006). *Children and youth: a resource guide for World Bank staff*. New York: World Bank.
- Wutoh, A. K., Kumoju, E. K., Xue, Z., Campusano, G., Wutoh, R. D., & Ofosu, J. R. (2006). HIV knowledge and sexual risks behaviours of street children in Takoradi, Ghana. *AIDS and Behaviour*, 10(2), 209–215.
- Zerger, S., Strehlow, A. J., & Gundlapalli, A. V. (2008). Homeless young adults and behavioral health: an overview. *American Behavioral Scientist*, 51(6), 824–841.