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Mobility as Determinant of Morbidity of Street Children in Surabaya

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Abstract
The street children consume low-nutritious and unhealthy drinking water, use poor sanitation facilities, have difficulty accessing health services, and are in poor living conditions such as places to sleep, diet, occupation, and others. Such conditions increase the risk of contracting communicable diseases, contracting non-communicable diseases, injuries and disabilities.This study aimed to analyze the effect of mobility on morbidity of street children in Surabaya, with cross sectional approach. Subjects were 137 street children in several shelter houses in Surabaya selected by simple random sampling technique. Indicators of mobility were push factors, pull factors, intervening obstacles and personal factors; while the indicators of morbidity were illness and disease. Data were collected through questionnaires and in-depth interviews, then analyzed using Structural Equation Modeling. The results showed that mobility had negative effect on morbidity, with path coefficient = -0.173.

Keywords: *Mobility, Morbidity, Street children*

I. INTRODUCTION

The neglected child is a child whose needs are not met fairly; physically, mentally, spiritually, and socially. Street children are part of abandoned children. Neglected children tend to experience barriers to growth and development in various aspects of life. Any form of neglect can cause suffering to the child physically, psychologically or socially. This condition can lead to extreme acts committed by children, such as self-injury, using drugs as a fugitive, commit a crime, to escape from home to live life on the streets as street children. Living and living conditions of street children increase the risk of health problems, involvement in deviant sexual behavior, drug and alcohol abuse, and exposure to physical and psychological threats. The situation and characteristics of street children is a classic case of child poverty. These street children consume low-nutritious and unhealthy drinking water, use poor sanitation facilities, have difficulty accessing health services, and are in poor living conditions such as places to sleep, diet, occupation, and others. Such conditions increase the risk of contracting communicable diseases, contracting non-communicable diseases, injuries and disabilities.

Dinas Sosial Provinsi Jawa Timur / East Java Provincial Social Services (2014) stated that the number of street children in Indonesia in 2009 was 5,394 children, in 2010 was 5,322 children, in 2011 was 4,901, and in 2012 was 4,226 children. In big cities like Surabaya, from year to year the number of street children has increased. In 2011 the number of street children in the city of Surabaya was 45 children, in 2012 increased to 94 children, in 2013 increased again to 114 children. This data is the number of street children in shelters in Surabaya. This data shows that social welfare for children is still uneven. Child neglect is still common in some parts of Indonesia.

Surabaya city government has made various efforts to solve the problems of street children, such as empowering the function of street children shelters, provide special training for street children, as well as equip them with job skills. These efforts have not been well implemented and have not been able to reduce the number of street children in Surabaya. This study aims to analyze the effect of mobility on the morbidity of street children in Surabaya, which is expected to be useful for providing input for relevant stakeholders.

II. METHODS

This quantitative study used cross sectional design. The samples were 137 street children in several shelters in the city of Surabaya and who come from outside the city of Surabaya, which was selected by simple random sampling technique. Mobility was measured by four indicators, namely push factors, pull factors, intervening obstacles and personal factors; while morbidity was measured by 2 indicators namely illness and disease. Data were collected through questionnaires and in-depth interviews. The data were analyzed descriptively in the form of mean and standard deviation for numerical data (Nugroho, 2014b) and frequency for categorical data (Nugroho, 2014a), then tested the effect of mobility on street children mortality using structural equation modeling (SEM).

III. RESULTS

Table 1. Distribution of mobility of street children based on push factors, pull factors, intervening obstacles and personal factors

Mobility	Descriptive Statistics		Category	
	Mean	Standard deviation	Low	High
Push factors	30.5	9.2	48.9	51.1
Pull factors	30.8	5.6	46.7	53.3
Intervening obstacles	19.8	4.2	49.6	50.4
Personal factors	8.3	1.8	46.7	53.3

Table 1 shows that the four indicators of mobility (push factors, pull factors, intervening obstacles and personal factors) were in high category, meaning all respondents experience mobility caused by push factors, pull factors, intervening obstacles and personal factors; with a significant contribution.

Table 2. Distribution of morbidity of street children based on illness and disease

Morbidity	Descriptive Statistics		Category	
	Mean	Standard deviation	Low	High
Illness	6.8	3.9	44.5	55.5
Disease	1.8	1.7	56.9	43.1

Table 2 shows that the distribution of the two indicators of morbidity of street children was almost equal between high and low categories, although the illness more in the high category and disease more in the low category.

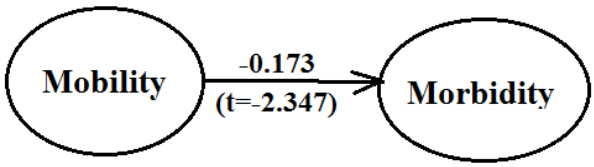

Figure 1. Result of Structural Equation Modeling

The result of Structural Equation Modeling (Figure 1) shows that mobility had negative effect on street children morbidity. It is based on path coefficient = -0.173 and the t-value was greater than 1.96, with a negative direction. Thus, the higher the mobility of street children, the lower the morbidity of street children.

IV. DISCUSSION

In this study, mobility was explained by 4 indicators of push factors, pull factors, intervening obstacles and personal factors of street children. The push factors consists of three items, namely poverty, family breakdown and family violence; pull factors consists of 2 items: false information of destination and support of non-governmental organization; intervening obstacles consisting of 4 items namely cost, distance, local regulations and means of transportation; while the individual factor consists of 2 items of personal characters and perceptions of the origin and destination. Lee (1966) has declared Push-Pull Theory that migration, which is one form of horizontal social mobility, can occur due to four important factors comprising the push factor of the origin, the pull factor of the destination, the intervening obstacles, and personal factors.

The results of this study indicate the push factors is a factor that positively affects the morbidity of street children. Most respondents stated that poverty and family breakdown were in high category. Most respondents stated that poverty and family breakdown encourage children to mobilize out of their home areas. This family breakdown can occur due to divorce and separation of both parents, living separately from both parents, or because their parents are imprisoned. This separation resulted in children lacking economic and emotional support, as well as loss of communication between children and parents, so that the child finally came out of the house and mobilized to Surabaya. Family violence is often the result of conflict between children and parents. This condition causes children to feel that life on the street is safer than home life. This is in line with the results of research which states that most street children feel comfortable and safe to live on the streets.

Pulling factors also play an important role in the mobility of street children. Street children's perception related to "glamor" of Surabaya city increasingly attract street children to live in Surabaya. The role and support of non-

governmental organizations is also important in making street children feel safe and comfortable living in Surabaya. This is consistent with the results of this research indicating that most children state that non-governmental organizations support was in the high category. The intervening obstacles of the mobility of street children consisting of distance, cost, transportation and local regulations were in the low category. This is due to the rapid development of public transportation, so that the indicators above are no longer a significant hurdle. As for the personal factors, the majority of street children stated that their perception of Surabaya and cities of origin, and the characteristics of those who love the big city life, providing a high influence on the mobility of street children.

The result of structural equation modeling analysis shows that mobility had negative effect on street children morbidity, which means that the higher mobility of street children will lower the morbidity level in the street children. This shows with high mobilization then street children have better health status. WHO (1981), states that health is a state of perfect that includes healthy physically, mentally and socially. If street children do high mobility, then they will interact more in their community. This will support the creation of a healthy environment for him and his community. A healthy community will encourage the maintenance of mental and physical health of street children. The community in this case is a positive community such as street children community that allows the delivery of talent and skills.

V. CONCLUSION

Based on the results of the study can be concluded that mobility is a determinant of morbidity of street children in the city of Surabaya, Indonesia.

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