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RISKS WAITING FOR CHILDREN WORKING ON THE STREET AND NURSES' PERCEPTIONS OF CHILDREN WORKING ON THE STREET: EXAMPLE OF MERSİN

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Abstract

This study aims to determine health, nutrition, psychological the risks of the children working in the streets and the perceptions of nurses on children working in the streets.

22 children working on the street were interviewed for the study and their neighborhoods were identified. Data were collected using 42 nurses working in family health centers in the neighborhoods where children were working in the streets. Data were evaluated by frequency, ort. and standard deviation values.

It has been found that children working in the street face many infectious diseases risks, regular health checks and vaccinations cannot be done and therefore they apply for treatment in the later stages of diseases. It was found that there were difficulties in accessing services such as education and health in the slums and suburbs where they belong to poor and needy families about the children working in the streets. In the research, it was found that nurses had a lot of information about children working on the street. It has been determined that there are coordination problems between the children working in the streets and other institutions and organizations.

It has been concluded that children working on the street apply to health institutions after advancing diseases related to health problems, and this situation protective and preventine health services from functioning and may cause an accumulation in secondary health services.

Keywords: Children Working in The Streets, Disease, Nursing.

1. Introduction

Child labor is one of the most important social problems in the world. Especially children face various risks and dangers as a result of rapid changes in economic, social and cultural fields (Barış, 2011). Poverty, need, unemployment, asylum seeker migration, internal migration between regions and urbanization process, which are the leading social problems, directly affect all population groups of the society. One of these effects is the activities that allow the child to perform income generating activities on the street. It gives information about the reasons of children being on the street, their life span and life styles, their experiences about street life, their families and social relations, their health status, the problems of children on the streets and the policies to be applied. At this point, it is important to identify the risks children face in the streets and to work to eliminate them. The definition of a child working on the street is guiding in determining the risks of children working on the street. Many definitions have been made for children working or living on the streets. Children working on the streets during the day, sometimes working day and night, but returning home for children who do not stay with their families or have family ties are called children on the streets ((Aksit, Karanci and Gündüz 2001; Zeytinoglu, 2001; United Nations Children's Fund [UNICEF], 2001 Yıldız and Adaş, 2007; Alparslan and Karaoğlan, 2012) In order to cope with these problems, it is necessary to develop and implement service models that prevent child neglect, abuse and crime.Working and living on the streets, children spend most of their daily lives in the streets, streets, parks, mosque courtyards , spend in shopping centers, restaurant exits. This causes the child not to stay with and spend time with his or her family, and to hinder education and training and personal development. In addition, the lack of regular health checks of children causes infectious disease risks in the streets where most of their daily lives take place. However, street children are deprived of rights such as education and health services and deprived of basic citizenship rights (Panter Brick, 2002). When the definitions made in the literature are examined, it can be said that the first points that draw attention to children are health risks (Panter Brick, 2002).

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It is known that there are many factors affecting the health problems of children working on the streets. These factors are; reported exposure to adverse weather conditions, crime, overcrowding in common housing areas, unusual sleeping places, poor hygiene and nutritional status, alcoholism and drug use (cited by Janet and Edna 1987; Bonnie and Kennet 1994, cited by Beyene 2015). These factors can be said that children working on the streets face high levels of developmental, emotional and nutritional problems and carry risks to health problems. Children; since they try to meet their nutritional needs in the filthy, microbial environment of the street, they are also open to receiving all kinds of microbes (Yeşil, 2009). While all these actions are performed, the child may be exposed to work in very poor health conditions and cause various health problems. Okumuş (2009), street workers health center, risky and near the north where some risks may be faced in situations where risk may be taken, so risk may be taken here, in some cases, risk is not taken in these areas, although there is a risk in these areas can be exposed to paint and varnish substances risk is affected in areas such as lead and evidence in children turning to garbage collection and sorting. In children, they cannot eat healthy, they get tired because they work for long hours, they get dirty, they do it because they do not have the space to do their homework and those around them (Yeşil, 2009). In addition, Akşit, Karancı and Gündüz (2001) stated that the use of volatile substances and drugs is common among children working in the garbage collector business to reduce the effects of bad odors and dog fears in garbage areas. Nutritional deficiencies in children working in the streets, feeding in unhealthy environments, garbage and food they obtain from restaurant entrances invite diseases. Whether the environment is hygienic, lack of sufficient and clean water, wastes and similar reasons are the factors that threaten child health (Törüner and Büyükgönenç, 2010). In addition to this, the contact of the children working on the streets with the street animals, before and after the toilets, when they come to the house from outside, touching an object from the street and neglecting the cleaning conditions after bringing the house increases the risk of disease. A non-sterile environment is the most important cause of the disease (Çapar, 2016). In addition to all these issues, the lack of vaccination and regular health checks of children reduces the resistance of children to all adverse health conditions and may lead to late diagnosis and prolongation of treatment. In the study conducted to determine the effect of street work on the child's body, it was found that there were nutritional problems and physiological, psychological and many other negative effects on the musculoskeletal system (Etiler, Çağlayan, Yavuz, Hatun, Hamzaoğlu 2011).

It is due to the fact that health checks and health monitoring cannot be performed by the health institutions in the neighborhoods due to the fact that the children living on the streets spend the majority of their daily lives away from the neighborhood where they lived. Health problems of street children have become an important public health problem in developing countries (Singh and Purohit, 2011). Alptekin (2011) found that the majority of children working in the streets did not go to health centers when they became ill. As preventive health services related to diseases and infectious diseases that may occur in children working on the streets cannot be provided in a timely manner, the problem of directing them to secondary and tertiary health services may be faced. This situation leads to a decrease in the efficiency of health services and a disruption in the provision of health services and may lead to an increase in the density of secondary and tertiary health services. In this study, it is aimed to determine the risks awaiting children working in the streets and the perception of nurses working in the streets.

1.1. Diseases that may occur in children working on the streets and ways to combat these diseases

Childhood is one of the most intense periods of infectious diseases. As the immune system of children has not yet completed their development, infections are more frequent and more severe than in adults (Çapar, 2016). Autumn, winter and spring seasons are among the most prominent periods when infectious diseases occur. In general, infectious diseases can be listed as follows; diphtheria, pertussis, tetanus, pnomococcus, measles, rubella, mumps, hepatitis A,B,C,D,E, polio, community-acquired pneumonia, chicken pox, erythema infectious, roseola infantum, infectious mononucleosis, diseases related to infectious agents, acute nasopharyngitis, acute tonsillophilitis, acute tonsillopharyngitis, acute tonsillopharyngitis, acute tonsillophilitis, asthma respiratory diseases such as acute otitis media, acute sinusitis; rotavirus infections, salmonella and shigella infections, entamoebia histolytica, vibrio cholera infections such as gastroenteritis findings are seen. It is not always known when infectious diseases are transmitted or by which means. In particular, the fact that children working on the streets are frequently in adverse health conditions increases the risk of developing infectious diseases. Nutritional deficiencies in children working in the streets, feeding in unhealthy environments, garbage and food they obtain from restaurant entrances invite diseases. Whether the environment is hygienic, lack of sufficient and clean water, wastes and similar reasons are the factors that threaten child health (Törüner and Büyükgönenç, 2010). In addition to this, the contact of the children working on the streets with the street animals, before and after

the toilets, when they come to the house from outside, touching an object from the street and neglecting the cleaning conditions after bringing the house increases the risk of disease. A non-sterile environment is the most important cause of the disease (Çapar, 2016). In addition to all these issues, the lack of vaccination and regular health checks of children reduces the resistance of children to all adverse health conditions and may lead to late diagnosis and prolongation of treatment.

Among the reasons why children working on the streets are exposed to the risk of infectious diseases;

- Fecal-oral and droplet-transmitted diseases spread more rapidly among family members due to the presence of children in crowded environments.
- Vaccine preventable diseases are more common in these children due to lack of regular health checks. However, the prognosis of the diseases is also worse.
- Gastroenteritis is more common in these children due to litter, food leftovers, spoiled ready-to-eat food, and street food.
- Exposure to pathogens around them is longer due to their street life. Consequently, community-acquired pneumonia is more common.
- Children's susceptibility to certain infectious diseases has increased due to insufficient nutrition, family neglect, and exposure to pathogens.

2. Method of the Research

Descriptive survey model and survey technique were used as this study aims to determine the risks that awaits children working in the streets and the perception of nurses towards children working in the streets. In this respect, this study is a descriptive and relational survey model (Büyüköztürk et al., 2009; Erkuş, 2005; Karasar, 2002).

2.1 Aim

This study aims to determine the risks of nurses working in family health centers and the perception of nurses towards children working in streets. The reason for the study was done in Mersin; It is one of the places where the population and population of intensive immigration, the density of transportation, the availability of transportation facilities, the suitability of the climate and the seasonal population movements.

2.2 Place and Characteristics of Research

The research was carried out in Mersin and Akdeniz districts in Gündoğdu, Güneş, Mithatpaşa, Siteler, Üç Ocak, Hal, Barış, Turgutreis, Çilek Neighborhood Family Health Centers and completed between September and November 2018.

2.3 Universe and Sample

The study was conducted with the children working in the streets of Mezitli and Yenişehir districts of Mersin province, where the street children were seen intensively, traffic lights, parks, shopping center exits, and the districts and neighborhoods of the children living in the streets were determined according to the results of the interviews. During the interview with the children working in the streets, it was learned that they lived in Gündoğdu, Güneş, Mithatpaşa, Siteler, Üç Ocak, Hal, Barış, Turgutreis, Çilek Neighborhoods in the Mediterranean district. Accordingly, 9 neighborhoods and 9 family health centers were determined for the population of the study. The population of the study consisted of nurses working in Family Health Centers in Gündoğdu, Güneş, Mithatpaşa, Siteler, Üçocak, Hal, Barış, Turgutreis and Çilek neighborhoods. No sampling method was used in sampling selection and nurses working in related family health centers were tried to be reached. Interviews and questionnaires were conducted with 42 nurses working in family health centers in these neighborhoods on the basis of voluntarism and willingness.

2.4 Data Collection Tools and Data Analysis

A questionnaire consisting of 45 questions was used to determine the role of the nurse in preventive and preventive health services for children working in the streets. The questionnaire consists of two parts and demographic features; gender, marital status, the time spent in the institution in which they are currently employed, the district in which they live, the neighborhoods of children working on the streets. The second part of the questionnaire consisted of 35 questions and a Likert type (1 = strongly agree-5 = strongly disagree) questionnaire was used. Among the research questions, the mean, standard deviation, total, variance analysis, tukey test, t-test were analyzed using SPSS program. 2,4,7 and 24 of the 35 questions in the study. The questions were reversed.

2.5 Data Collection and Data Analysis

Observation, general interview and questionnaire technique was used as data collection technique in the research. The interview and survey were conducted between 02.09.2018-30.11.2018. A questionnaire consisting of 45 questions based on observation, general interview and literature information and pre-prepared general interview questions were used to collect the research data. Before starting the general interview and questionnaire application, the research was carried out by stating that the information regarding the identification of the participant directly or indirectly in any way and the identity of the participant will be kept confidential considering the willingness to participate in the study..

2.6 Difficulties and Limitations of the Research

Data collection from 9 nurses working in 9 family health centers in 9 districts located in Akdeniz district of Mersin can be considered as limitation**.**

2.7 Ethics of Research

Verbal consent was obtained from all participants while collecting the data about the research and they were informed that they could terminate the survey and interview at any time. Participants stated that they were willing to participate in the study with their personal preferences and free will. The study was conducted in accordance with the Declaration of Helsinki and no personal data or information was obtained.

3. Results

The following information was obtained from the interviews with children working in the street and collecting garbage with their families in Mersin to determine the risks awaiting children working in the streets and the perception of nurses towards children working in the streets. Children working in the streets were found to have economic poverty, a fragmented family (one or both parents in prison, their parents divorced, cared for by their relatives who had been abandoned by their parents, their parents or both passed away, disabled, etc.). The children working on the streets mainly live with their parents and work in order to contribute to the home economy in order to make a contribution to the home economy. Only regular days and hours of the week work, regular health checks are carried out. they went to their homes only to sleep, they did not undergo regular health checks. In addition, it was observed that children working on the streets described working as street work and established their lives on it and shaped their lives accordingly. It was observed that the people they shared and socialized with consisted of people working on the streets like themselves, avoiding communicating with other children and staying away from sharing.

The aim of this study was to determine the risks that awaits children working in the streets and the perception of nurses towards children working in the streets.

Table 1. Demographic features

Gender	**n**	%
Female	29	69,0
Male	13	31,0
Marital status	**n**	%
Married	29	69,0
Single	13	31,0
Working time in the current organization	**n**	%
Less than 1 year	14	33,3
2-3 years	21	50,0
4-5 years	2	4,8
Over 5 years	5	11,9
Residence	**n**	%
Mediterranean	9	21,4
New city	7	16,7
Akdeniz	10	23,8
Taurus	16	38,1
Grand Total	**42**	**100**

42 nurses participated in the study on a voluntary basis and when Table-1 is examined, 69% of the participants are women and 31% are men. 69% of the participants are married and 31% are single. When the working time of the participants is examined in the institution they work for, it is determined that 33.3% worked less than 1 year, 50% 2-3 years, 4.8% 4-5 years and 11.9% over 5 years. When the districts inhabited

by the participants were examined, it was found that they showed similar distribution and participants from all the central districts of Mersin city center. According to this, 21.4% of the participants were Mediterranean, 16.7% were in Yenişehir, 23.8% were in Mezitli and 38.1% were in Toroslar. The participants stated that the children working in the streets lived in the districts of the Mediterranean and the Taurus Mountains, that they lived in the districts of Demirtas and Mevlana in the districts of Toroslar and that they lived in the neighborhoods of Barış, Turgutreis, Hal, Siteler, Mithatpaşa, Güneş, Şevket Şevketsümer. Within the scope of preventive and preventive health services, it was determined that nurses do not have direct services for children working on the streets and no records are kept on children working on the streets..

The frequency, average and standard deviation values of the nurses' responses to the health status of children working in the streets were examined.

Table 2. Reliability analysis

n	Number of questions	Cronbach's Alpha
42	35	,818

When Cronbach's Alpha value was analyzed in Table 2, reliability of 35 questions was calculated as 0.82. It can be stated that Cronbach's Alpha value takes values between 0 and 1 and approaching this value to 1 increases the reliability of the questionnaire.

Table 3. Findings related to sub-dimensions of survey questions

Subtances	Question	Total	Average	Standard deviation	Result
Health status and health services	14	81,1	1,9	0,3	Lower level
Social policy	5	127,8	3,0	0,6	İntermediate
Family and economic situation	5	84,8	2,0	0,4	Lower level
Education	3	110,7	2,6	0,5	Lower level
Social environment	8	86,1	2,1	0,4	Lower level
Grand Total	35				

In Table 3, the general results of the survey, which consists of 35 questions and consists of five separate sections, are presented. It is divided into several categories and five sections respectively; health status and health services, social policy, family and economic situation, educational status, social environment. When the results of the research are analyzed in the context of five main sections, the health status of children working in the streets and the level of access to health services ($\bar{x}$ = 1.9, ss. , education level ($\bar{x}$ = 2,6, ss. = 0.5) was found to be at the lower level. The study also found that the social environment of children working on the streets was relatively low cultural, economic ($\bar{x}$ = 2.1, ss. = 0.4). The level of studies and social policies for children working in the streets was found to be moderate ($\bar{x}$ = 3, ss. = 0.6).

Table 4. Risks awaiting children working in the streets and the results of T-test analysis of the perception of nurses towards children working on the street

	Gender	N	Ort.	t	df	p
Health status and health services	Female	29	1,86	-2,139	40	,039
	Male	13	2,08	-2,483		
Social policy	Female	29	2,87	-3,392	40	,002
	Male	13	3,43	-4,357		
Family and economic situation	Female	29	2,06	,957	40	,249
	Male	13	1,92	1,170		
Education	Female	29	2,56	-1,378	40	,189
	Male	13	2,79	-1,355		
Social environment	Female	29	1,99	-1,687	40	,099
	Male	13	2,19	-1,340		

According to the information in Table 4, according to the gender of the nurses participating in the study, the answers given by women ($\bar{x}$ = 1,86, ss. = 0.33) to the health status and health services sub-dimension of children working on the street were “very low”, while men ($\bar{x}$) = 2.08, ss. = 0.22) was calculated as “lower level cevap. When the T-test results were examined ($p < 0.05$), a result was found in favor of men.

While the answers given by women ($\bar{x}$ = 2.87, ss. = 0.57) to the social policy sub-dimension were "medium level", the answers given by men ($\bar{x}$ = 3.43, ss. = 0.27) as "upper level". It was calculated. When the T-test results were examined (p <0.05), a result was found in favor of men. Other sub-dimensions; their family and economic status, educational level and social environment averages were distributed in a similar way and it was found that it was "low level.

Table 5. One-way Variance results based on the risks that awaits children working in the streets and the perception of nurses towards children working in the streets according to the service year in the institution

		N	Ave.	Standard deviation	F	Sig.
Health status and health services	Less than 1 year	14	1,90	0,24	8,361	,000
	2-3 years	21	2,06	0,28		
	4-5 years	2	2,04	0,45		
	Over 5 years	5	1,43	0,00		
	Total	42	1,93	0,32		
Social policy	Less than 1 year	14	2,79	0,64	5,415	,003
	2-3 years	21	3,30	0,38		
	4-5 years	2	2,20	0,85		
	Over 5 years	5	3,00	0,00		
	Total	42	3,04	0,56		
Family and economic situation	Less than 1 year	14	2,04	0,39	5,913	,002
	2-3 years	21	1,91	0,39		
	4-5 years	2	1,50	0,42		
	Over 5 years	5	2,60	0,00		
	Total	42	2,02	0,43		
Education	Less than 1 year	14	2,57	0,44	1,953	,137
	2-3 years	21	2,76	0,47		
	4-5 years	2	2,83	0,24		
	Over 5 years	5	2,20	0,73		
	Total	42	2,63	0,51		
Social environment	Less than 1 year	14	1,88	0,30	1,878	,150
	2-3 years	21	2,15	0,43		
	4-5 years	2	1,94	0,09		
	Over 5 years	5	2,15	0,14		
	Total	42	2,05	0,37		

According to the information in Table 5, the health status and health services of children working on the streets (F = 8,361; p <0,05), social policy (F = 5,145; p <0,05) according to the year of service of the nurses participating in the study.) and family and economic conditions (F = 5,913; p <0.05), there was a significant difference between the sub-dimensions, educational status (F = 1,953; p> 0.05) and social environment (F = 1,878; p> 0 , 05) did not differ. Tukey test was performed to determine the difference. As a result of the calculation, it was revealed that the responses of employees over 5 years less than 1 year and 2-3 years employees differ. According to these findings, it was found that 5 years and over workers stated that children working on the streets had very low levels of access to health status and health services, while those working less than 1 year and 2-3 years were lower.

Table 6. One-way Variance results based on the risks of waiting for children working in the streets and the perception of nurses towards children working in the streets

		N	Ave.	Standard deviation	F	Sig.
Health status and health services	Akdeniz	9	2,10	0,26	5,200	,004
	Yenişehir	7	1,63	0,35		
	Mezitli	10	1,81	0,33		
	Toroslar	16	2,04	0,21		
	Total	42	1,93	0,32		
Social policy	Akdeniz	9	2,91	0,54	5,877	,002
	Yenişehir	7	3,06	0,10		
	Mezitli	10	2,60	0,71		
	Toroslar	16	3,39	0,35		
	Total	42	3,04	0,56		
Family and economic	Akdeniz	9	2,00	0,65	4,125	,013
	Yenişehir	7	2,49	0,20		

situation	Mezitli	10	1,88	0,33		
	Toroslar	16	1,91	0,29		
	Total	42	2,02	0,43		
Education	Akdeniz	9	2,85	0,29	1,720	,179
	Yenişehir	7	2,43	0,71		
	Mezitli	10	2,43	0,45		
	Toroslar	16	2,73	0,51		
	Total	42	2,63	0,51		
Social environment	Akdeniz	9	2,04	0,20	1,917	,143
	Yenişehir	7	2,18	0,12		
	Mezitli	10	2,21	0,62		
	Toroslar	16	1,90	0,27		
	Total	42	2,05	0,37		

According to the information in Table 6, the health status and health services of children working in the streets (F = 5,200; p <0.05), social policy (F = 5,877; p <0.05) and family and economic status (F = 4,125; p <0,05), and there was a significant difference between the sub-dimensions, educational status (F = 1,720; p> 0,05) and social environment (F = 1,917; p> 0,05). It was found that there is no difference. Tukey test was performed to determine the difference. As a result of the calculation, it was revealed that the answers given by the residents of the Mediterranean and Toroslar districts differed from those of the residents of Yenişehir and Mezitli districts. According to this, it was found that the residents of Mediterranean and Toroslar districts stated that children working on the streets had low level of access to health status and health services and those living in Yenişehir and Mezitli districts were lower level.

Table 7. Questions about health status and health services

Health status and health services	Total	Ave.	Standard deviation
Question 1. Street children and street children experience nutritional deficiencies	66,00	1,57	0,50
Question 2. Periodic health checks are performed.	191,00	4,55	0,74
Question 3. Street children and street children experience cleaning problems.	59,00	1,40	0,54
Question 4. Vaccination follow-up and regular vaccinations of street working and street children are provided.	159,00	3,79	0,92
Question 5. Street workers and street children face health problems such as vitamin and iron deficiencies.	68,00	1,62	0,49
Question 6. The development of street children and street children cannot be monitored.	80,00	1,90	0,93
Question 7. Street workers and street children regularly come to our health center.	150,00	3,57	0,86
Question 8. Disease of street children and street children are diagnosed late.	97,00	2,31	0,90
Question 9. Street children and street children do not use their regular medication..	78,00	1,86	0,87
Question 10. It is in risky groups working on street and infectious diseases of street children.	56,00	1,33	0,48
Question 11. Street workers and street children often experience health problems.	75,00	1,79	0,84
Question 12. After the disease progresses, they apply for treatment.	87,00	2,07	0,71
Question 13. I think that their psychological state is impaired.	95,00	2,26	0,89
Question 24. They have access to health services.	133,00	3,17	1,17

Table 7 presents questions about the health status of children working in the streets and access to health services. The total score, mean and standard deviation values of the nurses' answers are presented in the table. Children working on the street; nutritional insufficiency ($\bar{x}$ = 1.57, ss. = 0.5, "very low level"), periodic health checks were not performed by their families ($\bar{x}$ = 4.55, ss. = 0.74, "very high level), cleaning problems ($\bar{x}$ = 1,40, ss. = 0.54, "very low level"), since they are mostly on the streets, vaccination follow-up and regular vaccines are not given and family information system cannot be monitored ($\bar{x}$ = 3.79, ss. = 0.92, "high level"), can not be met with health problems such as vitamins and iron deficiencies (x 1, = 1,62, ss. = 0.49, "very low level,), development can not be followed ($\bar{x}$ = 1 , 90, ss. = 0.93, "very low level") and did not come to our health center regularly ($\bar{x}$ = 3.57, ss. = 0.86, "high level"). However, children working on the streets were diagnosed with illnesses late ($\bar{x}$ = 2.31, ss. = 0.90, "low level") and did not use their regular medication ($\bar{x}$ = 1.86, ss. = 0.87). , "Very low level"), infectious diseases ($\bar{x}$ = 1.33, ss. = 0.48, "very low level"), and they often have health problems ($\bar{x}$ = 1.79, ss. = 0.84, "very low level") and applied for treatment after disease progression ($\bar{x}$ = 2.07, ss. = 0.71, "low level"). In addition, the psychological status of children working in the street is open to deterioration ($\bar{x}$ = 2.26, ss. = 0.8, "lower level" 9) was obtained. In general,

children working on the streets have access to health services at any time ($\bar{x}$ = 3.17, ss. = 1.17, "intermediate").

Table 8. Questions about social policy

Social policy	Total	Ave.	Standard deviation
Question 15. The Ministry of Family Affairs.	118,00	2,81	0,71
Question 16. SYDV is conducting studies.	121,00	2,88	0,67
Question 17. Municipalities are working.	118,00	2,81	0,51
Question 18. Other non-governmental organizations are working.	100,00	2,38	0,66
Question 19. I find the studies sufficient.	182,00	4,33	1,05

Table 8 contains questions about social policy related to children working on the streets. When the responses of MCH / FP, SYDV and municipalities about the children working in the streets are examined, $\bar{x}$ = 2.81, ss. = 0.71 (MCH / FP), $\bar{x}$ = 2.88, ss. = 0.67 (SYDV) and $\bar{x}$ = 2 = 81, ss. = 0.51 (municipalities). Accordingly, the findings of the nurses' answers that MCH / FP, SYDV and municipalities are working for children working on the streets were found to be moderate. When the answers given by the nurses were examined, it was obtained that the studies of the non-governmental organizations related to children working in the street were found at a low level ($\bar{x}$ = 2.38, ss. = 0.66). When the nurses were asked whether they found the studies conducted for children working on the street sufficient or not, they were found to have found the studies at a very high level ($\bar{x}$ = 2.38, ss. = 0.66).

Table 9. Family and economic situation

Family and economic situation	Total	Ave.	Standard deviation
Question 20. Children from relatively poor and needy families.	82,00	1,95	1,03
Question 22. Disintegrated family children (one or both parents are in prison, passed away, divorced, immigrated, dragged into crime, etc.).	76,00	1,81	0,59
Question 29. Working families on the streets	92,00	2,19	0,83
Question 26. They live and work on the streets due to economic poverty.	93,00	2,21	0,81
Question 30. They live in streets and parks for family reasons.	81,00	1,93	0,60

In Table 9, the questions about the families of the children working in the streets and the economic situation of their families are given. When the answers given by the nurses were examined, it was found that the children working in the streets belonged to poor and needy families ($\bar{x}$ = 1,95, ss. = 1,03, "lower level"), the broken-down family children (one or both of their parents were in prison, passed away, divorced) ($\bar{x}$ = 1.81, ss. = 0.59, "lower level"), where they were employed by their families on the street ($\bar{x}$ = 2.19, ss. = 0.83, They have to live and work on the streets due to economic poverty ($\bar{x}$ = 2.21, ss. = 0.81, "lower level"), and generally live on the streets and in the parks for family reasons ($\bar{x}$ = 1.93, ss. = 0.6, "lower level").

Table 10. Questions about the social environment

Social environment	Total	Ave.	Standard deviation
Question 14. I think they are addicted to drugs and volatile substances.	94,00	2,24	0,85
Question 21. They are children of families living in slums and slums.	86,00	2,05	0,79
Question 28. The risk of crime is high.	68,00	1,62	1,15
Question 31. The socio-economic and cultural levels of their families are low.	79,00	1,88	0,50
Question 32. There are housing requirements.	73,00	1,74	0,89
Question 33. They have migrated from other provinces.	103,00	2,45	0,83
Question 34. Children living and working on the streets are open to communication.	119,00	2,83	0,85
Question 35. Children working on the streets are vulnerable to neglect and abuse.	67,00	1,60	0,63

Table 10 contains questions about the social environment of children working on the streets. When the answers given by the nurses participating in the study were examined, it was observed that children working in the streets; high risk of drug and volatile substance addiction ($\bar{x}$ = 2.24, ss. = 0.85, "lower level"),

children of families living in slums and slums ($\bar{x}$ = 2.05, ss. = 0.79, " low level "), high risk of drift ($\bar{x}$ = 1.62, ss. = 1.15," very low level "), low socio-economic and cultural levels of their families ($\bar{x}$ = 1,88, ss. = 0) , 5, "lower level"), sheltering needs ($\bar{x}$ = 1,74, ss. = 0,89, "very low level"), children living and working in the streets, who migrate from other provinces, are open to communication ($\bar{x}$ = 2.45, ss. = 0.83, "lower level"), open to neglect and abuse ($\bar{x}$ = 2.83, ss. = 0.85, "medium level").

Table 11. Questions about education

	Total	Ave.	Standard deviation
Question 23. Access to educational services is limited.	95,00	2,26	1,13
Question 25. Parents' education level is low.	72,00	1,71	0,51
Question 27. They attend school regularly.	87,00	2,07	1,02

Table 11 presents the questions regarding the educational status of children working on the streets. When the answers given by the nurses participating in the study were examined, the access to educational services of children working in the streets was limited ($\bar{x}$ = 2.26, ss. = 1.13, "lower level"), and the education level of their parents was low ($\bar{x}$ = 1.71, ss. = 0, 51, "very low level") and they did not attend school regularly ($\bar{x}$ = 2.07, ss. = 1.02, "low level").

4. Discussion and Conclusion

In this study, it is aimed that our street employees are risky and nurses' point of view towards children working in the street. In this context, while dealing with nurses, it was found out that the record was not kept in a place for children who work in the street, and that vaccination follow-up can be found on this page. It has been found that periodic health checks and vaccinations of children working / working on the street cannot be performed regularly and that the developing process cannot be followed up when they face health problems in the future. Regular health checks on children working on the streets bring about the health problem. Exposure of the child to pathogens in the room, inadequate sanitation, inaccessibility to clean water resources, poor housing (humidity, temperature, etc.), inaccessibility to health services, inadequate immunization, decreased breastfeeding cause the presence of children (Jensen et al., 2017; UNICEF, 2005)). It has been observed that children are often unable to treat these wounds, scratches, fractures due to ignorance and poverty (Bilgin, 2012). With the logic of pity in society and the impossibility given by poverty, children are not able to wear thick enough in the winter and they become ill frequently (Kelebek, 2017). This situation also prevents the fulfillment of the requirements of primary health care services and may lead to agglomeration of secondary and tertiary health care services. According to the results of the interviews and surveys conducted with nurses working in family health centers in the neighborhoods where children working in the streets live in Mersin, it is found that children working in the streets face hygiene problems, psychology is not good, risks of being dragged into crime are high, and they are open to neglect and abuse. Most of the researches are in parallel with these findings (Subaşı Baybuğa and Kubilay 2003; Aksit et al., 2001; Yıldız and Adaş, 2007: Alparslan and Karaoğlan, 2012; Alptekin, 2011; Kızmaz and Bilgin, 2010; Etiler et al., 2011; Avşar, 2012). In addition to the important health problems they experience, children use substances, commit crimes, and are exposed to violence and sexual exploitation (Yıldız and Adaş, 2007). In the study, it was found that the socio-economic and cultural levels of the fragmented families and families belonging to families living in suburbs or slums were low. Children working on the streets may suffer from malnutrition, hunger, health problems, substance abuse, theft and commercial sexual abuse (Singh and Purohıt, 2011). Gungor (2009) interviews and surveys conducted with 510 children working on the streets in Mersin also found that the parents of children working in the streets had low educational levels and had limited access to educational services. In Mersin, 30 children working in the streets were identified in September and November 2018. It is seen that the number of children working on the streets is decreasing by years and it is concluded that the activities of Ministry of Family, Labor and Social Services and Social Assistance Solidarity Foundation are effective in providing this situation.

When the risks awaiting children working in the streets and the results obtained from the perception of nurses towards children working in the street are considered, the risk of children being exposed to neglect and abuse in the streets due to economic poverty, fragmented family, unemployment and migration living in a metropolitan city such as Mersin is exposed. access to health services is limited. Children working in the streets were confronted with problems such as malnutrition, vitamin and iron deficiencies, developmental retardation, periodic health checks could not be performed, hygiene problems, infectious diseases were included in risky groups and their diseases were diagnosed late. According to the family physicians,

referring the families identified during the field surveys to the relevant health institutions in the neighborhoods where children working on the streets live intensively will have positive effects on maintaining and improving public health.

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