

# Why Do the Street Children of Kathmandu Do Not Want to Live in Rehabilitation Homes?

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**Objective:** The general objective of the present study was to identify the factors associated with street children's decision to live in Rehabilitation homes.

**Material and Method:** It was a cross sectional study with 118 respondents. Data were collected by snowball sampling using constructed questionnaire and focus group discussion was also done for in-depth understanding. Descriptive, Chi-square and multivariate logistic regression study was carried out based on the PRECEDE model to analyze the data.

**Results:** Lack of care ( $p$ -value = 0.005), attitude of the respondents ( $p$ -value = 0.004), strict rules within the organizations ( $p$ -value = 0.025) and resilience of the respondents ( $p$ -value = 0.001) were significantly associated with the decision of the children to live in rehabilitation homes. The results of the multivariate logistic regression confirmed that children who were weakly resilient were 4.5 times more likely (OR = 4.54, 95%CI: 1.28-16.06), moderately resilient were 4 times more likely to live in rehabilitation homes (OR = 4.24, 95%CI: 1.53-11.68), than strong resilient. Children with favorable attitude were 16 times more likely to join rehabilitation homes (OR = 16.30, 95%CI: 1.78-149.10) than those favorable ones.

**Conclusion:** The results showed that the children had open access to rehabilitation programs and services, but they had an unfavorable attitude towards the organizations. Most of the children were resilient and well aware of their situation. Organizations were mostly seen by these children as a means of support, but not the only option to better their life, indicating that programs and services should be planned accordingly and should not focus on institutionalizing them as the only solution.

**Keywords:** Street children, Decision, Rehabilitation home, Attitude, Resilience

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As the world is going through a rapid growth of urbanization, street children are seen as one of the bi-product of this complex, contemporary urban environment, which poses one of the most serious global challenges. Once seen as a problem of the developing countries, now it has become an international issue and the increasing number of children in the street seems to have connection with globalization.

The exact number of street children is not available, but various reports estimates the numbers in the tens of millions or higher figures around 100 million (UNICEF)<sup>(1)</sup>. It is very challenging to conduct an accurate census of the number of street children

because of the difficulties of defining them and due to the complexity of children's circumstances<sup>(2)</sup>. UNICEF's estimate of 11 million street children in India is considered to be a conservative figure while the Indian Embassy has estimated that there are 314,700 street children in metros such as Bombay, Calcutta, Madras, Kanpur, Bangalore and Hyderabad and around 100,000 in Delhi alone<sup>(3)</sup>. There are 400,000 street children in Bangladesh<sup>(2)</sup> and in Indonesia it is estimated that there are 170,000<sup>(4)</sup>. South Asia is home to some of the largest number of street children in the world<sup>(5)</sup>.

Various intervention programs have been implemented to rehabilitate these children but still the numbers seem to be increasing. In some countries, the street children have become the forgotten citizens ignored by the government and the society and this has become a major obstacle in their effort to survive as a normal human being. Children are claimed to be the center of development by many nation, yet these

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street children are neglected. Street children are not usually counted, nor subject to census, so their numbers are not known<sup>(6)</sup>. They are living the lowest form of life by any human being with no care and protection and depending upon day to day survival. In a true sense, these children have lost their childhood life and are now living a life of an adult at a very young age.

The issue of street children and welfare work for them started amongst the NGOs in Nepal beginning in the 1990s and has attracted great interest from these organizations. However, there has been little notable change in street children's lives, situation and numbers, even after so much work has been done for them. According to Central Child Welfare Board of Nepal, around 1,500 children under 16 years of age are on the streets all over the country<sup>(7)</sup>. However, child workers in Nepal (CWIN), a leading NGO working with street children puts the figure at 5,000<sup>(8)</sup>. In a study of 335 children homes in 11 districts of Nepal, 72% were found to be located in Kathmandu<sup>(9)</sup>. Around 11 NGOs are working in this area with rehabilitation programs for street children, but still there are about 400-600 street children in Kathmandu alone<sup>(8)</sup>. Most of the rehabilitation programs run by these NGOs are street-based care and full care residential homes. But the number of these children is more on the street than in residential homes with dropout rates of the children from the residential homes apparently high with preference to live in the streets. This is in a way an indicator of the failure of effectiveness of the existing rehabilitation programs. A project with the campaign "Free all children from the streets" at an estimated cost of Rs. 10 million under a public-private partnership initiative is in the pipeline, but with the experience in hand, to resolve the situation there still lies the underlying factor of whether these children would participate in such rehabilitation programs. The purpose of the present study was to use the theory of precede model to find out the factors that influence these street children's decision to live in rehabilitation home. The findings may be helpful in understanding the situation more carefully and their demand on the kind of rehabilitation program they want and not the ones designed by government or NGOs.

As children are the future of the nation, intervention programs for street children must be comprehensive and require a holistic approach for their development. They do need ongoing welfare programs of care and support but at the same time, organizations and government should implement sustainable

alternatives to rehabilitate and reintegrate the children into the mainstream society. Analysis of the effectiveness of the ongoing programs could be one measure to assess the reason why they still exist with rapid growth and understand what the street children actually needs.

## **Material and Method**

### ***Study design and population***

It was a cross sectional study. The target population was street children who were 16 years old and below in Kathmandu district, Bagmati Zone, Nepal. Only those children who lived on the street and were not supervised by any adults were eligible to take part in the present study. Street children in contact with rehabilitation homes were first invited to participate. If they agreed and gave consent, they were interviewed and through these children's contact, other street children were contacted for interview. Thus, the sample size grew like a rolling snowball.

### ***Data collection instrument and procedure***

The PRECEDE model was used to guide the development of independent variables that assessed predisposing, reinforcing and enabling factors associated with decision to live in rehabilitation homes. Pre-testing of the questionnaire was applied to 15 street children. Reliability was tested and Cronbach's coefficient of alpha for attitude was 0.810 and for resilience was 0.734. The data were collected through interviews by using a snowball sampling procedure for the quantitative data. Focus group discussions was conducted to collect qualitative data. Two focus group discussions were conducted with 5 boys who were currently living in rehabilitation homes and other 10 boys who were currently living on the streets respectively from amongst those who were also interviewed. The research was reviewed and approved by the ethics committee for human research, Faculty of Public Health, Mahidol University.

### ***Data analysis***

Descriptive statistics were generated from the structured questionnaire. Frequencies, means, range and standard deviation were calculated wherever required and appropriate for each factor.

Chi-square was used for the analysis of association between the variables of the present study. Multivariate logistic regression analysis was further adopted to identify factors significantly related to decision of the children to live in rehabilitation homes.

For the qualitative analysis, a thematic design was applied in the analysis. Interviews were not recorded on audio tape due to privacy and child sensitive reasons. Narrative structuring and interpretive and categorical methods were used to summarize the results.

## Results

Out of 118 respondents, 95% were boys and the average age of the respondents was around 13 years (SD = 1.788). It was found that 70% of the respondents were Hindu and 28% of the respondents were Christians. More than 80% of them had attended primary education or some other non-formal education. Results also showed that 56% of them had both their parents, while only 15% had no parents and about 90% had siblings. About 25% of the respondents cited "domestic violence" as a reason for leaving home and coming to live on the streets, followed by "to earn money" and some "just wandering for freedom". Most of the respondents (86%) had been living on the streets for the past 1-10 years. Almost 97% of them earned money mostly by begging, rag picking, porting etc. 56% of them used the night shelter homes to sleep and 67% of them visited organizations to get food. Although 88% of the respondents said they had no health problems, a few reported that they had minor illness like cuts and wounds, headache, stomachache, dental and throat problem. But two of the respondents were aware that they were HIV positive and 1 suffered from tuberculosis.

The findings of the present study showed that most of the respondents (58.5%) had unfavorable attitude, almost 34% were less favorable and only 7.6% were favorable towards rehabilitation programs. Accessibility for the respondents to rehabilitation program and services showed that, 93.2% of them could participate easily in the street based rehabilitation programs and services. Almost 95% of the respondents could visit home based programs with ease, while 71% of them agreed that programs and services were available in their locality. Programs and services on the street were easier to participate than in the rehabilitation homes for 69.5% of them. About 80% of the respondents agreed that staff from the organizations did come to visit and help them on the street. Out of 118 respondents, 87.3% of the children had lived in rehabilitation homes and majority of the children spending between 1 to 3 years living there. While in the rehabilitation homes, 82.8% of them participated in non-formal education. 61.8% liked entertainment and recreation services that were provided, followed by

free food and shelter at 57.8%. Regarding a reason to leave the rehabilitation homes, 41.2% of them cited lack of freedom and 25.5% strict rules and regulations. Among those who left the rehabilitation homes, 52.5% of them were still in contact with the rehabilitation homes because 37.5% of them liked the programs and 34.4% agreed that these homes helped them with their problems. Almost 96% of the children had close friends and 64.4% of them asked for help with their friends, followed by 50.8% who depended upon the staff of organizations when they needed. The results also showed that 70.4% of respondents have taken alcohol. Similarly, nearly 51% took drugs, 95% sniffed glue and only 0.8% had sex for money. About 46% of the respondents had tried all three substances; alcohol, drugs and glue. About 95% of them spent time on the streets as gangs and in groups. Almost 67% of the respondents were strongly resilient, 19.5% were moderately resilient and only 13.6% were weakly resilient to their current situation on the streets.

Almost 62% of the respondents had decided not to live in rehabilitation homes. However, 80.8% of respondents in this group would have some consideration to live in these homes in the future. While those who reported that they wanted to live in the homes, 53.3% had not yet decided when they would join, but 28.9% wanted to live in the homes immediately. There was no any significant association between the general characteristics and decision of the street children to live in a rehabilitation home except lack of care (p-value = 0.005) as a reason for leaving their homes to be on the streets. The bivariate analysis also showed significant association between attitude of the respondents (p-value = 0.004), strict rules within the organizations (p-value = 0.025) and resilience of the respondents (p-value = 0.001) with the decision of the children to live in rehabilitation homes. While there was no significant association between accessibility (p-value = 0.395), past experience of staying in rehabilitation home (p-value = 0.328) and peer pressure (p-value = 0.648) (Table 1).

The results confirmed that children who were weak resilient were 4.5 times more likely (OR = 4.54, 95% CI: 1.28-16.06) and those who were moderate resilient were 4.2 times more likely than those who were strong resilient (OR = 4.24, 95% CI: 1.53-11.68) to live in rehabilitation homes. Attitude was another important factor, children with favorable attitude were 16 times more likely to join rehabilitation homes than those who had an unfavorable attitude towards rehabilitation homes (OR = 16.30, 95% CI: 1.78-149.1). Although there

is no statistical significance, younger children aged between 6-11 years were almost 3 times more likely to join rehabilitation homes than the older children, 12-16 years old (OR = 2.75, 95% CI: 0.84-8.97) (Table 2).

### Discussion

It was found in the present study that the age range of the street children was between 6-16 years with 87.3% of them between 12-16 years similar to findings from studies done in Eastern and Southern Africa<sup>(10)</sup>. Almost 95% of the children were boys as compared to girls, which has also been reported in a

report showing proportion of girls among street children to be less than 30% in developing countries<sup>(11)</sup> and another report from Philippines<sup>(12)</sup>. The findings was also consistent with the report from a leading NGO working for street children in Kathmandu, stating that girls are less than 2% of the total population of street children in Kathmandu<sup>(8)</sup>. The children in the present study reported that nearly 60% had both their parents, but still they ended up on the streets. They had left homes due to various reasons including domestic violence, being poor, change in the family dynamics, lack of care and others similar to as reported in a study

**Table 1.** Factors and decision to live in rehabilitation homes

	Total	Decision				p-value
		Yes		No		
		Number	%	Number	%	
Lack of care						
Yes	15	1	6.2	14	93.8	0.005
No	103	44	42.7	59	57.3	
Attitude						
Favorable	9	8	88.9	1	11.1	0.004
Less favorable	40	15	37.5	25	62.5	
Unfavorable	69	22	31.9	47	68.1	
Reasons for leaving the organization						
Very strict rules						
Yes	26	5	19.2	21	80.8	0.025
No	92	40	43.5	52	56.5	
Level of resilience						
Strong	79	21	23.3	58	76.7	0.001
Moderate	23	13	56.5	10	43.5	
Weak	16	11	68.8	5	31.3	

**Table 2.** Factors related to decision to live in rehabilitation homes using multivariate logistic regression (n = 118)

Independent variables	b	SE. (b)	OR	p-value	95% CI for OR	
					LB	UB
Age 6-11 years (12-16 years as reference)	1.010	0.603	2.75	0.094	0.840	8.96
Resilience (Strong resilience as reference)				0.004		
Weak resilience	1.512	0.645	4.54	0.019	1.280	16.06
Moderate resilience	1.444	0.518	4.24	0.005	1.530	11.68
Attitude towards organizations (Unfavorable attitude as reference)				0.044		
Favorable attitude	2.791	1.130	16.30	0.013	1.780	149.10
Less favorable attitude	-0.012	0.453	0.98	0.988	0.407	2.40
Constant	-1.330	0.326	0.26	0.000		

from India that these children experience physical abuse either by family members or by others or both and are inadequately clothed, fed or loved<sup>(13)</sup>. It was found that there was a significant association between lack of care and the decision to live in rehabilitation homes. The street children lacked care, a recurring issue that children emphasized strongly. Around 75% of the children had attained primary level education indicating that they had dropped out from schools, 20% of them had no education at all and 6% of them had attended non-formal classes. This finding was similar to what has been reported by right to education project<sup>(14)</sup>. It was interesting to note that most of them could write their names and could do basic reading as well. As claimed by UNESCO that educating street children as the most effective method of reintegrating them into society<sup>(15)</sup>, so efforts of organizations working for street children in Kathmandu were directed towards including formal/non-formal education and vocational training in their current programs. Most of the children (74%) had been living on the streets for 1-5 years, which was same as informed in the report from Addis Ababa<sup>(16)</sup>. Nearly 88% of the children reported having no health problems during the time of the study, except for some minor problems. Two of them reported that they were HIV positive and some suffered from tuberculosis. The children who reported that they were HIV positive were only girls, so it makes the situation very worrisome; more needs to be done in the prevention and awareness sector<sup>(17)</sup>. The fact is that the children under this study had reported health problems related to “pain” e.g. cuts, wounds, stomachache etc. Their understanding of good health is different from the perspective of the caretakers i.e. organizations, government. In the present study, it was determined that between 70-95% of the children were in the habit of sniffing glue, taking alcohol and frequently taking drugs. Therefore, the fact that the substance abuse has an effect in their health at such tender age cannot be ruled out.

The younger children (6-11 years) were more likely to live in rehabilitation homes than the older children (12-16 years). This was probably because younger children have spent less time on the streets or they could not adapt well or not developed strong resilience to the new and difficult environment. During the interviews, children expressed that the organizations have strict rules and regulations, the staffs are not friendly and they feel that they will lose their freedom once inside the homes. They were also uncertain about whether the organizations are really working for them or just running a project with no real

concern for them. FGD has also revealed that some of the children being physically and verbally abused. They have felt discriminated; all this reasons have led them to develop unfavorable or less favorable attitude towards the rehabilitation homes. Thus, there was a significant association between attitude and decision to live in rehabilitation homes. The children with favorable attitude would decide to live in the rehabilitation homes, while those with less and unfavorable attitude would not want to live in the rehabilitation homes. It was shown that they considered the rehabilitation homes to get food, shelter and a place where they could take time off from the street to relax and participate in recreational activities. They wanted the organizations to help them on the streets rather than at homes and wanted education programs that would develop their skills and also find employment.

There was no association between accessibility and decision to live in rehabilitation homes. The programs and services were an open access for the children. The children were aware of most the programs meant for them and could visit them anytime they liked. Most of the children had an experience of being in a rehabilitation homes during their time on the streets and many had left the homes due to various reason including “strictness and rigidity”, which was significantly associated with their decision to live in rehabilitation homes. While most of the children had been asked by their peers to take up habits like drink alcohol, take drugs and sniff glue; few were asked to live in rehabilitation homes for better life. Even though there was no significant association, those who were asked by their peers and had taken alcohol, drugs or sniff glue, they were the ones who did not want to live in rehabilitation homes. Almost 95% of the respondents had tried sniffing glue after being asked by their friends and 63% amongst them would not want to live in rehabilitation homes. It can be concluded that those in the habit of substance abuse would not want to live in rehabilitation homes because they would have to give up all those habits as soon as they come in contact with the organizations. Resilience and decision to live in rehabilitation home had a significant association. Most the children were resilient to their situation on the streets. They were living independently and had skills for survival. In spite of the adverse situation on the streets, they were optimistic about their life and had confidence in themselves and their future. The results of the present study have shown that those with weak or moderate resilience were more likely to join rehabilitation homes than those who were strongly



resilient. The younger children who would not have developed resiliency to the new and harsh situation on the streets probably wanted to give up living on the streets early and had a favorable attitude towards the organizations *i.e.* knew they would help, so were more likely to live in rehabilitation homes.

### Conclusion

Based on the samples of 118 responses, the street children of Kathmandu see the organizations as a source of support to shape their life but do not want to give up their independence or remain wholly dependent on rehabilitation homes to improve their lives. It was found that almost 62% of the respondents did not want to live in rehabilitation homes and most of those children who wanted to live had not decided as to how soon they would join. The present study assessed several factors that influence children's decision to live in rehabilitation homes including, general characteristics, attitude, accessibility, experience of living in rehabilitation homes, peer pressure and resilience. Results showed that four factors had a significant association with the decision to live in rehabilitation homes: lack of care, attitude, strict rules and resilience. Children with less favorable attitude towards rehabilitation homes and those who are strongly resilient would not want to live in rehabilitation homes.

### Recommendations

The following recommendations are based on the findings of this study and is aimed at organizations and others working for the street children.

Organizations should give utmost importance to respect street children and treat them in a humane manner, as they have strongly expressed "care" is what is required if they are to have a healthy relationship to initiate contact between the two.

As children had reported physical and verbal abuse, the government should have a monitoring system to regulate the proper functioning of these homes or if there is already a monitoring system, then it needs to be strengthened and assessed properly.

Programs and services should be planned and designed according to the needs of the children e.g. flexible program activities as they are highly mobile, streets based programs to increase accessibility.

Organizations should include different recreational activities, which gives them the opportunity to take time off from the streets and have fun with their peers.

### Potential conflict of interest

None.

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## ทำไมเด็กเร่ร่อนในกรุงเทพมหานครจึงไม่เข้าไปอาศัยอยู่ในบ้านพื้นฟู

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**วัตถุประสงค์:** การศึกษาภาคตัดขวางนี้มีวัตถุประสงค์เพื่อระบุปัจจัยที่มีความสัมพันธ์กับการตัดสินใจของเด็กเร่ร่อนที่จะเข้าไปอาศัยอยู่ในบ้านฟื้นฟู

**วัตถุและวิธีการ:** เก็บรวบรวมข้อมูลจากกลุ่มตัวอย่างจำนวน 118 ราย โดยการสัมภาษณ์และดำเนินการสนทนากลุ่มจำนวน 2 กลุ่ม เพื่อความเข้าใจในเชิงลึก สถิติที่ใช้คือ การทดสอบไคสแควร์และการวิเคราะห์ถดถอยพหุแบบลอจิสติก

**ผลการศึกษา:** ปัจจัยที่มีความสัมพันธ์กับการตัดสินใจเข้าพักอาศัยในบ้านฟื้นฟูของเด็กเร่ร่อนอย่างมีนัยสำคัญทางสถิติคือการขาดการดูแล ( $p\text{-value} = 0.005$ ) ทศนคติของเด็กต่อบ้านฟื้นฟู ( $p\text{-value} = 0.004$ ) ภาวะเครียดที่เคร่งครัดมากของบ้านฟื้นฟู ( $p\text{-value} = 0.025$ ) และระดับการสร้างพลังใจสู้ปัญหา (resilience) ของเด็ก ( $p\text{-value} = 0.001$ ) ผลการวิเคราะห์ถดถอยพหุแบบลอจิสติกพบว่า เด็กที่มีระดับการสร้างพลังใจสู้ปัญหาต่ำ ( $OR = 4.54, 95\%CI = 1.28-16.06$ ) และปานกลาง ( $OR = 4.24, 95\%CI = 1.53-11.68$ ) มีโอกาสที่จะตัดสินใจเข้าพักในบ้านฟื้นฟูถึง 4 เท่า ของเด็กที่มีระดับการสร้างพลังใจสู้ปัญหาสูง เด็กที่มีทัศนคติเชิงบวกต่อบ้านฟื้นฟูจะตัดสินใจเข้าพักในบ้านฟื้นฟู ถึง 16 เท่า ของเด็กที่มีทัศนคติเชิงลบ ( $OR = 16.30, 95\%CI = 1.78-149.10$ )

**สรุป:** ผลการศึกษานี้แสดงให้เห็นว่าเด็กเร่ร่อนสามารถเข้าถึงโครงการฟื้นฟูและบริการที่จัดได้ แต่เด็กที่มีทัศนคติเชิงลบ ต่อองค์กรที่ดำเนินการ ส่วนใหญ่มีความสามารถในการปรับตัวและเข้าใจสถานการณ์ของตนเองดี เด็กมองว่าบริการนี้ช่วยสนับสนุนการดำรงชีวิตแต่มีค่าใช้จ่ายที่เลือกเดียวที่จะทำให้ชีวิตเขาดีขึ้น ดังนั้นโครงการฟื้นฟูและบริการสำหรับเด็กควรปรับให้สอดคล้องกับความจำเป็นของเด็ก ไม่ควรเน้นเฉพาะความเป็นสถาบันที่แก้ปัญหาเท่านั้น

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