

## **Street Children in Guwahati City, Assam: A Descriptive Study on their Living Conditions**

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### **Abstract**

The living conditions of street children in relatively smaller cities are understudied globally. The present study was carried out with an aim to understand and describe the living conditions of street children in Guwahati city of Assam and to delineate their coping mechanisms. Thus, in order to get an in-depth understanding about the conditions of street children, a descriptive research design was adopted. The findings of the study are based on a sample of 68 children who were selected using simple random sampling method. Poverty was found to have significantly contributed to the phenomenon of street children along with the other interrelated push and pull factors. The living conditions of the children were found to be extremely challenging on the streets before coming to the shelter home. Besides poor health conditions, most of the children were also found to be victims of physical, emotional and/or sexual abuse. In order to cope with the difficult situations in their everyday lives, these children adopted numerous coping mechanisms. However, after being in the shelter homes, the children were found living a decent life.

### **Introduction**

Children occupy a vital place in the course of development of countries worldwide and their healthy development is therefore essential to the future well-being of any society. Ironically, however, there are millions of children throughout the world using the streets as their abode and work place, where they have to seek not only material support but also mental or emotional support. These children popularly termed as 'street children' have been recognised as the most vulnerable population of the society. The term "street children" was first used by Henry Mayhew in 1851, which came into general use only after the United Nations Year of the Child in 1979 (Scanlon et al., 1998). There is no universally accepted definition of street children. The definition given by the United Nations Children's Fund (UNICEF) is however widely accepted. UNICEF defines street children as "any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and /or sources of livelihood, and who is inadequately protected, supervised, or directed by responsible adults". UNICEF further categorises street children as— i) children "on the street": children, who are engaged in the street but have regular contacts with their families; ii) children "of the street": who live, work and sleep on the street without family support, and iii) "abandoned" children, who have no ties with their biological families and are completely on their own (as cited in Aptekar and Heinonen, 2003). Street children are highly wandering in nature. Thus, estimating the accurate

number of street children is complicated (Actionaid, 2013). United Nations (UN) estimated the number of street children is to be 150 million in the world; whereas UNICEF (1994) puts the figure at 11 million in India (as cited in Chowdhury et al., 2017).

The phenomenon of street children is largely urban in nature, which was mostly spawned by the Industrial Revolution. It is multifaceted and involves a multiple factors related to poverty, abandonment, neglect or abuse and also factors related to modernization that either push or pull the children into the streets (Aptekar, 1994). For these children, who are deprived of their basic human rights, every day is a struggle for basic needs. Also, they have to fight constantly to protect themselves from abuse, maltreatment, exploitation and stigmatisation.

Although, the phenomenon of street children is predominantly found in the industrial and metropolitan cities, it has also become a major challenge for relatively small towns and cities in contemporary times. Although, considerable studies have been conducted to understand and to prevent or ameliorate this pressing social issue, but substantial attention is largely given to the children living in metropolitan cities. However, the conditions of street children living in comparatively small cities are understudied. In this scenario, the present study was carried out to understand and describe the living conditions of street children in Guwahati city of Assam.

### **Conceptual Framework**

The study assumes that the street children phenomenon is provoked by the factors largely related to poverty and its interrelated factors. Street children are forced to live in hazardous and inadequate living conditions. Street children are denied their basic human rights and needs to survive such as food, clothing and shelter; health care, water, sanitation and other welfare services. As a result, street children suffer from multiple health issues such as malnutrition and stunted growth; anemia, infectious diseases, diseases related to mouth and heart or other water borne diseases. Besides, the framework assumes that children living on the streets are likely to abuse substances in order to cope with their problems that further depreciate their health conditions. Further, it affects their mental growth resulting in lack of attention, learning difficulties or communication difficulties. Also, they experience emotional problems such as self-inferiority, restlessness, depression, fear and anxiety or identity crisis. Moreover, they are victims of abuse, be it physical, mental and sexual abuse; maltreatment and neglect. They are pushed into delinquency either for survival or by goons and gangs on the streets which further leads to their exclusion and stigmatisation in the society.

### **Objectives**

There are numerous background studies on the children living on the streets of industrial and metropolitan cities. However, very little is known about the children living in relatively smaller cities and towns. Thus, the major objective of the present study was to understand and describe the issues and problems of street children living in Guwahati city of Assam.

### **Research Methodology**

The present study was based on a descriptive research design adopted to get an in-depth understanding about the life of street children in Guwahati city. Also, the study adopted method triangulation approach to enhance the credibility of research findings.

The area of the study was Guwahati city of Kamrup Metropolitan district. As, conducting an independent study on street children is quite complicated due to their high mobility or lack of trust towards the people; these children were approached through the

organisations working with them. Three organisations were selected for the study based on their accessibility, namely— Snehalya, Social Welfare Department, Assam and Society for Social Transformation and Environmental Protection (sSTEPS). The present study covered the children of “abandoned” category (categories defined by UNICEF as discussed earlier) who had been rescued from their difficult circumstances and were placed in the shelter homes of these organisations. The children were between the age group of 5–18 years.

For the purpose of the study, the sample was drawn using simple random sampling method. The total population of the study was 344 and considering the nature of study and length of time, the sample size was limited to 68.

Further, to collect data semi-structured interviews were conducted. The empirical data were analysed using “Statistical Package for Social Sciences” (SPSS). The findings have been presented using different tables, descriptions and interpretations.

**Ethical Consideration**

Firstly, permission was taken from the organisations to initiate data collection from the children. Secondly, the respondents were informed about the purpose the study before initiating data collection in order to obtain their consent for participation. Thirdly, the participants were not forced to be part of the research; all of them participated voluntarily in the study. Lastly, the researcher followed the principle of confidentiality and anonymity throughout the study.

**Results**

i. Socio-Demographic Profile of the Respondents

In the present study, a total of 68 participants were selected with equal number of boys and girls. The majority of the respondents aged between 10–14 years (89.7%), whereas 8.8 per cent were above 15 years of age or otherwise less than or equal to 18 years of age and there was one respondent who aged between 5–9 years. A major portion of the respondents of the study belonged to Scheduled Castes (SCs) (47.1%), which was followed by Other Backward Classes (OBCs) (27.9%), General category (19.1%) and Scheduled Tribes (5.9%). The religion of the respondents was Hindu (80.9%) and Muslim (17.6%). There was only one respondent who belonged to Christian background. As far as the educational enrollment of the respondents was concerned, all the respondents were found having enrolled in formal education system. Besides on looking at the educational level of the respondents it was found that out of 68 respondents, a majority of them (61.8%) were in the level of class 6<sup>th</sup> to 8<sup>th</sup> standard, whereas 33.8 per cent were in class 1<sup>st</sup> to 5<sup>th</sup> standard. There were only 2 respondents who had reached secondary school level. The remaining one respondent had exposure to pre-school level (see Table 1).

**Table 1: Socio-demographic Profile of the Study Population**

Parameter	Total number of children (n*=68)	Percentage (%)
<b>Gender</b>		
Male	34	50.0
Female	34	50.0
<b>Age Group (in completed years)</b>		
5–9	1	1.5
10–14	61	89.7
15 + (≤18)	6	8.8

<b>Caste Category</b>		
OBC	19	27.9
SC	32	47.1
ST	4	5.9
General	13	19.1
<b>Religion</b>		
Hindu	55	80.9
Muslim	12	17.6
Christian	1	1.5
<b>Enrollment in school</b>		
Yes	68	100.0
No	–	–
<b>Level of Education</b>		
Preschool	1	1.5
Class 1 – 5	23	33.8
Class 6 – 8	42	61.8
Above class 8	2	2.9

Source: Field data

Notes: n\* Total number of children of the study

ii. Factors for Becoming Street Children

Poverty, which is a complex socio-economic problem, has many faces. All possible consequences of poverty have a grave impact on children. For instance, poor infrastructures, lack of basic services; unemployment, etc. lead to children’s malnutrition, lack of education, dysfunctional families, violence or abuse at home, parental neglect, child labour, and so forth. Extreme economic crisis and unfavourable living conditions at home either push or pull the children into the street life resulting in outgrowth of street children phenomenon. In the present study, the children were compelled to adopt street life or life in the shelter homes due to multiple factors which can be categorised as — (i) push factors: factors related economic necessity (such as hunger), family related factors (such as abuse or violence at home, alcoholic parents, parental neglect, single parent or broken families), (ii) pull factors: in search of job/income, peer influence, in search of independence. Thus, these factors are a complex web connected to poverty.

The study shows (Table 2) that a significant portion of the respondents (57.4%) reached shelter homes because of family related factors. They were neglected by their parents or their family members. Besides, abuse or violence at home was another key reason for them to be in the shelter home. They were often beaten up or scolded by their alcoholic parents and other family members after taking *nasha* (addiction). Also, some of these children were compelled to come out of their home due to their broken families. Moreover, 25 per cent of the respondents reported being abused at workplace for which they ran away from workplace and end up being on the streets. Eventually, they were rescued and placed in the shelter home. Reema, a 14 year old girl living in a shelter home shared her experience of how she ended up being in the shelter home—

*“After death of my parents, I had no one to look after. I was sent to a family by one of my relatives at an early age, where I had to work as a maid. I was given a*

*lot of chores to do and when I was not able to perform the things well my employer used to beat me. So, I tried to run away from that place and then a person caught me and produced me before CWC (Child Welfare Committee) and finally CWC placed me in this shelter home”.*

There were 14.7 per cent respondents who came out of their home in search of job to support their family’s income and were placed in the shelter homes after being rescued. Apart from them, there were two respondents who reported that they were abducted and after being rescued they were placed in the shelter homes.

**Table 2: Factors for Becoming Street Children**

Reasons for being in Shelter Home	Number of the Respondents	Percentage (%)
Family related factors	39	57.4
In search of job	10	14.7
Abused at workplace	17	25.0
Others	2	2.9
Total	68	100.0

Source: Field data

iii. Respondents’ Access to Basic Amenities

As far as access to basic amenities is concerned (Table 3), it was found that a majority of the respondents (58.8%) had received food three times a day, whereas the remaining 28 respondents (41.2%) received food two times per day. The types of food these children received basically included— rice, bread, meat, fish, egg, milk and biscuits. Moreover, 16.2 per cent of the respondents reported missing meal at least once in the week. The reasons for missing the meal as disclosed by the respondents were mainly due to lack of appetite and because of not feeling well. Table 3 further shows that all the respondents had access to their basic clothing, which indicates that these children received their clothes from their respective shelter homes.

The respondents of the study suffered from various diseases which can be partially explained by the harsh conditions in which they survive on an everyday basis. 41.2 per cent of the respondents were suffering from fever at the time when the researcher met them during data collection, which was followed by cough (36.8%), diarrhea (8.8%), dental problem (7.3%) and ENT problems (4.4%). There was one respondent who reported suffering from kidney disease. Parbin a 15 year old girl, who had been suffering from kidney problem, said: *“I have been suffering from kidney disease, for which my eyes and legs get swollen from time to time”.*

As far as respondents’ access to healthcare is concerned, it was found that a majority of them (85.3%) were found receiving health treatment from government hospitals; whereas 10.3 per cent took medicines from pharmacy. Besides, there were 3 respondents (4.4%) who received health treatment from private clinic (see Table 3).

**Table 3: Respondents' Access to Basic Amenities**

Source and Type of Amenities	Total number of children (n*=68)	Percentage (%)
<b>Frequency of Eating Food</b>		
Three times	40	58.8
Two times	28	41.2
<b>Whether Respondents Missed any Meal in the Previous Week of the Interview</b>		
Yes	11	16.2
No	57	83.8
<b>Respondents' Accessibility to Basic Clothing</b>		
Yes	68	100.0
No	–	–
<b>Health Problems</b>		
Fever	28	41.2
Cough	25	36.8
Diarrhea	6	8.8
Kidney disease	1	1.5
ENT problems	3	4.4
Dental problem	5	7.3
<b>Sources of Health Care</b>		
Government hospital	58	85.3
Private clinic	3	4.4
Pharmacy	7	10.3

Source: Field data

Notes: n\* Total number of children of the study

iv. Hygiene and Sanitation Facilities

Hygiene and sanitation are crucial for every human being to help prevent the spread of illness and disease. It is a basic right of every child to grow up in a clean, healthy and safe environment. Access to clean water, toilet facilities and good hygiene practice not only provide children better health but also improve their growth and overall development. However, street children largely live in unhygienic and filthy surroundings. Access to proper hygiene and sanitation facilities is a challenge for them. They struggle every day to obtain safe drinking water, bathing and toilet facilities.

The present study made an attempt to identify whether the respondents had access to basic sanitation facilities in their shelter homes. The study found that the respondents were provided proper toilet facilities, safe drinking water and adequate water facilities for bathing and washing.

Besides, menstruation hygiene is another essential aspect for adolescent girls. It is a hygiene practice followed during menstruation that prevents women or adolescent girls from reproductive and urinary tract infections. Thus, lack of adequate sanitation facilities make street adolescent girls more vulnerable especially during their menstruation. In this study, it was attempted to know about the products used by adolescent girls for their

Menstrual Hygiene Management (MHM). It was found that out of 26 respondents (adolescent girls), a maximum number of them (80.8%) used both sanitary pads and cloths, whereas only 19.2 per cent used sanitary pads (see table 5).

During the interaction with the respondents it was further revealed that the girls, who used cloth pieces during their menstruation, reused the same piece cloth for more than three times after washing it. This is perhaps one of the reasons that make these girls most vulnerable for developing different kinds of urinary tract infections.

**Table 4: Respondents (Adolescent girls) by Use of Products for Menstrual Hygiene Management (MHM)**

Product used to Manage Period	Number of the Respondents	Percentage (%)
Sanitary pads	5	19.2
Pad and cloth	21	80.8
Total	26	100

Source: Field data

v. Experiences of Abuse and Violence

Street children are vulnerable to various types of abuse and violence that eventually impact their mental health. Thus, the study attempted to identify problems related to abuse and violence that the children of “abandoned” category faced in their daily life. With regard to the physical abuse, it was revealed that a majority (79.4%) of the respondents faced physical abuse least once in their life (see Table 5). The nature of abuse experienced by these children were— beating, slapping, torture, throwing things, pushing or shoving, hair pulling, threatening to harm with weapons, twisting ears or strangling as well as verbal abuse. The perpetrators of such abuse as reported by the respondents were mainly employers, family members, relatives or neighbours. As Renu, a 15 year old respondent shared her incident of physical abuse:

*“Before coming to this shelter home, I was working as a domestic worker, where I had to carry out their household chores. But my employers were never pleased with my works. They used to order me so many things to do. But, sometimes, I tend to forget to carry some of the tasks they ordered me due to work pressure. Whenever this happened, they (especially the female employer) punished me by pulling my hair or pinched me”.*

Further, the study also tried to identify the prevalence of substance abuse among the children of “abandoned” category, for which a question was asked to the children that whether they consume substances like alcoholic and tobacco products or drugs or cannabis. The study (see Table 5) found that out of 68 respondents of “abandoned” category, 30.9 per cent respondents confessed that they consumed tobacco products such as cigarettes or *gutkha* (a mixture of tobacco, betel nut and palm nut). One of the respondents said with regard to the consumption of substances that:

*“I started smoking when I was working in a hotel. The other working boys in the hotel asked me to buy cigarette for them and thus they influenced me to smoke. But, nowadays I do not smoke at all”.*

Other than consuming tobacco products no respondent was found consuming alcoholic or drugs related products.

Besides, the study made an effort to identify whether these children had encountered sexual abuse in any point of their life. The study revealed that out of 68 respondents of “abandoned” category, 26.5 per cent shared that they had encountered sexual abuse at least once in their life, while the remaining 73.5 per cent had not encountered any such circumstances (see Table 5).

The forms of sexual abuse experienced by these children, as reported by them, were— passing indecent words, perpetrator showing his/her body parts, making gesture with sexual intent, trying to touch the private parts, showing indecent pictures, or trying to grab or kiss forcefully. It was further revealed that the perpetrators, who were involved in such horrible activities, were mainly— relatives, neighbours or employers.

**Table 5: Respondents’ Experiences of Abuse and Violence**

Factors	Total number of children (n*=68)	Percentage (%)
<b>Whether Respondents Experienced any Physical Abuse</b>		
Yes	54	79.4
No	14	20.6
<b>Respondents’ Consumption of Substances</b>		
Yes	21	30.9
No	47	69.1
<b>Whether Respondents’ Experienced of Sexual Abuse</b>		
Yes	18	26.5
No	50	73.5

Source: Field data

Notes: n\* Total number of children of the study

Thus, street children undergo a range of challenges in every aspects of their life. These children are largely stigmatised and excluded by the mainstream society due to their life style on the streets. The following section focuses on stigmatisation of these children.

vi. Street Children’s Experiences of Stigmatisation

Although it is difficult to quantify the concept of stigmatisation, still the researcher attempted to identify whether the children of the study were being stigmatised by the society based on the perceptions and everyday encounters of these children with the society. For that a question was asked to the children that how people call them and it was revealed that they were mostly called *bhikhari* (beggar), *chor* (thieves), criminal, drug addicts, *juwari* (gambler) or *pocketmar* (pickpocket). As one of the respondents, said—

*“People do not treat us well. They call us bhikhari, chor or drug abuser. It is so painful. A few days back when I went to a shop I was addressed as bhikhari by the shopkeeper. I was so angry with him but I could not express my anger. I merely tried to ignore him”.*

Thus, street children face up to a variety of problems and difficulties in their lives. However, in order to deal with such problems, street children also adopt a series of coping mechanisms. Having analysed the problems highlighted by the respondents in the above sections of this paper, let us now discuss the coping mechanisms adopted by the respondents of the study.



## vii. Coping Mechanisms

Coping strategies are the constructive ways or a series of solutions that people create to deal with the demand of living or the problems of their lives (Foley, 2016: 5–7). Street children of “abandoned” categories before coming to the shelter homes had to fight for their basic needs. To cope with their lack of basic amenities, the respondents shared that they just keep patience and tolerate the problem until they find any solution. For instance, in terms of food crisis, they stay without having food or skipping meals, begging, or buying at lowest price, from hotel owners in exchange of chores, from temples, collect stale food from trains or hotels. The strategy, that is, keeping patience and endure the problem was a common strategy found to be mostly adopted by these children not only to deal with their basic amenities but in every aspect of their life.

Besides it was found that before joining shelter home, these children had to engage in several income earning activities. But for that, they had to look for work which required no capital, less skill and is easily available. These included jobs such as working in small hotels, cleaning cars, buses or trains, working in garage as well as car washing centre or disposing of waste, etc.

Moreover, one of the most significant strategies the respondents used to cope with their problems is seeking each other's support. The respondents said that they build rapport with friends and other street children support.

Although, the children were provided health care services in the shelter homes, however, before coming to the shelter homes they had to adopt a number of coping mechanisms to cope with their health issues. It was found that the respondents adopted those strategies to deal with their health issues, which were cheap and easily available, such as buying medicine from the pharmacy, seeking health treatment from traditional healer, taking left over medicines from their friends, sleeping off the sickness or not taking any treatment.

In order to deal with any kind of abuse and harassment, the respondents had to adopt group cohesion strategy, through which they got mutual support and protection from the group members with a strong sense of companionship. To cope with the physical abuse, the respondents used to avoid musclemen or the people who were likely to abuse them. Besides, they used to change locations when they faced major problems or avoided visiting the places, where such incidents often took place. Besides, a few of the respondents were also found that who worked for police in order to get rid of harassment and also to make a bonding with them.

However, the respondents living in the shelter homes are now in a far better place, where they live under adult guidance and can meet basic needs. Besides food shelter and clothing, the children are also provided education, health care services, recreational facilities and counseling.

## Discussion

The phenomenon of street children is an extensive problem and has been occurring all over the world for ages. The literature with regard to children on the streets highlights, that the numbers of street boys are commonly greater than the numbers of girls, as the girls are socialized by their family to stay at home helping household works (Chowdhury et al., 2017). However, in the present study, the girls and boys were equal in number. Besides, all the respondents were found having enrolled in formal education system and a majority of the respondents were in class 6<sup>th</sup> to 8<sup>th</sup> standard.

The study shows that one of the major factors that persuade the children to end up on streets was family related factors (57.4%). However, there were several other factors that equally contributed to the phenomenon of street children, such as single parent or broken families, in search of jobs or income, peer pressure, parental neglect, alcoholic parents, abuse or violence at home, or in search of freedom in their life. A study conducted by Raffaelli (1995) noted the poverty is the root cause of street children in the developing world. On the other hand, Alem and Laha (2016) in their work also stated that the street children phenomenon is not only dominated by a single factor, but it is provoked by a combination of multiple interrelated push and pull factors. Besides, Mugove and Lincoln (2015) emphasised on parental neglect of children at home that push the children onto the streets.

The study findings reveal that respondents suffered from multiple health problems such as fever (41.2%), cough (36.8%), diarrhea (8.8%), dental problem (7.3%) and ENT problems (4.4%). Besides, there was one respondent who suffered from kidney diseases. Subrahmanyam and Sondhi (1990), while discussing about the problems of street children stated that due to inadequate food, unhygienic living conditions and the strain of work, street children suffer from multiple health problems such as physical weakness, fatigue, backache, muscle pain, respiratory problems, tuberculosis, skin diseases and worm infestation.

The respondents of the study were found receiving proper sanitation facilities in the shelter homes; however with regard to the Menstruation Hygiene Management (MHM), a major portion (80.8%) of the respondents used both pads and cloths to manage their period; and only 19.2 per cent used purely sanitary pads. During the interaction with the respondents, it was further revealed that the girls, who used cloth pieces during their menstruation, reused the same cloth for more than three times after washing it. This is perhaps one of the reasons that make these girls most vulnerable for developing any kind of urinary tract infections.

Street children are prone to several types of abuse and violence in their life. The study found that 79.4 per cent encountered physical abuse in their life on the streets. Aptekar (2003) noted that physical abuse is one of the major issues for the children living on the streets and the worst enemy of these children is the police. Another study was conducted by Save the Children (2014), on street children in four cities namely Kolkata, Hyderabad, Bhubaneshwar and Jaipur with a sample size of 4,224, revealed similar results. It found that 90.6 per cent of the respondents faced risks on the street in the form of threat to life, police harassment, parental abuse and sexual abuse (Breakthrough, 2018).

Moreover, a significant proportion of the respondents (26.5%) disclosed that they experienced sexual abuse at least once in their life. Sharmila and Kaur (2014) also noted that children living on the streets of India are repeatedly exposed to maltreatment ranging from child labor, child trafficking, sexual exploitation, and many others forms of violence and abuse.

### **Conclusion**

Street children represent a global phenomenon despite cultural differences. The backgrounds of street children are incredibly similar throughout the world. In this paper, predominantly quantitative methods were employed to understand and describe the living conditions of street children and to know about their coping mechanisms. Although, multiple reasons influence the phenomenon of street children, but the components related to push factors such as poverty and economic necessity, family related factors were found

to have greater influence than the pull factors. . In order to deal with the phenomenon, a comprehensive rehabilitation programme is required with proper involvement of street children, their families, government and non-governmental organisations and the academicians.

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