

## AN ANALYSIS OF HEALTH PROBLEMS FACED BY STREET CHILDREN AT LAHORE

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### *ABSTRACT*

Present research aims to be identifying the health problems faced by the street children. The study is conducted in the city of Lahore which first time highlighted the cruel incident of serial killing of street children in the history of Pakistan. The field based, exploratory type of study uses both qualitative and quantitative methods of research and strengthened from data collected. Observation and a structured interview schedule were used as tools for data collection from the field. Descriptive and inferential statistical techniques were used for the purpose of interpretation of the results. The results of the research show that the majority of street children belong to large size rural families and had joint family system. The research also presents that majority of street children were facing the health problems among stomach & fever were the most cited health problems. The research also depicts that the majority of street children use self medication for their health problems. The research reveals the dire need of initiating such programs with the cooperation and coordination of public and private organizations which directly address the health problems of the street children.

*Key Words: Street children, Rural families, Health problems, Medical treatment. Look after*

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## INTRODUCTION

Children are roses of this world. They give fragrance, beauty and meaning to human life. They are innocent, trusting and full of hope. They are the real capital and future of a nation. They are very precious, delicate and need proper care and treatment. Their lives should mature gradually as they gain new experiences. It is a universal truth that economic prosperity and socio-cultural progress of a nation largely depends on the proper upbringing of its future generation. The educational, civilized and developed societies always predict and plan their future keeping in mind the present status and situation of their children

Street Children are the unwanted gifts of economic growth, war, poverty, lost of traditional values, domestic violence, physical and mental abuse. Every street child has a reason for street life, while some children are deceived by the promise of excitement and liberty; the majority is pushed onto the street by the desperation and realization that they have nowhere else to go. If the problem of street children is explored at the inner level, it would not be futile to say that poverty and parental negligence lies in the background of the street children and their needs and problems are a result of wanting to fulfill basic needs for survival. The enigma of street children demands and requires an understanding that who they are, what they need, what they do and how they can be identified and can be solved by our sincere practical efforts. These street children are deprived of their basic human rights. In some cases, they do not find the guidance of their parents to be best nurtured children of the society. Their circumstances compel them to be on the street.

It is estimated that there are 10 to 100 million street children in the world today <sup>1</sup>. These children live a transitory life style and are vulnerable to inadequate nutrition, physical injuries, substance use and health problems including sexual and reproductive health problems. Some street children are “on the street” which mean they still see their families regularly and may even return every night to sleep in their family homes. “Children of the street” on the other hand, have no home but the street. In present research, children of the street are focused.

Though over the last many years, the matters of street children are coming in to limelight but much more is needed to do especially with regard to Pakistan where CRC is not more than a sacred document to which nobody can touch.

Being the signatory of UNCRC, the state is accountable about the survival, development; protection and participation of children whether they are on the street are not. In Pakistan, it is even indigestible to mention over here that no serious effort is being done to collect the statistics

related to street Children or even to have know how of the life, they are leading in the streets right now. Pakistan is also confronting the problem of street children like many other countries. No statistics are available related to street children in Pakistan. It is just estimated that 10,000 street children are present only in the city of Lahore <sup>2</sup>.

In Pakistan, street children are deprived of their basic needs and rights. They have limited access to social services. Being separated from their families they are deprived of parental care, guidance and love which are significant factors in the healthy development of a child. They are at the mercy of criminals, police drugs addicts and smugglers. Unhealthy living environment, lack of proper food, shelter and basic health services make them vulnerable to different types of diseases including sexually Transmitted diseases (STDS) and HIV/AIDS, exploitation and abuse. They are heavily into substance abuse, glue being the cheapest and the most accessible of all the substances. They are socially rejected and look down upon by the society due to which they develop negative attitude towards society which has lifelong effect and some time force them to indulge in anti social activities <sup>3</sup>. (Spark2007).

It is quite true that the world is encountering with a lot of challenges i-e Poverty, misery, and instability. These issues have erupted the most critical issue that is of, "Street Children".

### **OBJECTIVES OF THE STUDY**

The objectives of this study are following.

1. To know about the personal profile of street children.
2. To know about the health problems faced by the street children.

### **LITERATURE REVIEW**

The United Nations (1985) has its own definition of Street Children. According to UN, "Street Child is any girl or boy for whom the street in the widest sense of the word (including unoccupied dwellings, wasteland etc) has become his or her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults <sup>4</sup>".

Lewis defines a street child as someone younger than eighteen, who has decided to leave home to care for himself / herself on the street unassisted by an adult <sup>5</sup>.

Chetty states that street children are those who have abandoned or have been abandoned by their families, schools and immediate communities before they are eighteen years of age and drifted into nomadic street life <sup>6</sup>.

He also refers to the difficulties in defining street children because the term is applicable to a large number of children; all of them spend the significant part of their day in the street without necessarily sharing any other common characteristics<sup>7</sup>.

Schurink defines street children as any boy or girl between the age of 0 to 18 years to live on the street permanently or temporarily. These children spend most of their time unsupervised by an adult and therefore develop a tendency to depend upon each other<sup>8</sup>.

Barnett defines street children as children who spend a considerable amount of their time in street of urban centers to fend for themselves and their families and are inadequately protected, supervised and cared for by a responsible adult person<sup>9</sup>.

In the light of above mentioned definitions, there are three common elements are drawn which are listed below

- These children live or spend a significant amount of their time on the street.
- The street has become their source of livelihood.
- Overall, they are inadequately protected, supervised or directed by responsible adults.

Although the term, “Street Children” is widely debated but at the centre of each definition are children who are out of place.

UNICEF (United Nations Children’s Fund) 1986 has defined the three most important categories of Street Children that has been widely used by the researchers all over the world.

Following are defined categories of Street Children by UNICEF<sup>10</sup>,

The first category in UNICEF (1986) definition is poor working children of street families, living at home but earning money on the street for their Families. They are referred to as, “Children at risk”.

Second category in the definition is, “Children on the Street”. These children spend a lot of their time on the street but have some family support and live at home on regular basis.

The last category is, “Children of the Street”. They live and work on the street. They have no or very little family contact or support.

Patel (1990) in her study of street children in Bombay had same but some different categorization of children in the street<sup>11</sup>.

Hecht find out that although street children are sometimes presented as a unified category, there are in fact different types of street children with different backgrounds, who are characterized by

different activities<sup>12</sup>. She identified the some categories of street children and these are discussed below,

➤ **CHILDREN WITH FAMILIES WORKING ON THE STREETS**

The majority of street children belong to this category. They are children with family connections, who are working on the streets. Examples of the work on the streets include shining shoes, flower selling, water selling, selling of newspapers and cigarettes etc. They return home at the end of the working day on regular basis and mostly give their income to their parents, thus helping them support an often-fatherless family with many young siblings. Many of these children do attend school<sup>13</sup>. It is obvious that the children in this category do not have family disorganization problems such as abuse or violence, but may experience living in poverty and growing up in a single-parent household. Many working children's households often largely or entirely depend on them to survive. This responsibility may also have negative associations for children, contributing to anxiety and vulnerability to harsh working conditions<sup>14</sup>.

Schurink also high light a category of children who work on the streets and define them as children on the street. These are primarily children who still have family connections of a more or less regular nature. Their focus in life is still home, many attend school, most return home at the end of each working day and most have a sense of belonging in the community in which their home is situated. Those who attend school only go to the streets on weekends to make money to buy some food at school since they do not get any lunch boxes at home. Part-time working children are school-going children who go to the streets in the afternoon, after school, over the weekends and during holidays. The main purpose of going to the streets is to make some pocket money or to help their families financially. They stay with their families and usually sleep at home. Fulltime working children are children who have left school and work fulltime on the streets. Some start as part-timers and finally become full timers. They decide to leave school altogether, and then some start sleeping on the streets and have irregular contact with their families<sup>15</sup>.

According to Plummer et al, many working children, particularly boys, are pleased and proud to work, because it enables them to support themselves and their families. The positive draw of street life seemed to contribute to the self-esteem of some of the boys, as well as their pleasure in their free time. The boys report being drawn to the relative freedom and independence of the streets and value this very highly once on the streets<sup>16</sup>.



➤ **CHILDREN WITH WEAK FAMILY TIES WHO LIVE IN THE STREETS**

According to Hecht, this is a more complex group of children who, although might still have some family connection, have escaped or life in the family has become intolerable for them due to different kinds of abuse or for reasons such as rejection by a new step father<sup>17</sup>. These children see the street as their home and they seek shelter and a sense of belonging among other street children. Children of the streets are a smaller but more complex group. Children in this group see the streets as their home and it is there that they seek shelter, food and sense of family among their companions. Family ties exist but are more remote and their former home is visited infrequently<sup>18</sup>.

They have their homes and/or families but they regard the streets as their homes, away from their homes. They regard the streets as being safer, friendlier and more conducive than their actual homes. They seek shelter and a sense of belonging among other street children rather than among their own parents, relatives, guardians or family members.

This situation clearly indicates that all is not well in the family circumstances of the child. Ideally, every child should enjoy the comfort, affection, care and protected environment of their families.

➤ **ABANDONED CHILDREN**

These children are alone and many are deeply psychologically affected because of the emotional trauma they endured before they were abandoned. They are the most vulnerable and serious cases. Many of them have lost all hope and turn to violence, drugs or prostitution as consolation and as a way of survival.

In their need to belong, these children may submit to any organized violence that gives them a feeling of belonging and identity. Abandoned and neglected children are children born out of wedlock that have become unmanageable, children who are raised by their grandparents and who fend for themselves on the streets.

They often join a group of runaway children and are completely at the mercy of the group to which they belong. At times, they will move to another group if life becomes too difficult for them.

The difference between this group and the group of children with weak family ties, who live in the streets, is that their parents or families have abandoned them. The reasons for the group of street children who purposefully leave their families are not exactly clear and necessitate further

research.

➤ **RUNAWAY CHILDREN**

These are children who have decided to leave home and school, and go to make a living on the streets. Their reasons for leaving home may vary situation to situation. They eat and sleep on the streets. Their parents do not know where they are and what types of life they are leading in the streets know and the children try to take on a new identity. Depending on their age, they will normally join a group for protection and survival<sup>19</sup>.

➤ **YOUNG DELINQUENTS**

This group of street children often regards the street as the best place to be. This is where they are able to get up to mischief and involve other children in shoplifting, stealing, house breaking, pick pocketing and many other delinquent acts. They do not always live in the streets but tend to have contact with their homes.

Every street child has the justification for being on the street. He/ she strive to satisfy his/her inner by giving some justifications. In spite of these justifications, some children are captured and get attracted on score of excitement and freedom from outer world. While they leave their home, they are not cognizant of harsh and bitter realities of the callous attitude of the life. The majority of children enter into this sphere due to the desperation and pessimism. They have no rights for this sightless world and are compelled to stay there forever. Desmond says that the street children phenomenon represents a complex issue resulting from a wide variety of integrating factors<sup>20</sup>.

Stolberg mentioned that the reason for children taking to the street or forced out of their home are multiple. This simply means that no single factor is responsible for homelessness of children<sup>21</sup>. In addition, Stolberg adds that broader global and societal factors filter down to affect communities, families and ultimately children. The immediate familial and community upheavals combine with inner motivation, culminating in the alienation of children from family and community supports so much so that running away is viewed as the best or only alternative<sup>22</sup>.

Agraval mentioned that in-depth study of the literature reveals a host of contributory factors, the most commonly cited being political factors, poverty, urbanization, un-employment, family disintegration and disruption, violence and conflicts, abuse in the sense of physical, sexual and emotional<sup>23</sup>.

It goes without saying that whenever the children appear on the street, they have to lead their lives without any kind of protection or guidance. Then they had to encounter a wide range of hazardous factors. These factors not only disturb their speed of development but also cause the losses for their whole life. Poor children are fortunate enough that they have the adults to supervise and take care of them. But unluckily, these pitiable street children are deprived of this blessing. These are considered a greater burden and obstacles on the path of development and civilization.

Hetch mention that life on the street is difficult. Children are facing very difficult and dangerous circumstances on daily basis. They are in danger of injury, murder, violence, sexual exploitation, rape, drugs, HIV/AIDS and other diseases, hunger, solitude, contempt and forced labor<sup>24</sup>.

### **METHODOLOGY**

Methodological techniques are very important for analyzing sociological problems empirically. Sound methodology is vitally important to establish chain for knowledge and empirical verification of hypothesis. The population for the study consisted of street children who were spending their life away from their home at least for one month ago and they have no or very little contact with their families. Present study is conducted at Lahore city. Different areas i.e., Data Darbar, Railway station, Minar-e-Pakistan, Laxmi Chock, Regal Chowk and Badami Bagh were the focal locals of the study. 370 street children were selected as a sample size through purposive sampling. According to Lawrence Neuman, "Purposive sampling is an acceptable kind of sampling for special situation. It uses the judgment of an expert in selecting cases with a specific purpose in mind"<sup>25</sup>. Data was collected with the help of a well structured interview schedule. Collected information's were analyzed through SPSS software. Descriptive and inferential statistics were used for data analysis.

### **RESULTS AND DISCUSSION**

**TABLE 1**

**BACKGROUND OF THE RESPONDENTS**

Age (in years)	Frequency	Percentage
9-11	76	20.5
12-14	111	30.0
15-17	183	49.5



Total	370	100.0
	Mean age = 14.90	Std. Dev. = 3.18
<b>Number of siblings</b>	Frequency	Percentage
1-4	91	24.6
5-8	208	56.2
9 and above	71	19.2
<b>Total</b>	370	100.0
	Mean = 6.24	Std. Dev. = 3.78
<b>Religion</b>	Frequency	Percentage
Islam	359	97.00
Christen	11	3.00
<b>Total</b>	370	100.0
<b>Geographical Background</b>	Frequency	Percentage
Urban	123	33.2
Rural	247	66.8
<b>Total</b>	370	100.0
<b>Earnner family members</b>	Frequency	Percentage
One	166	44.9
Two	145	39.2
Three	59	15.9
<b>Total</b>	370	100.0
<b>Dependent family members</b>	Frequency	Percentage
1-4	88	23.8
5-8	165	44.6
9 and above	117	31.6
<b>Total</b>	370	100.0
<b>Number Of Birth Order</b>	Frequency	Percentage
1 <sup>st</sup>	89	24.1
2 <sup>nd</sup>	38	10.3
3 <sup>rd</sup>	42	11.4

4 <sup>th</sup>	96	25.9
5 <sup>th</sup>	56	15.1
6 <sup>th</sup> and above	49	13.2
<b>Total</b>	370	100.0

Above table indicates that about one-fifth i.e., 20.5 percent of the respondents had 9-11 years of age, while 30.0 percent of the respondents had 12-14 years of age and about a half i.e., 49.5 percent of the respondents had 15-17 years of age. Mean age of children was about 15 years.

Table also presents the number of siblings of the respondent. As the siblings play an important role in the life of children so the numbers of the siblings of the respondents were asked. About one-fourth i.e., 24.6 percent of the respondents had the siblings 1-4 in number. A majority i.e., 56.2 percent of the children had the siblings 5-8 in numbers and little less than one-fifth i.e., 19.2 percent of them had the siblings 9 and above in number. Average number of siblings (as calculated by mean) was almost 6.

Table indicates that the highest number of the respondents who were 97.0 percent falls in the group of Islamic religion. While the least number of respondents who were only 3.0 percent belong to Christian group.

Table also indicates that about one-third i.e., 33.2 percent of the respondent's family belonged to urban areas, while a majority i.e., 66.8 percent of the respondent's family belonged to rural areas. In our rural areas has less entertainment, educational and economic opportunities as compare to urban areas, so due to more attraction majority of the children run towards cities.

Table further depicts that a major proportion i.e., 44.9 percent of the respondents had one earning member, while 39.2 percent of the respondents had two earner family members and remaining 15.9 percent of the respondents had three earner family members. It indicates low economic status of the respondents' family.

Table also reveals that 23.8 percent of the respondents reported that in their family 1-4 dependent members, while a major proportion i.e., 44.6 percent of the respondents said that 5-8 family members were dependent and 31.6 percent of them told that 9 and above family members were dependent.

Table also indicate that the highest number of the respondents who were about one-fourth i.e. 25.9 percent had 4<sup>th</sup> birth order. The second highest number of the respondents who were little

less than one-fifth i.e. 24.1 percent had 1<sup>st</sup> birth order. Whereas the third highest number of the respondents who were 15.1 percent had 5<sup>th</sup> and 13.2 percent of the respondents had 6<sup>th</sup> or above birth order. 11.4 percent of them had 3<sup>rd</sup> birth order. While the least number of respondents who were 10.3 percent had 2<sup>nd</sup> birth order.

**TABLE 2**

**DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THEIR EDUCATION LEVEL**

Education level	Frequency	Percentage
Illiterate	60	16.2
Below primary	98	26.5
Primary	87	23.5
Below Middle	54	14.6
Middle	42	11.4
Below Matriculation	21	5.7
Matriculation	8	2.2
Total	370	100.0

Above table shows that 16.2 percent of the respondents were illiterate, while more than one-fourth i.e., 26.5 percent of the respondents were below primary and less than one-fourth i.e., 23.5 percent of them were primary passed. About 14.6 percent of the respondents were below middle and 11.4 percent of them were middle passed. Only 5.7 percent of the respondents were below matriculation and 2.2 percent of the respondents were matriculated.

**TABLE # 3**

**DISTRIBUTION OF THE RESPONDENTS WHO FACED HEALTH PROBLEMS**

Health problem	Frequency	Percentage
Yes	300	81.1
No	70	18.9
Total	370	100.0

Above table indicate that the highest number of the respondents who were 81.1 percent faced the health problems since they were away from the home while the least number of the respondents who were 18.9 percent never faced any health problem

**TABLE # 4**  
**TYPES OF HEALTH PROBLEMS FACED BY THE RESPONDENTS**

Health problems	Frequency	Percentage
Stomach problem	107	28.9
Fever	86	23.2
Pain in body	60	16.2
Weakness	37	10.0
Any other (hepatitis, skin infection, teeth problem, allergy etc.)	10	2.7
NA (No health problem)	70	18.9
Total	370	100.0

Above table indicate that the highest number of the respondents who were 28.9 percent faced stomach problem and the second highest number of the respondents who were 23.2 percent faced the problem of fever and 16.2 percent had pain in body. About one-tenth i.e.10.0 percent of the respondents felt weakness and least number of the respondents who were 2.7 percent faces other problems i.e. hepatitis, skin infection, teeth problem and allergy etc.

**TABLE # 5**  
**RESPONDENTS WAY OF GETTING MEDICAL TREATMENT**

Way of getting medical treatment	Frequency	Percentage
Doctor	25	6.8
Hakeem	75	20.3
Quack	31	8.4
Self medication	89	24.1

Any other (spiritual treatment etc.)	10	2.7
No treatment	70	18.9
NA	70	18.9
Total	370	100.0

Above table indicate that the highest number of the respondents who were slightly less than one-fourth i.e.24.1 percent using self medication for their treatment and the second highest number of the respondents who were 20.3 percent get medical treatment from Hakeem. While 8.4 percent were getting medical treatment from Quacks and 6.8 percent of the respondents were getting medical treatment from doctors. The least number of the respondents who were only 2.7 percent were getting medical treatment from others type i.e. (spiritual treatment etc.) and 18.9 percent of them never getting any type of medical treatment for their health problems.

**TABLE # 6**

**REASONS FOR NO MEDICAL TREATMENT BY THE RESPONDENTS**

Reasons	Frequency	Percentage
Feel no need	23	6.2
Not affordable	47	12.7
NA	300	81.1
Total	370	100.0

Above table indicate that the highest number of the respondents who were 12.7 percent told that the medical treatment was very costly so they cannot afford it. While the least number of the respondents who were 6.2 percent reported that they felt no need of medical treatment.

**TABLE # 7**

**LOOK AFTER PERSONAL OF THE RESPONDENTS DURING THEIR ILLNESS**

Look after person	Frequency	Percentage
Friends	60	16.2
Roommate	203	54.9
Employer	27	7.3



Any other (No one)	10	2.7
NA	70	18.9
Total	370	100.0

Above table indicate that the highest number of the respondents who were 54.9 percent told that their roommate looks after them during illness and the second highest number of the respondents who were 16.2 percent says that their friends looks after them during illness. While 7.3 percent of them were looked after by the employers and the least number of the respondents who were 2.7 percent told that no one looks after them during illness.

**TABLE # 8**

**PRACTICE OF DIFFERENT NEEDS BY THE RESPONDENTS**

Needs	Regularly		Rarely		Never		Total	
	Freq.	%age	Freq.	%age	Freq.	%age	Freq.	%age
Bathing	35	9.5	335	90.5	0	0.0	370	100.0
Clothing	26	7.0	344	93.0	0	0.0	370	100.0
Tooth brushing	49	13.2	137	37.0	184	49.7	370	100.0
Hair cut	57	15.4	249	67.3	64	17.3	370	100.0
Nail cut	71	19.2	232	62.7	67	18.1	370	100.0
Shaving	9	2.4	87	23.5	274	74.1	370	100.0

Above table indicate that the highest number of the respondents who were 90.5 percent taking bath rarely and the least number of the respondents who were only 9.5 percent were taking bath regularly. The highest number of the respondents who were 93.0 percent clothing rarely and the least number of the respondents who were only 7.0 percent clothing regularly. The highest number of the respondents who were 49.7 percent never tooth brushing and the second highest number of the respondents who were 37.0 percent rarely while the least number of the respondents who were only 13.2 percent tooth brushing regularly. On the other hand, the highest number of the respondents who were 67.3 percent rarely hair cutting and the second highest number of the respondents who were 17.3 percent never hair cut while the least number of the respondents who were 15.4 hair cutting regularly. Whereas the highest number of the respondents who were 62.7 percent rarely nail cutting and the second highest number of the respondents who

were 19 percent nail cutting regularly and the least number of the respondents who were 17.3 percent never cut their nail. Whereas the highest number of the respondents who were 23.5 percent rarely shave and The second highest number of the respondents who were 2.4 percent were doing shaving regularly and the least number of the respondents who were 74.1 percent never shaving.

**TABLE # 9**

**FEELINGS OF THE RESPONDENTS BEFORE USING SUBSTANCES**

Feeling before using substances	Frequency	Percentage
Uncomfortable	297	80.3
Pain in body	52	14.1
Senselessness	10	2.7
NA (No use)	11	3.0
Total	370	100.0

Above table indicate that the highest number of the respondents who were 80.3 percent reported that they feel uncomfortable before using substances. While the second highest number of the respondents who were 14.1 percent felt pains in body before using substances. The least number of the respondents who were 2.7 percent felt senselessness before using substances.

**TABLE # 10**

**FEELINGS OF THE RESPONDENTS AFTER USING SUBSTANCES**

Feeling after using substances	Frequency	Percentage
Relaxed	151	40.8
Forget worries	107	28.9
Sleepy	68	18.4
Excitement	33	8.9
NA (No use)	11	3.0
Total	370	100.0

Above table indicate that the highest number of the respondents who were 40.8 percent feel relaxation after using substances while the second highest number of the respondents who were 28.9 percent told that they forget worries after using substances. Whereas 18.4 percent feel sleepy

after using substances and the least number of the respondents who were 8.9 percent felt excitement after using substances.

## CONCLUSION

It is concluded that the majority of street children belong to large size rural families and had joint family system. The research also presents that majority of street children were facing the health problems among stomach & fever were the most cited health problems. The research also depicts that the majority of street children use self medication for their health problems. The research reveals the dire need of initiating such programs with the cooperation and coordination of public and private organizations which directly address the health problems of the street children

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