

Street Children in Nepal: Causes and Health Status

Mohan Kumar Sharma

Center for Research on Education Health and Social Science (CREHSS) Kathmandu, Nepal
Email: attrig2019@gmail.com, ORCID ID: <https://orcid.org/0000-0002-7600-8223>

Abstract

Street children refer to the children who have not reached adulthood, for whom the street has become their habitual abode and/or a source of livelihood. The reasons for their connection to the street will vary from nation to nation, city to city, and from person to person. This research envisaged to explore the causes of being street children and assess their health status of two study areas, Kathmandu and Birjung, Nepal. The research followed descriptive, exploratory and applied 'QUAN-qual', quantitative dominant mixed methods. The two: semi-structured questionnaire with 150 participants for quantitative data and Key-in-depth interviews (KIs) with 18 participants for qualitative data were employed in this research. The research areas were purposively selected as per the researcher's pre-observation and respondents on the basis of convenience sampling. The quantitative data were analyzed using the Statical Package for the Social Science (SPSS) software version 20.0 and qualitative data were thematically analyzed using content analysis. The findings of the study depicted that the dominant causes to be street children are family-based causes. Economic, social, and other causes are second, third, and fourth respectively in the study area. Additionally, gender and alcohol consumed behavior was found significant where education level and age had no significance to determinants of the health status of street children. The overall implication of the study signifies that the attention has been shifted from treating the biological to encouraging street children to gain positive necessary health skills that are based on self-care and self-management behaviors including knowledge, beliefs, attitude, motivation, and behaviors.

Keywords: Street children, causes, health status, education, Nepal

Introduction

Millions of children live in the street throughout the world, today. More than 150 million children are in the street due to home violence, the death of parents, family breakdown, war, natural disasters, and poor socio-economic status (Shrivastava et al, 2016). There are no reliable statistics about street children living in Nepal till the date. However, the total estimated number of street children in Nepal is 5,000 (Thakuri, 2017). In a similar way, another research conducted in 2014 stated approximately 1200-1500 street children live only in Kathmandu valley and there are numerous causes behind a child belonging to the street (Shrestha & Shrestha, 2014). In the context of Nepal, as everywhere the dominant reasons that lead children to get into the street are found poverty, family loss, family conflicts, natural disasters, civil war, and the pursuit of freedom. The street children are mostly deprived, have no access to health care and light of education, and most of them have been victims of violence even before being to the street. They are seen by many as worthless and forced to live on the

streets with occupying scavenging, begging, hawking in the slums and polluted cities (Webb, 2015).

A street child refers to any girl or boy for whom the street has become his or her habitual residence or a source of livelihood and who work and live in the streets in the daytime and whether return back home to their family at night (Bhat & Qudir, 2014). Shrestha & Shrestha (2014) state that street children are children for whom the streets act as a fundamental part of their life. The United Nations Convention on the Rights of the Child (CRC) defines a child as a human being below the age of 18 years' which is ratified by 192 member countries (Phelivanli, 2008). However, Nepal Law Commission (NLC) defines a little differently that a child as a minor not having completed the age of 16 years (Child Act, 2006). For this reason, a person below the age of 16 years is treated as a child and also declares that below that age the Nepalese law treats being on the street is a street child.

The problem of street children has emerged as a major social problem. The change in the political system of Nepal is also unable to bring a difference in terms of addressing this serious problem as it was expected (Pradhan, 2016). Most of the street children are living, sleeping and working under the open sky and engaging to survive as they can without family support, for example, they are presenting themselves as rag pickers, dishwashers, shoeshine boys, and newspaper sellers. Furthermore, they are overwhelmed with various problems such as hunger, shelter, clothes and many more like this, and gangsters' ragging too. They are in high risk, insecure and are vulnerable too in various forms of exploitation, abuses especially exposure to alcohol, drugs and tobacco. Worst yet, street they are gradually being exposed to the world of crimes as well.

As far as researchers' knowledge is concerned, health and education are vital requirements for children to explore their innate potentiality. The denial of access to either one may assist street children to be helpless victims and even to face social discrimination too (Panter-brick, 2002). Educating these poor and needy children, giving them social standing, and looking after their well-being and good health will assist the children to become the architects of their own lives (Dutta, 2018). In this regard, this article discusses the causes of street children and their health status with expecting that this research paper would be helpful for policymakers, administrators, stakeholders and the researchers to search for the remedies of the problems so far faced by the street children of Nepal.

Methods

The study followed "QUAN+qual" Johnson et al., (2007) research, known as the quantitative dominant mixed-method and applied descriptive as well as an exploratory research design. Primarily, it focused on access to health and education in street children between 6 to 16 years old in two of the most densely populated metropolitan cities of Nepal: Birjung Sub-metropolitan city and Kathmandu Metropolitan city, Kathmandu. These both research areas are purposively selected on the basis of pre-observation since they have been always crowded and commercial too. Further, the first city is the only one Sub-metropolitan city in Province 2 and is an industrial hub, where the majority of children come from various villages around the

country even from the neighboring country India in search of opportunity. The second one is the capital city of Nepal where people gather here for different purposes throughout the country. Therefore, the areas were suitable for research to identify the various causes which force a child to be on a street and examine health status.

The whole number of street children who reside in Kathmandu and Birjung city comprise the universe of this research. The sample size comprised altogether 168 participants, where 150 consists of semi-structured interviews for quantitative data and 18 for KIs for qualitative data of the research. Details of each participant's characteristics are presented in Table 1. A convenience sampling technique was used; the selection of participants depended on the availability of children at the street at Birjung and Kathmandu city at the time when the interviews were being conducted.

The two different types of quantitative analyses were made in this study: univariate analysis and bivariate analysis. Initially, univariate or descriptive analysis was used to describe the percentage and number of participants according to socio-demographic characteristics. The chi-square test (bivariate analysis) was carried out to evaluate the association between independent variables (street children) and the outcome variables (health status). To detect the significant difference between the different mean levels, an independent sample chi-square-test was used, a p-value of 0.05 or less was considered statistically significant (Goundar, 2019). Both univariate and bivariate analyses in this study were made with Statistical Package for Social Science (SPSS) software pro 20.0 version. Further, qualitative analysis was carried out thematically using content analysis (Martinsson, 2017).

Demographic Characteristics of the Participants

Table 1 illustrates the respondents' age, sex, and educational level. The data, at first, show that more than one fourth (32%) respondents were between the age of 12-14 years and the least respondents (18.7%) were of the age between 6-8 years. Simultaneously, 29.3% of respondents were at the age of 9-11 years and the remaining 20% were between 15-16 years of age. Thirty-two percent respondents completed only grade 2 where the least (14.7%) respondents were above up to 6 grades. Likewise, 28 % respondents responded that they had never attended schools and the remaining 25.3% completed 3-5 grade of formal school.

Table 1: *Demographic characteristics of the respondents*

Respondents by their Sex, Age, and Educational Level		Number	Percent
Sex	Male	106	70.7
	Female	44	29.3
	Total	150	100.0
Age	6-8 years	28	18.7
	9-11 years	44	29.3
	12-14 years	48	32.0
	15-16 years	30	20.0
	Total	150	100.0
Education level	Never attended	42	28.0
	1-2 class	48	32.0
	3-5 class	38	25.3
	Up to 6 class	22	14.7
	Total	150	100.0

Results

The research presents the results from the mixed-method study with respect to various causes for the children being in the street. Further, it has examined the association between different variables of street children and their health status.

Causes of being Street Children

The quantitative result displays the causes of the adoption of a street-based lifestyle by children. The obtained root causes are mentioned in Graph no 1. As it has been projected in the bar graph, the majority of the participants (42%) responded that families are the dominant cause to become street children. In similar ways, 29.3% participants emphasized economic causes. Eighteen percent of the participants pointed out social causes and 10.67% participants other causes to become street children.

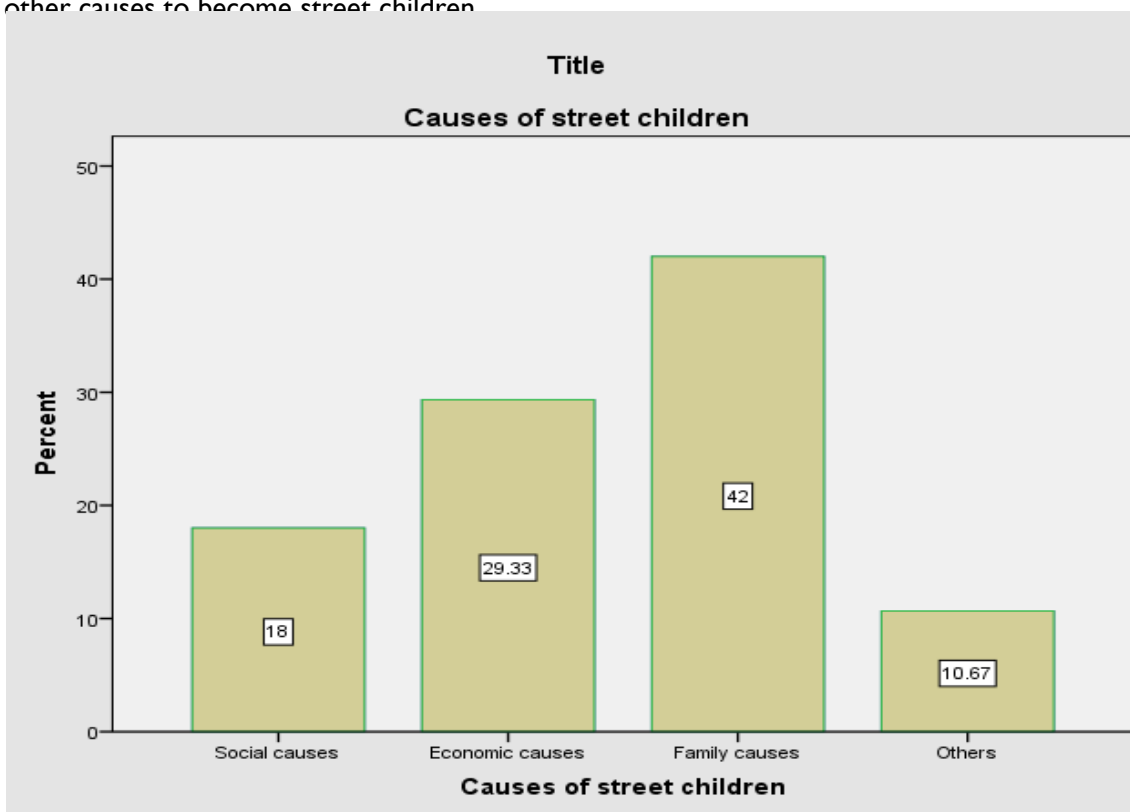


Figure 1: Causes of street children

Since this research followed 'QUAN+qual' Johnson et al., (2007) quantitative dominant mixed methods, the researcher here takes the supports of quantitative findings along with qualitative information. Accordingly, from the most dominant to less dominant causes are analyzed and supported by qualitative findings like information and verbatim of the participants in this section.

Family causes. Since family-related problems were found the prime causes, it covers 42% of the total population of the study. Most children who grow up in an intolerable environment in their family are found to be mistreated by their parents. These disappointed children want to be free from such homes that ultimately push themselves to adopt street lives. Further, children from broken families such as staying with stepmother, father, and without families, and/or orphans pick up bad habits like drinking, smoking, having intoxication, playing cards, and other negative deeds that are banned by the law of the nation. Additionally, they prefer to live on the street rather than in a society that pertains to social shame. In this regards the participants shared their narrative in the following ways:

My mother left the house and married another man. My father was old; my brother and sister were very young. My father forced me to work for making money to feed my young brother and sister. My father beat me badly when he came back home with drinking. Besides this, my father and other relatives were jointly punished many times in the case of playing cards and smoking. So, I ran away from home. (Participant 1)

My mother was mentally ill. I have a small brother but we do not know who our father is, neither mother knows to his husband. I used to live with my grandfather (mother's father). He used to work for a plastics company. We have food only in the evening after grandfather returned from work. While grandfather could not go for work we have no food. Finally, after his death, I came to the road. (Participant 4)

For these participants, the scarcity of good parenting influenced them to be in a street. The disrupted family from where they did not get proper love and care was the cause of adopting street life. In analogous words, the above narration revealed that an intolerant environment of the home, misbehavior of the parents as well as negligence by the society are the family-related causes that influenced and/or compelled them to adopt street life.

Economic causes. From the analysis of data, this research noted economic causes as the second dominant cause; this covered up 42.33%, which pushed people on the street. Every individual to family member needs enough economic resources such as food, shelter, healthcare, education, child care, and child welfare to survive or to make their lives comfortable. Those families who are living under the poverty line, cannot provide proper care to their children and will become subject to negligence. As a result, children move out of the house and start to make their own group on the street. Sometimes the street environment becomes a pull factor to the children from their homes. In this regard, one of the participants shared his reasons to leave his parents' house like this;

We are five. Father, mother, I, and two younger siblings. We have a small 'Chhapro', wall and roof is made by 'JastaPata'. We have no sufficient money for food. My parents always go to work along with took me to their working site saying 'now you are big, you should go work with us'. The work was very hard that I can't sleep overnight. I never knew how much money they give to my work. So, I do not stay at home and came to the street which is far the easiest way to collect money than that working. (Participant 2)

The above narrative revealed that when children hit by a famine and money crisis, it forces them to pursue work outside of their homes. It is because the income of parents will not be

sufficient in such a hard time. In some cases, children realize their parents are having a hard time running the household; especially when the family size is big. Many families live in extreme poverty, in a slum and children are forced to look for work; they normally end up in a street when they go through this process. In some instances, due to ongoing family hardship parents deliberately left their children on the street hoping some wise men or some organizations will pick up their children and look after them.

Social causes. The social phenomenon has been counted as the third leading cause that leads children to the street of which the proportionate was 18%. It has been found increased by the numerous obligatory social and structural systems. Nepali society is a patriarchal society where the male member has unlimited power and a hegemonic role in the family. To set out the family structure to vital decision making depends upon them. Gender discrimination, infanticide (girl child after identification of sex in the womb) are some common negative impulses in society. Most of the households live in a joint family. In this kind of family structure, gender discrimination leads to break the families and lack of healthy interaction between parents and children and this tends to structure children to move towards urban areas or start life as street children.

Nepali society practices different types of stigma which ultimately negatively impact the person. One of the study participants emphasized that the social stigma blamed by society pushed her to become a street child in the following words:

Six years before, it was midnight, my father died of an unknown disease. Instantly, after 15 days of father's death, the mother fell down from the tree and passed out. Then after, villagers blamed me as a 'parents eater' (AmaBauTokaua), a person whose parents died at the early age of the child is called parents eater. I cannot bear this stigma and left my village. (Participants 5)

In line with this statement, social stigma is the one major cause that compels children to go to and spent street life.

Other causes. In this research, the other causes include wars and natural disasters which often lead to massive spikes in the street children population. It covers 10.67% in this study. Wars contribute to the deterioration of the national economy, the destruction of homes, the killing and displacement of thousands and the dispersion of families. This, in turn, leads to an increased number of orphans and homeless children. The same applies to natural disasters, such as earthquakes, volcanic eruptions, floods and hurricanes. For instance, the 2015's earthquake in Nepal has resulted in the existence of thousands of street children due to the death of their family members, the full demolition of their homes or dispersion of their families. The following interview excerpt is one of the representatives of such:

We were four in our family as father, mother, younger sister, and I. My parents passed out in the massive earthquake 2015 while they were working in building construction at Kathmandu. After our parents' death, we used to live with our relative's house in the village. There I always should go to 'Gothalo', look after the cows and goats. Meanwhile, I escaped from relatives' houses while on 'Gothalo' with one of my friends and came to Kathmandu. (Participants 7)

This participant's verbatim represents economic deprivation that occurred by a natural disaster is one of the leading causes to be a street child. Along with, in 'etic' perspective, children are not loved and cared for by their relatives as it should be after their parental loss. As a result, they search and make destiny to the populated areas for their shelter and livelihood.

Health Status of Participants

Table 2 shows the association between sex, age and education level of the respondents and their health status at a 99% confidence level. As per the survey data, the gender basis health status of street children is significant. In analogous words, male children had good health status in comparison to female children. The female street children were highly suffered than males from different diseases. Simultaneously, it was found the significance of health status between having alcohol and not of street children. On the other side, the age and education level of the street children had no significant effect on their health status.

Table 1: *Health status by their sex, age and education level*

Sex, age, and educational level of the respondents		Health status				Total	
		Suffering from disease		Not suffering		N	%
		N	%	N	%		
Sex **	Male	36	34.0	70	66.0	106	100.0
	Female	25	56.8	19	43.2	44	100.0
Age	6-8 years	16	57.1	12	42.9	28	100.0
	9-11 years	21	47.7	23	52.3	44	100.0
	12-14 years	14	29.2	34	70.8	48	100.0
	15-16 years	10	33.3	20	66.7	30	100.0
Education level	Never attended	20	47.6	22	52.4	42	100.0
	1-2 class	19	39.6	29	60.4	48	100.0
	3-5 class	15	39.5	23	60.5	38	100.0
Having Alcohol **	Up to 6 class	7	31.8	15	68.2	22	100.0
	Yes	45	43.6	58	56.3	103	100.0
Total	No	16	34.4	31	65.6	47	100.0
		61	40.7	89	59.3	150	100.0

Note: Chi square test ***= $P < 0.001$, **= $P < 0.01$ and *= $p < 0.05$

Discussion

Street children are a unique group of children who work, live, and/or sleep on the street or public places. They are basically deprived of parental love, care, and understanding. They are living under extremely difficult conditions. Normally the cause of being street children is multi-dimensional where several factors play the role of pushing and pulling children into the streets. It is the responsibility of the family to provide for the basic needs of the children for survival, academic, and social development as well. In this discussion part, the researcher has especially discussed two core themes: causes of being street children and their health status.

Causes of Street Children

Family causes. With respect to street life initiatives, the researcher concluded from the obtained evidence that the escape of abusive parental punishment followed by poverty, hate of their step-mothers and fathers, father-mother conflict, and parental alcoholic behavior are the major causes behind forcing children to leave home. In support of the present findings, Endris & Sitota (2019) mention the most responsible factor for street children is a lack of supportive and functional family, which also includes the death of a family member, family divorce or separation or loss of a job. In addition, many researchers as Moura et al., (2012) argue that family abuse leads children to run away from home and start to leave on the street. Alongwith, Rai et al., (2002) emphasized that the most common reason for running away from home is to escape physical abuse or negative family environments. Many children run away to the streets to avoid violence and ill-treatment in the family (Martinsson, 2017). So, living on the street is not the passion but it is out of compulsion (Bhukuth & Jerome, 2015). In the opinion of Lalor (2017), the main factor that drives children to leave their home is child abuse and neglect, following family disintegration, the parents' separation or divorce, and the death of a parent or re-marriage. After the re-marriage of parents, children are frequently abused and forced to leave the house by the stepfather or mother.

Economic causes. This study also found that poor economic situations act as a second dominant contributing factor to the problem of street children. In support of this finding, UNICEF (2019) revealed poverty, unemployment, elevated prices, declining national income, poor distribution of wealth within society, and the increasing gap between the rich and the poor are all factors with a direct impact on the rise of the phenomenon of street children. While Rai et al., (2002) argues that besides the economic stagnation, migration, environmental degradation, and urbanization are major contributing factors to be street children. There is a causal relationship between economic factors and street children. When a child feels that the family is unable to afford education fees, the child leaves her/his education and joins the labor force. Additionally, a financial crisis in family or a decline in the family income can create factors conducive to driving more children onto the street.

Social causes. Similarly, the results of the study showed that social factors are crucial to drive the children from their homes into the streets. In support of the present findings, Moore & Specialist (2005) showed that many children run away to the streets to avoid violence and ill-treatment from society. Meanwhile, Bhukuth (2015) noted that economic and family causes are not enough to explain the phenomenon of children of the street and pointed out children migrate onto the street as a result of social neglect, abuse, and violence. In a different way, some socio-cultural practices also increase the risk of street children, for instance, in sub-Saharan societies, the adults, especially the fathers, exercise all the power (political, domestic, and financial). The eldest son has to wait until his father's death to enjoy any advantages. In these societies, the relationship between children (juveniles) and adults is a factor that drives children to run away from home (Bhukuth & Jerome, 2015).

Other causes. The study found that the 10-years civil war and the 2015's earthquake destructed homes, killed and displaced thousands of families that ultimately increased the

number of orphans and homeless children. Endris & Sitota (2019) argued that freedom and natural disaster work as other causes. They also explained that children often want to free from each time and entire home network UNICEF (1994) stated that the attraction of street life is increased by viewing other child's activities: playing, dancing, and enjoying at the place of the street. For that reason, some try this chance and come into the street where there are many other street children there.

Health Status of the Participants

During the study, the data revealed that the majority (70.7%) were male and only 29.3% were female participants. In a worldwide scenario, there is a higher incidence of street boys than street girls (Rooyen & Hartell, 2012). For instance, in Columbia, the street child population is 75% male and 25% female (Khanal, 2014). The same report revealed that in Espinola, 90% of the young street workers engaged in vending or service occupations in Asuncion were boys. This may happen due to the situation that working girls may be hidden by the nature of their work, which tends to be less visible than the work of street boys.

With regards to health conditions, a good majority, i.e. 89 participants were not suffered from the disease where 61 of them were suffered. Similarly, it was found that females were highly suffered than males from diseases. In line with present findings, Bhusal (1996) revealed that children often use psychoactive drugs that include benzene and glue sniffing, smoking cigarettes, chewing 'chat', plastic along with using Marijuana and Hashish pretending to overcome different problems which ultimately leads them illness. Woan et al., (2013) also presented in their peer review that the parasitic infections including endoparasitic infections were more prevalent among street children than non-street children among of-the-street children than on-the-street children. Street children have limited access to health care due to cost, minority status, stigmatization by providers distrust in quality of care, and difficulty in finding time to seek care because of lost earnings (Rooyen & Hartell, 2012). Similarly, they also indicate that street children admitted to hospitals are mostly treated for wounds, most of them are assaulted on purpose while they roam the streets. As per, Abdi et al., (2017), attention has been shifted from treating the biological to encouraging street children to gain positive and necessary health skills which are based on self-care and self-management behaviors that includes knowledge, beliefs, attitude, motivation, decisions, and behaviors.

On the basis of the findings and discussion of this research, it necessities to formulate realistic policies in collaboration with concerned social organizations, agencies, stakeholders, and researchers to address the issue of street children. Further, they need to work together to minimize the different causes that bring children to the street. Additionally, a policy should bring about positive changes in the lives of children in Nepal.

The study has various limitations such as time constraints, resources, and participants. Since research followed mixed methods, it only applied semi-structured interviews and KIs as the research tools. The study is limited to only 168 participants due to time constraints from both of the cities, i.e. Birgunj and Kathmandu. Thus, the findings of this research can be inadequate to generalize to all street children in Nepal.

Conclusion

There are numerous causes to be street children. Amid them, the family is the core cause. In addition, economic, social, and others are second, third and fourth causes respectively in the study area. Besides, gender and alcohol consumed street children act as significant determinants of health status. The female street children were highly suffered from the disease where males were not so much. So as of gender, alcohol consumed street children were found highly suffered from the disease than the non consumed ones. In the flip side, education level and age of the respondents had no significant role for their health status.

On the basis of the findings of this research, some recommendations are made to the policymakers, concerned social organizations and different agencies, stakeholders, and researchers. To make child rights a realistic policy, the government of Nepal, social organizations, development agencies and people of Nepal need to work together as well as harder in order to bring about positive changes in their lives of children in Nepal. Further, the subject matter of street children is a very wide area and so many problems and issues are still to be analyzed and verified that are directly correlated with street children.

Acknowledgements

First of all, I am really thankful to the participants who participated and responded to this research. Additionally, I owe to all research scholars, whose literature I have used here in citations and references that encouraged me to handle this research.

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