

**Street Children in Islamabad**  
**(A Case Study of Barakahu)**



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Department of Anthropology  
Quaid-i-Azam University Islamabad

2021

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This work has not been submitted or published for any degree or examination in any other university in identical or similar shape. All the other sources used in this work have been mentioned as complete references.

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**Final Approval of Thesis**

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## **ABSTRACT**

The phenomenon of street children in Pakistan stances a composite challenge with alarming risk of social, physical and psychological problems as a consequence of homelessness and living life on streets. The quest for this study is to assess the factors contributing homelessness of street children. The socio-economic conditions of street children was also assessed in addition with the health predicaments faced by them.

In order to conduct this research, qualitative research methods including in-depth interviewing, participant observation, case study method and focus group discussion were employed. Thirty street children from *Barakahu* slum area of age group 8-13 were selected as sample through purposive sampling technique.

The findings of the research indicates several constituents of homelessness including economic, social and environmental factors. Street children have shifted to research area due to poor financial conditions, family disruption, natural hazards, death of parents and school violence. Moreover, they work for their subsistence or for their family. A few cases of forced begging was also found. Street children are involved in various daily wages occupations such as selling different items, car washing, waste picking and begging. They are socially unprotected as they face physical violence and sexual abuse from society being stigmatized. Street children are also vulnerable to many poor physical and psychological health outcomes based on their living conditions and dearth of health facilities.

# TABLE OF CONTENTS

FORMAL DECLARATION .....	i
ACKNOWLEDGEMENT .....	ii
ABSTRACT.....	iii
TABLE OF CONTENTS.....	iv
LIST OF FIGURES .....	ix
LIST OF TABLES.....	x
CHAPTER 1 .....	1
INTRODUCTION .....	1
1.1 Statement of the Problem.....	3
1.2 Research Objectives.....	4
1.3 Significance of the Study .....	4
1.4 Outline of the Thesis.....	5
CHAPTER 2 .....	6
REVIEW OF LITERATURE .....	6
2.1 Street Children .....	6
2.2 Socio-economics .....	7
2.3 Health.....	7
2.4 Homelessness: Causes and Determinants of Street Children .....	7
2.5 Health Implications of Street Children .....	8
2.6 Socio-economic Life Construction of Street Children.....	12
2.7 Situation of Street Children in Pakistan.....	15
CHAPTER 3 .....	18
RESEARCH METHODOLOGY.....	18

3.1 Sampling Procedure .....	18
3.1.1 Purposive Sampling.....	18
3.1.2 Sampling Unit and Sampling Size .....	19
3.2 Rapport Building.....	19
3.3 Key Informant.....	20
3.4 Participant Observation.....	20
3.5 Formal Interviews .....	21
3.6 Informal Discussions .....	21
3.7 Case Study Method.....	22
3.8 Focus group discussion.....	23
3.9 Field Notes .....	23
3.10 Photography .....	24
3.11 Interview Guide .....	24
3.12 Audio Recording.....	24
3.13 Ethical Considerations .....	25
CHAPTER 4 .....	26
Area profile .....	26
4.1 Introduction to Research Locale .....	26
4.2 History of the City .....	27
4.3 Location .....	27
4.4 Climate.....	28
4.5 Population .....	28
4.6 Language.....	29
4.7 Slum Areas and Facilities .....	29



CHAPTER 5 .....	31
CAUSES OF HOMELESSNESS: FACTORS CONTRIBUTING STREET CHILDREN .....	31
5.1 Determinants of Homelessness .....	31
5.1.1 Poverty and Financial Instability .....	31
5.1.2 Death of Parents .....	32
5.1.2.1 Case Study.....	33
5.1.3 Natural Hazards and Migration.....	34
5.1.4 Family Disruption and Abusive Behavior.....	35
5.1.4.1 Case Study.....	35
5.1.5 Lack of Community Resources and Opportunities .....	36
5.1.6 School Violence and Dropping out .....	37
5.1.7 Belonging to Begging Family .....	37
5.1.8 Physical Disabilities.....	38
5.1.9 Kidnapping and Child Abduction .....	38
5.1.9.1 Case Study.....	38
CHAPTER 6 .....	40
SOCIO-ECONOMIC LIFE CONDITIONS OF STREET CHILDREN .....	40
6.1 Demographical Traits of Street children.....	40
6.1.1 Age, Gender and Education .....	40
6.1.2 Parental Occupational Condition .....	40
6.2 Work Pattern of Street children: Reasons for Work .....	40
6.2.1 Working for their Subsistence.....	41
6.2.2. Working for the Household Economy .....	41

6.3 Economic Activities of Street Children .....	41
6.3.1 Waste and Debris Picking .....	41
6.3.2 Car Washing.....	42
6.3.3 Selling food Items .....	43
6.3.4 Selling Flowers.....	43
6.3.5 Selling Plastic and Cloth Bags .....	44
6.3.6 Selling article of Clothing .....	45
6.3.7 Selling Decoration Items.....	46
6.3.8 Begging .....	47
6.3.9 Selling Masks.....	47
6.4 Social Issues.....	48
6.4.1 Stigmatization.....	49
6.4.2 Violence and Abuse .....	49
6.4.3 Sexual Abuse.....	49
6.4.3.1 Case Study .....	50
6.4.4 Rape .....	50
CHAPTER 7 .....	52
HEALTH ISSUES FACED BY STREET CHILDREN.....	52
7.1 Living Conditions of Street Children.....	52
7.2 Malnutrition and poor health .....	53
7.3 Physical Health and Diseases.....	54
7.3.1 Maltreatment and Injuries .....	54
7.3.1.1 Case Study .....	54
7.4 Disease Treatment Methods.....	55

7.4.1 Case Study.....	56
7.5 Impact of Street Child Work on Health .....	57
7.6 Street children Perception of Illness and Health.....	58
7.7 Mental and Psychological Illness.....	58
7.8 Substance and Drugs Use.....	59
CHAPTER 8 .....	60
SUMMARY & CONCLUSION.....	60
8.1 Recommendations .....	61
BIBLIOGRAPHY .....	63
Appendix.....	i
Interview Guide.....	i
Glossary .....	vi

## LIST OF FIGURES

Figure 1: Barakahu City.....	27
Figure 2: Map of Barakahu.....	28
Figure 3: Slum area in BaraKahu.....	30
Figure 4: Street Children Picking Waste Material.....	42
Figure 5: Street Children Selling Flowers .....	44
Figure 6: Street Children Selling Clothing Items .....	45
Figure 7: Street Children Selling Decoration Items.....	46
Figure 8: Living Conditions of street children.....	52
Figure 9: Cooking conditions of street children living with families .....	53

## **LIST OF TABLES**

Table 1: Daily based earning of Street Children.....	48
Table 2: Street Children Diseases and Treatment.....	57

# CHAPTER 1

## INTRODUCTION

In any society, children are the worthwhile resource. The experiences of childhood stage being a key driver have a sagacious impact on the wellbeing and development in adult life. Children being a social asset contributes approximately 33 percent of the world population. Among all the periods of human life, childhood is considered as the most delightful but unfortunately not for the children in under-developed and developing countries. In least developing countries nine out of ten children are staying on streets encountering numerous challenges including poverty, instability and misery. Every country has the responsibility to encounter the most erupted issue of street children and to protect their basic rights but these children are deprived of basic life facilities. Some cases revealed that they lack the guidance of their parents to become nourished children of a society rather their circumstances impel them to live on streets. Street children do not get parental counselling to become best raised being of the society rather their conditions force them to be on street. (Savarkar & Das, 2019)

Globally, street children is an escalating and distressing phenomenon which presents the issue of child welfare. With the serious implications for the survival of street children, it has become a most prominent global issues over last four-five decades. In Asian countries including Pakistan, Sri Lanka and India, children living and working on streets represents as endangered, marginalized and stigmatized sector of a society. Per to UNICEF, there are almost 270 million street children worldwide with rising ratio and continuous flow on daily basis. The socio-economic and health conditions of street children are also not satisfactory with the lack of nutrition, hygiene, medical care and toilet facilities. They are exposed to many health and occupational hazards and get themselves involved in pick-pocketing, drug abuse and prostitution. (Masih, 2013)

There are multiple definitions of street children in academia with a lot of criticism and confusion to adopt any distinct term or definition for street children. The actual depiction of the phenomenon is defined by the adopted definition of street children for this research.

*“Street children include any boy or girl for whom the street in the widest sense of the world including unoccupied dwellings, wasteland and so on has become his or her habitual abode or source of livelihood and who is inadequately protected, supervised, or directed by responsible adults.”* (Brick, 2002)

Homelessness being a long-lasting social issue influences children and families living in urban and rural communities in any country. Child homelessness being consequential form of deprivation is connected with many negative consequences relative to social behavior, education and physical and mental health. Homeless children are at alleviated risk for developing various health issues including AIDS and nutritional deficiencies as well as mental health issues. Poverty, family conflicts and abuse, and neglect are the common reason based on which forces children decide to live on streets. Beside these reasons, street children are the outcome of troubled and disturbed families with poverty. (Roy, Gracy, Shapiro, & Goldsmith, 2013)

The hostile and inapposite lifestyle of street children adversely affect their social, mental, physical and emotional health. They used to live in temporary residences including slums, benches, and railway platforms. Basic rights of security, protection, shelter, education, food and medical care are not given to them. From being homeless, they face a deep-rooted negative stigma. Many inappropriate living conditions relative to street life make children vulnerable to various chronic diseases and health issues including HIV/AIDS. Street children often accept exploitive physical work to relief their poverty and hunger and often involved in daily labor activities including car washing, begging, picking debris etc. Among street children, substance use is common as they use it to decrease the level of their suffering and relieve themselves after manual hard work. Drug dealing and other illegal activities including prostitution and stealing are often practiced by street children being tempted by adults. (Kok, Cross, & Roux, 2010)

Although in Pakistan, no complete statistics are present to determine the number of street children whereas per to a report in 2010, it is estimated that 1.2 million to 1.5 million children are living in streets in urban areas of Pakistan. Major factors including poverty, family discrimination, rape, low education, verbal and physical abuse compel them to adopt street life. Street children in Pakistan have indulged in risk behaviours and use drugs including cigarettes, heroin and alcohol. (Ahmed, 2008)

In Barakahu, majority of families and children live in slum areas and spend their majority time on streets doing various activities including car washing, begging, selling plastic bags, sorting wastes for food etc. Street children who are living with their children families in slum work due to illiteracy of their parents and poverty. In slums, street children also migrated from other areas due to economic, family and personal reasons. Street children faced many social, economic and health issues. This research helped to identify the mainstream factors of their homelessness and described socio-economic and health issues of street children in response to living in streets of Barakahu.

## **1.1 Statement of the Problem**

Street Children is a concept used mainly for poor children living in the roads in general and in particular, in growing and third-world countries. The numbers of street kids are continuously growing due to frequent crises, and it has emerged a major challenges facing the cities today. In Pakistan, by examining the socioeconomic and health problems of street children in the cities of Rawalpindi and Islamabad, children on the road are larger in number. They are typically affected families by poverty, come from influenced areas and end up homeless on the road. Street children, live on the edges of most communities, seem to be the worst sufferers.

They are stripped of their dignity, have no house or care for families, and have no recourse for health and schooling. They are confined to difficult environments and made susceptible to drug addiction that affects their physical, personal and mental growth by the constant repression and violation of their rights. Street kids take part in different types of activities of that the most commonly referred to are: collecting garbage and waste, begging, shoe polishing, flower sales, and so on and several of them are thieving, grabbing, pocketing



picks, sex work, drug selling, etc. Given these statements in knowledge, this research aims at explaining the whole process of homelessness with major determinants involved as well as socio-economic life conditions and health issues of the street children in Barakahu.

## **1.2 Research Objectives**

1. To evaluate the factors of homelessness.
2. To explore the socioeconomic life conditions of street children.
3. To find out the health issues faced by street children in Barakahu.

## **1.3 Significance of the Study**

The purpose of this thesis was to gather the current information about street children in order to facilitate the advancement of government policies aimed at encouraging, defending and securing the rights of street children. This research thereby thoroughly analyzed the circumstance of street children in *Barakahu* and provided an evaluation of the issue. This study highlighted the socio-economic and health issues faced by street children, the role of state and welfare organizations and their services provided, the recognition of supporting organizations and their rights among street children. It will be significant for NGOs and government policy makers in determining the social, economic and health aspect of the street children with their current living conditions.

The findings obtained from this research falls in the domain of social anthropology which focuses on the living patterns of people in various cultures and societies. Additionally, this research will be beneficial for the partial fulfillment of master's degree of the researcher.

In the academic domain generally and in the field of anthropology particularly, limited number of researches have been conducted in Pakistan which leads to the availability of limited literature on the phenomenon. Accordingly, this research is a profound contribution to anthropological literature in Pakistan which will initiate further academic researches and provides a descriptive literature for future researchers.

## **1.4 Outline of the Thesis**

Proceeding the introductory chapter of the thesis, the second chapter is the theoretical base of the thesis that reviews relative existing literature to research objectives with the explanation of key terms and operationalization according to research. The third chapter explains the detail about research methods, tools and techniques deployed to conduct research with the researcher's experience in the field with each method. A brief introduction about the physical and economic features and history about the research site is presented in chapter four which is also relative to research topic.

The findings of the research comprised of three chapters. Chapter five supplies major factors of homelessness in research area. Chapter six provides a detailed account of demographic characteristics of street children with their social and economic life conditions and issues in detail. Chapter seven is related to the health status of street children and notable health predicaments faced by them. The remaining chapter of the thesis summarizes the key findings and concludes the research. At the end of the thesis, appendix contains an interview guide used to conduct interviews.

## CHAPTER 2

### REVIEW OF LITERATURE

In this chapter, relevant literature has been extensively reviewed in order to provide a strong knowledge of the specific scope and nature of the issues of street children with the operationalization of key concepts pertinent to research criteria.

#### 2.1 Street Children

Per to United Nations, any boy or girl who live on street in the widest sense and the street or any wasteland become the dwelling of them and livelihood source are called street children. They are unprotected, unsupervised and undirected by responsible adults. Any child less than eighteen years of age who decide to leave home and to spend life on the street by taking take of her/himself. Children who are deserted themselves or by their families, community members and schools before reaching the age of eighteen forced to spend nomadic life on streets. (Khalid, Nasir, & Rehman, 2016, p. 43)

In 2001, UNICEF has defined street children as any boy or girl for whom street has become home, who has not come to adulthood and street has become his source of income. A street child is inadequately secured citizens of the community. By above mention definition, it is comprehensible that the street become the source of livelihood for children rather than only become a habitual abode for them. Such street child has to own full responsibilities of their life on their own. Per to UNICEF, a street child is either categorized as children on the street or of the street. Children on the street have their homes and they come on street for earing purposes including begging and return home in evening whereas children of the street do not possess any home and they live and sleep on the streets. The former group live with the family while the latter have no contact with the family. (Chireshe, Cekiso, & Maphosa, 2010, p. 201)

In this research, the term street children refers to both the children either '*of the street*' or '*on the street*'.

## **2.2 Socio-economics**

Socio-economic is the combination of both social and economic factors related to education, occupation and income. In social sciences, it means that how economic activity is affected and shaped by social institutions. Socio-economic refers to the ways of social and economic factors of the community and how societal processes have changed due to economy. It is related with the interrelation of social behavior and economic activity, Socio-economic analyzes how economy is effected by social factors and how economy is transformed due to social practices. (Poskart, 2014, p. 180)

In present research, socio-economic refers to the livelihood and economic activities and daily life of street children.

## **2.3 Health**

Per to World Health Organization, health is an absence of frailty and disease with a state of complete social, physical and mental well-being. A condition in which an individual is able to perform personal and family valued work due to physical and psychological strength. It is a state in which community roles can be easily fulfilled and achieved and to deal with all kind of social, environmental, biological and physical stress while adjusting or coping with change. Health is not merely the object of living rather is a part of everyday life. It determines physical capacities, social and personal resources being a positive concept. (Svalastog, Donev, Kristoffersen, & Gajovic, 2017, p. 431)

In this research, the term health refers to physical, psychological and mental health of street children.

## **2.4 Homelessness: Causes and Determinants of Street Children**

Globally, as reported by children and youth, the factors associated with street involvement include poverty in developing countries as stratified by developmental level. In developed countries, family related conflicts and reasons are also reported as common variable. It is a fact that not only a single factor can contribute to street involvement of children. Therefore, family conflicts, abuse and poverty are the common reported causes for homelessness. It is clear that children who started to live on street do not live willingly

rather unfavorable conditions compel them to do so and they themselves earn for their survival. They are not typically neglectful children. (Embleton, Lee, Gunn, Ayuku, & Braitstein, 2016, p. 441)

Per to scholars, homelessness is a convergence caused by personal and family causes, factors and conditions. Personal level issues includes mental health and drug usage is linked with street life whereas family issues including income instability, domestic abuse, violence, unemployment and detention of parents result in homelessness of families. Scholarly works have failed to find links of homelessness with individual level factors and have more influence on family related connection of homelessness.

Structural factors including social and economic poor conditions and lack of money to afford house also cause homelessness of children and lead them to live on street. Though, recent studies concentrate more on the link between community measures, poverty and unemployment while connecting it to homelessness. In research of family studies, poverty in families is highly related to homelessness of children. Children living on street belong to families with poor economic composition, lack of employment opportunities and low family incomes. ( Evangelist & Shaefer, 2020, pp. 8-9)

## **2.5 Health Implications of Street Children**

Street children have high risk of mortality, drug use, morbidity, sexual violence, HIV AIDS and exploitation worldwide. In underdeveloped, low and middle income countries, there is a lack of proper arbitration for street children and youth relating to their health issues. It is reckoned by researches that numerous street children are mentally and physically ill. Street children have mental issues such as depression, bipolar disorder, schizophrenia and other forms of mental illness. Mental illness caused due to living on streets effect the social performance of the person by deteriorating them over time and effecting the ability to perform functions in a society. (Embleton, Lee, Gunn, Ayuku, & Braitstein, 2016, p. 442)

Concerning the medication and treatment methods, street children do not visit health care practitioners and physicians. Health issues such as anemia is common among them due to poor nutrition of children below eight. They are less likely to immunize by multiple diseases and are vulnerable to them. Street children living pattern effect their health as they

often live in tents or houses with lead paints which make them prone to high lead levels and chronic diseases. They develop symptoms of seizure disorders, speech and learning disabilities due to homelessness. By comparing the mortality rate of children with other children living in homes and general population, street children have three times greater death rate. Injuring caused by freezing, sun burn, violence, beating and rape are common issues faced by street children. Living conditions based on a composite of poor shelter, hygiene and nutrition cause several communicable and sexually transmitted diseases among street children including AIDS, hepatitis and water borne diseases such as diarrhea is common among this population. Internationally, Tuberculosis has become a common disease in the community of street children. (Habib, Mumtaz, & Ahmed, 2010, pp. 109-110)

In most societies, street children make up a marginalized group. They lack major institutions of society including family, economy, education and health which is considered as imperative. The living conditions of them and their lifestyle make them expose to harsh environment which intimidate their social, mental and physical well-being. In many regions of the world street children use substances including drugs. Additionally being marginalized, they face discrimination at health and social care services with suspicion. Living a transitory lifestyle, street children are more susceptible to improper nutritional food, physical health issues, drugs, abuse, sexual violence and mental health issues. These issues target street children with less chances of interventions and its effectiveness. (Adeyemi & Oluwaseun, 2012, p. 88)

Street children are separated from their families, living with dearth of proper hygiene and having bitter experiences at streets with no education. These elements have adverse effects on health due to encountering poverty and street dangers. They meet hunger on daily basis which consequently cause mental health issues, malnutrition, paucity of development and illiteracy. Physical health is a strong indicator of mental well-being. Affected physical health of children negatively impacts their social performance, mental health and concentration level. (Zarezadeh, 2013, p. 1431)

Street children work to meet their basic life needs. They manage health issues by their own coping strategies and treatment methods. It is observed that street children often try to avoid their health issues. Their behavior towards illness exasperate their health issues. They are noticed practicing self-medication including putting spices or quicklime on their wounds, using drugs prescribed by people of their community for fever and soda for stomach illness. Additionally, involvement in substance usage is seen as an alternative for dealing health issues especially for mental and emotional. Health care facilities are restricted to many street children as a result of lack of awareness, unavailability of resources, their belief system about clinics, doctors and health providers. Similar to other children, street children also fear visiting doctors and going hospitals. Due to the improper behavior of hospital staff, street children are deprived of proper health care services. Non-governmental organizations and street children report that doctors and health care practitioners avoid treat street children due to their unhygienic appearance. In case of public hospitals, children are expected to purchase medicine from private pharmacies which they are unable to afford. Consequently, street children do not prefer treatment of their illness. (Eshita, 2018, p. 10)

Among all children, street children are exceptionally exposed to sexually transmitted diseases including HIV and AIDS. Majority of street children are addicted to psychoactive substance usage such as marijuana, heroin, alcohol, shoe glue and paint which are readily available industrial items. They use these substances as the fumes of these inhalants reduces the feelings of hunger, sadness and loneliness. They suffer from minor to major health issues including lungs and kidney failure disease, hallucinations, brain damage and unforeseen death. As they grow up without love, affection, care, protection and surveillance of adults, they are deprived of basic survival and development rights by living on the margins of society. Bathing and washing facilities considered as basic civic facilities are beyond their reach. Street children suffer from a range of diseases due to unhealthy living conditions and environmental exposure. The major issues of street children includes basic shelter and health care facilities, subsistence options, social disapproval and education. (Eshita, 2018, p. 9)

In selected countries, street children are subjected to inadequate health conditions, sexual abuse and violence and substance use due to homelessness and living life on streets. The health of street children are deteriorated by frequent violence and injuries. Various studies revealed that there are increase number of boys on street than girls who are compelled to leave their home due to family abuse and poverty. The health issues identified among street children are water-borne communicable diseases such as diarrhea, cholera and malaria, sexual exploitation, respiratory diseases as tuberculosis as asthma, reproductive health issues, mental and psychological problems and sexually transmitted diseases such as HIV/AIDS. (Cumber & Tsoka-Gwegweni, 2015, p. 565)

Street children among the large population is found to be endangered with lack of basic rights of food, shelter, health and education. A large section of street children are living with HIV/ AIDS due to sexual abuse and use of addictive substances. Street children are known with various names including orphans, labor children and trafficked children who use drugs, live or work on streets and vulnerable to psychological and social health problems. Children who live or work on streets are more prone to mental health problems. Studies on orphans, marginal and abandoned children demonstrate that these children face physical health as well as mental health issues. (Savarkar & Das, 2019, p. 39)

The decomposition of family, swift urbanization and migration of people to urban areas results in imbalance of social and economic structure of society. This imbalance give rise to the phenomenon of street children. Street children live and work on streets and they are living without love, care and protection of family. They are deprived of basic rights of education and health. Based on the findings of a study, skin allergies and fever are the most common illness among street children. Globally, they experience numerous problems including basic rights violation, abuse, drug use and torture. Moreover, researches on street children also illustrate that they are more effected with injuries, road accidents and burns. Homeless or street children are more prone to face mental health problems as they face all types of issues in mental health and development. (Savarkar & Das, 2019, p. 40)



Street children live with negative mental well-being as a result of facing ill-treatment from society, dismissal, family distress and brutality. To analyze the mental health of a child it is important to examine the type of occupation in which a child indulges. Street children who are involved in begging on streets have more chances to develop psychological issues. Existing literature on street children showed that children who work on streets are more prone to psychosocial and sexual abuse especially street girls are at high risk of effecting from sexual abuse. High working hours at a young age constitute mental and physical health problems showing correlation between health of street children and type of work. The oppression and maltreatment street children face on streets adds to poor mental health of children. Several piece of researches indicated that psychological and mental health issues are caused by the age of children, working status, type of work and living areas. These factors including the age and gender of children, duration of stay on street and type of work contribute to health issues and distress. (Savarkar T. , 2018, p. 4)

## **2.6 Socio-economic Life Construction of Street Children**

Many scholars in the recent times have shed light on the numerous challenges faced by street children. We belong to a society where street children are not the part of social, political and economic process. Only few institutions are working to improve their livelihood. The pathetic situation of street children could become a daunting challenge for social, political and economic conditions of these countries. In the twenty first century, it is well-established fact that street children are facing sheer physical and mental problems throughout the world. (Abdullah, Basharat, Zahid, & Sattar, 2014, p. 2)

Due to disturbed socio-economic conditions, street children do not enjoy suitable living situation and are deprived of the basic facilities. There are the plethora of reasons behind the increasing number of street children. The reasons include death and separation of parents, the lack of families, the presence of pressure and the lack of basic social amenities. Sadly, street children do not savor a good part of their childhood. Worryingly, the disturbing situations impelled them to strive for the thing that most children do not ponder upon. Food, safety and shelter become the main purpose of their lives. Their struggle of supporting their families makes them little adult. It has been observed that they do menial jobs like carrying goods, shoe shinning and lottery selling. Unfortunately, they are

subjected to unprotected working conditions. Due to struggling conditions, they become the primary victims of drugs use, sexual abuses, and outright aggression. Police, peers and businessmen are among the perpetrators of the heinous crime related with street children. (Hassen & Manus, 2018, p. 86)

Unfortunately, street children give birth to numerous societal challenges. It is seen that street children have been the chief target of poverty. They also face the burnt of factors linked with poverty. The factors like poor parenting, sexual abuse, physical torture, urban hazards and societal disruption are playing a significant role in the prevalence of street children. Street children by above-mentioned factors are enticed by temporary opportunities outside of the home environment. Regrettably, street children perform numerous tasks like begging, scavenging and prostitution. (Alem & Laha, 2016, p. 1)

Children of the streets often face the issues related to drug abuse, violence, crime, family disruption, abandonment, diseases, prostitution and many more in their daily live. There is no proper information available on the question, how can we change this situation for street children and what methods and strategies should we adopt to deal with these children, stated by Ward in 2010. Mentioned study is based on the interviews with social workers who worked for street children in Bloemfontein, South Africa in such circumstances. (Mokomane & Makaoe, 2015, p. 124)

The street children in the whole world are the victims of institutional violence and abuse, which snatch their basic right to live and develop perfectly in a healthy environment. There is clear misunderstanding about the issues that these children face and due to this the adopted approach lacks the clear picture of the problem and is short sighted and poorly thought out. This aggressive approach is unable to depict the actual picture of the condition and the issues they faced in their daily lives. For instance, claims are made that things, for example, drug-related crime and poor psychological well-being are overflowing among street children, none of which is based on facts. The truth is street children usually adopt socially constructive strategies for their survival. Children of the street are one of the marginalized social groups in our society and are seen as pariahs. They are the combined product of class and race exploitation and the rich people of countries like Africa and Latin

America consider these children a threat to their businesses and hire police to get rid of them. (A & J, 2015, p. 134)

Cameron (2002) noted the impact on children of Asian crises in hundred villages of about Indonesia. Four research cycles were chosen to examine the emergencies and variations in wellbeing conditions participation rates for education, and children employed as labor in hundred analyzed villages. The researcher considers that the problems had a notably negative impact on the children. In addition, education and enrollment rates were originally found at low stages but then pre-crisis improved to an expert level. Not that many children were observed to work as labor, because although older children who served as labor and were not enrolled in schooling worked for even more hours in contrast. The medical problems of kids seemed to be strong, but the health problems of children were considered problematic through differences of variables in the questionnaire. The investigator also examines the domestic ways they are mentioned they were faced with emergencies. (Cameron, 2002, pp. 5-10)

Street kids are the setbacks of financial development, war, neediness, loss of customary qualities, aggressive behavior at home, physical and mental maltreatment. Each street children has a justification being in the city. While a few kids are tricked by the guarantee of fervor and opportunity, the greater part are moved onto the road by urgency and an acknowledgment that they have no place else to go. What is clear is that road kids are neediness blasted and their necessities and issues are an aftereffect of needing to address essential issues for endurance. Road youngsters go through the battle of furnishing themselves with essential things like food, safe house, wellbeing and dress. Giving designated intercessions that address the issues of road kids requires a comprehension of what their identity is, the thing that they need, what they do and how they can be recognized. (Adeyemi & Oluwaseun, 2012, p. 87)

Research by Lubis (2016), Yuniarti (2012), and Suhartini (2009) on street children's strategy in survival focused on jobs chosen by street children. The job is to be singers, hawkers, newspaper sellers, and scavengers. In general, where they do their activities is in the red light crossroads of the city's main roads, tourist attractions, and shopping areas. The

phenomenon of street children today is not only happening in metropolitan cities only. In addition, a number of practical factors that also play a role include the pressure of parents, the high level of child frustration, lack of attention from the family, and the desire to try new things. Initially street children do not jump in and just plunge in the streets. They usually experience a gradual learning process. (Wahyun, Prajanti, & Alimi, 2018, p. 68)

## **2.7 Situation of Street Children in Pakistan**

In twin cities Rawalpindi and Islamabad of Pakistan, a study was conducted which revealed that several children live on street alone or with their families due to multiple reasons but economic issues in common for searching better income opportunities. Street children who migrated with their parents have low education levels and are employed with daily wages or unskilled labor. Destitution was an imperative factor in constituting street life of children. A bulk of street children move to street to support family income. In twin cities, most of street children are males and are under ten years. They work daily eight to twelve hours per day with an average income of 60-80 PRs per day. On street, they face issues such as parental abuse, violence by police and are affected by their peers. Street children of other regions face similar issues with some exceptions and backgrounds. (Ali, Shahab, Ushijima, & Muynck, 2004, p. 1707)

Population explosion, rapid urbanization and increasing poverty are being considered as the major cause for high number of street children in Pakistan. To boot, non-implementation of child labor laws and a sorry state of education are also playing their plausible role in the prevalence of street children. Moreover, abusive home environment and corporal punishment in schools adds to the number for children on the street. In some cases, bad company, urban attraction compel them to leave homes in low income localities out of cities. It is highly unfortunate that the stakeholders in Pakistan are not paying heed to increasing number of street children at the public places like bus stands, railway stations and parks etc. It is disregard of the national and international legislation regarding child rights in Pakistan, the surveys conducted by various NGOs manifest that an alarming 80 to 90 percent of the street children have subjected to physical abuse, drug use and sexual abuse. They have become drug addicts. These children opt for cheap drugs like glue and

surgical spirit. The use of other drugs like hashish and even heroin are also common among the street children. (Khalid, Nasir, & Rehman, 2016, p. 49)

Living on street clearly contravene the rights of street children. The economic deprivation of street children is linked with the stigmatization and delinquencies of street children. Children are living on streets due to prime factors of family poverty. Lack of employment conditions of parents, parental death, natural disasters and migration due to war and calamities causes financial issues which disturb families and compel children to live and work on street. Children who are four to sixteen years of age are indulged in economic activities with the burden of responsibilities for them and their families. They are involved in various items including selling flowers, newspapers, food items and car washing. As mangled by their owners or employers, they physically harm themselves for begging purpose. Many children are indulged in concealed activities such as drug dealing, stealing and prostitution. (Sattar & Yasemeen, 2019, p. 19)

Among street children, sexual and physical harassment is commonly reported. People including parents and police who are supposed to protect them are not able to safeguard them. They are usually abused and tortured at their workplaces or arrested by police from streets. Street children are underprivileged group of society deprived of basic human rights and are exploited by society members. By living on street children learn inappropriate behavior including drug addiction, pick pocketing, stealing and prostitution. People who are drug dealers make them addict of drugs and push them into crimes which has serious consequences. A study in Peshawar city of Pakistan on street children delivers the role of government and Non-governmental organizations in dealing with street children. This research examined the reasons of children homelessness and find out that street children mainly belong to poor and broken families. Previous decades witnessed that globally there has been debate on the rights of street children and the government of Pakistan approve a bill on their rights in November 1990. Nonetheless, in the country there is no proper mechanism to deal with the issue of street children, the issues faced by them and the outcomes of street life. (Sattar & Yasemeen, 2019, p. 20)

Olsson (2016) concentrated on violence against road kids and discovered that kids all around the world endure physical, mental and sexual ruthlessness. The researcher also

addresses the wretched circumstances of the children whom left their homes. In addition, there are appropriate strategies for the rehabilitation of road children. In the Kagara zone of Tanzania, this research was conducted to learn regarding the type of brutality against road children who live homeless and work domestically. A cross-sectional analysis was performed by the researcher with 215 participants around the ages of 13 - 24; these participants were now rehabilitated for a year in local communities. The research also investigated the domestic abuse that still occurred after the recovery and its potential results on the mental stability of their lives. This research is new in Tanzania and has presented a comparative analysis on the level of harassment against road kids in Tanzania and other countries across the world. Compared to these kids who led a usual normal life in their families with friends, the analyst identified a greater level of violence to road children. (Osslon, 2016, pp. 235-236)

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

The social research being an academic activity is a systemic plan that aims at searching for relevant particulars of a specific phenomenon. There are several applications and processes to administer a social research. Accordingly, the logical understanding of a research problem needs adequate approach. In the context of research, it is imperative to carefully choose tools and methods for data collection. (Kothari, 2004)

The research methodology is a coherent process of dealing with the research phenomenon as well as how to carry out a research. Researchers make a work plan as per they delineate, elucidate and predict how knowledge is gained. Research methods are several tools, procedures, and schemes used to gather data. In this research, various qualitative research methods have employed to conduct this research. This chapter deliberates methods used for selecting sample and collect data as well as tools used to record data which has assisted the use of research methods. The brief description of the use of tools and techniques adopted is in the following.

### **3.1 Sampling Procedure**

Sampling is the procedure of choosing few individuals from a larger group or entire population to generalize the prevalence of information and result of the research to the large group. A group selected from a large population is sample on which research is conducted to induce the research findings. (Kumar, 2011)The process of sample selection is accomplished by sampling procedure which is a method of selecting sample from target population. In this research, purposive sampling method is used to select sample.

#### **3.1.1 Purposive Sampling**

Being a type of non-probability sampling, purposive sampling is a technique deployed to select individuals pertinent to the criteria of research questions and objective-based interest of the researcher. In qualitative research, it is an extensively used method also recognized as judgmental sampling. The researcher recognizes individuals in purposive sampling who

accomplish the standards of research questions and determine the objectives they serve for the study. (Bernard, 2006)

I have employed purposive sampling as the objectives of this research concentrate specifically on examining the social, economic and health conditions of the street children as well as the factors of homelessness of these street children.

### **3.1.2 Sampling Unit and Sampling Size**

Street children of age group 8-13 years in area Barakahu is the target population of the study. I have selected thirty street children of both genders including ten girls and twenty boys as my research respondents who are living on streets away from their native homeland.

## **3.2 Rapport Building**

It is a rudimentary step to establish a connection with people to develop trust, understanding and communicating relationship. It is the ability to establish successful communication. A great deal of cooperation between respondents and researcher is required to gather data in qualitative research. (Denzin & Lincoln, 2000) Through rapport building, a sense of mutual responsiveness can be generated or else people of the community remain suspicious about the research purpose and identity of the researcher. As a result, both the researcher and respondents will have progressive interaction that contributes comprehensive and relevant data which shortly benefits the research findings.

The prefatory and cardinal step of my fieldwork was to construct complacent communicational relation with my research respondents after selecting sample. At the start of fieldwork, I was not much aware of the life and locality of street children in Barakahu area instead had a general idea about them. It was quite challenging for me to develop communicable connection with children as they were not willing to talk. Similarly, it was arduous to develop rapport with street children below age ten. As my sample consists of children of both genders, therefore to make rapport with girls above ten was comparatively easy as they had tried to initiate friendship with me. Respondents as whole have consequential trust issues from starting till the end as they were abducted and have become victim of violence repeatedly. Consequently, plenty of time and effort was utilized to make



them comfortable with them by spending time with them giving them food, snacks and toys. A considerable amount of data was collected during rapport building process as it took majority time of my fieldwork.

### **3.3 Key Informant**

Being originally used in ethnographic research, key informant technique is extensively applied in social researches. Key informants are the brilliant source of providing information. They include people who have knowledge about the community people and are willing to communicate according to the research questions with the researcher. (Marshall, 1996) In short period of time, the preferable quality of data is acquired by key informants.

At the start of fieldwork and during the commencing stage of rapport building, I have selected two key informants. One of them was a student of Quaid-i-Azam University. He was twenty three years old. Another key informant was a sales man in Barakahu working in a grocery store. He was thirty five years old. Both of them were the residents of Barakahu. Both the key informants has helped me to select sample from target population of street children as they were familiar of their locality and life. They have also assisted me how to deal with street children to get them comfortable with me. Therefore, I comfortably collected apposite information.

### **3.4 Participant Observation**

Participant observation is a compound of several research methods and techniques such as informal interviewing, observation and participation in daily life of respondents under study. In anthropological research, it is a fundamental research method usually taken over a wide period for the purpose of getting appropriate data. (Macdonald & Headlam, 2006) During fieldwork, it assists the research to develop patience and to actively focus and participate in research setting.

The life of street children is centered towards streets, so I devoted my time to them on streets to properly understand their lives. For becoming a good observer, it was paramount to observe all their activities and participate in possible pursuits. For the employment of this technique I ate, played, as well as walked with them on streets. Many respondents were

involved in begging and collecting debris, I have tried to observe their activities throughout the day. It has disclosed their own idea of their socio-economic life and problems. It allowed me to access the culture and process of homelessness in the research setting by intervening into the life of street children. Fieldwork was not a short timed process but a whole sequential procedure so it was essential to keep record of necessary information. To record the activities, behavior and information given by respondents, field notes were used.

### **3.5 Formal Interviews**

Structured or formal interviews have reduced pliability based on guided conversations and are led by interview questions. They are extensively utilized in social research to conserve uniformity. (Stuckey, 2013) To conduct formal interviews, an interview guide is required as the research asks relevant questions from the interview guide.

As the sample of the research consists of children of age group 8-13 years, so it was relatively difficult to conduct structured interviews with them. Hereby, I have conducted ten formal interviews mainly with the street children of above ten years. It was not possible for me to conduct interviews of extended duration, thus each interview has the duration of half an hour and done in a single sitting with each children. Street children having age below ten have sufficient time to give, but they are not much cooperative in terms of responding for a structured interview questioning.

The time and schedule of the interview were reliant on the availability of the street children as older respondents were involved in street labor activities and begging. All the interviews are administered based on the will of the respondents. Interview guide questions were used during interviews. I have tried to reveal detail answers through probing and following general to specific sequence of questioning. Some of the interviews are written using paper and pencil as being children, respondent felt hesitancy to communicate when knowing that their voices are recorded. All the remaining interviews are recorded by using audio recorder after informing research respondents.

### **3.6 Informal Discussions**

Informal discussions involve comprehensive and open conversation between the researcher and research respondents and are conventionally described as a part of participant

observation. (Boyce & Neale, 2006). It is followed by a normal conversation with the fundamental subject of acquiring answers of questions not clearly provided by respondents during formal interviews.

During the early stage of my fieldwork, this method went side by side with other methods of data collection including rapport building and participant observation. It was based on appropriate but unplanned discussion with street children. Although, the street children did not properly involve on discussion as elders, but somehow I have tried to reveal data by making them comfortable talking to me by asking some general questions about their favorite games, snacks, daily routine, their relationship with other children and then shifting them to research related questions.

During discussion with the respondents, initially street children felt hesitation but I allowed them to speak without any interruption. I spent extensive time with them while sitting silently in which they initiated conversation. Later, I proceed the conversation by asking research-based question and they showed keen interest. It was implausible to record informal discussions as there was no specific time and schedule as well as conversations include immaterial chattering as per research criteria. To save the relevant data, I have developed field notes by writing apposite data immediately after each discussion. For this purpose, I have developed field notes to write a relevant piece of information promptly after each discussion.

### **3.7 Case Study Method**

Case study, being an intensive study about an individual and a rational research method used in social sciences generally and anthropology specifically to draw in-depth subjective results by investigating a phenomenon or situation for a detailed period. (Singh, 2008) For the comprehension of the whole situation, it provides a holistic approach to the researcher.

During the use of other data collection methods including informal discussion and participant observation, I have conducted six case studies about various activities in which they were involved as well as social issues they have faced. Case studies have induced detail information in which irrelevant data was excluded during thesis writing process. Among all the methods of data collection, revealing case studies was strenuous as it was

not easy to deal with children. Their age, lack of proper communication, shyness, unwillingness of some children to share and natural factors also interrupted the discussion which made it hard to restart the conversation again from where it was heckled.

### **3.8 Focus group discussion**

To acquire local knowledge, focus group discussion is a constructive way to collect people having same interest of topic. It is a form of participatory research conducted by a mentor or moderator. (Nyumba, Wilson, Derrick, & Mukherjee, 2018) It generates a natural discussion among people that facilitates information about belief system, experiences and insight about particular phenomenon or community.

As mentioned above that the sample of the research consists of street children of 8-13 years, children below the age of ten do not have idea how to indulge in a discussion. I have conducted only a focus group discussion which included ten respondents of age mainly twelve or thirteen years of both genders. The discussion assisted me in providing the social and economic issues street children are facing. Likewise, the health problems were also revealed as well as information about their families was also divulged.

For making my respondents comfortable, I introduced myself at the start of the discussion. Following my introduction, I ensued the sequence of interviewing i.e. asking some general questions about them, their interest and life. The discussion was conducted at a local tea stall near their locality because there was not a proper sitting place near their residence. During the discussion though difficult, I have endeavored to make respondents respond comprehensively and avoid giving brief answers of yes or no. The focus group discussion was recorded by audio recorder after informing research respondents.

### **3.9 Field Notes**

Making field notes is a commencing method of recording data and is still used in social sciences which consists of writing down relevant piece of information using paper and pen. It is an essential source of preserving data and themes from field during fieldwork. (Tessier, 2014) It is one of the considerable techniques used in present research to record research data.

It was not undemanding to convince respondents to record interviews as street children were not comfortable and started behaving in a controlled manner when their voices were recorded. On contrary, it was impossible for me to record whole informal discussions on daily basis. Therefore, I develop field notes and wrote details gathered through discussions, non-verbal data, case studies and various relevant themes. The relevant data written was record details of cockfighting events, non-verbal data gathered through participant observation and interpretive summaries of interviews. The relevant data written in daily dairy was eventually analyzed.

### **3.10 Photography**

To record visual data, photography is a collaborative tool and a creative attempt in academic social research. (Wilton, 2016)I have used this tool and captured a few photographs of the living conditions, street children and their economic and health conditions. Photographs are inserted in relevant themes which assists the reader to properly comprehend the situation and know about street children who are unfamiliar with them. Research ethics including informed consent of the respondents is considered and photographs were taken after taking permission of street children.

### **3.11 Interview Guide**

Before administering formal interviews, it is imperative for a researcher to generate a list of pertinent questions. I have established an interview guide concentrated on research objectives consists of simple, relevant and appropriate questions. Interview guide consists of questions which have open-ended response pattern. Preliminary questions are related to demographic information about respondents following questions which are associated with socio-economic life and health issues. Interview guide has helped in stipulating appropriate data about all the relevant themes of research.

### **3.12 Audio Recording**

Audio recording tool being a valuable method of recording data help the researcher to record requisite information during fieldwork. During data analysis, audio recording method brings reliability and validity of the recorded data as information can be listen frequently in case of any uncertainty. (Yateem, 2012) I have used this method after

informing my research respondents. Formal interviews and focus group discussion was recorded by using audio recording device. It benefitted me to concentrate on non-verbal data during interviews as well.

Some of the respondents did not feel comfortable when their voices were recorded and they felt hesitancy which has minimized the use of audio recorder in research. Some respondents started behaving artificially when audio recorder was used. The recorded data was contemporaneously transcribed for analysis and thesis writing purposes.

### **3.13 Ethical Considerations**

Various research ethics has underpinned this research. All the research respondents, though children, clearly know the purpose of this research. Likewise, the identity of the researcher was not kept hidden from them. As the respondents of the research were street children who are often indulged in begging, so the personal information including their name and data which they consider confidential was kept secret.

Throughout the thesis, the term respondent has been used instead of the names of the respondents. Not a single child is harmed, bullied or frightened for the sake of revealing information. All the interviews and discussion were conducted with informed consent and willingness of the respondents. Interviews and focus group discussion was recorded by taking permission from respondents. Similarly, Photographs were captured by taking permission from respondents and are inserted in thesis without mentioning the names and personal information of the respondent.

## CHAPTER 4

### **Area profile**

This chapter supplies a transient description of the research area. It includes all the imperative information about the research locale associated with research objectives and questions. A brief description of physical and social features of research area is in the following.

### **4.1 Introduction to Research Locale**

The locale of this research is the city *Barakahu* in Islamabad. Islamabad being a capital of Pakistan consists of fifty union councils, among them Barakahu is the biggest known council termed as Kot Hathiyaal. It is further divided into various areas including Madinah town, Dhok Syedan, Dhoke Jillani and Nain Sukh. The area of BaraKahu is a developed residential area. Its location has made its favorable for its residence to enjoy living in natural and healthy environment with eye captivating views. The area Barakahu presents natural atmosphere with dust free greenery views. The area has basic life facilities available within the locality. Its surrounding areas includes Quaid-e-Azam University which is one of the leading universities in Pakistan. It is situated on a walking distance of ten minutes and Prime Minister Secretariat is located at a distance of 12.3km from Athaal chowk.

**Figure 1: Barakahu City**



(Source: Photo by Researcher)

## **4.2 History of the City**

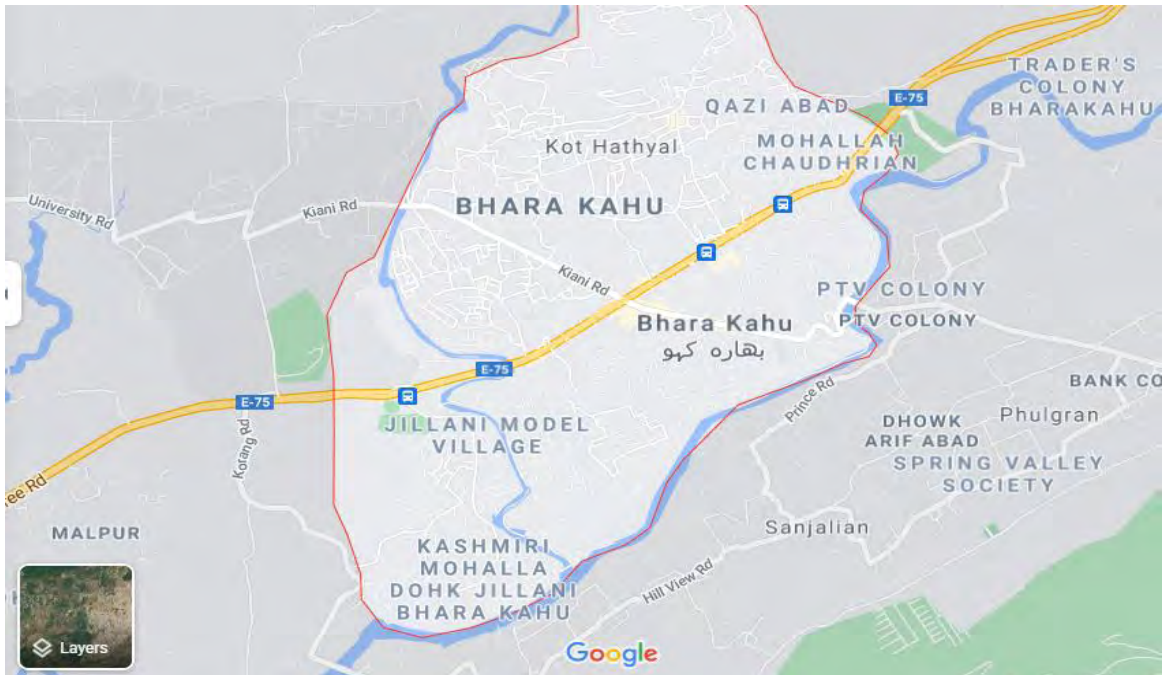
The name Barakahu has historical background with a great deal of confusion among its dwellers. According to the local and original inhabitants of the area, there was an old olive tree many years ago in the area when the population of the town was only thirty. Currently, the population has exceeded a million. One day, people of the small town started believing that the olive tree has some superficial existence locally called “bhara”. The locale language of the area is Pothohari. In Pothohari language, olive tree is called “Kahu”. Therefore, the name of village became Barakahu. People of other areas often confuse it with the distance of twelve miles meaning Bhara which has nothing to do with the original emergence of name of the area.

## **4.3 Location**

Surrounding Murree road Islamabad, the area of Barakahu is situated. It is located from a distance of 14km away from the main city of Islamabad. The city Rawalpindi is approximately 18 miles away from the locality. Its location is categorized into three structural zones. Firstly, from northeast it reflects compression on latitude of 20° E. The mountains Margalla Hills situated at north side along the Hazara zone. In the south, uplift of mountains connect it with Rawalpindi city and southernmost part with Soan River.



**Figure 2: Map of Barakahu**



(Source: Google Map)

## 4.4 Climate

The city has a humid climate with proper four seasons. The summer season in Barakahu is usually hot and dry whereas a cold winter. The average temperature of the city noted is 38°C with the hottest month June. Among the coldest months, January have the minimum temperature recorded is 2°C. The monsoon season changes the weather in Islamabad with heavy rainfall and snowfall. Near Margalla hills, fog usually occur during winter season. In Barakahu, the average rainfall recorded is 790.8mm.

## 4.5 Population

Approximately 119,034 peoples are the residents of Barakahu area per to the Pakistan Bureau Statistic report of 2018. It is a place where people who belong to different cultures including Chitral, Hazara, Baluchistan, KPK, Sindh and Muree dwell in large number. Apart from varied ethnicities, people of different religions other than Islam also reside there.

## **4.6 Language**

Pothohari language is the main language spoken in Barakahu. As people of various ethnicities including Punjabi, Afghan and Pashtun reside there, so their native languages are also spoken in this area. Urdu being a national language is easily understood and spoken by all the population of the area including street children.

## **4.7 Slum Areas and Facilities**

Barakahu, being a part of the capital of the country is still lacking basic life amenities. The research area falls under the territory of Islamabad has deprived of clean drinking water and proper sewerage system. The conditions of the roads depicts the picture of ancient times especially the road towards Quaid-i-Azam University. Old drainage system and heaps of rubbish describes the locality of the area. The basic health units and dispensaries lack professional doctors, medical staff and ambulance service for emergency case. Dearth of clean drinking water results in numerous water borne diseases. Heavy rainfall results in accumulation of rain water up to one foot in all areas of Barakahu and worse situation in slum areas. Streets are mainly filled with domestic waste and garbage. The unpaved roads depicts poor infrastructure with massive traffic jam.

Among the slum areas of the Islamabad, Barakahu have an apparent surge in the numbers of slums. People living in slum areas come from different areas and settled in Barakahu. In Barakahu city, slums are usually made of useless clothes and wooden sticks where people live in tents. Street children usually live in these slum areas.

**Figure 3: Slum area in BaraKahu**



(Source: Photo by Researcher)

## **CHAPTER 5**

### **CAUSES OF HOMELESSNESS: FACTORS CONTRIBUTING STREET CHILDREN**

Street children living with their families or away from them are on streets due to various constituents. This chapter explains the major and prevalent factors of homelessness associated with street children in research area.

#### **5.1 Determinants of Homelessness**

Due to the intricacy of the social phenomenon of street children, several factors contribute to the occurrence of the situation of homelessness in research area. Generally, factors causing homelessness are categorized into three classes including economic factors such as poverty, financial issues, unemployment of parents. Social factors including war, migration, natural disaster, unjust distribution of wealth and social stratification. Economic factors lead children becoming a source of income and labor for their families. Besides these factors, family component including disturbed and stressful family, parental abuse and lack of proper care and attention and parental unawareness of children needs constitute homelessness.

##### **5.1.1 Poverty and Financial Instability**

Economic restraint is an important cause of homelessness among street children. The poor economic status of the parents of street children has made it difficult for them to feed their children properly. Usually, the parents of the street children work on daily wages, thus the increase in population has caused changes in economic status of them. Research findings revealed that the children living with their families in slums produces child workers on the streets whereas the children living alone in slums away from their families depicts food insecurity as in their families there were too many mouths to feed. They were living in extreme poverty and their parents were incapable of providing basic subsistence requirements. As they belonged to poor family background, their main aim is to get sufficient food and resources by entering into streets.

A respondent narrated: *“Wahan ghar mai tou hum itny log rehty thy ky thek sy pait bhar ky khana bhi nhi milta tha. Ab chahy jesy bhi beshak bheek mang kar hi par mil tou jata ha”* (At my home, as I had a large family so we did not have proper food to eat. But now in streets, I have enough food which I get either by begging or other means).

Poverty in families and financial misery is enumerated as the imperative cause of increasing number of homeless children in Barakahu. Street children living with their families in slums work on streets to earn for their families in order to support them. Lack of proper food, shelter, healthcare and education all the essential needs are connected with the income status of the family. The families of the street children are living under poverty line. Consequently, children have made their own group on street and pursue work outside of their slums. In slums, children have a realization that they have a big household and their family is living in extreme poverty. In this case, parents often deliberately leave their children on the street to work and share family burden.

Another respondent narrated: *“hum chay log hain mery ami abu aur hum char behan bhai hain sb sy bara mai hi hu. Hum ny yahan side mai aik jhonpra sa banaya hwa ha udhar hi rehty hain. Kuch arsy pehly mgy mery ami abu ny kaha ky ab tm bary ho gaye ho tou tm bhi ghar sy bahar kam kiya kro ab ghar py na bethy rha kro. Tou ab mai yahan sarak py roz ajata hu jo b kam milta ha kr leta hu kue ky hamary pas itny paisy nhi hoty ky hum sahe sy khana bhi kha saken”* (We are six family members including father, mother, I, and three younger siblings. We live in slum. Once my parents told me that you have grown up now so you should go work with us. So, I do not stay at home and came to the street because we do not have sufficient money for food).

### **5.1.2 Death of Parents**

Parental death is accompanied by the end of family's economic status, emotional connection and well-being and effect child relationship with world, society and other family members. Parental death significantly increases life disruption and have negative impacts on children. In research area, a few number of street children are living in streets as they lost their parents and do not have any other caretaker. To deal with emotional difficulties, insecurities, loneliness and to fulfill their basic life necessities, they join other street children, live and work on streets. Children are not loved and cared for by their

relatives. As a result, they search and live in populated areas for their shelter and livelihood.

A respondent narrated: *“Mery ami aby dono mar chuky hain. Meri aik khala hain mai un ky sath reh skta hu lekin wo mgy meri ami abu ki trhan tou nhi rkh skti. Mery behan bhai bhi nhi hain. Mai kbhi school bhi nhi gya na mery wahan koi dost thy. Jb sy mery mery ami abu mary hain sb hi badal gya tha phir mai yahan agya aur yahan dost bna liye”* “I had lost my parents. I have an aunt I can live with her but she would not love and care me like my parents. I do not have any siblings. I didn’t have any friends as I never go to school. After the death of my parent everything had changed then I came here and make friends there).

The death of parents often have a social stigma attached to it. In cases where husband died, the wife would be considered responsible. In cases where both parents died of any reason, the children are viewed guilty thus making them stigmatized segment of the population.

Another respondent narrated: *“Do sal pehly mery aby mar gaye thy phir uc ky pandra din bad meri ami bhi mar gyi thi. Pehly hum gaon mai rehty thy. Jb mery ami abu dono foat hwy tou wahan sb mgy kehty thy ky ye apny maa bab ko kha gaya ha. Phir meny wo jga chor di aur yahan agya”* (Two years before my father died and after fifteen days of his death my mother died as well. I lived with my parents in village. After the death of my parents people of the village started calling me that my parents died due to me. Then I left the village and came here).

### **5.1.2.1 Case Study**

It is the case study of a female street child living in slum area with her mother and siblings. They shifted to Barakahu from the village of Punjab after the death of her father. She was nine years old. She never go to school due to poverty. Her father died when she was five years old. She has two younger brothers. Her father was a daily wage laborer. After his death, their poor economic conditions forced them to leave their home and continue life on street. Her mother works as a maidservant in multiple houses in research area. Her mother told him that when her father was alive they lived in a house of rent but after his demise she did not have enough money to pay the rent. Consequently, she made a tent with clothes and wood sticks.

She narrated: “*Meri ami jo kamati hain uc sy tou khana bhi hamen pora nhi milta. Subha utho tou khany ko kuch nhi hota. Kpry bhi nhi hoty. Wo roz ky 200 rupee lati hain. Hamara guzara nhi hota ic liye mai roz signal py bhek mangti hu. Roz subha 6 bgy jati hu kue ky log kam py nikalty hain. Taqreban mai bhi 200 tk kama leti hu*” (My mother income is not enough for us to get food on daily basis. Every morning we don’t have food to eat and clothes to wear. She earns 200 rupees per day. Due to the poverty I started begging. I come to signal around 6am as most of the people go to office/work. I earn around 200 Rupees in a day too).

It was difficult for her and her family to start life in a new area with limited resources and poor economic conditions with no living area. In our society, male member of household is considered as the sole breadwinner of the family. The demise of the head of the male member causes homelessness for many children.

She further narrated: “*Hum yahan barakahu ici liye aye thy ky koi hamen janta nhi tha taky meri ami aram sy kam kr sken aur mai bhi. Hamen shuro mai bht mushkil hwe aba ky mrny ky bad. Mai jo kamati hu uc mai sy 50 rupee ka khana khati hu baqi apni ami ko deti jin sy wo baqi bhaio ko roti deti hain*” (We came to Barankhu because nobody knows us here so my mother can easily work. When my father died we had faced many difficulties. I use 50 rupees from which I earned daily to eat and give remaining to my mother to feed my younger brothers).

### **5.1.3 Natural Hazards and Migration**

Natural disasters including floods earthquakes and famine have forced many people to leave their native homeland and to migrate to Barakahu. The displacement of the family leads to deterioration of the family economy which compelled them to live in slum areas and increased number of homeless children in research area. For instance, the earthquake in 2008 has resulted in the migration of many families from Azad Kashmir to research area due to demolition of their homes and dispersion of their families which resulted in the occurrence of the street children in recent times. After homelessness due to natural disaster, economic deprivation caused by a natural disaster is one of the leading cause to be a street child.

A respondent narrated: *“Meri ami btati hain ky hum pehly Azad Kashmir mai rehty hoty thy phir jb zalzala aya tou wahan hamara ghar tot gya tha phir kuch arsy hum apny ai rishty dark y ghar rhy phr yahan agye thy”* (My mother informed me that we used to live in Azad Kashmir before the earthquake. After that we lived in a relative house for a short time and then migrated in Barakahu).

#### **5.1.4 Family Disruption and Abusive Behavior**

Family being a primary institution is accountable in providing all the basic needs to children including food, shelter, love, care, education and health care. Particularly for children, family is responsible for their growth and well-being. The construction of children's norms, personalities and social life is related to family as a reference point. The features of child's life is shaped by the relation within family. Street children do not have normal relation with their families. Children left their home because of the ill-treatment of their parents or step parents as well.

Homelessness of street children also depicts dearth of parent-child communication, violence or domestic violence and abuse in the family. In research area, physical abuse and violence is found to be the major reasons why large number of children run away from their homes and live on streets. Drug and use of alcohol among fathers is also viewed as a precipitating factor for family issues causing child homelessness. Life become unbearable when parents are drug addicts. Street children have shared their experiences that they felt living on the street more comfortable than living and coping with these issues at their homes including abuse, neglect and drug addiction. Many street children also belong to separated families where they either used to live with their mother or father and suffered economically and emotionally.

##### **5.1.4.1 Case Study**

It is the case study of a street child living in slum area of Barakahu with other children away from their family. He is twelve years old. He belonged to KPK but currently living in research area. He never go to school. He sell plastic decoration items and bags for livelihood as well as begging. He has been living on streets for a year. He belonged to a separated family. His father divorced his mother. He has four siblings living with his father. He has escaped of parental punishment and hate of his step mother.



He narrated: “*Mery abu ny dosri shadi kr li aur wo mery sath acha salook nhi krti thi. Phir mai apny ghar sy bhag aya aik sal pehly aur yahan rehna shuro kr diya*” (The woman my father married treated me badly, so I run away from my home a year ago and began living on the street).

His father was also a drug addict and his alcoholic and abusive behavior also pushed him to leave his home and to live on streets. His father used to beat him and physically abused him due to his step mother and drug addiction.

He further narrated: “*Mery abu sharab pety thy. Wo roz ghar anshy mai aty thy phir hamen marna shuro kr dety thy. Koi aik din bhi aysa nhi hota tha jb aysa na ho. Hamara koi Kasur nhi bhi hota tha phir bhi nashy mai marty thy. Pehly meny kafi arsa brdasht kiya lekin phir meny ghar chor diya aur idhar agya*” (My father was an alcoholic. He always came home drunk. He usually beat us without any reason and wrong doings. Initially, I tried coping with his behavior but later I left home and leading my life on street).

### **5.1.5 Lack of Community Resources and Opportunities**

Poor economic and basic life facilities, problems in working conditions and lack of resources are a considerable push factor for people to migrate to other areas which have sufficient resources. Unfortunately, people living in villages with poor economic conditions perceive cities as full of adequate resource with employment opportunities. A few respondents who have migrated from villages are now living in slums due to unavailability of economic opportunities and proper resources.

A respondent narrated: “*Mery abu gaon mai kisi ki zameen py kam krty thy. Phir zameen ky malik ny unhy nikal diya uc ky bad hamary halat bht kharab ho gaye phir hum yahan agye. Lekin yahan bhi na rehny ki jga mili na koi kam. Ab hum slum mai rehty hain aur abu mery mazdor hain*” (My father used to work as a tenant in the fields in village. The owner of the farm gave him sack. We lived in poor financial conditions and then decided to shift there but could not find proper place and job. We live in slum. My father is a laborer here).

### **5.1.6 School Violence and Dropping out**

The phenomenon of homelessness is contributed well by school violence and children dropping out of schools. It is widely accepted fact that homeless people have poor economic conditions due to which they do not afford the right of education. On contrary, children in villages experience daily punishments from their teachers for poor academic performance and classroom discipline which leads them to leave schools and consequently leave their homes. Physical and mental violence being a part of some educational institutions in less developed areas compel children to leave their homes and live on street freely.

A respondent narrated: *“Mai jb gaon mai rehta tha tb school jata tha wahan ustaad roz dandy sy marta tha khara bhi rkhta tha dhop mai agr sabaq nay ad kr ky ao tou. Phir meny school chor diya. Jb mery abu ko pta chala tou unho ny bhi mgy mara phir meny tang aa ky ghar hi chor diya aur yahan agya. Ab yahan apni mrzi sy rehta hu sarak py baqi bcho sath khelta hu aur bhek bhi mangta hu”* (When I used to live in village I went to school daily where my teacher beat me and punished as well on poor academic performance. Due to his behavior I left school. When my father was acquainted with my school dropout he beat me too. Then I left my home as well and came here. In Barakhu, I am living free. I play with other street children and beg too).

### **5.1.7 Belonging to Begging Family**

In research area, a huge number of street children are involved in begging. They are instructed and compelled by their families to beg on streets. Children who belonged to begging families have high chances of becoming beggars. The families of the children also lived on streets and compel their children to beg on streets with them. Their parents ask them to beg and at the end of the day they have to give their parents what they have earned. They do not own any home in locality rather live in slums or streets.

A respondent narrated: *“Jb mai chota tha tb mgy mery ghar waly sath sarak py ly jaty thy bheek mangny ab mai bara ho gya hu tou wo mgy ghar py rehny nhi dety kehty hain bahar jao bhek mango. Phir mai pora din sarkon py hi rehta hu. Hamra koi ghar nhi ha yehe sarken hamara ghar hain”* (When I was younger my family took me with them while

begging but now they instructed me to beg and forbid me to stay at slum. I spend whole day on streets. We don't have a house. These streets are our house).

### **5.1.8 Physical Disabilities**

In economically poor households, persistent physical health problems results in subsequent poverty and homelessness. Poor families are not able to afford health care services and treatment for their children, thus they are only aggravated by life on the streets. Other than general street children, several physically impaired children was also observed spending their time playing or begging on streets. They are more socially excluded due to the prevalence of discrimination not only on family level but also on social level.

A respondent narrated: *“Mai yahan sarak py hi rehta hu aur bhek mangta hu kue ky mai aur koi kam nhi kr skta meri aik tang kam nhi krti agr mai bhek b na mango tou apny ghar walo py boj ban jaon tou wo mgy sarak py chor jaty hain”* (I live on street and earn money through begging because I don't have any other work to do for money because I am physically challenged. My one leg is dead. It do not work and cannot hold my body weight. Otherwise, I would be a burden for my family, so they instructed me to beg).

### **5.1.9 Kidnapping and Child Abduction**

A considerable number of children arrived at Barakhu each year from far places without their families and missing from their families. They are abducted by people who force them to beg on streets. Children are kidnapped by the strangers involved in drugs or begging in their early childhood years.

#### **5.1.9.1 Case Study**

It is the case study of a street child who was abducted from his native homeland. He is thirteen years old. He belonged to Afghanistan. When he was seven years old he was kidnapped by a stranger. He has little education as at that time he studied at school. One day he was playing outside his home, a man came and asked about an address near to his hometown. He did not understand as he was a child and started walking with him. Later that person covered his face with a cloth and he fainted.

He narrated: “*Jb mgy hosh aya tou meny dekha mery sath aik aur bcha bhi ha tb hum gari mai thy aur do admi thy sath. Hamara mun kpary sy bandha hwa tha. Phir mgy nhi pta hum Pakistan kesy agye. Phir yahan aik admi ky kehny py hum bheek mangty hain. Wo hum py nazar rkhta ha. Do aur bhi bchy hain meri umer ky wo bhi bheek mangty hain.*” (When I wake up, I have seen that there is one more kid sitting beside me. We were in the car. There were two men in the car. My mouth was covered with a cloth. Then, I have no idea how they send me in Pakistan. I started begging on the order of a man as he always keep an eye on us. There are two more children of my age which also beg with me).

He has been begging on the streets of Barakahu for five years. When he insisted to meet his parents, the kidnappers beat him. He has learned Urdu and Pashtu language from the man who has kidnapped him. He started begging in Karachi. After that, he came there with two other children. In Karachi, police was arresting street children involved in begging, so we shifted there.

He further narrated: “*Yahan barakahu mai bheek mangty mgy panch sal ho gaye hain. Aik bar meny bhangy ka socha tha lekin yahan mera koi ghar hi nhi ha. Mgy apna ghar aony ami abu bht yada ty haun. Mai roz 200-250 kamata hu par mgy 50 rupee sy zada kharch ki ijazat nhi wrna ye mery hath tor den gy beshak mai bhoka hi kue na hon. Subha mgy ye singal py chor dety hain phir sham ko ly jaty hain*” (I am begging on streets of Barakhu from past three years. Once I try to run, but I have no home. I miss my home and parents. I earn almost 200-250 rupees per day. I am only allowed to spend 50 rupees per day. Because if I spend more than that then they will break my hands. I am very scared of them. I don't spend more even if I am hungry and don't have anything to eat. They drop me on different signals and pick me up at evening).

## **CHAPTER 6**

### **SOCIO-ECONOMIC LIFE CONDITIONS OF STREET CHILDREN**

In present chapter, economic domain of street children, occupations in which they are involved and reasons to work are presented. The social life conditions and issues faced by street children are also discussed in detail.

#### **6.1 Demographical Traits of Street children**

It includes the basic information about the age, education, and gender of street children and economic conditions of their parents which is directly linked with the health and social and economic life of street children.

##### **6.1.1 Age, Gender and Education**

Street children start living on the streets at the age of 7-8 years whereas this research focused on children of 8-13 years. It is observed that bulk of street children have not attended school. Children who lived with their parents and migrated to research area have lower primary education or they are mainly school dropouts. In terms of gender, boys and girls are found on streets in equal number.

##### **6.1.2 Parental Occupational Condition**

The parents of street children have low and irregular incomes as they work on daily wages. They are usually involved in professions of selling things, domestic servants, vendors or begging.

#### **6.2 Work Pattern of Street children: Reasons for Work**

There are many reasons which constitute child working. Socio-economic as well as environmental reasons play their role to push children to working conditions. Poor financial conditions, family disruption, violence, abuse, natural calamities and abduction are main contributing factors which not only compel under-age children to become homeless but

also work to meet their daily life requirements. They sell multiple things and work on daily wages on streets.

### **6.2.1 Working for their Subsistence**

Several street children live away from their families in slums together and to meet their expenses including food, clothes and shoes they work. Children who have migrated alone, kidnapped or ran away from their homes work to meet their life needs. For them, getting food twice a day is satisfactory as it is often difficult for them to get proper food.

### **6.2.2. Working for the Household Economy**

Street children living with their families in slum are usually migrants from different areas due to multiple reasons and have poor economic conditions. They lack a proper income resource to support their household economy. The parents of street children also work as wage laborers, so they send their children to earn for family. Children working for their families give their earning money to their parents and divide household expenses. Both male and female street children work for their families.

A respondent narrated: *“Hum sb ny ghar ky kharchy banty hwy hain. Mai jo kamata hu us sy ghar waly aik waqt ka khana khaty hain”* (We have divided household expenditures. I own expenses of a single meal for my family).

## **6.3 Economic Activities of Street Children**

Street children are involved in various survival activities for them and their families. Some street children participated in single activity whereas some indulge in multiple occupations along with begging. Begging was found predominant income source of street children in research area. Mostly children and their families beg together and earn money. Children who were normally too young to work participate in household economy. For getting data about their occupations, children were interviewed and revealed that street children are mainly involved in daily wages work.

### **6.3.1 Waste and Debris Picking**

Collecting waste material including plastic bottles, items, and edible things is a part time activity for street children with other daily labor activities. In scavenging, they pick up

waste material such as bottles, iron, paper, plastic etc. Poor economic conditions is common phenomenon in all street children which often lead them to find edible things in debris.

A female respondent narrated: *“Mai wesey phool bechty hu sath kbhi kbhi korry mai sy chezen b nikal ky bech leti hu kuch na kuch mil jata ha”* (I sell flowers for subsistence, but often collect things from waste and earn a little from it).

**Figure 4: Street Children Picking Waste Material**



(Source: Photo by Researcher)

### **6.3.2 Car Washing**

It is another way of meeting basic life needs of street children and their family. Car washing was considered a main work for male street children. Many children indulged in car washing at traffic signals whereas some street children move from road to road for finding

customers for car washing. At marketplaces and vehicle stands, many children provide their services.

A respondent narrated: “*Signal py tou kam log hi hum sy gari dhulwaty hain par hum market mai chaly jaty*” (People rarely wash their cars at signals so we went to market places).

### **6.3.3 Selling food Items**

Selling food items including sweets, candies and biscuits was another way of street children to earn for their basic life necessities. Only a few street children sell these food items as people prefer to buy them from grocery stores and shops. People who show sympathy to them often buy these items or on roads they buy these items for their children.

A respondent narrated: “*Hamen agr bhok lgti ha tou hum khud bhi kha lety hain ya dosry bcho ko bhi dy dety hain*” (We can also eat these items and give other street children if they feel hungry).

### **6.3.4 Selling Flowers**

Several street children sell flowers on streets and roads. Both boys and girls sell flowers to earn. They do not earn much from selling flowers as rarely people buy from them. At traffic signals, usually people buy flowers from them.

A respondent narrated: “*Kbhi kbhi koi sary phol bhi khared leta ha hum sy kbhi koi bhi nhi kharedta*” (Sometimes people buy all flowers whereas at times we do not earn anything).



**Figure 5: Street Children Selling Flowers**



(Source: Photo by Researcher)

### **6.3.5 Selling Plastic and Cloth Bags**

Another earning activity of street children was selling plastic and cloth bags. Plastic bags were used in multitude. Likewise, due to increasing trend of the use of cloth bags, many street children sell them. The children roam around the roads, shopping areas, grocery stores and market places to sell bags. They usually sell plastic bags near food items and shrines which increase their daily sale.

A respondent narrated: “*Mai idhr Bari imam k pas shaper bechta hu taky log langar lety howy shaper khared len.*” (I sell plastic bags near Shrine of Bari Imam so people use plastic bags for food).

### 6.3.6 Selling article of Clothing

Street children also sell various clothing items to earn money from themselves and their families. They sell drawstrings and socks in streets and road sides. They also roam around signals when traffic light turns red to sell their item car to car. They sell these items at the cost of 20-40 rupees for each pair.

A respondent narrated: “*Ye chezen hum mushkil sy bechty hain lekin log khared lety hain guzara ho jata ha*” (We do not sell these items with ease but people buy them and we survive on them).

**Figure 6: Street Children Selling Clothing Items**



(Source: Photo by Researcher)

### 6.3.7 Selling Decoration Items

Besides selling plastic bags, sweets and flowers, street children also sell cheap decoration items including wall frames. Per to them, they sell each frame at the cost of 120-150 rupees. Apart from selling frames they also sell paternosters or beads used during prayers for 20-30 rupees each. They buy these items from local market and sell them on roads, streets and crowded places as well as on signals.

A respondent narrated: *“Hum ye frame ic liye bechty hain ky icki qeemat achi ha aik bhi bik jaye tou hamara aik din ka guzara ho jata ha. Log wesyy hum py tars kha ky ye kharedty hain.* (We sell decoration frames as they have a better cost. If we sell a single frame we can easily spend a day with money. People usually buy under pity by seeing our poor conditions).

**Figure 7: Street Children Selling Decoration Items**



(Source: Photo by Researcher)

### **6.3.8 Begging**

In research area, majority of street children were involved in begging for their livelihood. Whether they work and sell anything or not they beg on streets and signals. Like other ways of earning money, begging was an easy way for them to earn. They are engaged in begging as full time occupation or part-time way of income. A greater section of street children beg under the pressure of their family and parents who do not allow them to sell anything. A few children who are physically impaired also beg as they are unable to work. Street children who are abducted are forced to beg.

A respondent narrated: *“Mai sirf bhek bhangta hu kuch bechta nhi hu kue ky mery pas itny paisy nhi hoty ky kuch khared sakon. Jo thory paisy aty hain wo ghar dy deta hu”* (I beg only. Some people sale things but I don’t sale anything as I cannot save enough money to buy things. I earn very less amount and have to give to my parents).

Another respondent narrated: *“Han mai bhek mnagta hu kue ky mera aik hath aur aik tang kam nhi krti jb sy paida hwa hu”* (Yes I beg to earn money. I do not have any other work to do for money because I am physically handicapped by birth).

### **6.3.9 Selling Masks**

Pandemic coronavirus pushes some street children to sell masks on streets. They are not much aware of the coronavirus health implication rather observe people wearing masks on streets. So they started selling masks. Street children sell face masks for 10 or 20 rupees each.

A respondent narrated: *“Pehly hum 20 rupee ka kehty hain koi khared leat ha koi kehta ha ye tou sasta milta tou hum 10 ka bhi dy dety. Kbhi kbhi koi pora packet b khared keta”* (We tell price of mask as twenty rupees but people start telling us that its actual rate is ten rupees. Often people buy whole pack of mask).

**Table 1: Daily based earning of Street Children**

<b>S.NO</b>	<b>Earning Occupation</b>	<b>Daily earning</b>
1.	Waste Picking	100-150
2.	Car washing	300-400
3.	Selling food items	100-150
4.	Selling flowers	100-150
5.	Selling Decoration items	250-300
6.	Begging	100-200
7.	Selling Clothing Items	150-200
8.	Selling Plastic Bags	200-250
9.	Selling Masks	100-150

(Source: Respondents)

## **6.4 Social Issues**

It is widely accepted and socially perceived that street children are unprotected and unsupervised children who lives on street with the dearth of surveillance by responsible adults and parents whereas greater number of street children are on streets as they do not have sensible adults for their look after. Street children face multiple social issues while living on streets. They are considered as marginalized section of the community with no

living rights. They are physical, verbally and sexually abused by people on daily basis which effect their physical and mental well-being.

#### **6.4.1 Stigmatization**

Society typically consider street children as a difficult child who are the cause of problematic behaviour in the community. They are perceived as vulnerable and stigmatized being of society as public believe that they lack morals, indulge in substance use, have no emotional feelings for family and are uncontrollable. Consequently, their behaviour towards street children turns into unsympathetic which makes people unable to deal with the rights of them and to show care towards street children.

#### **6.4.2 Violence and Abuse**

Street children are mostly physically abused by community members, police, shopkeepers and people at traffic signals. Besides verbal abuse, they are usually beaten, slapped, kicked and pushed away by people because of begging at traffic signals, not following instructions and asking for more prices. Street children who are forced to beg often abused by their owners if they fail to earn proper daily money and spend more than from which they are allowed to spend. They often face violence from police officers.

A respondent narrated: *“Aik bar mai signal py bhek mang rha tha tou police hamen sath utha ky ly gyi police station wahan haen galiyan di thapar bhi mary aur phr char panch ghanty bad chora”* (Yes, I faced violence. Once I was begging at traffic signals, police came there and took me with other beggars to police station. They verbally abused us and slapped us too. After four to five hours, they released us).

#### **6.4.3 Sexual Abuse**

Sexual abuse is a recurrent issue for street children especially for girls. Children under the age of ten were not much aware of the good or bad touch whereas children above ten have idea about sexual abuse and wrong touch. Street children living with their parents inform their parents about verbal and physical abuse but do not about sexual abuse as they feel hesitancy and embarrassment. Female children face more sexual harassment by drug addicts, shopkeepers and other community members.

### 6.4.3.1 Case Study

It is the case study of a street girl who was twelve years old. She lived in slum area and beg on the streets to earn money. She has sexually abused twice by a drug addict of a community and a shopkeeper when she was begging on streets. Once she went to the shop to buy biscuit, the shopkeeper forcefully hold his hand and pushed her in the shop.

She narrated: “*Uc admī ny m̄jy bh̄t bury tareky sy p̄kra aur mery jism mai jga jga hath bhi lga rha tha m̄jy bohat bur alga meny ucy dhaka diya aur ghar agyi lekin ghr mai kisi ko btaya nhi kue ky m̄jy bohat ajeeb lg rha tha*” (He grabbed me badly and touched different parts of my body. I felt weird by his touch. I pushed him and ran away. When I returned home I did not tell anyone about this as I feel embarrassment).

At second time, she was begging on a road and a young boy tried to sexually harass her. He looked like a thief. He tried to initiate talk with her and kept her at corner of the street. He was a drug addict. She knew her as he lived in the same locality. At that day, she was going home then in the middle of the way he grabbed her hand and try to take her in his tent. His tent was last one in the row where they live. She started to shout then one of her neighbour listened her voice and came out of his tent. When the drug addict boy saw him, he ran away.

### 6.4.4 Rape

Street children are exposed to sexual exploitation and rape on daily basis. Based on gender differences, female children are more prone to experience rape than male children. In research area, female children begging or earning on streets have rapped by people of community, drug addicts and shopkeepers as well as beggars. Based on research findings, it is revealed that street children especially girls are treated as sex objects on streets at night by older boys, shopkeepers and watchmen.

A female respondent narrated: “*Aik bar mery sath ziyadti kit hi aik admin y wo bhi yahen pas mai hi rehta ha aur bhek mangta ha. Aik din mai rat ko wapis a rhi thi tou akeli thi sarak py uc ny m̄jy pakar liya aur mery sath bura sulok kiya jb meny chekhna shuro kiya tou uc ny apny hath mery mun py rkh liyr*” (I was rapped by a man who was a beggar and lived near our tents. One day when I was coming late home after begging he followed me

and grabbed me. I was alone on street at that time. He took me to the dark side of road and rapped me. When I tried to shout he pushed my mouth with his hand).



## CHAPTER 7

### HEALTH ISSUES FACED BY STREET CHILDREN

Due to the life style, living conditions, social services and lack of health care facilities street children suffer from poor health outcomes. They are vulnerable to physical and mental diseases and injuries. Therefore, this chapter explores health status of street children and issues faced by them accompanied with disease treatment methods and their health perception.

#### 7.1 Living Conditions of Street Children

Street children living alone or with their families have street as home with unhygienic and inappropriate living conditions. As slums are not proper house, people living inside are exposed to extreme climatic effects, lack of basic facilities and health safety circumstances. In slums, street children do not have the facility of bathroom, which compel them to use public bathroom. They face difficulties in daily washing and bathing activities. Due to these factors, they are found to be untidy and dirty with tattered clothing.

**Figure 8: Living Conditions of street children**



(Source: Photo by Researcher)

Usually, street children eat food from outside whatever they find in minimal amount due to shortage of money whereas in slum, whole family or children living together share a small space. They cook in an open place with a few utensils, wash and keep them there which lead to many infectious diseases. They do not have proper space to manage cooking and washing activities.

**Figure 9: Cooking conditions of street children living with families**



(Source: Photo by Researcher)

## **7.2 Malnutrition and poor health**

The nutritional status of the street children demonstrate that all the children are seriously underfed and malnourished. They have faced scarcity of food due to poor economic conditions. They only eat once a day and when food is scarce, they drink water. Malnourished children are at high risk of getting infected with many diseases. They did not eat meat, milk, fish and fruits properly which make their nutritional status inappropriate. As they earn either by doing some work or by begging, they do not have money to eat properly. Some street children often get food from garbage which leads to malnutrition, anemia, vitamin deficiencies and numerous diseases.

A respondent narrated: *“Mai roz ky 100-150 kamata hu wo uc sy bs aik waqt ki roti kha leta hu jesi bhi mily baqi”* (I earn 100-150 a day and spend this money on eating once a day whatever is possible).

## **7.3 Physical Health and Diseases**

Street children suffer from various gastro-intestinal diseases including diarrhea and several common diseases such as tuberculosis, dental issues and skin diseases. Due to weather changes and their continuous standing on signals/street for ten hours, they have skin allergies with black spots on skin. They also have injuries as they have no shoes and they walk on bare feet collecting garbage materials, begging rag pickers and having cut in their bodies is part of their life. Mostly, street children have stomach disease because of eating stale food.

### **7.3.1 Maltreatment and Injuries**

Street children experience ill-treatment from society, general public, police and security guards. They have suffered from many injuries by begging and working on signals as well as a result of violence from people. Injuries are caused by vehicles, abuse from people and accidents.

A female respondent narrated: *“Aik dafa aik admi ny mery sath sex krny ki koshish ki jb uc ny mny pkra tou meny cheekhen mari phr uc ny mny bht mara tha”* (Once a man try to have sex with me when he grabbed me I shouted and he beat me).

Another respondent narrated: *“Mjy tou aksar choten lgti rehti hain. Signal py log hamari parwa nhi krty. Aik bar aik bike waly ki wja sy mery paon py chot ayi thi”* (I often get foot injuries on signals. When signal light turns into green people do not care about our existence. Once a bike man crushed my foot).

#### **7.3.1.1 Case Study**

It is the case study of a nine years old boy who beg for a begging group. He lived in slum with other street children who also beg with him. He went there after the death of his parents and work for a group of people. He is treated badly by the people he work for and

given very less to eat during whole day. As far as his health is concerned, he always feel ill and tired due to begging on street whole day. He often have cold and cough with diarrhea. He was verbally and sometimes even physically abused by his owners. He admitted that he never seen a doctor or hospital in his life.

He narrated: *“Jahan mai rehta hu wahan mery sath wo lrky rehty hain jo mery sath bhek mangty hain. Mai pora din itna thak jata hu ky aksar wapis aa k bhi kuch khany ko nhi milta aur so jata hu. Agr mai bhek nhi mangu gatou bhok sy hi mar jau ga. Yahan malik bhi hamen marty hain agr sahe sy bhek na lao tou. Mjy bazo aur tango py zakaham hwy hain wahan bhi dard hota ha”* (In our residency, I live with boys who beg with me. I often get so tired that I sometimes sleep without eating anything. If I don't do this work, I will die of hunger. I have injuries on my arms and legs (pointing to his wounds) which pain sometimes but I have to work as if I do not beg and give money to owner he would beat me).

## **7.4 Disease Treatment Methods**

Street children have poor economic conditions and insufficient earning to support their treatment. Buying medicine from the chemist and pharmacies are the common treatment seeking behavior of children when they become sick. They have a fear of visiting hospitals due to stigmatized behavior of people and lack of money to give fees of doctors. The decision for treatment of diseases is based on the income of the street children and economic conditions of their household. Due to poor economic conditions, they are not allowed to seek health care facilities at hospitals due to heavy charges.

A respondent narrated: *“Hum bemar hoty hain tou doctor py tou ja hi nhi skty hamary pas itny paisy hi nhi hoty unki feesen itni zada hain”* (When we become ill, we do not visit hospitals for treatment as due to high fees of doctors which we do not afford).

Whatever the condition or circumstances, self-medication is their first decision and response to combat illness. They use commercially available medicines or homemade remedies for treating issues. For the treatment of injuries including fractures or wounds, they prefer treatment at home though bandages made of warm clothes and homemade remedies including turmeric and oil.

Another respondent narrated: “*Aik bar aik bike sy mera accident howa tha tou hospital nhi gya wo tou pta nhi knsy test krty hain meri ami ny hi garam kpry ki pati kr di thi*” (Once I had an accident with bike but I did not visit hospital as doctor would prescribe various tests so my mother bandaged me with warm cloth).

#### **7.4.1 Case Study**

It is the case study of a twelve years old street boy. He has been living in research area for two years. He sell eatables and flowers to the passersby. He migrated from a village to *Barakahu* along with his mother and two siblings. His father divorced his mother and she brought them to *Barakahu*. He was not much aware of the general health of him whereas he has disability of limping in one leg.

Regarding his health conditions and illnesses, his work made him stand and run around the whole day due to which he feel weakness. He had never been admitted to the hospital. When asked about his general health he informed that he never visited a doctor. The poor financial conditions of him did not allow him to seek health care facility from hospital which has affected his physical health adversely.

He narrated: “*Aik bar meri tang py choat lgi thi phr mjy uc ki wja sy kafi din bukhar bhi rha tha aur mai pareshan bhi rha tha lekin ghar py pati kit hi doctor py nhi gaye thy kue ky paisy nhi hoty. Aur ab wo choat mery liye mazori ban gyi ha*” (Once I had a small injury on my leg due to which I used to get regular fever. I remember that I also felt very irritated during that time. But I did not visit any doctor and tried home bandages. We are poor and have no money for big hospitals. That injury has become a disability for me).

**Table 2: Street Children Diseases and Treatment**

<b>S.No</b>	<b>Diseases</b>	<b>Preferred treatment</b>
1.	Diarrhea	Mixture of water salt and sugar
2.	Skin Allergy	Herbal treatment
3.	Wound	Masala made at home
4.	Cold	No treatment
5.	Fracture	Home Bandages
6.	Dental issues	No treatment
7.	Fever	Buying Medicine from any pharmacy

(Source: Respondents)

## **7.5 Impact of Street Child Work on Health**

Street children are involved in several occupational or earning activities. They earn money while begging on streets and on signals too. They are humiliated, abused and ill-treated repeatedly by people. By spending whole day on street leads to exposure of heat and other climatic conditions which effect their health. Due to working conditions, street children experience many health issues.

A respondent narrated: “*Hum pora din phirty rehty hain sarkon py aksar paon py cut bhi lag jaty hain jisam bhi dard krta ha lekin phir paisa bhi kamany hain*” (We spend whole day at street and often get cut on feet and body aches but we have to earn).

## **7.6 Street children Perception of Illness and Health**

The economic and living conditions of the street children determine their worldview and shaping the concept of health and illness. Mostly street children are involved in earning on daily basis or begging, by becoming ill their ability to work will be hindered. They do not much care about their general health and have no knowledge about health conditions, nutrition and well-being whereas they consider health as an important factor which allow them to work for themselves and their families to earn money. Small injuries, cuts, fever, cold and diarrhea is regarded as nothing by them because they get used to live with them as street life is full of minor health issues effecting on daily basis. There is a lack of realization of intensity of health problems in street children.

A respondent narrated: “*Agr mai har choti choti bemari py dehan don ga tou phir guzara kesy hoga hamara*” (If I start caring about every minor illness then we’ll have no money to survive).

## **7.7 Mental and Psychological Illness**

Besides physical illness, street children also face several mental and psychological health issues. Numerous reasons and situations that pushed them onto streets and make them homeless including abduction, migration due to family issues and natural disasters and abuse have adverse effects on their mental and emotional well-being. Street children do not receive any adequate care for these issues. They frequently experience depression, anxiety, stress, sadness, anger and suicidal thoughts.

A respondent narrated: “*Mai bohat udas rehta hu aur aksar rota bhi rehta hu mera dil krta ha mai khuskushi kr lu lekin krta nhi hu mgy ghussa bhi ata ha kue ky mery pas paisy nhi hoty mgy bhek mangni prti ha*” (I feel sad and often cry because I do not have money so I have to beg. I often have suicidal thoughts).

A respondent who was kidnapped from his native homeland and forced to beg face serious mental issues due to living away from his family. He narrated: *“Mjy mery ghar waly jb yad aty hain tou bht rota aur udas hota hu”* (When I miss my parents I cry a lot and feel stress).

## **7.8 Substance and Drugs Use**

Living a street life provides a platform for children to delinquent behavior due to less attention, care and surveillance by parents and get involved into various wrongdoings. Research findings presents that a few children were involved in using drugs. Substance including cigarettes and Marijuana was prevalent among children who use drugs. The children who beg are addicts of drugs. They become addicts when they started begging on street. They become addicted by the other beggars. They daily meet them, see them to use drugs, thus they also started use of drugs and become addict.

A respondent narrated: *“Mjy aik sal hwa ha cigarette pety hwy. Pehly jb mai yahan aya that tb tou nhi peta tha lekin baqi bchy mery sath waly pety thy tou mjy bhi adat par gyi”* (When I came here, I did not smoke, but I get addicted by other children. I have been smoking for a year).



## **CHAPTER 8**

### **SUMMARY & CONCLUSION**

The present study was a qualitative research aimed at examining the phenomenon of street children by exploring factors of homelessness. Moreover, socio-economic life and health conditions of street children were also explained. To conduct this research, thirty street children of age group 8-13 from Barakahu slum areas were selected and qualitative research methods were employed.

Per to the research findings of the thesis, major factors pushing children on streets include social, economic and environmental conditions. Financial constraint and poverty in families is considered as the imperative cause of increasing number of homeless children in research area. The death of parents significantly increases life disruption and have negative impacts on children which results in homelessness. Street children are living in streets as they lost their parents and do not have any other caretaker. To deal with emotional difficulties, insecurities, loneliness and to fulfill their basic life necessities they join other street children, live and work on streets. Natural disasters including floods earthquakes and famine have forced many people to leave their native homeland and to migrate.

In research area, family disruption, physical abuse and violence is found to be the major reasons why large number of children run away from their homes and live on streets. Similarly, physical and mental violence being a part of some educational institutions in less developed areas compel children to leave their homes and live on street freely. Children who belonged to begging families have high chances of becoming beggars. The families of the children also lived on streets and compel their children to beg on streets with them.

The children provided two main reasons to work. They work to fulfil their household expenditures because their parents force them for earning and to fulfil their own needs as they live far from their families. Some street children participated in single activity including car washing, waste picking, selling items such as food, clothing, decoration, masks and plastic bags whereas some indulge in multiple occupations along with begging. Children were mostly physically abused on streets by community member, police,

shopkeepers etc. Sexual abuse and cases of rape is a very common problem to street children especially for the girls.

The poor and unhygienic living conditions of the street children lead them to experience parasitic diseases including diarrhea and many common diseases such as dental issues, tuberculosis, skin diseases,. Besides physical illness, street children also face several mental and psychological health issues including stress, depression and suicidal thoughts. Research findings presents that a few children were involved in using drugs. Substance including cigarettes and Marijuana was prevalent among children who use drugs. SAs far as the treatment methods is concerned, street children have poor economic conditions and insufficient earning to support their treatment. Personal remedies and buying medicine from the chemist and pharmacies are the common treatment seeking behavior of children when they become sick.

The phenomenon of street children is a consequential concern in every society. Street children is a neglected and abandoned group of children living and working on streets. While comparing them with home-based children, they are extremely malnourished, deprived of health facilities and live in unhygienic environment. The food they get does not meet their hunger needs.

Among street children, a few have received some protection and care from organization and almost all require assistance. The conclusion disclose a depressing physical, mental and health conditions of street children with a high risk of increase in the number of street children in research area in particular and in Pakistan generally. Therefore, several recommendations can be expounded based on the research findings to generate relevant future policies for street children.

## **8.1 Recommendations**

- Government should take serious notice about this serious issues and make policies to protect the rights of children.
- Non-governmental organization must launch awareness campaigns about children rights to address community members.

- In Pakistan, street children is growing rapidly because of poverty, thus poverty eradication programs should be initiated by government.
- It is observed that street children lack the right of education, the government should guarantee proper primary education for all children including targeted street children.
- Security measure to save street children from sexual and physical abuse should be made through implementation of laws, rules and regulations.
- Street children should be provided free health care facilities to take care of their well-being.
- The Government must ensure implementation of rules against drug sale and use so street children should be secured.
- Appropriate measures should be taken for migrants to avoid increasing the number of street children and homelessness.

## BIBLIOGRAPHY

- A, B., & J, B. (2015). Children of the Street: Why are they in the Street? How do they Live? *Economics and Sociology*, 8(4), 134-148.
- Abdullah, M. A., Basharat, Z., Zahid, A., & Sattar, N. Y. (2014). A qualitative exploration of Pakistan's street children, as a consequence of the poverty-disease cycle. *Infectious Diseases of Poverty*, 3(11), 1-21.
- Adeyemi, O. S., & Oluwaseun, O. (2012). Economic Factors as Correlates of Streetism among Urban Children in Ibadan Metropolis, Nigeria. *Developing Country Studies*, 2(9), 87-93.
- Ahmed, M. (2008). Street Children: Street Childre, The State of Pakistan's Children. *Society for the Protection of the Rights of the Child*, 9(3), 16-20.
- Alem, H. W., & Laha, A. (2016). Livelihood of Street Children and the Role of Social Intervention: Insights from Literature Using Meta-Analysis. *Child Development Research*, 10(1), 1-12.
- Ali, M., Shahab, S., Ushijima, H., & Muynck, A. D. (2004). Street children in Pakistan: A situational analysis of social conditions and nutritional status. *Social Science & Medicine*, 59(8), 1707-1717.
- Bernard, R. H. (2006). *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (4th ed.). United States of America: AltaMira Press.
- Boyce, C., & Neale, P. (2006). Conducting In-Depth Interview: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input. *Conducting In-Depth Interview: A Guide for Designing and Conducting In-DPathfinder International Tool Series, Monitoring and Evaluation*, 3(2), 1-16.
- Brick, C. P. (2002). Street Children, Human Rights, and Public Health: A Critique and Future Directions. *Annual Review of Anthropology*, 3(1), 147-171.

- Cameron, L. A. (2002). *The Impact of the Indonesian Financial Crisis on Children : Data from 100 Villages Survey*. Washington DC: Policy Research Working Papers.
- Chireshe, R., Cekiso, M., & Maphosa, C. (2010). Poverty: Narratives and Experiences of Street Children in Mthatha, Eastern Cape, South Africa. *Journal of Psychology in Africa, 20*(2), 199-202.
- Cumber, S. N., & Tsoka-Gwegweni, J. M. (2015). The Health Profile of Street Children in Africa: A Literature Review. *J Public Health Africa, 6*(2), 555-566.
- Denzin, K. N., & Lincoln, S. Y. (2000). *Handbook of Qualitative Research* (2nd ed.). Thousand Oaks: Sage.
- Embleton, L., Lee, H., Gunn, J., Ayuku, D., & Braitstein, P. (2016). Causes of Child and Youth Homelessness in Developed and Developing Countries. *JAMA Pediatr, 170*(5), 435-444.
- Eshita, I. R. (2018). Health problems and health care seeking behavior of street children in Dhaka city. *MOJ Cell Science and Report, 5*(1), 9-13.
- Evangelist, M., & Shaefer, H. L. (2020). No Place Called Home: Student Homelessness and Structural Correlates. *Social Service Review, 94*(1), 4-35.
- Habib, F., Mumtaz, Y., & Ahmed, M. (2010). CAUSES OF HOMELESSNESS AMONG CHILDREN. *Biomedica, 26*(4), 109-113.
- Hassen, I., & Manus, M. R. (2018). Socio-economic conditions of street children: The case. *International Journal of Sociology and Anthropology of Shashemene Town, Oromia National Regional State, Ethiopia, 10*(8), 72-88.
- Khalid, A., Nasir, M., & Rehman, S. U. (2016). A Study to Identify the Hot Spots of Street Children in Lahore. *Pakistan Vision, 16*(1), 41-55.
- Kok, p., Cross, C., & Roux, N. (2010). Towards a demographic profile of the street homeless in South Africa. *Development Southern Africa, 27*(1), 21-37.

- Kothari, R. C. (2004). *Research Methodology: Methods & Techniques* (2nd ed.). New Dehli: New Age International.
- Kumar, R. (2011). *Research methodology: a step-by-step guide for beginners* (3rd ed.). New Dehli: Sage.
- Lusk, M. W. (1989, March). Street Children Programs in Latin America. *The Journal of Sociology & Social Welfare*, 16(1), 55-75.
- Macdonald, S., & Headlam, N. (2006). *Research Methods Handbook*. (3rd ed.). New York: Centre for Local Economic Strategies.
- Marshall, M. (1996). The key informant technique. *Family Practice*, 13(1), 92-97.
- Masih, S. (2013). Factors Affecting Slum Dwellers' Children Education in Islamabad. *Social Sciences Review*, 1(2), 3-5.
- Mokomane, & Makaoe. (2015). An overview of programmes offered by shelters for street children in South Africa. *Child and family social work*, 22(1), 122-131.
- Mughal, A. (2008). Street Children: The State of Pakistan's Children 2007. . *Society for the Protection of the Rights of the Child*, 16-20.
- Nyumba, O. T., Wilson, K., Derrick, J. C., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution.*, 9(4), 20-32.
- Osslon, J. (2016). Violence against children who have left home, lived on the street and been domestic workers-A study of reintegrated children in Kagera Region. *Children and Youth Services Review*, 6(9), 233-240.
- Poskart, R. (2014). A definition of the concept of economic effectiveness. *Central Eastern European Journal of Management and Economics*, 2(3), 179-187.

- Roy, G., Gracy, D., Shapiro, A., & Goldsmith, G. (2013). Twenty-Five Years of Child and Family Homelessness: Where Are We Now?". *American Journal of Public Health, 10*(3), 1-10.
- Sattar, L., & Yasemeen, G. (2019). AN ANALYSIS OF SOCIO-ECONOMIC FACTORS, COMMUNITY POVERTY AND DELINQUENCY OF STREET CHILDREN IN PESHAWAR, PAKISTAN. *International Journal of Bussiness, economic and Law, 18*(3), 15-21.
- Savarkar, D., & Das, P. (2019). Mental Health Problems among Street Children: the Case of India. *Current Research Journal of Social Sciences, 2*(1), 39-46.
- Savarkar, T. (2018). Psychosocial Distress among Children Living on the Street in Mumbai. *Journal of Depression and Anxiety, 7*(2), 1-5.
- Singh, K. Y. (2008). *Fundamentals of research methodology and statistics* (1st ed.). (K. Y. Singh, Trans.) New Dehli: New Age International.
- Stuckey, L. H. (2013). Three type of interview; Qualitative research Methods in social Health. *Methodological Issues in social Health and Diabetes research, 1*(2), 56-59.
- Svalastog, A. L., Donev, D., Kristoffersen, N. J., & Gajovic, S. (2017). Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croat Medicine Journal, 58*(6), 431-435.
- Tessier, S. (2014). From Field Notes, to Transcripts, to Tape Recordings: Evolution or Combination? *International Journal of Qualitative Methods, 11*(4), 446-460.
- Tufail, P. (Februray 2005). *Situational Analysis of Street Children Education for All Policy Review and Best Practices Studies on Basic NFE for Children Living and/or Working on the Streets in pakistan*. AMAL Human Development Network In partnership with UNSECO Pakistan.
- Wahyun, N. I., Prajanti, S. D., & Alimi, M. Y. (2018). Social Action of Street Children to Sustain Their Life in Pati Regency. *Journal of Educational Social Studies, 7*(1), 67-74.

Wilton, A. (2016). Using Photography as a Creative, Collaborative Research Tool. *The Qualitative Report*, 21(2), 428-449.

Yateem, A. N. (2012). The effect of interview recording on quality of data obtained. *Nurse Researcher*, 19(4), 31-35.

Zarezadeh, T. (2013). Investigating the status of the street children: challenges and opportunities. *Social and Behavioral Sciences*, 8(4), 1431-1436.



# Appendix

## Interview Guide

### Biographical information questions:

Name:

Age:

Gender:

Education:

Religious affiliation:

Economic background:

Ethnicity:

Language:

### Activities

1. Q: What types of activities you do on daily bases?

2. Q: Do you beg to earn money?

1. Q: In what types of works you engaged here in the streets?

2. Q: Do you sell something in order to make money?

3. Q: Do you perform other works like cleaning cars, polishing shoes, selling stuff, and collecting thing from garbage?

4. Q: How did you find this work?
5. Q: for how long time you have been working here?
6. Q: How many hours you spend in streets daily and how many days you work here in a week?
7. Q: How much do you earn daily?
8. Q: How much money do you keep for yourself and how much you to your family?

### **Habitat**

9. Q: Where do you live?
10. Q: where is your original home/village?
11. Q: what is your living place, is it a home or tent or other kind of living place?
12. Q: Does your own house or some piece of land?
13. Q: How much time you spend in streets and how much in your living place?

### **Family factors**

14. Q: did your family told you to go to the streets?
15. Q: Does any other of your family member use to live in the streets?
16. Q: Are you pressurized by your parents to go to streets? What will be there reaction if you did not there?
17. Q: What will be your parent's reaction if you don't to street for earnings?

### **Economic factors**

18. Q: what is your economic situation?

19. Q: What kind of job your father and brother (if they have) are doing?

20. Q: is your economic situation responsible for your being in streets?

21. Q: How much do you contribute to your family's income?

### **Social factors**

22. Q: Is it tradition of work in childhood in society?

23. Q: Are you migrated from somewhere else?

24. Q: Were you already prepared (skilled at some sort of laboring) by your family for work in order earn?

### **Violence**

25. Q: did you face violence in streets of Barakaho?

26. Q: how frequently you face violence?

27. Q: what are the causes of violence happened to you in the streets of Barakaho?

### **Causes**

28. Q: Did you stole somethings from shops or other places?

29. Q: Do you have money problems so, order to get money you stole something?

### **Types of violence**

30. Q: What kind of violence you faced?

31. Q: Did you face any kind of physical assault?

32. Q: Did you ever face sexual assault?

33. Q: How frequent you face verbal offenses?

### **Perpetrators**

34. Q: Do you face violence from police?

35. Q: Have you ever face violence from elders and shopkeepers nearby?

36. Q: Did you caused violence to your fellows and other children who use to live nearby?

### **Health issues**

### **Injuries**

37. Q: have you got injury while working in streets?

38. Q: What kind of injuries you face during your work in streets?

39. Q: what are the reason of injuries?

40. Q: What do you do when got an injury for Health seeking?

### **Drugs**

41. Q: Do you use drugs?

42. Q: What kind of drugs are used by the children of streets (your fellows)?

43. Q: Do you sniff solvents, smoke marijuana or other stuff?

44. Q: When did you start using drugs and why did you start it?

### **Physical health**

45. Q: Do you have any physical health problems?

46. Q: What kind of physical do you have? Is it general diseases, respiratory, skin problems, digestion problems or others please specify?

47. Q: What do you think are reasons of these problems?

48. Q: do you go to doctor when you got sick in order to remedies?

### **Mental health**

49. Q: What kind of mental problems do you have?

50. Q: What are the reasons of your psychological problems?

51. Q: does it have relationship with finding no work or low income?

52. Q: What do you feel when someone verbally abuse you or curse you? Do become angry?

53. Q: How frequent you got depressed?

54. Q: What do you do when you have anger, depression, stress or any other kind of psychological problem?

## **Glossary**

<b>Jhonpra</b>	A small tent made of wood sticks and clothes.
<b>Sarak</b>	A road
<b>Khudkushi</b>	Suicide
<b>Zalzala</b>	Earthquake
<b>Mazdoor</b>	A laborer who works on daily wages
<b>Danda</b>	A stick
<b>Phool</b>	A flower
<b>Shapper</b>	A plastic bag
<b>Chekhen</b>	Shouting
<b>Mazori</b>	Physical impairment
<b>Udaas</b>	Feeling of sadness
<b>Ustaad</b>	The owner where one works
<b>Kurra</b>	Garbage or waste material
<b>Bhek</b>	Money earn through begging
<b>Tashadud</b>	Violence