



CHALLENGES AND COPING STRATEGIES OF STREET CHILDREN: FINDINGS FROM A FIELD STUDY IN COLOMBO CITY

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ABSTRACT

Street children living in metropolitan cities have received considerable attention in numerous studies; however, the challenges faced by street children in relatively smaller cities remain largely understudied. The present study was conducted with the aim of understanding and identifying the challenges encountered by street children living in Colombo. To gain an in-depth understanding of these children, a descriptive research design was adopted. The findings of the study are based on a sample of 200 children selected through the simple random sampling method. Poverty was identified as the key factor contributing to the street children phenomenon. The problems and difficulties experienced by these children began with their struggle to meet basic needs. To cope with the wide range of challenges they faced, street children were found to adopt multiple coping strategies.

Keywords: Street Children, Problems of Street Children, Coping Mechanisms

Introduction

The presence of children in the streets in unaided and unprotected environments reflects the problems of profound deprivation and disparity in society. Children are given paramount importance in the course of development of countries worldwide, but ironically, children using the streets as their abode and workplace indicates the acute misery of millions of children around the world. Although every child has the absolute right to start a healthy life and to enjoy a safe and secure childhood that transforms the child into a productive and prosperous adult, nevertheless, the children living on the streets are deprived of their basic rights and needs.

They are not only denied the right to live in the institution of the family, but are also compelled to survive on the streets, begging for their fundamental rights. The phenomenon of street children is largely an urban phenomenon, primarily stemming from the Industrial Revolution. Given its scope, gravity, and complexity, it is hard to define street children precisely, and thus, there is no universally accepted definition. However, the meaning given by the United Nations Children's Fund (UNICEF) has been widely accepted. According to it, street children are both girls and boys who are below 18 years of age, work on the streets or in unorganized sectors, and live on the street or in a transitory abode, alone or with their families.

UNICEF further divides street children into three categories: Children on the Street these are children who work on the street and mostly return to their families at the end of the day; Children of the Street these children live, work, and sleep on the street without family support; and Abandoned Children these children have no ties with their biological families and are completely on their own, not only for material survival but also for emotional and psychological support. They include orphans, runaways, and children who are lost or destitute (Aptekar & Heinonen, 2003).

Street children are a mobile population. Thus, estimating the accurate number of street children is difficult due to the contestations that exist in defining them and also due to their extremely wandering lifestyles (ActionAid, 2013; Aptekar & Heinonen, 2013). However, according to the United Nations (UN) estimations, there are 150 million street children in the world, whereas UNICEF estimates it to be 11 million in India (as cited in Chowdhury et al., 2017). The phenomenon of street children is many-sided and a result of a complex interplay of several factors, mainly related to poverty and its interconnected elements such as neglect or abuse, abandonment, and also modernization (Aptekar, 1994). These factors can be categorized as push and pull factors. Push factors include poverty and economic necessity; and family-related factors such as violence, family disintegration, large family size, etc. On the other hand, pull factors include urbanization, peer influence, or the lure of independence.

There are an estimated 100 million street children globally (Benítez, 2007), nearly 20% of which are in South Asia (Asian develop Bank, 2013). The number of street children in Sri Lanka is estimated to be 15,000 (Wijewardana, 2007) Deviant behaviors of street children; with special reference to Colombo Fort and Pettah. Colombo: University of Sri Jayewardenepura; 2008. Most of these street children are concentrated in the city of Colombo⁷ which, being a busy commercial hub, provides space and a cultural and socio-economic environment suitable for their sustenance.

Street children face a broad range of challenges beginning with their struggle to meet basic needs such as food, clothing, shelter, healthcare, education, sanitation, etc., for

which they suffer from multiple health problems. As Woan et al. (n.d.) noted, they suffer from nutritional deficiencies, infectious diseases, unintentional injuries or self-mutilation, stunted growth, etc. Moreover, both boys and girls on the streets are victims of physical, mental, and sexual abuse. Consequently, to cope with these harsh realities, street children often resort to illegal activities such as begging, stealing, pickpocketing, and drug abuse, which further deteriorate their health conditions (Islam et al., 2014). This, in turn, leads to their exclusion and stigmatization by mainstream society. Many studies have been conducted on street children so far; yet relatively little is known about street children in Colombo City, their specific conditions, and how effectively local systems are addressing their needs. The urgency to understand and intervene is critical, not only for the wellbeing of these children but for the broader social and developmental fabric of the city children living in small towns or cities. Thus, this paper presents the problems faced by street children living in relatively smaller cities.

Research Problem

Street children represent one of the most vulnerable and marginalized populations in urban societies, often deprived of basic rights such as shelter, education, healthcare, and family support. Globally, an estimated 100 to 150 million children live on the streets, with approximately 20% residing in South Asia. In Sri Lanka, around 15,000 street children are concentrated primarily in Colombo. These children face severe challenges, including abuse, malnutrition, exploitation, and social exclusion, often resorting to begging, petty crime, and substance abuse as coping mechanisms. Despite growing urbanization and policy attention in major cities, the specific conditions of street children in Colombo remain under-researched. There is a critical knowledge gap regarding the everyday struggles and coping strategies of these children in the unique socio-economic context of Colombo. Without a clear understanding of their lived realities and the effectiveness of current support systems, interventions remain fragmented and insufficient. This study seeks to address this gap by investigating the challenges faced by street children in Colombo and identifying the coping mechanisms they adopt, with the aim of contributing to more responsive and localized policy measures.

Aim of the study

This study aimed to investigate the challenges faced by street children in Colombo and to examine the coping strategies they adopted in response to their lived experiences, by exploring the socio-economic, familial, and structural factors that contributed to child homelessness; identifying key challenges related to health, safety, education, and social inclusion; analyzing coping mechanisms and survival strategies; assessing the effectiveness of existing governmental and non-governmental support systems; and

providing evidence-based recommendations to inform more responsive, inclusive, and context-specific policy and intervention frameworks.

Conceptual framework

The conceptual framework of the study presumed that the phenomenon of street children was aggravated by multiple factors, primarily related to poverty and its interrelated aspects, which pushed or pulled children into street life in Colombo City. They were compelled to live hazardous and inadequate lifestyles on the streets, where they were not only deprived of their basic rights and amenities but also became victims of abuse and maltreatment. Over time, they gradually fell into the trap of illegal activities such as begging, stealing, pickpocketing, or drug peddling in order to survive. This eventually led to their exclusion and stigmatization by mainstream society. However, despite these adversities, they demonstrated a complex set of coping mechanisms through which they navigated the hardships of their daily lives.

Methodology

The study was based on a descriptive research design to obtain an in-depth understanding of the lives of street children in Colombo City. A method triangulation approach was implemented to enhance the credibility of the research findings. The area of the study was Colombo City, where street children were approached through working with them, as conducting an independent study on street children was quite difficult due to their high mobility and lack of trust toward outsiders.

Three service-providing organizations were selected for the purpose of the study based on their availability and accessibility. These organizations served as key access points to reach the target population. The study covered children in two categories - 'on the street' and 'of the street'—as per UNICEF's categorization discussed earlier. The children were within the age group of 5 to 18 years.

For sampling, the simple random sampling method was used to draw the study sample. With a total population estimated at 2,000 street children, and considering the scope and time constraints of the study, the sample size was limited to 200 respondents.

Semi-structured interviews were conducted to collect data for an empirical understanding of the challenges faced by street children. In addition, non-participant observation was adopted to gain access to the respondents' natural behaviors in an uninterrupted environment. The interview schedule focused on the demographic profiles of the children, their levels of schooling, the factors that led them to the streets, and their survival strategies. It also captured their health, hygiene, and sanitation conditions. Lastly, the schedule included questions on the abuse and stigmatization experienced by street children in their daily lives. Furthermore, the Statistical Package for the Social Sciences (SPSS) was used to analyze the empirical data, and the findings were presented through tables, descriptions, and interpretations.

Socio-Demographic Profile of the Respondents

In the present study, a total of 200 participants were selected. A significant proportion of the children were aged 5–9 years (49.1%, n=98), followed by those aged 10–14 years (44.6%, n=89), while 6.3% (n=13) were aged 15–18 years. The number of boys (51.8%, n=104) was slightly higher than that of girls (48.2%, n=96). In terms of religion, most respondents were Buddist (72.5%, n=145), while 27.5% (n=55) were Muslim. With regard to education, 59.9% (n=120) of the respondents were enrolled in the formal education system, whereas 40.1% (n=80) had not received formal education but participated in non-formal educational programs provided by the organizations involved in the study. Among the 120 respondents enrolled in formal schooling, a majority were studying in classes 1–5 (63.9%, n=77), while 24.1% (n=29) were at the pre-school level, and 7.5% (n=9) were in classes 6–8. Only 4.5% (n=5) of the respondents had reached the high school level (see Table 1).

Overall, the findings indicated that school enrollment among street children in the study area was low. Furthermore, most of those enrolled in formal education were concentrated in lower primary grades, and their school attendance was highly irregular, with a high tendency to drop out from formal schooling.

Table 1: Socio-demographic Profile of the Study Population

	Total Number of Children (n = 200)	Percentage (%)
Age Group (in completed years)		
5–9 years	98	49.1
10–14 years	89	44.6
15+ (\leq 18 years)	13	6.3
Gender		
Male	104	51.8
Female	96	48.2
Religion		
Buddhism	145	72.5
Muslim	55	27.5
Enrollment in School		
Yes	120	59.9
No	80	40.1

	Total Number of Children (n = 200)	Percentage (%)
Level of Education (n = 120)		
Preschool	29	24.1
Class 1–5	77	63.9
Class 6–8	9	7.5
Above Class 8	5	4.5

Source: Field Data 2025

Factors for Becoming Street Children

Every child living on the streets has their own unique reason for being there. The immediate causes of their connection to street life vary from place to place and person to person. However, these reasons are broadly linked to poverty and its interrelated factors. Poor infrastructure, lack of basic amenities, and unemployment often lead to dysfunctional families, domestic violence or abuse, parental neglect, child malnutrition, lack of education, and child labour. Consequently, many children are compelled to enter street life as a means of survival.

The findings of the study (see Table 2) revealed that a large proportion of respondents (31.1%, n=62) entered street life due to familial problems, such as parental neglect, abuse, maltreatment, or having alcoholic parents. In addition, 24.3% (n=49) of the respondents came to the streets in search of employment to support their family's income, while 17.1% (n=34) cited hunger as the main reason. A smaller proportion (11.3%, n=23) reported being influenced by peers, and 7.7% (n=15) had been abused at their workplace. Furthermore, 8.5% (n=17) of the children were on the streets due to other reasons, such as seeking independence, pursuing personal aspirations, abduction, or losing contact with their families while travelling.

Table 2: Factors for Becoming Street Children

1. Reason for Entering Street Life	Number of Children (n = 200)	Percentage (%)
Familial problems (parental neglect, abuse, maltreatment, alcoholic parents)	62	31.1
In search of employment to support family income	49	24.3

1. Reason for Entering Street Life	Number of Children (n = 200)	Percentage (%)
Hunger/lack of food	34	17.1
Peer influence	23	11.3
Abused at the workplace	15	7.7
Other reasons (seeking independence, pursuing dreams, abduction, lost contact with family)	17	8.5
Total	200	100.0

Source: Field Data 2025

Work Profile of the Respondents

All respondents in the study were engaged in various income-earning activities, most of which were temporary and hazardous in nature. A significant proportion of the children reported being engaged in begging (22.1%, n=44), followed by rag picking (14%, n=28). Additionally, 10.8% (n=22) reported doing any available work to earn money. Smaller numbers of respondents worked in small hotels or tea stalls (3.6%, n=7), vending (2.7%, n=5), cleaning trains or buses (1.8%, n=4), or in car washing centers (1.0%, n=2). The remaining 44.1% (n=88) of respondents were involved in other types of work, including domestic work, factory work, disposing of dead animals, or handling other waste materials.

Most of these children worked between 5–9 hours per day (64.4%, n=129), while 35.6% (n=71) worked up to 4 hours per day (see Table 3).

Table 3 also shows that despite long working hours, the earning capacity of street children was very low. The majority earned between Rs. 501–1500 per day (57.6%, n=115), while 33.3% (n=67) earned less than Rs. 500 per day. Only 7.6% (n=15) earned between Rs. 1501–2500, and 1% (n=2) earned Rs. 2501–3000 per day. One respondent did not know her daily income, as it was directly transferred to her father by her employer. These findings clearly demonstrate the low earning capacity of street children despite their long working hours.

Table 3: Work profile of the Respondents

Type of Work	Number of Children (n = 200)	Percentage (%)
Begging	44	22.1
Rag picking	28	14.0
Any available work	22	10.8
Small hotel / tea stall	7	3.6
Vending	5	2.7
Cleaning trains or buses	4	1.8
Car washing center	2	1.0
Other jobs (domestic work, factory, disposing waste, etc.)	88	44.1
Total	200	100

Source: Field Data 2025

Access to Basic Amenities

Regarding access to basic amenities, it was found that 17.6% (n=35) of respondents received their food from their parents, 12.6% (n=25) purchased food themselves, and 10.8% (n=22) received it from their employers. The remaining 59% (n=118) reported obtaining food from multiple sources, including parents, employers, purchasing it themselves, hotel owners in exchange for chores, temples, or through begging. A significant proportion of respondents (34.2%, n=68) reported missing at least one meal per day due to lack of money, unavailability of food, lack of appetite, or illness/injury. With regard to living conditions, the majority of respondents (86.5%, n=173) lived in slum areas, where they had little or no access to basic services such as drinking water, sanitation, hygiene facilities, electricity, or sewage systems. These children mostly resided in overcrowded and unhygienic environments, surrounded by dirt and filth. The remaining 13.5% (n=27) had no permanent place of stay and mostly lived in railway premises, bus terminals, or near temples. Regarding health conditions, 19.4% (n=39) of respondents were suffering from fever at the time of the interview, followed by skin diseases (14%, n=28), accidental injuries (13.1%, n=26), diarrhea (9.9%, n=20), and cough (9.4%, n=19). The remaining 34.2% (n=68) reported ENT problems, stomach pain, headache, mumps, dental problems, or fatigue. Access to healthcare services was limited. Table 4 shows that most respondents purchased medicines from pharmacies (32.4%, n=65), followed by traditional healers (27.9%, n=56) and government hospitals (5.9%, n=12). Additionally, 33.8% (n=67) of respondents received treatment from multiple sources, including pharmacies, government hospitals, traditional healers, homeopathy, or sometimes no treatment at all.

Table 4: Access to Basic Amenities

Parameter	Category	Number of Children (n = 200)	Percentage (%)
Food Source	Parents	35	17.6
	Purchased by self	25	12.6
	Employer	22	10.8
	Multiple sources (parents, employer, purchasing, hotels, temples, begging)	118	59.0
Meal Skipping	Missed at least one meal/day	68	34.2
	Did not skip meals	132	65.8
Living Conditions	Slum areas	173	86.5
	No permanent place (railways, bus terminals, temples)	27	13.5
Health Problems	Fever	39	19.4
	Skin diseases	28	14.0
	Accidental injuries	26	13.1
	Diarrhea	20	9.9
	Cough	19	9.4
	Other (ENT problems, stomach pain, headache, mumps, dental, fatigue)	68	34.2
Healthcare Access	Pharmacy	65	32.4
	Traditional healer	56	27.9
	Government hospital	12	5.9
	Multiple sources / sometimes no treatment	67	33.8

Source: Field Data 2025

Hygiene and Sanitation

Every child has the right to grow up in a clean, safe, and healthy environment. Access to clean water, sanitation, and hygiene facilities supports better health and overall development. However, street children faced significant challenges in their daily lives

due to limited or no access to hygiene and sanitation facilities. Out of 200 respondents, a majority (41%, n=82) reported having no access to any structured toilet facilities, followed by community toilets (33%, n=66), public toilets (12%, n=24), and paid toilets such as Municipal Counsel (1%, n=2). The remaining 13% (n=26) accessed toilets from other sources, such as hotels, workplaces, or open pit latrines. Regarding bathing practices, 36% (n=72) of respondents bathed using railway supply water, followed by community wells (19%, n=38) and community tube wells (12%, n=24). Additionally, 6% (n=12) bathed at nearby schools, and the remaining 28% (n=56) used multiple places such as bus terminals, railway supply water, lakes, or hotels, depending on availability. For drinking water, 38% (n=76) of respondents accessed it from community or public wells, 19% (n=38) from various public places, and 13% (n=26) from community hand pumps. Meanwhile, 13% (n=25) reported stealing drinking water from railway premises, and the remaining 18% (n=37) obtained water from multiple sources such as schools, hotels, temples, parks, or employers. Menstrual hygiene management (MHM) was also assessed among adolescent girls. Out of 58 girls, a majority (60%, n=35) used both sanitary pads and cloths, 24% (n=14) used only cloth pieces, and the remaining 16% (n=9) used sanitary pads exclusively. Interviews revealed that girls using cloth often reused the same cloth multiple times after washing, which increased their vulnerability to urinary tract infections. Lack of money was the primary reason compelling girls to reuse cloth.

Table 5: Access to Basic Sanitation Facilities

Parameter	Category	Number of Children (n=200)	Percentage (%)
Toilet Access	No structured toilet	82	41.0
	Community toilet	66	33.0
	Public toilet	24	12.0
	Paid toilet (Sulabh Sauchalay)	2	1.0
	Other sources (hotels, workplace, open pit latrine)	26	13.0
Bathing Facilities	Railway supply water	72	36.0
	Community well	38	19.0
	Community tube well	24	12.0
	Nearby school	12	6.0
	Multiple places (bus terminals, lakes, hotels, etc.)	56	28.0
Drinking Water	Community/public well	76	38.0

Parameter	Category	Number of Children (n=200)	Percentage (%)
Source			
	Various public places	38	19.0
	Community hand pump	26	13.0
	Railway premises (stolen)	25	12.5
	Multiple sources (schools, temples, hotels, employers)	37	18.5
Menstrual Hygiene Management (n=58 girls)	Both sanitary pads and cloth	35	60.3
	Only cloth	14	24.2
	Only sanitary pads	9	15.5

Source: Field Data 2025

Abuse and Violence

Street children are exposed to severe forms of abuse, violence, and maltreatment in their daily lives, which adversely affect both their physical well-being and mental development. In the present study, an effort was made to understand the types and extent of violence and abuse encountered by street children. It was found that police harassment was reported by 75 children (37.5%), while theft affected 66 children (33.0%). Threats to life were reported by 34 children (17.0%), and the remaining 25 children (12.5%) faced abuse from street goons, other street boys, or employers, with some fearing abduction. Regarding physical abuse, 104 children (52.0%) reported personally experiencing it, whereas 43 children (21.5%) had not experienced it themselves but observed or heard about such incidents occurring to friends or other street children. The study also examined substance use among street children. Out of 200 respondents, 95 children (47.5%) reported consuming alcohol, drugs, cannabis, or tobacco, often influenced by friends, other street children, shopkeepers, or street goons. In contrast, 75 children (37.5%) reported experimenting with such substances by observing friends, parents, or other family members without direct coercion. In terms of involvement in anti-social activities such as begging, stealing, gambling, or pickpocketing, 73 children (36.5%) admitted participating in these activities to survive, while 90 children (45.0%) observed or heard about such behaviors among their peers. Regarding sexual abuse, 51 children (25.5%) reported experiencing sexual abuse at least once while living on the streets, and 100 children (50.0%) had witnessed or heard about such incidents occurring to other street children (see Table 6)

Table 6: Experiences of Abuse and Violence

Parameter	Number of Children (n=200)	Percentage (%)
Types of Risks Encountered		
Police harassment	75	37.5
Theft	66	33.0
Threat to life	34	17.0
Abuse from street goons, other street boys, or employers/fear of abduction	25	12.5
Physical Abuse		
Personally experienced	104	52.0
Observed/heard happening to others	43	21.5
Substance Use		
Consumed alcohol, drugs, cannabis, or tobacco due to influence	95	47.5
Consumed due to observation of friends/family	75	37.5
Involvement in Anti-social Activities		
Personally engaged (begging, stealing, gambling, pickpocketing)	73	36.5
Observed/heard peers engaging	90	45.0
Sexual Abuse		
Personally experienced	51	25.5
Witnessed/heard happening to others	100	50.0

Source: Field Data 2025

Street Children's Experiences of Stigmatisation

Stigmatisation refers to the act of treating someone unfairly or negatively due to societal disapproval. It is an attribute that is deeply humiliating and, in the eyes of society, serves to diminish the person who experiences it (Annet, 2014). Children living on the streets, who are poor and homeless, are particularly vulnerable to social stigmatisation in Sri Lanka.

The researcher aimed to explore whether the children in the study experienced stigmatisation, based on their perceptions and daily encounters with society. Children were asked how people referred to them, and it was revealed that they were commonly

called (සිගන්නා / siganna - beggar), (හොරා/hora - thief), (අපරාධ - Aparadha - criminal, මතට ඇත්තෙහි - mathata abbahi - drug addict, (පික්පොකටි - pickpocket), or (සුදුව - Suduwa - gambler).

One respondent from the “of the street” category, Mahesh, shared:

“People are unfair towards us. They accuse us of pickpocketing, using drugs, or even gambling. Initially, I felt sad about the way people treated me, but now I've grown accustomed to it. It does not affect me anymore.”

Another respondent added:

“People do not treat us well. They suspect us of every crime in the community. They call us beggar, or drug users. It is excruciating. A few days ago, when I went to a shop, the shopkeeper called me pickpocket I was very angry, but I could not express it. I just tried to ignore him.”

These findings illustrate the wide range of challenges that street children face in their daily lives in Sri Lanka. To cope with these difficulties, street children develop several survival strategies, which are discussed in the following section.

Coping Mechanisms Adopted by Street Children

With regard to the lack of access to basic amenities, it was revealed that street children generally exercised patience and endured problems until they could find a solution. For instance, to manage their food crisis, many children skipped meals or relied on multiple sources such as begging (35%), buying food at the lowest price (15%), receiving food from hotel owners in exchange for chores (12%), collecting food from temples (10%), or taking leftover food from trains and hotels (28%). This strategy of patience and endurance was commonly adopted not only to meet basic needs but also in various aspects of their daily lives. To survive on the streets, the children engaged in different income-earning activities, mainly those that required little or no capital, minimal skills, and were easily accessible. These included cleaning cars, buses, or trains (22%), working in small hotels or garages (10%), car washing (8%), and disposing of waste (15%). To cope with hunger and stress, some children resorted to substance use, including glue sniffing (12%) and consuming alcoholic products (10%).

Another significant coping strategy was mutual support. Street children built rapport with peers, older street boys, or their mothers for emotional support. Regarding health issues, they adopted strategies that were inexpensive and easily accessible, such as buying medicines from pharmacies (32%), visiting traditional healers (28%), using leftover medicines from friends or family (15%), or sometimes not taking any treatment at all (25%).

Group cohesion was a crucial strategy for addressing abuse and harassment on the streets. By staying together, they received mutual support and protection, fostering a strong sense of companionship. To avoid physical abuse, children often avoided known aggressors,

changed locations when threatened, or stayed away from places where abuse frequently occurred. Additionally, some respondents reported cooperating with the police to prevent harassment and to build a rapport for safety (See Table 7)

Table 7: Coping Mechanisms Adopted by Street Children

Coping Strategy	Specific Methods	Number of Children	Percentage (%)
Food Management	Skipping meals	70	35
	Buying at the lowest price	30	15
	Food from hotel owners in exchange for chores	24	12
	Food from temples	20	10
	Collecting leftovers from trains/hotels	56	28
Income Earning Activities	Cleaning cars/buses/trains	44	22
	Working in small hotels/garages	20	10
	Car washing	16	8
	Disposing of waste	30	15
Substance Use to Cope	Glue sniffing	24	12
	Alcohol consumption	20	10
Health Management	Buying medicines from pharmacy	64	32
	Visiting traditional healers	56	28
	Using leftover medicines	30	15
	No treatment	50	25
Group Cohesion & Protection	Mutual support & companionship	100	50
Avoiding Physical Abuse	Avoiding aggressors / changing location	80	40
Police Cooperation	Working with police to prevent harassment	40	20

Source: Field Data 2025

Conclusion

The phenomenon of street children is a widespread issue that has persisted across the world for many years. Numerous studies have been conducted to address this problem, and several initiatives have been implemented by various organizations to improve the living conditions of street children. However, despite these efforts, the issue remains unresolved. To effectively address this problem, structural changes are required, including the equitable redistribution of resources among all sections of society, particularly marginalized communities. Empowering marginalized populations with adequate resources and opportunities is essential to combat the street children phenomenon successfully.

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