



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

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Abstract: Street children living in metropolitan cities have received considerable attention through several studies, but the challenges faced by the street children living in relatively smaller cities are largely understudied. The present study was carried out with an aim to understand and identify the problems of street children living in Guwahati city of Assam. Thus, to gain in-depth understanding of the children, a descriptive research design was adopted. The findings of the study are based on 222 children who were selected through simple random sampling method. Poverty was found to be the key factor for street children phenomenon. The problems and difficulties of street children began with struggling for their basic needs. To deal with the range of problems, street children were found adopting multiple coping strategies.

Key Words: Street children, problems of street children, coping mechanisms

I. INTRODUCTION

The presence of children in the streets in unaided and unprotected environment reflects the problems of profound deprivation and disparity of the society. Children are given paramount importance in the course of development of countries worldwide, but ironically children using the streets as their abode and work place, indicates the acute misery of millions of children around the world. Although, every child has the absolute right to start a healthy life, to get a safe and secure childhood that transform 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 to live in the institution of family, but also are compelled to survive on the streets begging for their fundamental rights. The phenomenon of street children is largely an urban phenomenon mainly spawned by the Industrial Revolution. Given its scope, gravity and complexity of the problem of street children, it is hard to define them and thus, there is no universally accepted definition of street children. However, the definition given by 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. It has further divided street children into three categories: (i) *Children on the Street*: these are the children, who work on the street and mostly return to their families at the end of the day, (ii) *Children of the Street*: these children live, work and sleep on the street without family support, and (iii) *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 lost or destitute children (as cited in Aptekar & Heinonen, 2003). Street children are mobile population. Thus, estimating the accurate number of street children is difficult due to the contestations that exist in defining street children and also due to their extremely wandering life styles (Actionaid, 2013; Aptekar & Heinonen, 2013). However, according to the United Nation's (UN) estimation, there are 150 million of street children in the world, whereas UNICEF estimated it to be 11 million in India (as cited in Chowdhury et al., 2017).

Street children phenomenon is many-sided and a result of complex interplay of several factors mainly related to poverty and its interconnected factors such as neglect or abuse, abandonment and also factors related to modernisation (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 urbanisation, peer influence or independence.

Street children face a broad range of challenges that begins with their struggle in meeting basic needs such as food, clothing, shelter, health care, education, sanitation, etc., for which they suffer from multiple health problems. As Woan et al. (n.d.) noted that they suffer from nutritional deficiency, infectious diseases, unintentional injuries or self-mutilation, stunted growth, etc. Also, street children both boys and girls are the victims of physical as well as mental and sexual abuse on the streets. Therefore, to deal with these problems street children resort to many illegal activities such as begging, stealing, pick pocketing and also drug abuse, which further deteriorate their health conditions (Islam et al., 2014). This consequently leads to their exclusion and stigmatization by the mainstream society. Many studies have been conducted on street children so far; yet relatively little is known about street

children living in small towns or cities. Thus, this paper presents the problems faced by street children living in relatively smaller cities.

II. CONCEPTUAL FRAMEWORK

The conceptual framework of the study presumes that the phenomenon of street children is aggravated by multiple factors mainly related to poverty and its interrelated aspects that push or pull the children to street life. They are compelled to live a hazardous and inadequate lifestyle on the streets; where they are not only deprived of their basic rights and amenities but also the victims of abuse and maltreatments. They gradually fall into the trap of illegal activities such as begging, stealing, pick-pocketing or drug-peddling in order to survive on the streets. This gradually leads to their exclusion and stigmatization by the mainstream society. However, they show a complex set of coping mechanisms through which they cope with the hardships in their daily lives.

III. OBJECTIVES

The phenomenon of street children has gained substantial attention in industrial and metropolitan cities, whereas research on the street children living in relatively smaller cities and towns is scanty. Thus, the major objective of the present study was to understand and describe the issues and challenges of street children living in Guwahati city of Assam. Secondly, the study aimed to identify the coping mechanisms of street children that they adopt to deal with their problems.

IV. METHODOLOGY

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

The area of the study was Guwahati city of Kamrup Metropolitan district. The street children were approached through the organisations working with them as conducting an independent study on street children is quite difficult due to their high mobility or lack of trust towards the people. Three organisations were selected for the purpose of study based on their availability and accessibility. The selected organisations were— Snehalaya, Indian Council for Child Welfare (ICCW) and Society for Social Transformation and Environmental Protection (sSTEPS). The present study covered the children of the two categories, that is, 'on the street' and 'of the street' (according to the UNICEF's categorization of street children as discussed earlier) and the children were between the age group of 5–18 years.

For the purpose of the study, simple random sampling was used to draw the sample. The total population of the study was 1114 and considering the nature of study and length of time, the sample size was limited to 222.

Semi-structured interviews were conducted to collect data for empirical description of the problems of street children. Besides, non-participant observation was adopted to have access to the respondents' behaviour in an uninterrupted environment. The interview schedule focused on the demographic profile of the children as well as their level of schooling. Also, it covered the factors that lead the children on the streets and their survival strategies. In addition, the interview schedule captured the conditions of their health, hygiene and sanitation. Lastly, it included the abuse and stigmatisation encountered by the street children in their daily lives.

Further, "Statistical Package for Social Sciences" (SPSS) was used to analyse the empirical data and accordingly the findings have been presented using different tables, descriptions and interpretations.

V. ETHICAL CONSIDERATIONS

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

VI. RESULTS

Socio-Demographic Profile of the Respondents

In the present study, a total of 222 participants were selected. A significant numbers of the children aged between 5–9 years (49.1%), while 44.6 per cent were between the age of 10–14 years and 6.3 per cent were above 15 years or otherwise less than or equal to 18 years of age. Besides, the numbers of boy was slightly more (51.8%) than the girls (48.2%). A major portion of the respondents of the study belonged to Scheduled Castes (SCs) (61.7%), followed by General (29.7%), Scheduled Tribes (5.0%) and Other Backward Classes (OBCs) (3.6%). The religion of the respondents was Hindu (72.5%) and Muslim (27.5%). Besides, 59.9 per cent of the respondents were enrolled in formal education system. However, a large numbers of the respondents (40.1%) had not received formal education, but received non-formal education from the organisations that were selected for the study. With regard to the educational level it was found that, out of 133 respondents, who were enrolled in formal school, a majority of them were in the level of class 1–5 (63.9%), whereas 24.1 per cent were in pre-school level and 7.5 per cent were in class 6–8 level. Only 4.5 per cent of the respondents had reached high school level (see Table 1). Thus, school enrollment status among street children of the study was poor. Besides, a majority of the respondents receiving formal education were in lower primary school. Also, the school attendance of the respondents enrolled in formal school was very irregular as well as the propensity to drop out of the formal school was high.

Table 1: Socio-demographic Profile of the Study Population

Parameter	Total number of children (n*=222)	Percentage (%)
Age Group (in completed years)		
5—9	109	49.1
10—14	99	44.6
15 + (≤18)	14	6.3
Gender		
Male	115	51.8
Female	107	48.2
Caste		
OBC	8	3.6
SC	137	61.7
ST	11	5.0
General	66	29.7
Religion		
Hindu	161	72.5
Muslim	61	27.5
Enrollment in school		
Yes	133	59.9
No	89	40.1
Level of Education (n**= 133)		
Preschool	32	24.1
Class 1–5	85	63.9
Class 6–8	10	7.5
Above class 8	6	4.5

Source: Field data

Notes: n* Total number of children of the study

n** Total number of children enrolled in school

Factors for Becoming Street Children

Every single child living on the streets has their own unique reason. The immediate reasons for their connection to the streets may vary from place to place and person to person. However, the reasons are broadly connected to poverty and its interrelated factors. Due to poor infrastructures, lack of basic amenities or unemployment eventually result in dysfunctional families, violence or abuse at home, parental neglect, children's malnutrition, lack of education or child labour. Thus, children are compelled to enter street life in order to survive. The study shows (Table 2) that a large proportion of the respondents entered street life due to the familial problems such as parental neglect, abuse, maltreatment or alcoholic parents (31.1%). Also, 24.3 per cent of the respondents came to the streets in search of job to support their family's income, followed by hunger (17.1%), peer influence (11.3%) and abused at workplace (7.7%). Besides, 8.5 per cent of them were on the streets due to different other reasons such as in search of independence, to pursue their dream, abduction; or due to lost their contact with family while travelling.

Table 2: Factors for Becoming Street Children

Factors	Numbers (n*=222)	Percentage (%)
Family related factors	69	31.1
Hunger	38	17.1
In search of job/income	54	24.3
Peer influence	25	11.3
Abused at workplace	17	7.7
Others	19	8.5

Source: Field data

Notes: n* Total number of children of the study

Work Profile of the Respondents

All the respondents of the study were engaged in various income earning activities, which are mostly temporary and hazardous in nature. A significant number of the respondents reported to be engaged in begging (22.1%), followed by rag picking (14%). Also, 10.8 per cent of the respondents informed doing whatever job was available to them. Besides, 3.6 per cent were found working in small hotel or tea stall, followed by vending (2.7%), cleaning trains or buses (1.8%) and working in car washing center. The remaining 44.1 per cent of the respondents reported working different other jobs such as— domestic worker, work in factory, disposing dead animals or other wastage. Most of these children worked between 5–9 hours per day (64.4%), while 35.6 per cent worked up to four hours (see Table 3).

Table 3 further shows that street children earn very less in spite of working for long hours. A majority of the respondents earned between Rs. 51–150 per day (57.6%), whereas 33.3 per cent earned less than Rs. 50 per day. Besides, 7.6 per cent of them informed that they earned between Rs. 151–250 and only 2 respondents earned between Rs. 251–300 per day (1%). There was one particular respondent, who was not aware about her income as her income was directly transferred to her father by her employer. Thus, the data clearly demonstrate the low earning capacity of the respondents.

Table 3: Work profile of the Respondents

Factors	Total number of children (n*=222)	Percentage (%)
Engagement in Income Earning Activities		
Yes	222	100.0
No	—	—
Distribution of Respondents by Engagement in Income Earning Activities		
Different Income Earning Activities	Numbers	Percentage (%)
Begging	49	22.1
Rag picking	31	14.0
Vending	6	2.7
Cleaning train/buses/other public places	4	1.8
Working in small hotel/tea stall	8	3.6
Working in car washing centre	2	0.9
Do whatever available	24	10.8
Others	98	44.1
Distribution of Respondents by Duration of Work Per Day (in hours)		
Respondents' Duration of Work	Numbers	Percentage (%)
0–4	79	35.6
5–9	143	64.4
Distribution of Respondents by Per Day Earning (in rupees)		
Income Per Day	Numbers	Percentage (%)
Below 50	74	33.3
51–150	128	57.6
151–250	17	7.6
251–300	2	1.0
Not aware	1	0.5

Source: Field data

Notes: n* Total number of children of the study

Access to Basic Amenities

As far as access to basic amenities is concerned, it was found that 17.6 per cent accessed their food from their parents, whereas 12.6 per cent purchased by themselves and 10.8 per cent of them received it from their employers. The remaining 59 per cent of the respondents informed that they got their food from multiple sources such as parents, employer, through purchasing, from hotel owners in exchange of chores, temples and/or through begging. It was also revealed that a significant portion of the respondents missed at least one meal in a day due to lack of money, non-availability of food, lack of appetite and illness or injury (34.2%).

Apart from that, it was found that a majority of the respondents lived in different slum areas of Guwahati (86.5%), where the children had no access to basic services such as drinking water, sanitation and hygiene facilities, electrification or sewage facilities. They mostly lived in overcrowded and unhealthy situation surrounded by dirty and filthy environment. On the other hand, 13.5 per cent of them had no permanent place of stay and therefore mostly lived in railway premises, bus terminals or near temples.

With regard to the health conditions of the respondents, it was revealed that 19.4 per cent were suffering from fever during the time of interview, followed by skin diseases (14%), accidental injuries (13.1%), diarrhea (9.9%), and cough (9.4%). Besides, the

remaining 34.2 per cent complained of ENT problems, stomach pain, headache, mumps, dental problems and fatigue. These children had limited access to health care services. Table 4 shows that they mostly bought medicines from pharmacy (32.4%), followed by traditional healers (27.9%) and government hospitals (5.9%). On the other hand, 33.8 per cent respondents received treatment from multiple sources such as pharmacy, government hospitals, traditional healer, homeopathy, or sometimes no treatment at all (Table 4).

Table 4: Access to Basic Amenities

Source and Type of Amenities	Total number of children (n*=222)	Percentage (%)
Source of Food		
Parents	39	17.6
Employer	24	10.8
Purchase	28	12.6
Others	131	59.0
Whether Respondents Missed any Meal in a Day in the Last Week		
Yes	76	34.2
No	146	65.8
Place of Stay		
Slum areas	192	86.5
Open space	30	13.5
Health Problems		
Fever	43	19.4
Cough	21	9.4
Diarrhea	22	9.9
Accidental Injuries	29	13.1
Skin problems	31	14.0
Others	76	34.2
Sources of Health Care		
Government hospital	13	5.9
Pharmacy	72	32.4
Traditional healer	62	27.9
Others	75	33.8

Source: Field data

Notes: n* Total number of children of the study

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 provide them better health as well as improve their overall growth and development. However, street children face challenges in their daily lives as they have limited or no access to hygiene and sanitation facilities. Out of 222 respondents, a majority of them reported having no access to any structured toilet facilities (40.5%), followed by community toilet (33.3%), public toilet (11.7%) and *Sulabh Sauchalay* (paid) (1.4%). The rest of the respondents accessed toilets from other sources such as hotels, in work place or open pit latrine (13.1%). Table 5 further highlights that 35.6 per cent of the respondents took bath from railway supply water, which was followed by community well (18.5%) and community tube well (11.7%). On the other hand, 6.3 per cent of the respondents reported taking bath at nearby school or at the school, where they were enrolled. The rest of the respondents (27.9%) informed taking bath at multiple places such as bus terminals, railway supply water, lake, hotels depending on their availability on the particular day.

As far as access to drinking water is concerned, it was revealed that 37.8 per cent accessed their drinking water from community or public well, whereas 18.5 per cent of them accessed it from various public places, followed by community hand pump (13.1%). On the contrary, 12.6 per cent of the respondents reported stealing their drinking water from railway premises. The remaining 18 per cent got their drinking water from multiple sources such as schools, hotels, temples, parks or employers (see Table 5).

Besides, menstruation hygiene management is another crucial aspect for adolescent girls, which protects women or adolescent girls from reproductive and various urinary tract infections. Girls living on the streets face greater challenges to maintain hygiene especially during menstruation as they have limited access to resources such as clean water or sanitary pads. Thus, the study attempted to know about the use of different products for menstruation hygiene management (MHM) by the adolescent street girls of the study. It was found that out of 58 respondents, a majority of them used both sanitary pads and cloths (60.3%), whereas 24.2 per cent used only cloth pieces and the rest of the respondents, that is, 15.5 per cent used sanitary pads (Table 5). During the interview with the respondents, it was revealed that the girls, who used cloth pieces during their menstruation, reused the same

piece of cloth for many times after washing it. This probably makes the street girls most vulnerable for developing different urinary tract infections. Lack of money was the major reason that compelled the girls to reuse the same set of cloth for several times.

Table 5: Access to Basic Sanitation Facilities

Facilities	Total number of children (n*=222)	Percentage (%)
Kind of Toilet used		
Public toilet	26	11.7
<i>Sulabh Sauchalay</i> (paid)	3	1.4
No toilet	90	40.5
Community toilet	74	33.3
Others	29	13.1
Place of taking Bath		
Community well	41	18.5
Community tube well	26	11.7
Railway supply water	79	35.6
At school	14	6.3
Others	62	27.9
Sources of Drinking Water		
Community/public well	84	37.8
Community hand pump	29	13.1
Public places	41	18.5
Steal Water	28	12.6
Others	40	18.0
Use of Products for Menstrual Hygiene Management (Adolescent girls) (n**= 58)		
Sanitary pads	9	15.5
Cloth	14	24.2
Sanitary Pads and cloth	35	60.3

Source: Field data

Notes: n* Total number of children of the study

n** Total number of adolescent girls

Abuse and Violence

Street children are exposed to worst forms of abuse, violence and maltreatment in their everyday lives, which not only affect their physical well-being but also their mental growth and holistic development. Thus in the present study, it was attempted to understand and identify the types and degree of violence and abuse street children encounter on the streets. It was found that police harassment was one of the major risks encountered by street children (37.4%), whereas theft was a major issue for 32.9 per cent of the respondents, followed by threat to life (17.1%). The remaining of the respondents (12.6%) faced abuse from street goon or other street boys, employers, while some of them feared abduction. Besides, more than half of the respondents reported facing physical abuse (51.8%), while 21.6 per cent though not experienced but observed and/or heard such incidents occurring with the friends or other street children.

Further, the study was an attempt to know about the occurrence of substance abuse among street children of the study. Out of 222 respondents, 47.3 per cent reported that they consumed alcoholic products, drugs or cannabis; or tobacco products as they were forced into this habit by their friends or other street children, shopkeepers or street goons. On the other hand, 37.4 per cent expressed that though they were not forced by anyone to consume such alcoholic products but got lured into experiencing it observing their friends, parents or other family members (see Table 6).

In addition to this, the study tried to understand the involvement of street children in different anti-social activities such as begging, stealing, gambling or pick-pocketing. With this regard it was found that a considerable portion of the respondents fell into the trap of such illegal or anti-social activities in order to survive (36.5%); while 45 per cent of the respondents observed and/or heard of their friends and other street boys involved in such activities. Table 6 also represents that 25.7 per cent of the respondents experienced sexual abuse at least once in their life on the streets, whereas 50 per cent of the respondents witnessed or heard such incidents occurred with their friends or other street children (Table 6).

Table 6: Experiences of Abuse and Violence

Factors	Total number of children (n*=222)	Percentage (%)
Risks Encountered on the Streets		
Police harassment	83	37.4
Theft	73	32.9
Threat to life	38	17.1
Others	28	12.6
Whether Respondents Experienced any Physical Abuse		
Yes	115	51.8
No	59	26.6
Observed/heard	48	21.6
Whether Respondents Consumed Tobacco, Alcoholic Products or Drugs		
Yes	105	47.3
No	34	15.3
Others	83	37.4
Engagement in Anti-social Activities		
Yes	81	36.5
No	41	18.5
Observed or heard	100	45.0
Experiences of Sexual Abuse		
Yes	57	25.7
No	54	24.3
Observed or heard	111	50.0

Source: Field data

Notes: n* Total number of children of the study

Street Children's Experiences of Stigmatisation

Stigmatisation refers to the act of treating someone or something dishonestly by publically disapproving them. It is an attribute that is significantly humiliating, which in the eyes of society serves to reduce the person who possesses it (cited in Annet, 2014). Children living on the streets, who are poor and homeless, are highly stigmatised by the society. Thus, the researcher attempted to identify whether the children of the study were being stigmatised based on the perceptions and everyday encounters of these children with the society. For that purpose, a question was asked to the children that how people call them and it was revealed that they were mostly called *bhikhari* (beggar), *chor* (thieves), criminal, drug addicts, *pocketmar* (pickpocket) or *juwari* (gambler). Manish, a respondent of "of the street" category expressed that—

"People are unfair towards us. They accuse us of pickpocketing, drug abuser or even gambler. Initially, I felt sad the way people treated me, but now I am used to this. It does not affect me anymore".

Another respondent added—

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

Thus, the findings reveal that how street children encounter a broad range of challenges in their day-to-day lives. In order to deal with these problems and difficulties, however street children adopt several coping strategies. The following section discusses the coping mechanisms adopted by the street children of the study.

Coping Mechanisms

With regard to the lack of access to basic amenities, it was revealed that the street children just keep patience and tolerate the problem until they find any solution to the problem. For instance, street children to deal with their food crisis, they stay without having food or skipping meals; or they get through begging, buying at lowest price, taking from hotel owners in exchange of chores, from temples, collect stale food from trains or hotels. The strategy of keeping patience and enduring the problem was common method adopted by street children not only to deal with their basic amenities but in every aspect of their life.

Besides in order to survive on the streets, street children engaged in different income earning activities. They preferred mainly those activities which require no capital, less skill and are easily available to them such as cleaning cars, buses or trains, working in small hotels, working in garage as well as car washing centre or disposing of waste, etc. Also to beat their hunger and stress, many street children reported resorting to drugs abuse especially glue sniffing and taking alcoholic products. Another significant

strategy used street children to cope with their daily problems was supporting each other. They built rapport with other street children, their mothers or older street boys for their emotional support.

Street children to deal with their health issues adopted those strategies that were cheap and easily available such as buying medicines from pharmacy, taking treatment from traditional healer, taking left over medicines from their friends or their family members, not taking any treatment or sleeping off the sickness.

Group cohesion strategy was largely adopted by the street children to deal with abuse and harassment they encountered on the streets. Through this technique, they got mutual support and protection from the group members with a strong sense of companionship. To cope with physical abuse, the respondents avoided musclemen or the people who were likely to abuse them. Also they often changed locations whenever they faced any major problems or avoided the places where such incidents often occurred. In addition, some of the respondents reported working for police to get rid of harassment as well as to build a rapport with them.

VII. CONCLUSION

Street children phenomenon is an extensive problem and has been occurring all over the world for ages. A range of studies have been conducted to deal with the phenomenon; several steps have been taken by the organisations to alleviate the conditions of the street children, yet the street children phenomenon is not resolved. Thus to eradicate the problem effectively, the structural system need to be changed by redistributing or reallocating the resources equally among all the sections of the population especially the marginalized people. Empowering the marginalized people with proper resources and power is the only way to combat the street children phenomenon.

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