

ORIGINAL ARTICLE

Former street-working boys in Iraq highlight the importance of receiving education, training and support from families and other adults

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Abstract

Aim: This study investigated the perceptions of men who worked on the streets of Iraq when they were children. It looked at the risks they faced, how they developed resilience and what support they feel current working children need.

Methods: In 2021, semi-structured interviews were held with 40 men aged 24–33 who used to work on the streets as children. They had attended the Zewa Centre, a drop-in centre for street-working children in 2004–2005. Thematic analysis was used to explore the transcribed interviews.

Results: Positive feedback focused on how they developed working and social skills and felt proud to support their families. Negative feedback included the consequences on their social lives and mental and physical health. Their suggestions for preventing street work in children were financial support, so that families could send their children back to school, and programmes that offer social skills training and vocational training. Social support from families, other adults and peers was very important.

Conclusion: Working on the streets had positive and negative consequences and support from family and friends influenced the men's attitudes in adulthood. They suggested that financial support, education and social and vocational training would be very important for today's street-working children.

KEYWORDS

child health, low socioeconomic status, resilience, risk, street-working children

1 | INTRODUCTION

The number of children who work on the streets is increasing worldwide, especially in developing countries, due to population growth and rapid urbanisation.¹ Many studies have identified poverty as the most common reason for children to be on the streets,² followed by family reasons. These include large families, parents who are authoritative, have health problems, abuse substances or are absent,^{3,4} domestic violence, child neglect and abuse,^{4,5} school problems^{6,7}

and peer pressure.⁵ Street-working children often lack proper housing, shelter and access to food⁸ and are frequently exposed to road accidents, injuries and burns.⁹ They are often deprived of their basic right to education, have little or no access to health care and lack love, affection and care and the protection and supervision of a responsible adult.¹⁰ In addition, they face a greater risk of suppression, harassment, abuse, neglect, exploitation, trafficking and sexual abuse.¹¹ Street children often report early-onset substance abuse^{12,13} and mental health problems, particularly high levels of

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stress, anti-social behaviour, anxiety, depression and other mental disorders.^{7,12,14}

However, there are large variations in the hardships experienced by street-working children. The United Nations International Labour Organization permits light work from 12 years of age, if it does not negatively affect the health and development of the working children or interfere with their education.¹⁵ Moreover, the relationships that street-working children have with their birth families vary from being cared for and loved to being abandoned.^{16,17}

Most interview-based studies on this subject have explored the causes behind children working on the streets^{3,18} and the everyday life and hazards of street working.¹⁹ They have also reported on general health topics, such as infections, reproductive health, mental health, drug and substance abuse and the availability of health services.^{10,20-23} Some qualitative studies have investigated street-working children's perceptions of resilience factors. These have included personal strengths, such as behavioural flexibility, endurance, active problem-solving techniques, self-efficacy and a sense of purpose. Interpersonal and supportive peer relationships, sports activities, cultural values and religious beliefs have been reported as protective.^{13,23}

1.1 | Background

A report published in 2004 on street children in Iraq concluded that more than 1 million children have been forced to work or beg on the streets due to lack of security and social safety.²⁴ The current paper follows up a study carried out in Iraq in 2004–2005.²⁵ That study, of 100 boys working on the streets of Duhok, in the Kurdistan Region of Iraq, found that they were involved in various work activities, such as selling goods, shining shoes and working as assistants.²⁵ The study covered boys from 8 to 16 years of age. A few of the boys earned their living from illegal activities, such as stealing or begging. Most of their parents were illiterate, 90% of fathers and 95% of mothers, and 14% had at least one parent who had died. The majority (98%) reported that they worked because of family needs and pressures. Nearly two-thirds (61%) had at least one childhood psychiatric disorder and more than 90% reported at least one trauma in childhood.²⁵

The 100 boys were all included in a social intervention programme at the Zewa Centre, a drop-in centre for street-working children. The Zewa Centre was founded in 2000 and has been run by Diakonia, not-for-profit faith-based Swedish development organisation. From 2000 to 2008, the programmes at the centre were funded by Diakonia, the Swedish International Development Cooperation Agency and the United Nations Children's Fund. In 2008, the centre was taken over by the local government in Duhok. Its aim has remained the same, and this is to reduce the rate of child labour in Duhok. In 2004, the centre had the capacity to help 100 children, which was estimated to be 5% of the registered street children in the city at that time. In 2004, only boys worked on the streets, but girls are also working on the streets now. Any street-working boy, who was not attending school and was found on the street by the

Key Notes

- This study interviewed 40 men aged 24–33 who worked on the streets of Iraq in 2004–2005 and attended the Zewa Centre, a drop-in centre for street-working children.
- Working on the streets had positive and negative consequences and support from family and friends influenced the men's attitudes in adulthood.
- They suggested that financial support for families, education and social and vocational training would be very important for today's street-working children.

police or the Labour and Social Affairs Directorate, was referred to the Zewa Centre. If a child dropped out, he was replaced by a new child. Children at the Zewa Centre were provided with healthy food, health care, time to play, support with school work and the chance to return to school and receive social skills training and vocational training. They stayed at the centre during the day and continued to live with their families. The programme lasted one year in most cases, but the courts decided that two of the boys needed a mandatory stay of three years.²⁵

The boys who took part in the study in 2004–2005²⁵ were approached in 2021 when they were young adults as we felt that they were old enough to share their experiences of street working.

The overall aim of this study was to increase our knowledge about the long-term consequences of children working on the streets and the perceived impact of social intervention programmes. The first objective was to explore how the former street-working boys felt their childhood had influenced their adult health and their perceived risks and resilience factors. A second objective was to explore how they perceived the support provided to them by the Zewa Centre and to explore their views on what social interventions are needed to protect and support street-working children.

2 | MATERIALS AND METHODS

2.1 | Study design

A semi-structured interview guide was used to collect qualitative data from adults who had worked on the streets as children and attended the Zewa Centre in Duhok City in the Kurdistan Region of Iraq in 2004–2005.

2.2 | Participants

There were 100 former street-working boys²⁵ who were eligible for this study and 10 of them were still in contact with a social worker

at the Zewa Centre. He contacted them and asked them to contact other former street-working children. We managed to locate 42 adults who had taken part in the earlier study and 40 of them agreed to participate in this study. They were aged 24–33 years. The first author (NT) met all of them, provided them with verbal and written information about the study, addressed any concerns they had and assured them of that none of the information that was used would identify them. They all provided written informed consent. Ethical clearance was received from the Combined Ministry of Health, the Duhok Directorate General of Health and the Duhok University Research Ethical Committee in December 2020 (Dnr 13122020-6-12).

2.3 | Data collection

All participants were interviewed based on the Kurdish language interview guide that was developed for this study by the authors (Figure 1). The interviews were conducted from 5 January 2021 to 20 March 2021, by the social worker who knew the participants from their previous contact with the Zewa Centre. Each interview took around 30–45 minutes and they were audio-recorded, transcribed verbatim and anonymised. The transcripts from the interviews were translated from Kurdish to English by one of the authors (NT), and the translations were discussed with a bilingual English/Kurdish speaking person with Kurdish cultural competence.

2.4 | Analysis

Thematic analysis was used to process the transcribed interviews.²⁶ First, the text was read by each of the three authors: two child and adolescent psychiatrists, including one with Kurdish cultural competence and a psychiatric nurse skilled in qualitative methods.

Preliminary themes were independently identified by all the authors and discussed within the group. Because the interview guide was highly structured, the themes were close to the areas covered in the interviews. The analysis continued when consensus was reached on the preliminary themes. The first author identified categories and subcategories within each theme, based on similarities and differences. The categorisation was then discussed until agreement was reached by the authors. Some categories were renamed and some subcategories were removed or moved between categories.

3 | RESULTS

Four themes were identified by the analysis. Selected quotes are presented in the text, to illustrate the findings. Fuller lists of quotes appear in supplementary Tables S1–4, together with the 12 categories and 19 subcategories. The descriptions of the themes and categories are as follows.

3.1 | Theme 1: Street work experiences

3.1.1 | Positive experiences

Relationships with other street-working children were positive, supportive and characterised by loyalty and sometimes mutual financial support. Relationships with adults on the streets were good, helpful and even protective. Some adults bought unsold goods from street workers to protect them from negative consequences. Their work was enjoyable and fun, it made them happy and proud and they felt a sense of responsibility.

The relationships among children in the street can be good; ... they can be friends, assisting each other, be partners in selling things and even support each other financially if someone did not work one day and others did.

(#P20)

3.1.2 | Negative experiences

The participants risked physically injuries, fights and car accidents and found the work too heavy and hard. The work environment risked their health, because of traffic fumes and extreme temperatures in summer and winter.

Some adults were exploitative, manipulative and used the children for their own interests. They were perceived as hostile and aggressive and some harassed and emotionally, physically and sexually abused the children. Children were persuaded to commit criminal acts, such as stealing and smuggling, or did heavy work, for long hours, without fair payment.

Several participants reported neglect and abuse by their families and being forced to work on the streets. They were bullied by older children and they risked getting lost, being kidnapped, being taken hostage to force their families to pay a ransom or even becoming victims of organ trafficking.

People looked down on them as children and saw them as bad boys. They were humiliated by others and the community was not supportive. They lost interest in school work and those who juggled school and street work felt it had a negative impact on their school performance, which led to frequent punishments by teachers. Many left school unable to read and write.

Some were involved in anti-social activities, such as stealing from shops, scams and begging. They sniffed glue, smoked cigarettes and drank alcohol and taught others to do the same. Some wasted their earnings on video games and gambling and had problems with the police and were repeatedly imprisoned. They learned not to respect adults or each other, behave shamelessly and use bad language. Children were involved in physical fights and destroyed other children's belongings. Some injured, or even killed, others and sometimes their families were also involved.

FIGURE 1 Interview guide for former street-working boys.

a. Current social situation	<ul style="list-style-type: none"> a. Can you tell us about your life today? [If not mentioned, ask about work, family, children.] b. What kind of education do you have? c. Did you ever have any legal problems? Can you tell us more? d. In our previous study, when you were children at the Zewa Centre, many of you had health problems. Can you tell us about your current health?
b. Previous street work and its consequences	<ul style="list-style-type: none"> a. Can you tell us about the reasons why you worked on the streets as a child? b. How do you perceive that your previous street work affects your life today? [If not mentioned, ask about: <ul style="list-style-type: none"> b.1. Mental health ... describe more b.2. Physical health ... describe more b.3. Functioning in life ... describe more b.4. If perceived problems:] <ul style="list-style-type: none"> b.4.1. What do you consider to be the likely mechanisms behind your current problems? b.4.2. As you see it, what interventions could have changed this? [Ask about interventions at many levels, society, school, family; always ask them to describe them in their own words.] c. What factors did you experience as protective during your childhood? d. [If reported, ask how these aspects were affected: <ul style="list-style-type: none"> d.1. Mental health? ... describe more d.2. Physical health? ... describe more d.3. Functioning in life? ... describe more] d.4. What was most important? e. How would you describe the relationships among street-working children? (Physical, emotional or sexual abuse?) f. How would you describe the relationships between street-working children and adults on the streets? <ul style="list-style-type: none"> f.1. How did the described relationships between street-working children affect you as a child? g. What do you consider to be the major threats associated with street work? h. Did you ever see other street-working children exposed to sexual abuse? <ul style="list-style-type: none"> h.1. If yes, describe this. i. Did you ever see other street-working children using drugs? <ul style="list-style-type: none"> i.1. If yes, describe this. j. In our earlier research, no one reported sexual abuse or substance use, do you have any thoughts on that?
c. Zewa Centre and other ways to support street-working children	<ul style="list-style-type: none"> a. Can you tell us about your experiences from the Zewa Centre? b. Positive experiences; ask about descriptions, details, and potential mechanisms. c. Negative experiences; ask about descriptions, details, and potential mechanisms. d. If you had the power and money, what would you do to change the life of street-working children in Kurdistan? e. What would be most important? f. What would be easiest to change?
d. Complementary information	<ul style="list-style-type: none"> a. Do you have anything more that you want to add?

There was not a system that protect them when they were street workers. They felt that no one protected them and they did not know how to protect themselves. But they needed protection, because they were exposed to so many hazards. No one supervised them and their families were not aware of their difficult working situations and did not protect them.

Adults in the streets were bad, they used the children for their personal interests ... they exploited children financially and sexually. Staying out late in the night exposed them to kidnapping and sexual abuse. They could also be robbed; adults could take the money they had earned.

(#P9)

The main threat was that children lost interest in school. Since I was busy working, I did not have enough time to study.

(#P23)

3.2 | Theme 2: The impact of street work on adult health

3.2.1 | Physical health

Participants had current chronic pain, due to heavy work in childhood. Some said it was generalised and some said it was localised, such as headaches or pain in their legs, hands, knees or back. Others could not extend their bodies fully and some had not grown as expected. They were short and their bodies were weaker than children who had not worked on the streets.

They mentioned various physical illnesses that they thought were related to their work in childhood, such as spine problems after injuries, osteoarthritis, kidney and urinary tract diseases, peptic ulcers, irritable bowel syndrome, aggravated heart problems, chronic allergic illnesses and recurrent infections.

I have problems with my knee, I have a tear in the cruciate ligament, I also have a peptic ulcer and irritable

bowel syndrome. This is maybe due to the work I did in childhood, which has affected my health, since the work we performed did not match our physical abilities, we worked long hours, were exposed to the cold. Many children had osteoarthritis and infections.

(#P13)

3.2.2 | Mental health

The former street workers were worried about the increased risk of future diseases and physical and psychological health problems, due to hard, harmful work when they were children.

Working in childhood had positive and negative impacts on adult self-esteem. Some had developed more self-respect, trust in their own capabilities, self-confidence and pride. Others were ashamed of their past street work.

Some experienced childhood trauma or saw or heard about trauma to others. These included accidents, serious injuries, getting lost or being kidnapped, physical or sexual abuse, being robbed or being pursued by the police and imprisoned. These events caused flashbacks when they were back in street situations.

Street work affected the participants' mental health. They reported psychiatric symptoms, such as being anxious, worried, tired, sad, depressed, tense or shy, feeling shame, crying easily, overthinking things, being quick to anger and having no interest in work. Their cognitive functioning had been impaired and they often forgot things and had difficulties concentrating.

... when we approach a traffic light and children come to the windows to sell us things, I cannot stand it and start to cry, I just remember being there myself and the situation I was in during my childhood.

(#P15)

I often need to go to the doctor, because I feel tension and depressive symptoms.

(#P29)

3.2.3 | Social functioning

Some participants felt they could not achieve their goals or fulfil their dreams, as they had left school early or had not got the good grades needed for higher education. Their lack of education made it hard for them to find jobs or better work, get promoted or improve their quality of life.

Others had learned a lot from street work. These included how to work independently, start new jobs, deal with others, conduct business and negotiate, do many tasks unhesitatingly and not be embarrassed if others rejected their work. They had become skilled in communication and marketing. Some had been working

continuously since childhood, despite economic and political crises. They felt that the competencies they had acquired from doing this gave them advantages over siblings and friends without that work experience.

They had a positive self-image and, as children, they had felt respected and valuable and had socialised well. These participants felt brave, self-sufficient and strong and were proud of themselves and what they had achieved. However, some also felt ashamed of the things they had done during childhood.

Street working had made them socially competent and increased their ability to cope. They felt they were sociable and able to establish and maintain relationships, with educated people. They were good at dealing with all kinds of people and differentiating between good and bad people, which protected them in life. Their experiences had made them kind and merciful, with a higher sense of responsibility towards their families and the community. It also meant they were able to support their families. They felt competent to make difficult decisions and to face, and cope with, problems.

I learned a lot from my work. I learned how to work, how to deal with others, how to conduct business and negotiate in business. I am well-known in the market, because I used to work with many different tasks, up to six different jobs at once.

(#P3)

My work in childhood affected me and my goals in life. I was unable to finish school, otherwise I could have been a doctor or a teacher, not a policeman.

(#P35)

3.3 | Team 3: Protective factors during street work

3.3.1 | Family

Some families understood their work well and tried to protect them by advising them not to do heavy work or work late at night. They helped them prepare their goods, provided them with clothes to protect them from extreme weather and regularly checked on them. Protective families also helped them find good adults to work with and asked other adults and relatives to keep an eye on them on the streets. Some said that more educated parents were more protective.

Despite the fact that they sent us to work, our family members protected and supervised us. I used to work with my older brother and I was supervised by my parents and my uncles, they were aware of everything that happened to me.

(#P35)

3.3.2 | The Zewa Centre

Several described the Zewa Centre as the main protective factor during their childhood. It was their second home and the teachers were like parents. The centre provided a safe and nurturing environment that had rescued them from the threats posed by the streets and provided them with psychosocial support, respect and love. It also enhanced their abilities and their awareness of children's rights. They were taught how to set priorities in their lives, and trained in self-care, life skills and anger management. The staff listened to them and helped them solve their problems, supervised them and protected them from violence and abuse and from performing anti-social acts.

Participating in the centre's programmes meant they could work fewer hours and they were sent back to school and got help with their school work and school visits. They received vocational training and were helped to find better jobs that suited their abilities and were supervised by adults, such as hairdressers.

Zewa Centre provided us with many skills and they were very protective. They had a very important role in decreasing the number of hours we worked and, in a way, they indirectly removed us from the streets. I was not aware of the implications of what I was doing in the streets, Zewa Centre gave me full awareness of that and helped me to protect my interests and myself: continuing school and learning skills to get better jobs.

(#P9)

3.3.3 | Peers and teachers

Some described their street peers as helpful and protective if anything happened to them.

School teachers were described as protective by some. They were encouraged to go to school and were taught good manners.

The relations among street-working children can be positive; they help and protect each other when something happens.

(#P32)

3.4 | Theme 4: How street-working children can be supported

3.4.1 | Vocational and social skills training

Participants wanted to see more facilities like the Zewa Centre or even larger vocational training centres. They suggested providing children with working skills in mechanics, carpentry, blacksmithing,

how to fix broken mobile phones, hairdressing, handicrafts and sewing. This would help them to get better, more suitable jobs, both as children and adults. Psychosocial support programmes, self-care and social skills education were suggested.

Open vocational training centres, where they can get training and at the same time work and sell stuff or get paid for their work. Through the opening of this kind of centre, children will be kept off the streets, they will learn skills and earn money.

(#P20)

3.4.2 | Financial support

Street-working children needed to be assessed to differentiate between working due to poverty or peer pressure. All said that poverty was their reason for working and that poor families needed financial support to stop them from sending their children to work on the streets. Providing financial support for children would enable them to open businesses that matched their abilities and take them off the streets. Others suggested financing local authorities so they could open walk-in vocational training centres.

I would perform very careful studies to assess the financial situation of each working child, in order to support the poor families and prevent the non-poor families from sending their children to work in the streets.

(#P6)

3.4.3 | Political will and social protection

Political will was needed to resolve several issues associated with street work. These included decreasing poverty by paying people sufficient salaries, ensuring social justice and making sure that everyone was treated equally by the law. There was no social protection in the Kurdistan region. Local authorities used the police to remove children from the streets and threaten parents with punitive measures if they sent them back. This was considered ineffective, even harmful, by our participants. Removing children from the streets with no alternative source of income was an incomplete intervention. Most mentioned the need for an effective child protection system to prevent child labour.

There are many things that require political will and support. The best thing is if everyone is treated equally by the law which is not the case, and humanity should be the top priority. We need social justice, and to get happy lives, we need decent jobs.

(#P6)

3.4.4 | School

Participants highlighted the importance of sending all child street workers back to school and providing them vital supplies, such as pencils. They emphasised the need to support and motivate families to send the children back to school and make them stay there to complete their studies.

I would enrol all children in schools and buy books and pens for them ... support them financially, so that they can continue their education.

(#P1)

4 | DISCUSSION

In 2021, we interviewed former street-working boys in Iraq, who had received a social intervention from the Zewa Centre in 2004–2005 and were now 24–33 years of age. They described very different experiences of street work, depending on whether the work was suitable for children and whether they had been protected and guided by caring adults. Some had felt supported, had developed several skills and expressed positive feelings, especially about being able to support their family. However, there were negative consequences if they were on their own, unguided, unprotected and doing hard work in harsh circumstances. Most said it was important not to drop out of school. They suggested there should be more preventive programmes for today's street-working children, including social skills training, vocational training and support to return to school. These were the kind of programmes they had received at the Zewa Centre. Stronger political will to decrease inequality and poverty and a well-functioning justice system is also needed.

Qualitative studies that investigated resilience among street-working children^{14,23,27} identified protective factors, such as personal physical strength and emotional integrity and supportive peers. They also mentioned community-based centres that supported street-working children by encouraging sports and physical activities. The current study echoed those findings, as they showed that both peer support and support from adults, namely parents, adults on the streets or social workers and teachers at the Zewa Centre, were protective. Our study participants said that the social skills and vocational training at the Zewa Centre had been very protective and helped them to solve problems. They also found better work than peers who not had received such training.

Compared with other studies,^{3,18,28} more of our participants reported working because of poverty, not mainly because of dysfunctional families or child abuse. This meant they were more privileged than some other street-working children. They were not children on the street, without families, they were working on the streets.²⁵ This

might explain why they mentioned so many positive experiences and felt they had acquired skills from street work. This was rarely described in previous studies. They analysed, and were critical, of politicians and the social and legal system and they emphasised the positive impact that the social programmes at the Zewa Centre had on their personal development and social competencies.

The negative impact of street work was very similar to reports from previous studies^{1,9,12,16} and included accidents, harmful environments, sexual abuse and substance use. Some participants seemed to be very traumatised by their experiences and showed strong emotional reactions when they recalled their time as street-working children.

The participants talked a lot about poverty. They mentioned war experiences less often and these are mainly related to Iraq's economic situation. Financial crises and COVID-19 have led to greater poverty and deprivation. Nearly a third (32%) of Iraqi children are now living below the poverty line and UNICEF estimated that 5% are working instead of being at school.²⁹ More organisations like the Zewa Centre are needed to help children continue their education.

4.1 | Strength and limitations

Asking adults about childhood experiences is always hampered by limited recall and the risk of episodic memories being biased and confirming, rather than contradicting, prior beliefs. Memories can become distorted over time, glorified and affected by future interests and goals.³⁰ This can be a limitation of such studies. However, the first author knew the participants as children. Many of the circumstances they described were well known to him and judged to be valid. The social worker was still in contact with 10 of the children²⁵ and they contacted another 32 participants. It is possible that the men who participated were better socialised than the ones who could not be contacted.

All the interviews were conducted by a social worker who knew the children well. His previous contact with the participants meant that he could ask relevant follow-up questions, but their replies could have been affected by their loyalty to him. Despite this, their answers appeared balanced and covered both negative and positive experiences. Dependability was strengthened by using an interview guide.

The three authors were involved in the data analysis and reached a consensus after joint discussions. Data saturation was achieved after about half of the interviews. The transcripts were re-checked with the audio tapes for accuracy quotes have been used to illustrate the content.

We believe that the findings of this study, and the recommendations, can be generalised to other parts of the world where it is common to find street-working children.¹ The same applies to the participants' suggestions regarding societal support to street-working children.

5 | CONCLUSION

Working on the streets exposed children to a harmful environment that could have negative consequences during childhood and adult life. However, there were also some positives. Adults who had worked on the streets as children said that the impact that it had on them depended on whether they had been guided and protected or not. Resilience relied on social support from families, peers and other adults on the streets and social programmes that focused on social and vocational training and helped them to finish school. The importance of ensuring that children could go back to school to finish their education was the most commonly expressed view.

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CONFLICT OF INTERESTS

The authors have no conflicts of interest to declare.

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SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

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