

# An Experience about the Living Conditions of Street Children in Dhaka City, Bangladesh

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## Abstract

Children are the greatest asset for a country. The future of a nation depends on them. But a large number of children live at street in Bangladesh. This number of street children is increasing in this country day by day due to poverty, natural calamities, epidemic, political instability etc. These floating children are being away from normal human development those who are victims of various oppressions, exploitations and deprivations. So, adequate, insightful and reliable studies are required for a desirable change in the lives of these children. This study has been conducted through sample survey and it would be treated as a guide line to the govt. in order to determine the problems and indicate the solving measures of street children in respect of their living conditions in Dhaka city.

**Keywords:** Living Conditions, Street Children, Dhaka City.

## Introduction

Street children as a special group of children in grave situation are helpless being deprived of the basic needs of life and psychological supports. In the absence of the fulfillment of these basic needs, mere survival of the child becomes impossible and they grow up as unwanted members of the society. Because of the negligence they continue to suffer, these children grow as child labor, beggars, shoplifters, and pick-pickers, gangsters, low paid domestic servants, and so on. These are the children of the urban poor who are most vulnerable, exploited and who face the highest risks. They face untold hardship and danger on the streets. Living and working on the streets exacts a terrible toll on street children. They are often preying to every physical and moral danger and as they grow older they often become a danger to others. After such precarious childhoods, most of them are condemned to spend their lives excluded from mainstream society. These all together indicate the unintended side effects of economic growth.

This is a global phenomenon. In Bangladesh, street children are also a crucial problem and mostly they are the victims of poverty. The children represent a good proportion of total population and it is estimated roughly about 47 percent in our country. Street children constitute a significant vulnerable group among them. A draft report of surveys of the Ministry of Social Welfare based on a survey by the Bangladesh Institute of Development Studies said that an estimated 3,80,000 street children live in Bangladesh and 55 percent of them are in Dhaka city. About 49.2 percent of the street children are of the age group of 10 years, while the remaining fall in the age group of 11-19 years. Their gender composition is as follows: boys 74.3 per cent and girls account for 25.7 percent. The above report estimates that by the year 2014 the number of such street children would exceed 9,30,000. The major problems of them are insecure life; physical and sexual abuse by adults of the immediate community; harassment by law enforcing agencies; inadequate or almost no access to educational institutions and healthcare facilities; and lack of decent employment opportunity. So, to ensure the national development, sufficient necessary efforts should be introduced to recognize and fulfill the needs of the vulnerable street children by the govt. and non-govt. organizations in Bangladesh. In this regard, I have tried to explore the picture of life with socio-economic perspective of street children in my study.

## Objective of the Study

### a. General Objective

The general objective of the study is to determine the living conditions of street children in Dhaka city.

### b. Special Objectives

The special objectives of this study are as follows:

To know about their family histories and causes of migration, their relationship with families, their economic status, social condition, health position, pattern of recreation, their relationship with crime, shelter problems, their recommendation etc.

## Methodology

This study is a sample survey. But the observation method has been utilized simultaneously to comprehend the real living situations of street children. The Gabtoli, Mohammadpur, Sangsad Bhaban, Mohakhali, Sayedabad, Sadarghat, and Kamalapur Railway Station areas of Dhaka city have been regarded as the study area. All street

children of these areas are deemed as the population and 200 of them considered as the sample. Data have been collected directly from the sample by researcher through structured questionnaire of interviewing. The collected data have been properly edited first, then interpreted and presented respectively with some statistical methods.

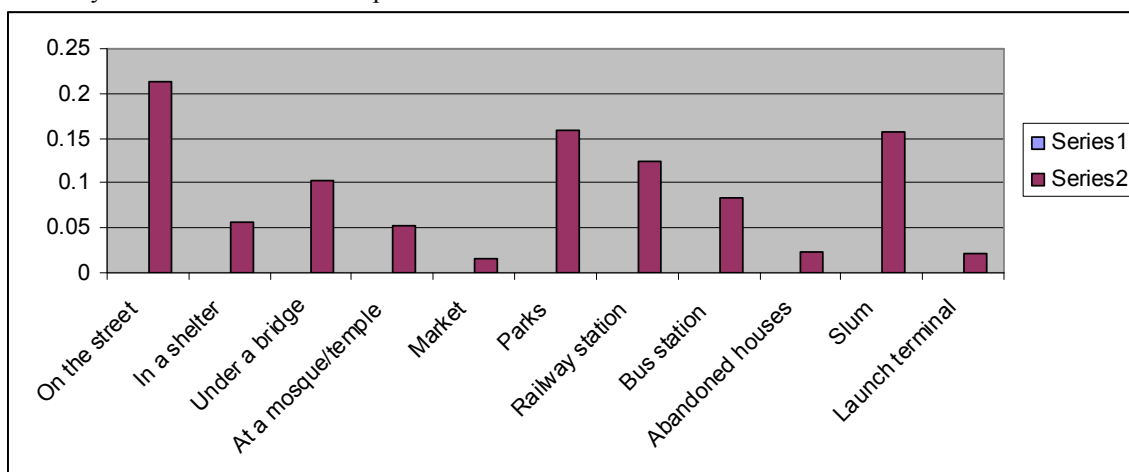
### Findings of the Study

The study has found that 77.92% street children are boys and 22.08% girls among the total samples. The highest numbers (88.02%) children are identified within 0-14 years old. It was revealed that the poorest children migrated to Dhaka metropolitan city from the different regions of Bangladesh. 37.08% street children's fathers are basically engaged with non-agricultural labor, 32.06% involved with agricultural labor, 12% with small business and rest of them are unemployed. 62.01% mothers are housewives and more than 21.04% street children's mothers work as maid in other households. About 68.05% fathers and 76.04% mothers do not have any formal schooling. It may be inferred that street children come from families having lowest exposure to formal schooling. So the children are not in school and have either had no education, or have dropped out of school during the primary school years. Some street working children try to combine school and work, but have difficulties in coping with the hours, are frequently absent and have poor grades due to lack of time to study

The process of their becoming street children in the cities mainly due to economic reasons (83.70%), which is the main attraction of migration to cities. Further, landlessness 4.30%, river erosion 1.64%, parents' separation 0.43%, social or family conflict 0.38%, land dispute 0.22%, begging 0.58%, famine or food shortage 1.03%, broken families 1.28%, parental death 0.13%, sickness 0.53%, shelter less 0.60%, accompanied with parents 5.18% etc are some of the reasons frequently cited by the respondents as to come in cities. This may be considered as forced expulsion from home or pushed migration.

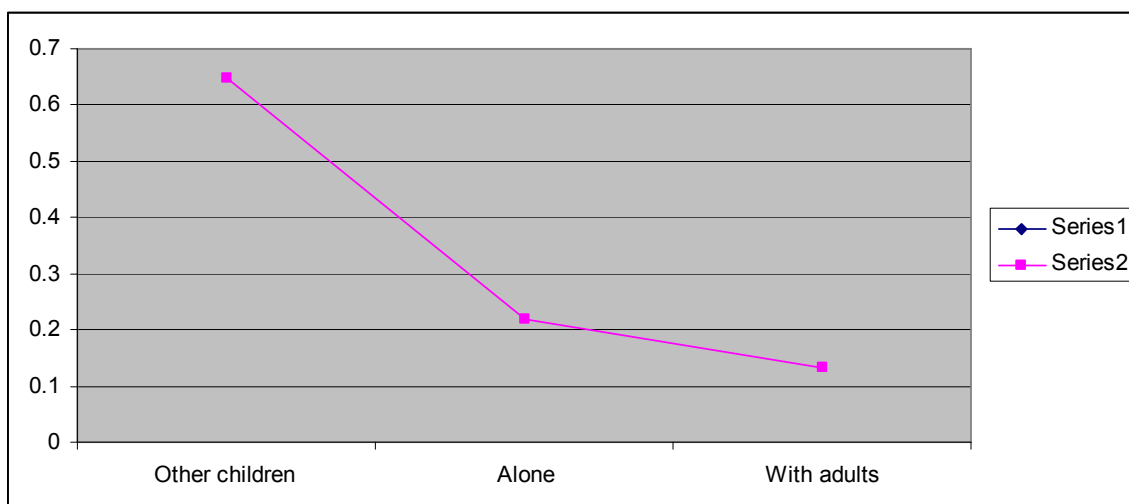
Further, 42.53% of children have come to city without the consent of parents. 12.47% have come alone and 4.17% have come with friends. It was found that 11.13% have been staying at city for less than 3 months, 20.45% for 2 years, 25.97% more than 2 years, and 26.90% more than 5 years. It was reported that 43.18% of street children did not visit their parents as both parent's had expired or one of parents is alive, While 42.5% have visited parents. 50% of them visited in last month, 18% in last 3 months, 10% visited within last 6 months and 7% visited within 12 months and more than a year before. Nearly 58% of children have weak link with parents and 42% children have been keeping link with their parents. Key reasons for not visiting parents, 24.5% street children reported that parents were died, 47% were indifferent to visit their parents, 16% told about lack of travel cost. It is found that 67% children and parents have no any contact between them.

About three-fourth of them said that they sleep at a site they choose and stay there in every night. They choose various places as their temporary sleeping demands; such as on the street 21.25%, in a shelter 5.54%, under a bridge 10.18%, at a mosque/temple 5.18%, market 1.60%, parks 15.9%, railway station 12.5%, bus station 8.4%, abandoned houses 2.32%, slum 15.71% and launch terminal 2.14%. During the rainy and winter seasons they also choose these above places.



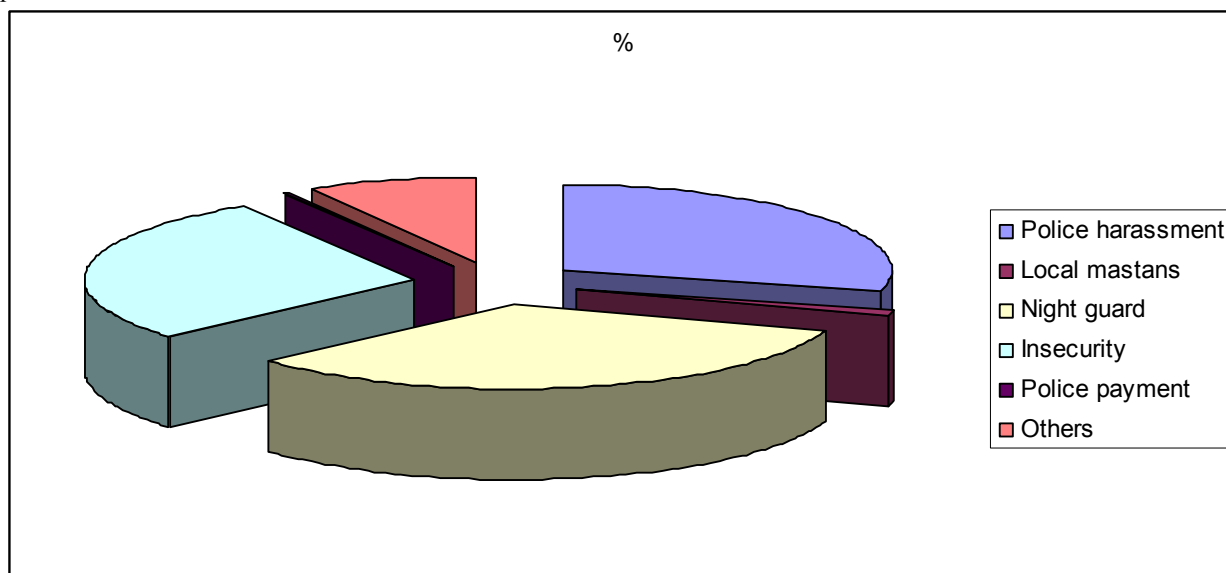
**Figure 1: Street Children by type of Temporary Sleeping Place**

It was found that the duration of sleeping places vary from less than one month to five years and above. However, about 66% are sleeping in the present place for one year or less. About 64.71% of the street children sleep with other children, 22.03% sleep alone and about 13.26% of children sleep with the adults.



**Figure 2: Whom with Street Children Sleep**

Children shift from the present place for some reasons. 29.20% shift for police harassment, 0.9% for local mastans, 33.30% for night guard, 27.90% for insecurity, 0.5% for police payment and 8.20% shift their place for other reasons.



**Figure 3: Reasons to Search New Place for Sleeping**

They are also subjected to physical tortures by their employers, house masters, police and other persons who included parents, neighbors, musclemen, toll collectors, local mastans etc.

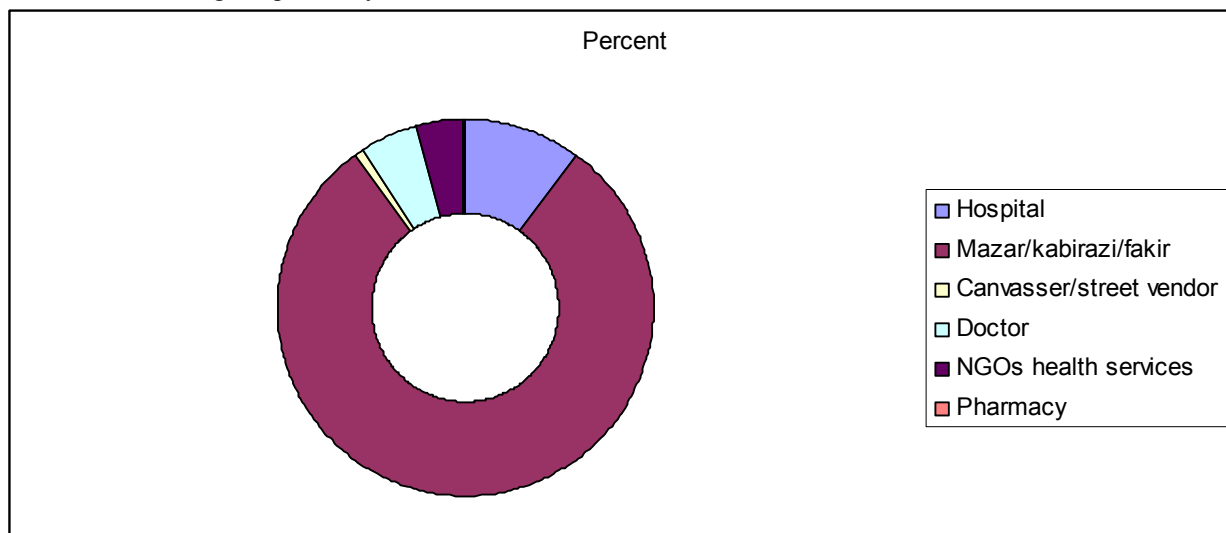
Majority (40.30%) of the children do not use any object or aid as their bed. About one-fourth use cloth or jute bag made of jute as bed. Only 13.91% use a bed sheet. Most of them (80.94%) have no any winter cloth. Only 19.06% reported that they have winter clothes. They were found unconcerned about their personal cleanliness as many of them (80%) do not take bath regularly due to non-availability of water and bath facilities. The same applies to toilets, most of them do not have access to sanitary toilets. Their 40.82% use public toilet, 34.32% use open space for urination and defecation and 16.00% use government place also. This vulnerability leads them to disease. More than half (57%) of them reported that they feel ill. They suffer from incidence of fever, diarrhoea, dysentery, skin disease and other contagious disease. A few of them also experienced sexual diseases like syphilis and gonorrhoea. This implies that some of them might have been subject to sexual encounters either by force or voluntarily since they are exposed to such vulnerable situation.

**Prevalence of Disease**

Name of Disease	Percent	Name of Disease	Percent
Diarrhea	14.03	Epilepsy	0.12
Dysentery	8.43	Tonsillitis	0.26
Ulcer/Gastro intestinal	0.94	Anemia	0.22
Worms	1.06	Headache/Migraine	5.19
Typhoid	1.54	Fever	44.66
Malaria	1.08	Stomach/Liver problem	3.59
Skin Disease	5.37	Pox	1.39
Hepatitis	4.16	Cold/Coughs	2.29
Flue	3.29	Asthma	0.28
Sexual Disease	0.18	No response	1.74
Leprosy	0.16		

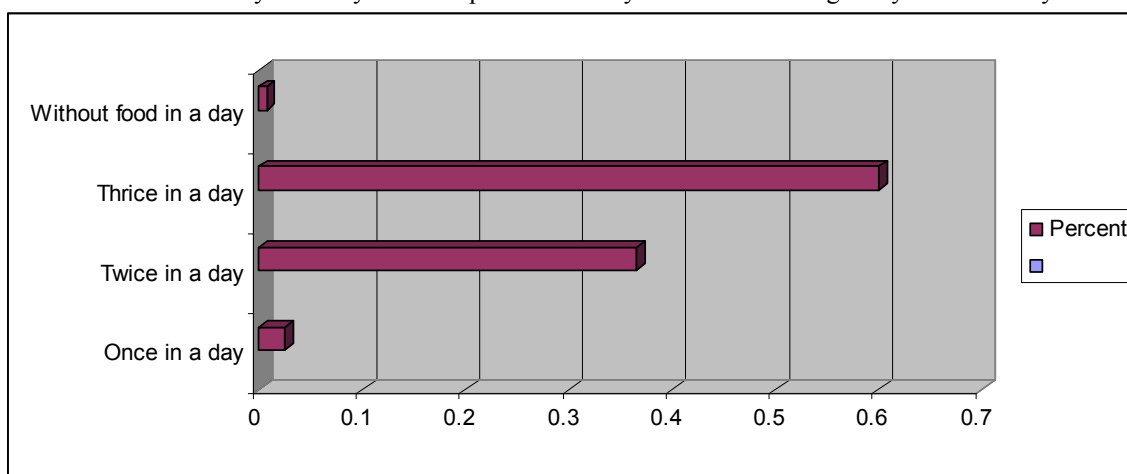
\* Some respondents gave more than one response

Most of the children are not conscious about their health and can't afford the cost of treatment, although some of them can afford it. Those who do not consult with doctor reported that in order to lack of money they can't consult. A few of the children found that their sickness was not serious enough for consultation. Over 80% of them got treated by unconventional means such as faith healing of religious leaders/saints or quack/kabiraj. Further, 9.89% go to hospital, 0.82% go to canvasser/street vendor, 5.13% go to doctor, 3.81% go to NGO health services and 0.31% go to pharmacy for their treatment.



**Figure 4: Treatment Sources of Street Children**

60.06% of street children eat their meals three times in a day, 36.64% eat two times in a day, only 2.55% eat one time in a day and only 0.75% reported that they sometimes don't get any meal in a day.



**Figure 5: Status of Food Intake**

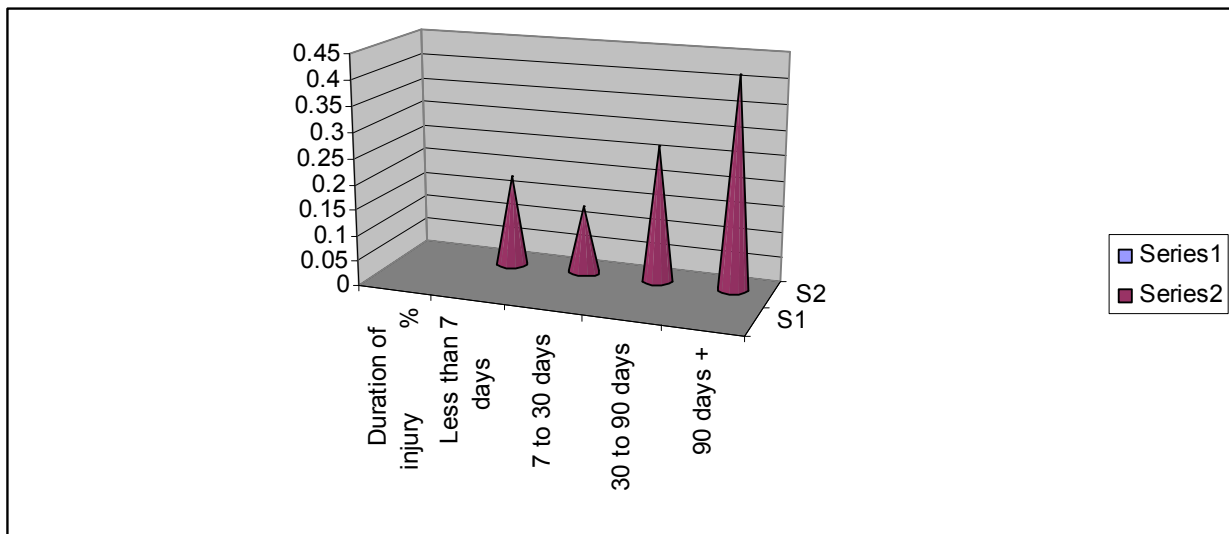
Most of the street children (85.81%) usually eat at the street shops, 9.36% cook on the streets, 0.65%

collect food from dustbin and a few (4.17%) beg food from restaurants.



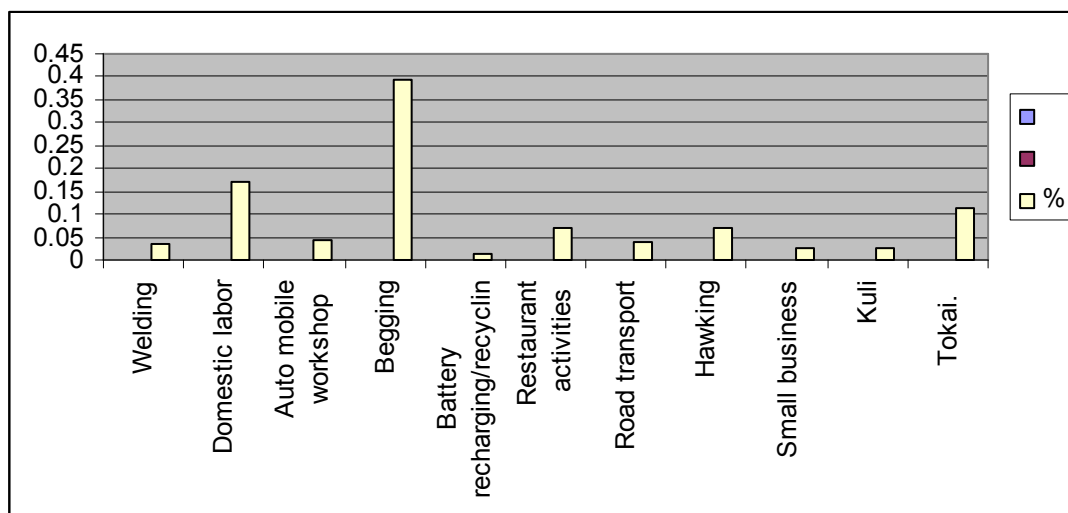
**Figure 6: Sources of Eating Foods.**

Further 48.20% reported that they did suffer from work related injury. The nature of injury was mostly cuts/wounds (68.70%), followed by back pain as to heavy work (11.10%). The duration of suffering ranged from less than one week to more than three months. Majority (41.35%) of them did suffer for more than three months, 26.92% suffered between 1-3 months, 13.46% suffered between 7-30 days and 18.27% suffered less than 7 days.



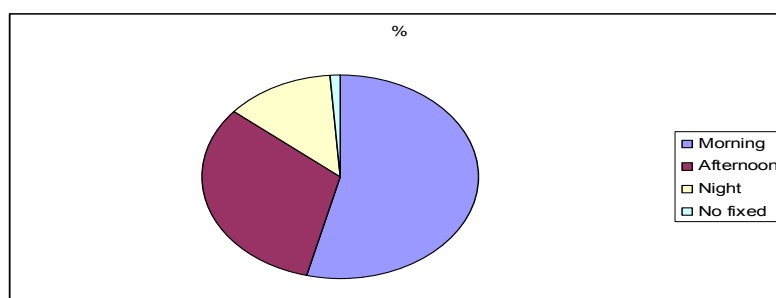
**Figure 7: Duration of Injury to Street Children**

Street children generally hold some common works. Their 3.41% involved with welding, 17.16% involved with domestic labor, 4.28% with auto mobile workshop, 39.46% with begging, 1.46% battery recharging/recycling, 7.06% restaurant activities, 3.80% road transport, 7.16% hawking, 2.50% small business, 2.46% kuli and 11.25% children working as a tokai.



**Figure 8: Current Working Status of Street Children**

Nearly 42% of the children started working when they as younger as 7 years old. About 50% started working when they were between 8-11 years and about 8% started working when they were between 11-14 years old. Street children’s working time is not fixed. It varies from early morning to even midnight. However, most of them (54%) used to work in the morning, 32% in the afternoon, while 13% worked at night and 1% have no fixed time.



**Figure 9: Working Time of Street Children**

About 44% of them smoke. More than 64% of those who are 14 to 18 years old smoke, while 28% of 5 to 11 years of age. Those who are occupied as kuli, tokai and hawker, they mostly smoke than other children. Some of them (12.7%) had an income of TK.110.39 per day which is the highest among the total income earning group. This implies that all of them live below the hardcore poverty line and an inhuman life which cannot be measured by any living standard.

**Conclusion:**

The phenomenal growth of street children in the Bangladesh urban centers, particularly in the metropolitan cities of Dhaka, Chittagong, Rajshahi, Khulna, Barisal and Sylhet, concerns the policy makers and development practitioners. They are concerned as on rural poverty and migration to urban centers, unemployment, landlessness, river erosion, family conflict, law and order situation, disintegration of traditional family and community structures have brought about changes in the socio-economic scenario thus giving rise to a new vulnerable group of children in the metropolitan cities and towns. They are beginning to become aware about the predicaments if street children who live and are grow up on the margins of the society in a state of neglect and deprivation, often without education, affection, care and guidance from the adult members of the families. The street children live, work and struggle for survival in unhygienic environment. They do not have any access even to the basic services required for their healthy growth and development; nor they could enjoy opportunity to participate in the mainstreams of the community life in Bangladesh. It is impossible to secure whole national development to keep this future of the nation in these circumstances. Their basic human needs should be fulfilled first. It is true that this problem will not be fully solved overnight. But huge development activities should be expedited in rural areas to decrease this trend. The migrant and floating people should be occupationally trained up and rehabilitated in local areas. The govt. and non-govt. organizations, social workers and conscious people will have to be involved in this regard. Then the whole national development will be achieved.

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