

“Street Children of Mega City Dhaka: A Comparative Study between Newmarket Thana and Mirpur Thana, Dhaka, Bangladesh”



*"AS LOTUS BORN WITHIN A LAKE
BY WATER NOWHERE IS DEFIED
BUT GROWTH FRAGRANT, BEAUTIFUL....."*



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Centre for Research, HRD and Publication, Prime University, Dhaka, Bangladesh

**“Street children of Mega City Dhaka: A Comparative Study
between Newmarket Thana and Mirpur Thana, Dhaka,
Bangladesh”**

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Dedicated

***TO THE MEMORY OF THE PATRIOTS WHO LAID DOWN THEIR LIVES TO ESTABLISH
OUR MOTHER LANGUAGE BANGLA AND MOTHERLAND BANGLADESH***

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Eman Hossain

EXECUTIVE SUMMARY

The main purpose of the present study is to give an overview of the socio-economic condition of street children with regard to their living conditions and the type and extent of harassment they suffer in their struggle for survival. Particular attention has been given to see the type of legal protection they receive from Law enforcing agencies, to look into the prevalence of substance abuse among street children, and to identify the needs of the street children with respect to their shelter, health care and skill training.

The area of data collection has been divided into two parts; one is Newmarket Thana and another is Mirpur Thana. Each part was then sub-divided into many spots based on availability and dwelling place of the street children in the area, number and size of the slums and so on. The study was completed based on our field survey in the shanties of Mazar Road, Shanties around the Sere-Bangla National Cricket Stadium at Mirpur Thana and the shanties around the University of Dhaka, Nilkhet, High Court and Newmarket Thana.

The present study employed a variety of methodologies including in-depth interview of street children using semi-structured interview schedule (questionnaire survey), focus group discussion (FGD), participant observation and case studies of street children. A total of 318 street children belonging to age group 6 to 18 years were interviewed during the field survey, while another 200 street children participated in the focus group discussions. Among the street Children covered by the questionnaire survey, two-thirds (68.6%) were boys and 31.4 percent were girls.

About one-half (49%) of the children belong to age group 13-18 years, followed by 43 percent of the children belonging to age group of 10-12 years, while only 8 percent of the children age group of 6-9 years. Most of the children came to the city because they were living either in abject poverty or in abject misery. A variety of reasons were cited by the children for coming to the city, such as, economic reasons poverty (46%), lack of shelter (16%), to earn money (21%), migration of parents (18%), broken families /step father or mother (8%).

It has been observed that 15 percent of the children live/work on the street without any contact whatsoever with their families and another 7 percent live on the street, with their families, while a vast majority of street children (77%) work on the streets but return either to their parents (49%) or other families (28%) at night.

Almost 31 percent of the street children are found to be illiterate without any formal schooling, about 56 percent of them can either sign (19%) or write (37%), while only 13 percent of the street children have education ranging from class I to class V. The street children are engaged in various occupations which include garbage collector/rag picking coolie/porter (boys only), petty trading (flower/peanut/cigarette selling), shop/hotel attendant, hawker/vendor, tailoring (girls only), begging, prostitution, etc. The average monthly income of a street boy is Tk.962 compared to/ monthly income of Tk. 841 of a street girl. In general, the monthly earning of a street boy under 15 years of age is higher than his female counterpart in the same age group, However, this trend is reversed in the older age group and the monthly income of a street girl in the age group 15-17 years is higher than that of a street boy in the same age group (Tk. 1521 Vs Tk. 1488)

Street children of all age groups are exposed to the harshness and cruelty of street life characterized by exploitation and deprivation of many kinds. Majority of the street children do not have any secured place to sleep at night, which exposes them to excessive rain, cold or sunshine. The police/mastans/night

guards also frequently disturb them when they sleep on the streets/platforms. They do not have enough food to eat; frequently they have to remain half-fed. They do not have adequate warm clothes, nor do they have hygienic toilet facilities. The combination of a variety of factors including poor diet and nutrition coupled with unhygienic living conditions increases street children's exposure to health risks. As a result, most of the street children suffer from various diseases.

Among the surveyed children, 91 percent of the street boys and all of the street girls were sick during the last three months preceding the survey. As many as two-fifths (39%) of the street children suffered from fever, about one-fifth suffered from diarrhoeal diseases while 15 percent had skin diseases. Of the total sick children, about three-fourths of the street girls and two-thirds of the street boys received some kind of treatment during their sickness, while 23 percent of the street girls and 32 percent of the street boys did not receive any treatment from any source whatsoever. An overwhelming proportion of the children who sought treatment during their sickness were treated by unconventional means such as quack/street vendors, or purchased medicine from the pharmacy (63% boys as against 40% girls). About one-fifth (22%) of the street girls and 12 percent of the street boys consulted either a homeopath/kabiraj or spiritual healer. By contrast, only 7 percent of the boys and 13 percent of the girls visited a government health facility for receiving health care.

From our FGDs with street children it emerged that a large number of street children (both girls and boys) are being sexually abused. They also agreed that street children become addicted to substances like sleeping pill, *gul*, ganja (cannabis), phensidyl, etc. Sexually abused and substance abused street children suffer from psychosocial problems as well as physical illnesses.

Findings from FGDs show that a sizeable proportion of street children falls into drug addiction, prostitution and crimes. They also suffer from poor health, malnutrition, widespread illiteracy, sexual abuse, exploitation, unwanted pregnancy, and STDs like syphilis and gonorrhoea. It is therefore necessary to undertake pilot project to train social workers and street children in substance abuse counseling.

The street children (both boys and girls) report that the police and the *mastans* are the sources of fear and harassment. The police are said to provide little protection against the criminals and sometimes are said to work in collusion with them. Street boys and street girls alike, state that they are frequent victims of false police charges, and the police identify them as criminals in order to protect the real culprits. Street children call the police illegal toll collectors and they also cite numerous cases of false imprisonment. Police without a bribe does no work. The police are the greatest exploiters of street children. This sentiment is echoed in all the FGDs with the street children. The street children maintain that they have little trust on the police.

Street children living in abject poverty face deprivations of many of their rights: survival, health and nutrition, education, participation and protection from harm, exploitation and discrimination. Street children whose rights to safety and dignity are denied are the worst sufferers. They become victims of exploitation, violence and abuse, which rob them of their childhood, preventing them from fulfilling anything close to their full potential.

Street children often find themselves enveloped in a battle for survival against disease, inadequate shelter, a lack of basic services and poor nutrition. Every aspect of a street child's life is adversely affected: Their emotional well-being, physical security, mental development and overall health. It deprives them of the right to live in a family environment, exposing them to a world of violence, abuse and exploitation. Girls are especially vulnerable to sexual violence, abuse, exploitation and stigmatization.

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Chapter – 1

Introduction, Objectives and Methodology

Introduction:

Bangladesh is a developing and over populated country. There are 51.3 million children (ages 0 to 14 years) living in Bangladesh. Amongst them, there are 0.5 million to 2.00 million children live as street children (55% in Dhaka city) across the country. There is a widespread belief amongst the public, policymakers and social workers that children abandon their families and migrate to the street because of economic poverty. But there are some other factors those are behind on their migration to the street such as emotional, physical and sexual violence in the households, natural disasters, desire to enjoy more freedom, excessive control on their daily activities, breach of relationship between parents, forcing by family to earn money and so on. In Bangladesh, those who seek to reduce the flow of children to the street need to focus on social policy, especially on how to reduce the excessive control and emotional, physical and sexual violence that occur in some households. This research will potentially contribute to policymakers, social workers, NGOs, international agencies and others to take proper decisions regarding the street children.

Defining Street Children

According to the researcher, street children are those children who are "below the age of 18, spend their days and nights on the street or some of their day time on the street for earning". There are four categories of street children as follows:

- (a) Children up to 18 years of age, who live on the streets day and night without families;
- (b) Children up to 18 years of age, who work on the streets and return to others at night;
- (c) Children up to 18 years of age, who work/live on the streets with their families; and
- (d) Children up to 18 years of age, who work/live on the streets and return to their families.

Literature Review:

The phenomenon of millions of street children across the populous countries of the third world, particularly in Asia, Africa and Latin America, is a grim reminder of the failure of society to protect and nurture its greatest asset and to tackle one of the most serious anomalies of modern development of those countries. An estimate of UNICEF (1985) places the number of such children across the world at over 30 million. The observable fact of increasing number of street children which has assumed to be serious proportions across the world and more particularly in the developing world, has compelled the

international and national agencies as well as governments of these countries to make concerted efforts to comprehend the reasons behind this fact so that appropriate programs strategies may be developed to address this issue (Varma, 1992; Pandey 1993).

The issue of street children is a global concern, predominantly in the developing countries of Asia, Africa and Latin American countries. An international study on street children conducted by Ennew (1994) found that there are about 15 to 20 million children who live in the streets of different cities of these countries. Thus the experience of street children is rather universal with almost all cities of these countries.

Pandey (1993) defines street children as, "A street child is any minor for whom the street (in the widest sense of the word, including, unoccupied dwellings, wasteland, etc.) has become his/her habitual abode and who is without adequate protection".

Another definition provided by the UNICEF goes like this: "street children are those who are of the street and on the street." However, the working definition used by the ARISE project is Children below the age of 15 years who are living, working, playing and sleeping on the street and are deprived of basic rights are the street children (ARISE Report: A Review of Existing Services relating to Street Children, December 1999).

According to Armpoor (1992), street children can be categorized into three broad groups: the first group consisting of those children who have continuous contacts with their parents and stay with them on public pavements in urban area. They are described as "Children on the Streets". The second group comprises of working children who spend all their days and some of their nights on the street or in public places and have occasional contacts with their families. This group has been described as "Children of the Streets". The children in the third group have no family contacts - they consist of orphans, runaways, refugees, abandoned, deserted, displaced persons or those lost in transit while traveling with their parents. This is the most crucial group as these children have no protection whatsoever from the vagaries of nature or a hostile society. Because of chronic poverty, destitution, ill-treatment by parents/step-parents and the apathetic attitude of the society at large, a sizeable number of these children are forced to stay and work on the streets away from their families. This group of street children is also leveled by UNICEF as 'children in difficult circumstances' or 'children at high risks'.

In the same vein, Rao and Malik (1992).defined 'street children are those who. spend their days and nights on the streets or in the public places. They argued that all street children are not abandoned or de-linked with their families. They classified them as:

a) **Children of the street**, who spend most their total time on the streets and have occasional family contact. For them, the street is their home. They have not abandoned their families nor have their families abandoned them. They constitute about 20% of the total street children in Hyderabad. Nearly 5% of them are without any family contact who are either abandoned or neglected. Orphans, runaways and refugees also come under this group.

b) **Children on the street**, who spend most of their time on the streets and maintain contact with their families. They spend most nights with their families and work on the streets with or under the supervision of employers inside or outside their family.

More or less the same definition of street children was corroborated by some Indian experts, like Panicker and Nargis (1992), Ghosh (1992), Jam et al (1992), Pandey (1992), All of them used working definition of UNICEF. However, the most common denominator in all of these definitions is the 'child who lives and works on the street with or without his/her family'.

Another interesting statistics on the size of street population provided by Anti-Slavery Society, UK, estimates that there are about 31 million street children around the globe, while IJNICEF estimates the world street children figure at 80 million. But Judith Ennew, a Researcher at Kings' College, Cambridge, guesses the figure to be about a hundred million (as quoted by Rao and Malik, 1992). In Bangladesh, a conservative estimate at the national level made by the government in 1990, indicates that there are about 1.8 million children on the streets of Bangladesh. Of this estimate, 215,000 children, consisting of 100,000 girls and 115,000 boys, are available in Dhaka city alone. Another estimate done by the GOB shows that at least 188,597 street children are in Dhaka city {(UNDP, 1999) as quoted by *Aparajeyo-Bangladesh* (2000)}.

According to the Baseline Survey conducted by ARISE (2001), the estimated street children in six divisional cities of Bangladesh are 445226, consisting of 235481 boys (53%) and 209743 (47%) girls, respectively. This estimation of street children was made through field survey using the counting sheets, checklists and personal interview by the field investigators.

Street children engage themselves in various types of occupations, mostly odd jobs, for their survival. A rapid assessment on child labor demonstrates that urban children (including street children) are engaged in about 300 types of economic activities in contrast to rural children and non-agricultural activities (Islam, 1997). To earn a living, street children are mainly involved in various types of activities as revealed in a survey of 302 sample families of 16 slum areas of Dhaka City (Rahman, H. 1992).

According to World Vision- Bangladesh survey (WVB, 1993), the age of street girl children ranges from 7 to 18 years, mean age being 10.88 years. Interestingly, about 9% of street girls were found married, divorced, separated or abandoned and a few (1.2%) with a namesake husband (marriage of convenience). Around half of them live with their parents, 19% with mother, 16% with other persons,

7% with either father and step-mother or mother and step-father. About 18% do not get any support from their families, while 54% get food, clothing and shelter. The girls work as vendors (33%), waste collectors (26%), floating prostitutes (4%), collectors from market (9%), brick clippers (11%) and tiffin carriers (7%).

The street children, both boys and girls, have reported physical violence at home, restriction in homes or orphanages, need to earn, influence of socially bad elements, abandoned by parents, unhealthy living conditions and lack of adequate space at home and non-availability of shelter as the causes to be on the street (SAP, 1992).

The average daily income of these children was Tk. 35, ranging from Tk. 1 to 350, depending on the type of occupation. They were found to work about 6.5 hours (mean) a day, minimum of 4 and maximum of 15 hours. The street children face problems, such as (for girls) harassment by police, *mastans*, guards, sexual harassment, cheating, beating, accident, arrest by police and tyranny by extortionists (WVB, 1993).

Shamim (1994)'s study focused mainly on the work activities of street girls, health-related issues and exploitation. Certain profile emerges of the girls who are economically active in various types of odd jobs. Due to the family's impoverished state, girls, even as young as seven years old have to take the responsibility of working and earning. The working hours usually depend on age and physical fitness of the girl children. The various work activities include self-employed jobs; usually close to the slum community, canned on either with one or two working children. They regard their life and work, however, low paid and demeaning it may seem to be a product of poverty and there is very little scope to change it overnight. While the streets present opportunities for work and shelter, they also carry many hazards and risks that pose grave threats to the physical, mental, emotional and overall well-being of the street girls.

Several studies identified a number of factors in the process of becoming a street child (e.g. Rahman, Gosh, 1992; Panicker and Desai, 1994; Sarwar, 1996 and Malek, 1997): poverty, victims of abuse or neglect, victims of migration to city, abandonment by parents, necessity to provide financial support to family. The findings of a participatory research (SCF-UK 1997) with a group of street children in Dhaka reveal that the law enforcing agencies in their day-to-day life abuses street children. Almost every child considered this issue as one of its main problems.

Several problems and needs relating to street children have been identified in various studies (CIRDAP, 1997; Shamim, 1994 Malek, 1997; Ghosh, 1992; Rahman, 1988; Pandey, 1993; Islam 1998). The major problems and needs are related to physical resources, security, emotional needs, sexuality, work hazards and employment. In a recent study (SCF-UK, 1998), the major problems associated with street children identified are: torture by police, torture by musclemen, misbehavior by adults, present job not liked by street children, do not get job without guardian, marriage problems of girls, uncertain future, poor

income, street girls are hated as they are involved in bad things, can't protest against injustice without support from relatives and no access to education..

The existence of street children is not something new. Historically, the streets of large urban areas have been both theatre and battleground for the children of the poor. They have been referred to in literature (e.g. in Medieval writings from Spain and Italy, and more recently Twain, Dickens, Gorki and Hugo) and have led to the development of organizations to assist them (e.g. the Salesian Congregation). Their lives have tended to be romanticized by some, but in most instances they have been referred to in derogatory terms; "*gamin*" (urchin) and "*chinchés*" (bed bugs) in Colombia, "*marginals*" (criminals/marginals) in Rio, "*pajarofnttero*" (fruit birds) in Peru, "*polillas*" (moths) in Bolivia, "*resistoleros*" (little rebels) in Honduras, "*seugnizzi*" (spinning tops) in Naples, "*Bui Doi*" (dust children) in Vietnam, "*saligomari*" (nasty kids) in Rwanda, or "*poussins*" (chicks), "*moustiques*" (mosquitos) in Cameroon and "*balados*" (wanderers) in Zaire and Congo. In our country, they are usually termed as '*tokai*' or '*Tastar shishu*'. While their lives have been of genuine concern to some, it is more likely that they have been exploited and marginalized; used as cheap and expendable labour, for sex and for criminal acts.

Most accounts focus on particular groups at a particular time and tend to ignore the historical continuity which persists: most are male, their peer relationships, group life and survival strategies have been much the same whatever the time or place, and they are usually younger in developing than in developed countries. However, more recent economic situation (e.g. recession), political changes, civil unrest, increasing family disintegration, and natural disasters have led to larger numbers of children heading from rural areas and smaller towns to larger cities and the streets. Some are born on the streets to older street children, some come from families which can no longer support them due to overcrowding or poverty, some are members of the families who live on the streets (street families) and others come to streets after being orphaned by natural disasters or parental death through diseases.

The term street children were aptly coined sometimes in the 1980s as a definite term to identify children who have chosen to spend most of their time on the streets in various "occupations". Different countries describe street children in different ways. However, it has been identified from present research that street children in Bangladesh have been categorized in three ways:

Children who have continuous family contact, but stay with their parents on the public pavements in urban areas;

Working children who spend all their days and some of their nights on the streets and in public places, but have occasional family contact - **children on the street.**

Children who do not have any contact with their families such as orphans, runaways, refugees, and displaced persons - **children of the street.**

It has also been found that agencies addressing the issues of street children use definitions most suited to their own organizational purposes. In order to avoid ambiguity, a clear operational definition to cover this population is essential for every development process; otherwise, there is every possibility to misinterpret the term "population" in different ways

Objectives of the research:

1. To find out the reasons why the children of Dhaka city are in street.
2. To show the living standard of the street children.
3. To present the status of the fundamental rights enjoyed by the street children.
4. To find out their present social and economic status.

Significance of the study:

1. To aware the society about the reasons of leaving home.
2. To assist the policy makers by providing real scenario of the street children of Dhaka city.

Scope of the study:

1. To aware the policy maker to plan about the problem of street children.
2. To show NGO's and International Organizations role about street children of Dhaka city, if any.

Area of Data collection for Research:

The area of data collection has been divided into two parts; one is Newmarket Thana and another is Mirpur Thana. Each part was then sub-divided into many spots based on availability and dwelling place of the street children in the area, number and size of the slums and so on. The study was completed based on our field our field survey in the shanties of Mazar Road, Shanties around the Sere-Bangla National Cricket Stadium at Mirpur Thana and the shanties around the University of Dhaka, Nilkhet, High Court and Newmarket Thana.



Methodology:

The study was conducted based on both the primary and secondary data. The secondary data has been collected from the books, journals, newspapers, magazines and other research papers, websites, and the primary data are collected directly from the study area.

Situation analysis of the street children's life: living conditions, nature of abuse and harassment, prevalence of substance abuse. Information was obtained through:

- Questionnaire survey;
- FGDs;
- PRA analysis of street children;
- Discussion with relevant agencies/organizations;
- Case studies of street children; and
- Participant observation

Report Format:

APA (American Psychological Association) method is followed for the paper.

Limitations

The present study has a number of limitations. Data limitation as far as socio-economic analysis of street children is concerned must be acknowledged at the outset. The data for this study comes from the field survey conducted in tow thana of the mega city Dhaka of Bangladesh, namely: Newmarket and Mirpur. However, the study covered only a small number of street children. A total of 318 street children were interviewed for questionnaire survey, while another 200 street children participated in the Focus Group Discussions (FGDs). Thus, the findings are based on the responses of 500 street children, which may not be considered as national representation.

However, this deficiency in quantitative data has been compensated by qualitative data (through case studies, participant observation and FGDs). The researcher has tried his best to identify the major constraints that street children face on a daily basis, that have a particularly strong bearing on their well-being and survival.

An attempt has been made to capture the various problems and obstacles faced by street children with regard to their living conditions; the nature and extent of abuse and harassment they have to suffer including exploitation by the police; the prevalence of substance abuse and drug dependency among street children; and their status of health and access to health care.

The findings from the quantitative and qualitative data will help us in understanding the situation and identifying the essential factors that account for high levels of deprivations and exploitation amongst street children. It is not claimed that the present study has addressed each and every aspect related to the deprivations and well-being of street children, but attempts have been made to capture the major aspects. Thus, in spite of the smallness of the sample size, the data does permit an analysis of the street children regarding the nature, extent and type of abuse and harassment they have to face in their struggle for existence and survival on the streets.

Chapter 2

Socio-Economic Status of Street Children

Socio-Economic Characteristics

This chapter presents the socio-economic status of the street children of the mega city Dhaka of Bangladesh. The data for this study largely come from the field survey conducted in the two thana (Newmarket and Mirpur) of the mega city Dhaka of Bangladesh. A total of 318 street children were interviewed, of them 218 (68.6%) were boys and the rest 100 (31.4%) were girls. The proportion of girls in the sample is lower than that of boys. This happened mainly because we did not find as many girls as we wanted to interview for the purpose despite our best efforts.

Street Children Interviewed

The distribution of respondent children by the two thana Newmarket and Mirpur of Dhaka is shown in Table 2.1. It is evident that 51.57 percent of the respondent children live in Newmarket Thana and 48.43 percent of the respondents come from Mirpur thana on the mega city Dhaka. However, there are some minor gender variations in the proportion of street children in the two areas of the city.

Table 2.1: Distribution of Street Children by Area and by sex

Area	Male(n=218)	Female (n=100)	Total (N=318)	
	%	%	Number	%
Newmarket Thana	56	42	164	51.57
Mirpur Thana	44	58	154	48.43

Categories of Street Children

According to the definition used by the report, the survey interviewed those children who reported their age between 5 to 17 years (i.e. children in the age bracket above 5 years but below 18 years). The underprivileged children are referred to by a variety of terms: abandoned children, homeless children, separated children, orphans, waifs, foundlings, urchins and unaccompanied children. But street children belong to the most disadvantaged group that find themselves marginalized, abused, exploited and victimized. The distribution of children by category of street children using the definition adopted by the report is presented in Table 2.2.

Table 2.2: Category of street children

Category	Number	Percent
Children who work/live on the street day and night without their family	49	15.4
Children who work/live on the street day and night with their family	23	7.2
Children who work/not on the street and return to other family	90	28.3
Children who work on the street and return to their family (parents)	156	49.1
Total	318	100

It is clear from the table that among the surveyed children, 15 percent live on the street (with or without work) day and night, without any contact whatsoever with their families. They are the **children of the street**, where the street is their home. This is the most vulnerable group. Another 7 percent of the children live on the streets with their families, while about a fourth (28%) of the children work on the street and return to others at night. However, an overwhelming proportion of children (49%) live/work on the streets and return to their parents at night. This implies that slightly less than a quarter (23%) of the street children live on the street either alone or with their families (parents), while about three-quarters of the street children work/live on the streets but return to their parents/others at night.

It needs to be mentioned here that the term **street children** does not assume that one or both of the parents of a child are dead or are without contact. It simply means that children are either forced to live/work on the streets with or without parents/relations. According to the definition, adopted by the report, the two distinct categories of street children are: (i) those who sleep and work/not work on the streets with/without parents or families; and (ii) those who work on the streets but go back to their parents/others in the evening. As already mentioned, about 23 percent of the children fall in the first category i.e. who live and work on the street, while the remaining 77 percent work on the street but return to their parents/families at night.

Age Distribution

The distribution of respondent children by age and sex is given in Table 2.3. It can be seen that 82 percent of the boys and 70 percent of girls fall in the age group 10-14 years. Only 7 percent of the children are aged less than 10 years, while 11 percent of the boys and 22 percent of the street girls fall in

the age group 15-17 years. The mean age for street boys is estimated to be 12.3 years as against 12.7 years for street girls. The overall mean age (for boys and girls together) is found to be 12.4 years.

Table 2.3a: Percentage Distribution of Street Children by Age and Sex

Age	Boys(n=218)	Girls (n=1 00)	Total (N=318)	
	%	%	Number	%
7-9	7.3	8.0	23	7.5
10-12	44.5	41.0	138	43.4
13-16	46.8	42.0	144	45.3
17-18	1.4	9.0	12	3.8

Table 2.3b: Percentage Distribution of Street Children by Age and Sex

Age Group	Male (n=218)		Female (n=100)		Total (N=318)	
	Number	%	Number	%	Number	%
<10	16	7.3	8	8.0	24	7.6
10-14	178	81.7	70	70.0	248	78.0
15-17	24	11.0	22	22.0	46	14.5

Mean Age	12.28	12.68	12.41
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Marital Status

A majority of street children are found to be unmarried (96%), while about 1 percent is married and the rest are either divorced or separated (Table 2.4), Since more than 80 percent of the street children are under 15 years of age, it is normally expected that a vast majority of them will remain unmarried.

Table 2.4: Marital Status of Street Children by Sex

Married status	Male (n=218)	Female (n=100)	Total (N=100)	
	%	%	No.	%
Married	-	4.0	4	1.2
Unmarried	100.0	88.0	306	96.2
Divorced/separated	-	8.0	8	2.5

Educational Status

Table 2.5 presents the distribution of street children by educational status. The survey reveals that about a third (32.7%) of the street children are illiterate (i.e. they cannot read and write), while another quarter can either sign their names (9.7%) or can read a simple message (15.4%). About two-fifths of the street children have education ranging from Class I to Class V.

Table 2.5: Distribution of Street Children by Level of Education

Level of Education	(n=318)
	%
Illiterate	32.7
Can Sign only	9.7
Can write only	15.4
Class 1 to 5	42.1

Persons with whom Street Children came to the City

The street children are compelled to come to the city mainly in search of livelihood. Table 2.6 indicates that more than a half (57%) of the street children came to the city with their parents, 14 per cent of the children came alone, 4 per cent came with friends, and another 4 per cent came with brother/sisters, while 15 per cent came with other relatives. The rest of the street children came to the city either with neighbours (4%) or with unknown persons (2%).

Table 2.6: Persons with whom came to the City by Sex of Street Children

With whom came to the city	Male(n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
Alone	12.4	18.0	45	14.2
With Parents	56.9	56.0	180	56.6
With Friends	6.0	0.0	13	4.1
With Relatives	17.0	12.0	49	15.4
With Brother or sister	4.6	2.0	12	3.8
With Neighbour	1.8	7.0	11	3.5
With Unknown person	0.9	4.0	6	1.9
Others	0.5	1.0	2	0.6

It is important to observe that those who came alone (15%) or with unknown persons (2%), they are more likely to have come to the city without the consent of parents or guardians - they are probably the runaways from home.

Age of Coming to the City

From Table 2.7 it appears that about a fifth of the street children came to the city before their fifth birth day and a quarter of the children came to the city between ages 5-7 years. This implies that 44 percent of the children came to the city at a tender age, (before completing 8 years), probably because of extreme poverty/hunger. Again, less than a quarter (23%) of the street children came to the city between ages 8-10 years, while the largest proportion (31%) of the street children arrived at the city

Table 2.7: Age of Coming to the City by Sex of Street Children

Age Group	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
Under 5	17.4	25.0	63	19.8
5-7	23.4	26.0	77	24.2
8-10	24.3	21.0	74	23.3
11-14	34.9	22.0	98	30.8
15 +	-	6.0	6	1.9

Mean Age	8.10	7.57	7.93
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when they were between 11-14 years; on the contrary, less than 2 percent of street children came to the city after reaching 15 years of age. The mean age of coming to the city is estimated to be 8.1 years for boys compared to 7.6 years for girls, while the overall mean age is found to be 7.9 years.

Duration of Stay in the City

In terms of duration of stay in the city, about a quarter (23%) of the street children have been staying in the city for less than a year, while another quarter (26%) came to the city within 2 to 3 years before the survey date, about a sixth of the children have been in the city for the last 4 to 5 years, although another quarter have been living in the city for the last 6 to 10 years. By contrast, 8 percent of the street children have been living in the city for more than 10 years.

Table 2.8: Duration of Stay in the City by Age and Sex

Duration (in years)	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
<1	22.9	23.0	73	23.0
2-3	29.8	18.0	53	26.1
4-5	16.5	18.0	54	17.0
6-10	23.9	29.0	81	25.5
10+	6.9	12.0	27	8.5

Mean Duration	4.36	5.15	4.61
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The findings imply that about a half of the children came to the city within last three years, while about a third of the children have been living in the city at least for the last 6 years (Table 2.8). The average duration of stay in the city is found to be 4.4 years for street boys as against 5.2 years for girls; the overall mean duration is estimated to be 4.6 years.

Reasons for coming to the City

The children cited a variety of reasons for coming to the city. Poverty, lack of shelter, broken families, separation/death of parents, and migration of parents are some of the reasons frequently cited by the

responding children as the major reasons for coming to the city. The data in Table 2.9 shows a gloomy picture. Most of these children left home because they were living either in abject poverty or in abject misery. They were forced to leave home mainly due to poverty/landlessness (cited by 25%), lack of shelter (cited by 16%), earning money (reported by 21%) and migration of parents (reported by 18%). A sizeable proportion (8.5%) of children left home when living with stepmother/stepfather became intolerable, while 8 percent of the street children ran away from home.

Table 2.9: Reasons for Coming to the City by Sex of Street Children

Reasons	Male(n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
No shelter	10.1	28.0	50	15.7
Economic reasons	31.2	12.0	80	25.2
Poverty/Landlessness	24.3	13.0	66	20.8
Migration	20.6	11.0	56	17.6
Torture by step-mother/father	5.5	15.0	27	8.5
Runaway from home	7.8	7.0	24	7.6
Tempted by others	-	6.0	6	1.9
Don't know/others	0.5	8.0	9	2.9

The findings in Table 2.9 imply that about a fifth of the children left home because of pull factors (to earn money), at the same time as about three-fifths of the children left home because of push factors (poverty, no shelter, parents' migration). The influx of migration to the capital city may be attributed to the search for employment opportunities, better livelihood, more income, attraction of city life and urban utility services. The findings suggest that the influx of rural people in the urban areas could be reduced significantly through social safety nets initiated by the government or through poverty alleviation programs targeted to the hard core poor.

There are also some variations by gender in the reasons cited by boys and girls for coming to the city. The highest proportion of girls (28%) left home simply because they had no shelter in the village; by contrast, 11 percent of the street boys came to the city because of the lack of shelter. Forty five percent of the boys came to the city either due to migration of parents (21%) or to earn an income (24%), the corresponding figure for street girls who came to the city for the same reason is 24 percent. However, 15 percent of the girls left home due to abuse and torture by step father/mother, while 6 percent of the street girls came to the city because they were tempted/allured by others to leave home. They are most likely to fall victims of child trafficking or to end up taking prostitution as their main source of livelihood.

Occupation of Street Children

The street children are found to be engaged in a wide range of activities, which include *porter/coolie/minti*, mobile vendor, brick and stone chippers, transport workers, scavenger/garbage

collector, factory work in welding/automobile/Iathe and other forms of engineering workshops, child domestics, begging, etc. Most frequently mentioned activities are scavenger/garbage collector (31%), mobile vendors, selling of cigarette/ betel leaf (23%), *coolee/minti* (10%) and begging (5%). Coolies are those who work at the railway station or launch *that* to assist the passengers with their luggage, while *minti* are those who work at the market place/shopping areas to assist the customers with their shopping/burden (Table 2.10).

Table 2.10: Occupation of Street Children by Sex

Occupation	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	NO.	%
Garbage Collector	27.1	41.0	100	31.5
Peanut seller	22.0	5.0	53	16.7
Coolie/Porter	15.1	0.0	33	10.4
Cigarette seller	9.2	1,0	21	6.6
Water carrying/hotel boy	6.9	3.0	18	5.7
Beggar	3.2	10.0	17	5.4
Transport related job	6.9	0.0	15	4.7
Cottage/garments industry	2.3	10.0	15	4.7
Hawker/vendor	1.8	6.0	10	3.1
Tailoring	-	9.0	9	2.8
Petty trading	2.8	3.0	9	2.8
Maid/domestic help	-	7.0	7	2.2
Child sex worker	*	5.0	5	1.6
Others	2.8	0.0	6	1.9

**Information on male prostitution is difficult to obtain - because of social stigma attached to prostitution in general and male prostitution in particular. However, it has been found during fieldwork and FGDs that a sizeable proportion of street boys are homosexuals. Thus, the survey findings need to be interpreted with caution.*

There is also some gender variation in the occupation of street children. Girls are more likely to be engaged as scavengers/garbage collectors, begging, works in a garments factory, tailoring and domestic help; 5 percent of the girls are involved in sex-trade. By contrast, boys are more likely to be engaged in petty trading (i.e. selling of peanut, cigarette/betel leaf), garbage collector, coolie/porter, transport related works or works in a hotel/tea shops. From our FGDs and field observation, it has been noticed that the responding children are likely to hide those activities that are not approved by the society. These activities include: theft, pick-pocketing, snatching, sex work, drug business, informer of anti-social elements, etc. It has been observed during our FGDs that the proportion of homosexuals is quite high among the street boys. But because of prevailing norms and social stigma, most of the street boys do not want to disclose their involvement in this kind of immoral activity.

Monthly Income

From Table 2.11 it is evident that a vast majority of the street children (55%) earn between 501-1000 taka per month, one-sixth of the children earn between Tk. 1001-1500, while about a fifth of the children earn less than Tk. 500 per month. However, an insignificant proportion of the children earn more than Tk. 2000 per month. The average monthly income is estimated to be Tk 904, the range of variation in income lies from a low of Tk. 60 to as high as Tk. 9000 per month. There is also some gender variation in monthly income by sex of street children. The estimated monthly income for street boys is Tk. 967 (the range varies from Tk. 120 to 3500), while the monthly income for the street girl is estimated to be Tk. 841 with a range of variation from Tk. 60 to 9000.

Table 2.11: Income per month by Sex of Street Children

Income per month	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
<100	0.5	2.0	3	1.0
101-200	1.8	15.00	19	6.0
201-300	2.3	12.00	17	5.4
301-500	6.9	17.00	32	10.1
501-1000	62.4	39.00	175	55.0
1001-1500	19.7	8.00	51	16.0
1501-2000	3.7	2.00	10	3.2
2000+	2.8	5.00	11	3.5

Mean Income (Tk)	961.66	840.76	903.82
Minimum	120	60	60
Maximum	3500	9000	9000

Table 2.12 presents monthly earning by age and sex of the street children. Three broad age groups show monthly earning, less than 10 years, 10-14 years and 15-17 years. The age of the children is found to be positively correlated with their earnings - the higher the age, the higher the income. On the average, the monthly earning of a street boy in the age group 15-17 years is 1.65 times higher than that of his counterpart in the age group 10-14 years. This age differential is even higher for girl children. For example, a street girl in the age group 15-17 years earns about 2.65 times higher income than her counterpart in the age group 10-14 years. Again, there is also some gender differential in monthly income by age of children. On the average, the monthly earning of a street boy under 10 years of age is 73 percent higher than a street girl in the same age group, while an average boy belonging to age group 10-14 years earns 56 percent higher income compared to his female counterpart in the same age group. However, this trend is reversed in the age group 15-17 years where average earnings of a girl are higher than that of a boy (Tk. 1526 Tk. 1488). The higher earnings of street girls in the age group 15-17 years

may be explained by the fact that some of the girls in this age group are found to be involved in sex trade. Girls engaged in commercial sex may earn much higher income compared to that from other occupations.

Table 2.12: Mean Income of Street Children by Age and Sex

Age group	Monthly earning (Tk)	
	Male	Female
<10 years	868.8	500.0
10-14 years	899.0	574.4
15-17 years	1487.9	1525.9
All age groups	961.66	840.76

It has been found that 32 percent of the sample children are able to save some money from their earnings while the remaining 68 percent cannot save anything from their meager earnings. The children were also asked whether they help others with their earnings. Three-fifths of the children replied in the affirmative, while the remaining 40 percent do not support anyone with their earnings. About 92 percent of those street children who help others, give their earnings to their parents, the rest help their brothers/sisters or other relations with their earnings (Tables 2.13A, 2.13B and 2.13C).

Table 2.13A: Whether Street Children can save Money by Sex of Children

Whether can save	Male		Female		Both sex	
	No.	%	No.	%	No.	%
Yes	70	32.1	44	44.0	114	35.8
No	148	67.9	56	56.0	204	64.2
Overall	218	100.0	100	100.0	318	100.0

Table 2.13B: Whether Street Children help anybody with their Income by Sex of Children

Whether help others	Male		Female		Both sex	
	No.	%	No.	%	No.	%
Yes	139	63.8	53	53.0	192	60.4
No	79	36.2	47	47.0	126	39.6
Overall	218	100.0	100.0	100.0	318	100.0

Table 2.13C: Whom they help with their Money by Sex of Street Children (for those who help others)

Whom they help	Male		Female		Both sex	
	No.	%	No.	%	No.	%
Parents	126	90.6	48	90.6	174	90.6
Brothers/Sisters	6	4.3	3	5.7	9	4.7
Relatives	7	5.0	1	1.9	8	4.2
Soil/daughter			1	1.9	1	0.5
Overall	139	100.0	53	100.0	192	100.0

Monthly Working Days

In terms of number of monthly working days worked by the street children, it is found that about 58 percent of the children work between 26-30 days a month, 28 percent work between 21-25 days, while 11 per cent work between 16-20 days a month (Table 2.13). It is found that on an average a street child works 26.5 days a month, the range varies from 10 to 30 days.

Table 2.14: Working Days per Month by Sex of Street Children

No. of Work Days	Male (n=218)	Female (n=100)	Total (N=3 18)	
	%	%	No.	%
10-15	2.3	5.0	10	3.1
16-20	6.9	21.0	36	11.3
21-25	28.0	28.0	89	28.0
26-30	62.8	46.0	183	57.6

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Mean working day	27.04	24.72	26.51
Minimum	14	10	10
Maximum	30	30	30

Daily Working Hours

Distribution of street children by daily working hours and by sex is presented in Table 2.15. It is evident from the table that a vast majority of the children (61%) work between 5-8 hours a day, about 19 percent work between 8-10 hours, 17 per cent work between 1-5 hours, while 3 per cent of the children work more than 10 hours a day. The estimated mean hours of work are 7.23 per day; the range varies from 3 to 12 hours per day.

Table 2.15: Working Hours per Day by Sex of Street Children

Hours of work	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
3-5	11.5	30.0	55	17.3
6-8	62,4	57.0	193	60.7
9-10	22,5	11.0	60	18.9
11+	3.7	2.0	10	3.3

Mean working hour	7.57	6.66	7.23
Minimum	3	3	3
Maximum	12	12	12

Living/Sleeping Place of Street Children

With regard to their place of sleep it is evident from Table 2.15 most of the street children live in the slums of the city. As many as 62 percent of the street boys and 44 percent of the street girls go back to the slum area for sleeping at night. However, 22 percent of the girls and 18 per cent of the boys sleep on the street under the open sky; about a tenth of the children lives either in the rail station or launch *ghat*. About a quarter of the street girls stay in the Drop in Centers (DIG) run by the partner NGOs, the corresponding figure for street boys who stay in the DIG is 9 percent. Those who sleep in the railway/bus station, launch *ghat* under the open sky, mostly sleep with other children. During the winter or in the rainy season children not having a permanent place to sleep suffer most because of bad weather condition (extreme cold/rains). They are also frequently disturbed by night guards/police or other anti-social elements (as will be clearer from the FGDs and case studies). The findings imply that about one half of the street children do not have any permanent place to live and they are in urgent need of safe shelter and protection.

Table 2.16: Sleeping Place of Street Children by Sex

Place of sleep	Male N=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
Open sky/without roof	2.3	6.0	11	3.5
Temporary house (polythene)	5.1	6.0	17	5.4
Slum house	61.9	44.0	179	56.3
Rail/bus/launch station	11.0	8.0	32	10.1
Others	10.6	10.0	33	10.4
Drop in Center (DIC)	9.2	26.0	46	14.5

It may be mentioned here that permanent/safe shelter not only reduces the vulnerability of street children, it will also raise their social standing. These children are regarded as the "poorest of the poor" since they are socially prejudiced and traditionally looked down upon by the society. In terms of their access to social services and in terms of their participation in the labour force, they are the most disadvantaged. This has negative effects on their health and well being.

Prevalence of Sickness and Health Seeking Behaviour

Disease Prevalence

This section deals with prevalence of disease and treatment received by street children. The children were asked whether they suffered from any disease during the last three months and the type of treatment they received during their sickness. The nature of their sickness experience is presented in Table 3.1 and the type of treatment received by them is presented in Table 3.2. The most common types of sickness are fever followed by diarrhoeal diseases and skin diseases. As many as two-fifths of the street boys and 37 percent of the street girls suffered from fever (all types) during the last three months preceding the survey. Similarly, a quarter of the street girls and a fifth of the street boys suffered from diarrhoeal diseases during last three months. 17 percent of girls and 14 percent of boys reported skin disease. Other diseases include jaundice, gastric ulcer, cold and cough. About 2 percent suffered from work related injury. The nature of injury was mostly cuts/wounds, burnt, fractures from heavy loads, etc. Out of the 100 street girls interviewed, 3 of them also suffered from sexually transmitted diseases (STD) like syphilis and gonorrhoea. This implies that since some of the street girls are working as sex workers, they might have been infected with STD from their sexual encounters with their clients.

Table 3.1: Type of Disease Suffered by Street Children during Last 3 Months

Name of disease	Male (n=199)	Female (n=100)	Total (n=299)	
	%	%	No.	%
Diarrhoea	20.2	24.0	68	21.4
Fever/headache	40.4	37.0	125	39.3
Jaundices	5.5	5.0	17	5.4
Gastric /ulcer	3.7	4.0	12	3.8
Wounded	2.3	-	5	1.6
Cold and cough	3.7	4.0	12	3.8
Malaria	0.5	-	1	0.3
Asthma	0.0	1.0	1	0.3
Skin disease	14.2	17.0	48	15.1
STD	-	3.0	3	0.9
Pneumonia	-	1.0	1	0.3
Others	0.5	1.0	2	0.6

The findings show that as many as 91 percent of street boys and all of the street girls interviewed suffered from some kind of sickness during last three months. This might seem to be an over estimate of morbidity (incidence of sickness) among street children. But we should bear in mind that the street children are in a vicious circle: too little or inadequate food and nutrition, polluted water and air, lack of

education, poor sanitation and overall low levels of living. In general, the place where street children live is a swamp of mud, excrement, garbage, mosquitoes and disease. In addition, street children are not at all aware about their personal cleanliness as 50 percent of them do not take regular bath mainly due to non-availability of water and bath facilities. Similarly, with regard to access to toilet facilities, a vast majority of them (more than 80%) do not have access to sanitary toilets.

Treatment Received during Sickness

Those who were sick during the preceding three months were asked whether they received any treatment. Table 3.2 presents the findings on types of treatment received by street children during their sickness. The data in Table 3.2 indicates that about three fourths (77%) of the street girls and two-thirds (68%) of the boys received some kind of treatment during their sickness. Regarding the type of treatment received, about two thirds of the boys either consulted a street vendor/quack doctor (33%) or purchased medicine from the pharmacy (30%); by contrast, 22 percent of the girls visited a pharmacy (i.e. purchased medicine), while another 22 percent got treated by homeopath/kabiraj/faith healer, and 18 percent consulted street vendor/quack doctors.

Table 3.2: Type of Treatment Received during Sickness (for those who received treatment)

Type of Treatment	Male (n=135)	Female (n=77)	Total (n=212)	
	%	%	No.	%
Govt. Health Center	6.7	13.0	19	9.0
Qualified Doctor	3.0	2.6	6	2.8
Street Vendor/Quack	33.3	18.2	59	27.8
Pharmacy	30.4	22.1	58	27.4
NGO Clinic	11.9	19.5	31	14.6
Homeo/Kabiraj/mazar	11.9	22.1	33	15.6
Others	3.0	2.6	6	2.8

Thirteen percent of the street girls visited a public health facility, while a fifth of the girls and 12 percent of the boys visited NGO clinic for receiving treatment. By contrast, only 3 percent of the street children consulted qualified doctors (private for fees) during their sickness. This implies that about a third of the street girls (35%) and a fifth (21%) of the boys received treatment from qualified physician (either at the public health facility or at NGO clinic or through private consultation). Unfortunately, an overwhelming proportion of the street children were treated by unconventional means such as quacks/street vendors, homoeopath/kabiraj/ or medicine sellers (persons in the pharmacy). One can easily imagine the quality of care they received from these unqualified practitioners/healers.

Reasons for not Receiving Treatment

As already mentioned, about a third (32%) of the street boys and a quarter (23%) of the street girls did not receive any treatment from any source during their sickness during the last three months preceding the survey. Children who were sick but did not consult any healer of any type were asked to state the reasons for not seeking care. The results, as summarized in Table 3.3 show that most of the children mentioned that due to poverty or lack of money they did not consult any physician (reported by 56% of boys and 35% of girls). Again, As high as 65 per cent of girls and 41 percent of boys did not seek treatment because they thought that their sickness was not serious enough to require any treatment, i.e. they were under the impression that their illness would be cured automatically without any medication.

Table 3.3: Reasons for not receiving Treatment (for those who did not receive any treatment)

Reasons for non-treatment	Male (n=64)	Female (n=23)	Total (n=87)	
	%	%	No.	%
Poverty	65.6	34.8	50	57.5
No need of treatment	31.3	65.2	35	40.2
Lack of time heavy workload	3.1	-	2	2.3

This can be mainly attributed to their lack of awareness regarding health and well-being. Again, only a sixth of the street children received some form of financial help from others while an overwhelming majority (83 %) did not receive any financial help from others during their last sickness.

Effects of Sickness

Children were asked whether their normal work or activity was affected because of sickness. It can be seen from Table 3.4 that about 55 percent of street boys and 69 per cent of girls said that their work was adversely affected due to their sickness. Again, about half (47%) of the children said that they lost 1-2 working days due to sickness, 38 per cent of the children lost between 3-5 work days (Table 3.5).

Table 3.4: Whether Normal Work was affected Due to Sickness (for those who were sick)

Whether workdays	Male (n=199)	Female (n=100)	Total (n=299)	
	%	%	No.	%
Yes	54.8	69.0	178	59.5
No	45.2	31.0	121	40.5

It is estimated that on an average, 4.13 workdays were lost due to sickness. With regard to the question whether they received any help from any one during their sickness, only one-fourth of the children answered in the affirmative, while an overwhelming majority of children (74%) did not receive any help from any one during their sickness (Table 3.6). This figure shows an unfortunate aspect of a street child's life; he/she as no one to look after in case of illness requiring care and treatment.

Table 3.5: Number of Workdays Lost due to Sickness (for those who lost workdays)

Days lost	Number (n=178)	%
1	16	9.0
2	68	38.2
3	29	16.3
4	12	6.7
5	27	15.2
6	2	1.1
7	8	4.5
10 +	16	9.0
Mean workdays lost	4.13	

Table 3.6: Whether Any Financial Help Received from others during Sickness

Any help received	Number	%
Yes	51	17.1
No	248	82.9
Total	299	100.0

Health expenditure and Sources of Finance

Our findings show that only a quarter of the street children consulted a qualified doctor (either at the government facilities or at the NGO clinic) during their last sickness, while the remaining three-quarters were treated either by quacks or by homeopath/kabiraj/ or they purchased medicine from the pharmacy. This implies that most of the street children are deprived of quality treatment when they fall sick, mainly because of their extreme poverty. The findings show that economic reasons do play the most important role in making decisions regarding health-seeking behaviour and the quality of treatment received.

It needs to be mentioned here that though health services at the government facilities are supposed to be free of cost, there are other costs associated with visits to a health facility. Apart from the direct monetary cost, the distance of the health facility and the need to be accompanied by one or several persons (in case of severe illness) mean that there are costs arising from wages not earned or from work not done. Again, it has been observed during FGDs and case studies that service providers at the public health facilities often demand money from the street children, who come to the facility for treatment and consultation. Street children are more susceptible to the economic shocks associated with serious disease, given their high dependence on labour income, and their having low levels of savings so that there is a real risk of indebtedness in times of ill health.

The main factor is the culture of deprivation. When people are deprived over a long period of time and can do little to change the vicious cycle of poverty, ill health and malnutrition, they will surely become

fatalistic, as if it is the only defense mechanism to adapt with their reality. To overcome this fatalistic attitude, efforts must be made to improve their social and economic status by ensuring employment opportunities round the year and by providing health education to raise their health awareness, and giving free medicine to the most needy among the street children. The street children are also deprived of minimum sanitation facilities and adequate food, which will be clear from the following analysis.

Access to Bath and Toilet Facilities

Children were asked about their frequency of bath in a week. About one half mentioned that they take regular bath every day. About a third of the children take their baths 4 to 5 times a week, about 12 percent of the children take bath twice or thrice a week while only 4 percent of the children take bath only once in a week (Table 3.7).

Table 3.7: Frequency of Bath per Week by Street Children

Frequency	Number (N=318)	%
Once	13	4.1
Twice	7	2.2
Thrice	30	9.4
Four times	51	16.0
Five times	55	17.3
Six times	3	0.9
Seven times	159	50.0

The data also show that an alarming majority of street children do not have access to sanitary toilet facilities, and they normally use *kutcha* latrine (45%), drain/open space (20%) for defecation purpose (Table 3.8). Only a quarter (29%) of the street children has got access to sanitary toilet facilities (pucca/slab categories).

Table 3.8A: Type of Toilet Used by Street Children

Toilet Type	Number (N=318)	%
Drain/Road side	23	7.2
Public toilet	7	2.2
Open place	40	12.6
Station's Latrine	13	4.1
<i>Kutcha</i> toilet	143	45.0
Pwcca/alab category	92	28.9

However, the findings show that more than four-fifths street boys brush their teeth daily (81%) and cut nails regularly (87%). The proportion of street girls in this respect is slightly lower than that of street boys and it is observed from Table 3.8B that 72 percent of street girls brush their teeth daily while 68 per cent cut nails regularly.

Table 3.8B: Whether Street Children Brush Teeth Daily and Cut Nails Regularly

Indicators	Male (n=218)		Female (n=100)	
	No.	%	No,	%
Brush teeth daily	177	81.2	72	72.0
Cut nails regularly	189	86.7	68	68.0

Frequency of Meals Per Day

In order to have an idea about daily food consumption by the street children, the respondents were asked about the frequency of meals per day. The data show that only half (53%) of the street children have three meals per day, 40 percent of the children have two meals per day, 4 percent have one meal per day, while another 3 per cent do not have even one meal a day.

Table 3.9: Frequency of Meals Per Day

Frequency of meals	Number (N=318)	%
Once	14	4.4
Twice	127	39.9
Thrice	169	53.1
Have to starve	8	2.5

But it should be borne in mind that having three meals a day does not necessarily mean that these children are able to meet their nutritional requirements. Because it is not the frequency of meals only, rather the amount and quality of food is also equally important for meeting nutritional requirements. From our FGDs and field observation, it has been found that most of the children cannot afford to have even the minimum amount of food required for their growth and survival. Some children beg food from restaurant or rich people, while some children reported that they have to collect food from dustbins. Most of the time they consume much less than what is ideally required. Insufficient income because of low wage/unemployment is the main cause of food insecurity. Poverty rears its most ugly face in terms of hunger and malnutrition. To be free from hunger and malnourishment is the most basic human need. But unfortunately, most of the street children have to consume insufficient food to such an extent that the very maintenance of physical health is impaired. At this level of food consumption, physical manifestation of hunger and starvation becomes evident.

Recreation Facilities

Most of the street children are deprived of recreational facilities - which adversely affect their physical and psychological well-being. Table 3.10 shows that 56 percent of street girls and 72 percent of street boys have got the scope for participation in some sort of games and sports.

Table 3.10; Whether Get Scope for Play

Opportunity to Play	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%

Yes	71.6	56.0	212	66.7
No	28.4	44.0	106	33.3

But the findings should be interpreted with caution. Because in most cases they participated in indoor games like playing cards and *ludo* with very little scope for participation in outdoor games like football, cricket, hockey, swimming, cycling, etc. From Table 3.11 it is evident that the largest proportion of boys and girls take part in games either during afternoon (54% boys compared to 34% girls) or at night (38% street girls as against 11% boys). About one-third of street boys (31%) and one fifth (21%) of girls participate in games in between work activities.

Table 3.11: Time to Play (for those who get the scope)

• Time to play	Male(n=JS6)	Female (n=56)	Total (n=212)	
	%	%	No.	%
Morning	1.9	1.8	4	1.9
Noon	1.3	5.4	5	2.4
Afternoon	53.9	33.9	103	48.9
Night	11.5	37.5	39	18.4
Between works	31.4	21.4	61	28.8

Table 3.12: Street Children's Access to TV

Access to TV	Male (n=218)	Female (n=100)	Total (N=318)	
	%	%	No.	%
No access to TV	28.9	16.0	79	24.8
Neighbour's TV	45.9	39.0	139	43.7
In the Shop	12.8	10.0	38	12.0
NGO TV*	11.9	30.0	56	17.6
Others	0.5	5.0	6	1.9

*Mainly provided by Drop-in-Centre (DIG)

From Table 3.12 it appears that 29 percent of street boys as against 16 percent of street girls do not have any access to TV, 46 percent of boys and 39 percent of girls can watch TV in their neighbour's house, while 30 percent of girls and 12 percent of boys have got access to TV arranged by NGOs. Regarding their favourite TV programs, 82 percent of girls and 51 percent of boys mentioned Bangla cinema to be their most favourite program (Table 3.13). About 41 percent of street boys mentioned either Bangla music (26%) or drama (15%) as their favourite programs while an insignificant proportion of boys and girls mentioned children's programs to be their favourite programs.

Table 3.13: Favorite TV program (for those accesses)

Favorite TV program	Male (n=155)	Female (n=84)	Total (n=239)
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	%	%	No.	%
Bangla Cinema	51.0	82.1	148	61.9
Music	25.8	8.3	47	19.7
Drama	15.5	3.6	27	11.3
Children program	7.7	1.2	13	5.4
Others	-	4.8	4	1.7

Physically Disabled Street Children

Among the 318 children interviewed, 2 of them were found to be physically disabled - one of them aged 10 years and the other aged 11 years. Both of them are living with their parents in Newmarket area. One of them is lame and the other has problem with hands (both the hands are deformed). Both of them live on begging. The monthly income of the lame hoys is Tk. 1000, while the monthly earning of the boy with severe deformity with hands is about Tk. 700. Both of them beg for 30 days a month -and average begging hours per day vary from 6 to 10 hours.

Street children are deprived of nutritious food required for healthy growth and development and the opportunity to live with dignity. Most of the street children eat food from open hotels/restaurants. Again, living condition on the streets is unhygienic due to heaps of waste lying around, lack of safe drinking water, severe air and noise pollution and the general filth. Most of the street children are malnourished and anemic. Due to exposure to unhealthy street life, children suffer from frequent illness. The diseases, which plague them most, are diarrhoea, respiratory problems, skin infections, fever, and sexually transmitted diseases. Stomach aches, sores and wounds also affect their health. Due to lack of money required for treatment, lack of health awareness and fear of doctors in hospitals (i. e., unfriendly attitude of doctors and nurses) many illnesses and wounds are often ignored by the street children. Sometimes, doctors also refuse to treat street children because of their unclean appearance and general apathy towards street children.

Street children usually lack the financial resources and the courage to seek medical help from clinics and hospitals. Furthermore, the lack of responsible adults to advise them to seek health care is another cause of ignorance. Such children usually take little preventive care, seeking assistance only when problems become serious and unendurable. In addition, many street children are involved in hazardous occupations. Street children who collect garbage/waste metals or who work in tanneries or carpet industries are susceptible to be infected any time. Unfortunately, they are totally unaware of the health hazards involved in these risky occupations.

Chapter 4

Substance Abuse, Legal Support and Exploitation by Law Enforcing Agencies

Type of Harassment Faced by Street Children

This chapter presents the findings on type of harassment of street children, prevalence of substance abuse amongst street children and the extent of legal support and protection they receive from law enforcing agencies. The national and international concern is increasing, especially regarding problems of child labour, trafficking and sexual abuse of children. Others who want to gain from these unfortunate children disregarding their rights and basic needs subject most of the street children to exploitation, maltreatment and abuse. This is highly undesirable and must be stopped. Table 4.1 depicts the type of harassment usually faced by street children. It is evident from the table that about a fifth (21%) of the street boys were physically abused, slightly more than a half (54%) of the boys was subjected to verbal abuse, while 12 percent of the street boys were harassed by *mastans/musclemen*. The situation of street girls were even worse where 46 percent of the girls were sexually abused and another 54 percent were subjected to verbal abuse.

Table 4.1: Type of Harassment Faced by Street Children

Type of harassment	Male(n=218)		Female (n=100)		Total (N=318)	
	No.	%	No.	%	No.	%
Sexual harassment	*		46	46.0	46	14.5
<i>Mastans/musclemen</i>	27	12.4	9	9.0	36	11.3
Physical torture	46	21.1	16	16.0	62	19.5
Verbal abuse	117	53.7	46	46.0	163	51.3
rear of eviction	27	12.4	9	9.0	36	11.3
Fear of accident	10	4.6	3	3.0	13	4.1
Fear of starvation/shelter	31	14.2	2	2.0	33	10.4
Others	4	1.8	1	1.0	5	1.6

**It was found during FGDs that a significant proportion of street boys are sexually abused by older street boys, mastans or even by the police. But when the street boys were asked about their experience of sexual harassment they rather remained silent on this issue of sexual harassment.*

The findings suggest that street children are virtual slaves to their struggle for survival and are easily exploited. They are always under fears of being sexually abused, picked up by the police, being beaten or being robbed. Street children were also asked whether they were abused by their employer/friend/co-

worker. It was found that 34 percent of street boys and 31 percent of girls were abused by their employer/friends/co-workers.

Arrest by Police

Street children were asked whether they were arrested by police/law enforcing agency during their stay in the city. The results as summarized in Table 4.2 show that 14 percent of the girls compared to 10 percent of the street boys were arrested by police sometime during their period of stay on the streets. The findings are likely to be underestimates of the real picture. It emerged from FGDs and case studies that a significant proportion of street children were arrested by police or taken to police custody. However, during the questionnaire survey most of the street children tried to avoid answering this type of question. Thus, the findings need to be analyzed with caution.

Table 4.2: Whether Street Children were arrested by Police

Whether Arrested	Male {n=218}		Female (n=100)		Total (N=318)	
	No.	%	No.	%	No.	%
Yes	22	10.1	14	14.0	36	11.3
No	196	89.9	86	86.0	282	88.7

Table 4.3 presents the reasons given by street children for being arrested by the police. It can be seen from the table that 18 percent of boys were arrested on charge of theft, another 18 percent was arrested for protesting against eviction, 32 percent of the street boys were arrested because of fighting with criminals/others, while 23 percent was arrested for coming out on the street at late night. By contrast, about 36 percent of the girls were arrested for being involved in sex trade, 7 percent on charge of theft, while 24 percent was arrested during trafficking.

Table 4.3: Reasons for being arrested by Police

Reasons for being arrested	Male (n=22)		Female (n=14)		Total (n=36)	
	No.	%	No.	%	No.	%
Theft	4	18.2	1	7.1	5	13.9
Being involved in sex trade			5	35.7	5	13.9
Carrying drugs			1	7.1	1	2.8
Fighting with others	7	31.8			7	19.4
Begging			2	14.3	2	5.6
Protesting eviction	4	18.2			4	11.1
During trafficking			3	21.4	3	8.3
Coming out at late night	5	22.7			5	13.9
Others	2	9.1	2	14.3	4	11.1

From Table 4.4 it is clear that 36 percent of the girls came out of police custody through bribing law enforcing agency, 14 percent were released with police help and 21 percent were released with the help of Human Rights Association and 29 percent were released with the help of NGO. Bycontrast, 18 percent of boys got released through bribe and 59 percent were released with the help of police (i.e. bribing police personnel), and 5 percent were released with the help of Human Rights Association.

Table 4.4: How the Street Children got Release from Jail/Police Custody

How Released	Male (n=22)		Female (n=14)		Total (n=36)	
	No.	%	No.	%	No.	%
Through Bribing	4	18.2	5	35.7	9	25.0
Police Help	13	59.1	2	14.3	15	41.7
Help of Human Rights Agencies	1	4.6	3	21.4	4	11.1
Help of NGOs			4	28.6	4	11.1
Others	4	18.2			4	11.1

Substance Abuse

For most children on the streets, life is tiring, difficult and unhappy. They have virtually no scope for entertainment. Without proper guidance and with no hope for the future, many spend money on drugs or *gul* and cigarettes. But when children were asked such questions, most children did not want to answer even after repeated persuasion.

Table 4.5: Substance Abuse by Street Children

Involved in Substance Abuse	Male(n=218)		Female (n=100)		Total (N=318)	
	No.	%	No.	%	No.	%
No	166	76.2	79	79.0	257	80.8
Yes	52	23.9	21	21.0	73	23.0
Cigarette	34	65.4	3	14.3	37	50.7
Gul/Phensydil	12	23.1	15	71.4	15	20.6
Ganja/ganja (cannabis)	6	11.5	2	9.5	8	11.0
Other Drug			1	4.8	1	1.4

Table 4.5 summarizes the findings on substance abuse by street children. About a fourth (24%) of the street boys and 21 percent of street girls were found to be involved in substance abuse. It is clear from the table that of the street girls who are addicted, 71 percent of them take *gul*, 14 percent smoke cigarette, about 10 percent take *Ganja* (ganja (cannabis)), betel leaf, while 5 percent of the street girls, are addicted to other drugs. By contrast, among the street boys who are found to be involved in substance abuse, two-thirds (65%) of them are cigarette smokers, 23 percent use *gul*, while 12 percent take *Ganja* (ganja (cannabis)).

Table 4.6: Reasons for Substance Abuse (for those who are users)

Reasons	Male (n=52)		Female (n=21)		Total (N=73)	
	No.	%	No.	%	No.	%
Family unrest			1	4.8	1	1.6
Releases fatigue	3	5.8	1	4.8	4	6.6
Feel good	26	50.0	15	71.4	41	67.2
Follow others	10	19.2	2	9.5	12	19,7
Influenced by friends	13	25.0	2	9.5	15	4.9

It may be mentioned here that most of the children interviewed were reluctant to answer on questions regarding substance abuse. Thus, the figures presented here are likely to be gross underestimates of the actual proportions of street children who are addicted to substance abuse. As revealed during our FGDs and from case studies, children are allured into using drugs and when addicted they become victims of the underworld. This is not only a psychological problem but also a physical one. During our FGDs it was frequently mentioned that drug dealer entice street children with various 'promises' for an escape from the grim realities of their lives, for carrying drugs from one place to another, or for selling drugs to their customers. These young children fall victims to the attraction of earning higher income and thus many of them get addicted. The next step is sharing infected/dirty needles, leading to HIV infection. Moreover, substance abuse by street children exposes them to a drug culture rife with violence. As these children have been so rejected by the society they feel happy to be involved in hostile/criminal activities as these help them release their aggression and anger, which eventually become their trade. Thus, the street children of today become street youths and criminals of tomorrow and the numbers appear to be increasing day by day, and the vicious cycle continues.

Children were also asked why they were involved in substance abuse. Their responses (Table 4.6) show that as many as 71 percent of street girls and 50 percent of street boys are involved in substance abuse because they feel good, a quarter of the girls compared to about a fifth of the street boys do it just to follow others, while a quarter of the boys and 10 percent of the girls go for substance abuse having been influenced by friends, and about 5 percent of the children follow this habit to release tension/fatigue.

As already mentioned, various NGOs, GOs and POs are trying to help street children by providing the following services such as counseling, health services, awareness raising, recreation, legal support etc. Street children were asked whether they received any counseling from any organization against substance abuse. About two-thirds of the street girls and slightly more than a half of the street boys who were interviewed did not receive any counseling from any source. Only 33 percent of street girls compared to 45 percent of street boys received some counseling against substance abuse.

Table 4.7: Whether Street Children Received Counseling against Substance Abuse by Sources

Counseling Received	Male(n=2]8)		Female (n=100)		Total (N=3I8)	
	No.	%	No.	%	No.	%
No	119	54.6	67	67.0	186	58.5
Yes	99	45.4	33	33.0	132	41.5
NGO worker	14	14.1	10	30.3	24	18.2
Govt. worker			1	3.0	1	0.8
Family member	47	47.5	10	30.3	57	43.2
Friends	27	27.3	5	15.2	32	24.2
Relatives	22	22.2	2	6.1	24	18.2
Neighbour	7	7.1	3	9.1	10	7.6
Others			3	9.1	3	2.3

Table 4.7 provides the list of sources providing counseling to street children. It is evident from the table that of the children who received counseling, 30 percent of girls got it through NGO worker (i.e. workers of partner NGOs), another 30 percent received it from family members and about a quarter of the girls were informed by either friends, relatives or neighbours. By contrast, among the street boys who received some counseling against substance abuse, 47 percent of them got it from family members, 57 percent were informed by friends/relatives/neighbours, while only 14 percent received counseling from NGO workers.

Support and Assistance Received by Street Children

Street children are deprived of the basic necessities of life like shelter, food, health care, education and training necessary for a decent living and better future. The street children live, work and struggle for survival in an environment of unhygienic, unfavorable and of course in highly undesirable situation. They do not have any access even to the basic services required for their healthy growth and development. This implies that they are not able to participate in the national development efforts except for a few limited development programs of NGOs. However, street children, as a special group of children, in grave

situation deserving special attention, are gradually being recognized by various national and international development agencies and UN organizations.

Table 4.8: Types of Assistance and Support Received by Street Children

Assistance Received	Number (N=318)	%
No Assistance Received	248	78.0
Assistance Received*	70	22.0
Non-formal education	31	44.3
Vocational training	27	38.6
Employment	1	1.4
Health education/treatment	16	22.9
Legal aid	2	2.9
Food aid	39	55.7
Recreation facilities	25	35.7
Material help	24	34.3

**Multiple responses*

During the survey children were also asked what type of assistance they received from various organizations and their replies are summarized in Table 4.8. Out of the 318 children interviewed, only 22 percent received some benefits from agencies/organizations while a vast majority of the street children (68%) did not receive any help from any agency/organization. Among children who received support/assistance, about 44 percent of street children got/are getting assistance/support in the form of non-formal education, 39 percent received/are receiving vocational training. 23 percent got medical care/health education, more than half received food from various sources, mostly NGOs, GOs and POs.

Type of Assistance/Support Needed by Street Children

Street children live and grow up on the margins of society in a state of neglect and deprivation without education, affection, care and guidance from adult members. At an early age they become accustomed to live with neglect, deprivation and dream to survive through struggle and improvisation. Street children were asked about the type of assistance/support they need. The clusters of basic services needed by the street children are summarized in Table 4.9.

Table 4.9: Type of Assistance Support Needed by Street Children

Assistance Needed*	Number (N=318)	%
Shelter	164	51.6
Free treatment	71	22.3
Regular income source	225	70.8
Scope for education	33	10.4
Capital for small trading	40	12.6
Others	3	0.9

** Multiple responses*

The data show that the need for having a regular income source and shelter received the highest priority, reported by 71 and 52 percent of street children respectively. The need for free healthcare was mentioned by 22 percent of the street children. The three most important services/assistance mentioned by street children are: shelter, health care, and income earning opportunity. This implies that if they are provided with permanent shelter with the provision of a regular source of income and free treatment they will be able to meet their basic needs for food, shelter and healthcare when they fall sick. These basic needs are a child's rights as emphasized in the UNCRC. And. to add to these we can also include the need for vocational education and skill training for improvement of a child's capacity for participation in gainful employment.

Views about the Police and Service Providers; Evidence from FGDs and Field Observation

Views about the police

From the FGDs with street children, it emerged that they are frequently harassed and tortured by the police. The FGD participants maintain that service providers, especially the police, usually mistreat the street children, although few of them are exceptional. Most of the street children who participated in the FGDs said: "They misbehave with us without any reason. They misbehave with us whenever they get any scope. They beat us at random without any fault of our own". One of the participants said,

One day when I was returning after selling the waste-papers and having my dinner at a footpath hotel in the evening, I was stopped by the patrolling police on my way near Gulistan. They reached me and asked me why I was there. I told them that I am returning from my work. I had only Tk. 20 in my pocket. One of the police brought out the money from my pocket and kept the money in his pocket. I did not dare to protest against it because I was taken by surprise. And as they got nothing wrong or contraband with me, they turned me free after some time. But before that, they lashed my back twice and threatened me not to go through the passage anymore at night although it was not night but merely evening, when I was crossing that point.

The consensus in the FGD was that the society at large has very bad impression about street children. The participants mentioned;

People mistreat with the poor in general and the street children in particular. People suspect the street children as thieves or criminals though most of us are innocent indeed. The police do not behave so harshly with the rickshaw-puller, the trolley-driver or even with the beggars. They only oppress us most because we live on the street and we have nowhere to go. We don't know why do they mistreat us? The only thing we know is that they cannot tolerate us.

One street girl, who is a flower seller said:

One day when I was selling flowers near the parliament house (Sangsad Bhaban), a police constable made me run and warned me not to sell flower there anymore. When I tried to argue with him, he asked me to give him Tk. 20. The police allowed me to continue my work as a flower seller when I agreed to pay the police Tk. 20 everyday.

With utter disgust, the girl continued:

The police are in fact damned venal. Every day they take a bribe of Tk. 20 like tax from even-street grocer in and around Sangsad Bhaban. We pay them because we don't have any other alternative. If we refuse to pay them the bribe money, they will harass us in all possible ways or implicate us in false cases.

The boys in the FGD also mention:

Most of the time, the police beat us when we go to sleep at the station. The police do not let us sleep on the platform. They beat us whenever they find us sleeping anywhere on the platform. The police scold us as kangali (beggar), they also suspect that we are involved in pick-pocketing. But we really do not do it; it is only the business of an organized gang. But the police cannot catch them; they can only beat us. The coolies also do not give us any chance to carry luggage. They do not want us to live in the platform because they consider us as their competitors. The police and coolies are the main enemies of the street children who sleep in the rail station or launch ghat.

Views about Access to Health Services

The street children also do not get good treatment from health care providers. The consensus in the FGDs with boys and girls was:

We, the street children, do not get proper treatment and do not receive medicine from government health facilities. It is only the rich and the privileged, who are treated well at the public health facilities. In general, the doctors, nurses and hospital staff behave with us harshly and say that they have no medicine for us. So, when we become sick, we never go to the hospitals. Normally we buy medicine from the pharmacy or consult a traditional healer (homeopath, kabiraj/ayurved or spiritual healer) during our sickness.

Regarding her experience of treatment in the government hospital a street girl narrated her story in the following way:

Last month / had severe diarrhoea with frequent loose motions. I visited the outdoor facility at Dhaka Medical College Hospital. There were hundreds of patients in the queue, waiting to see the doctor. I was too weak to stand in the queue. I talked to the clerk and peon (attendant) to give me a chance to see the doctor but nobody paid any heed. Then I saw one nurse and requested her to give me some medicine. But in a cruel voice the nurse said, 'this is not a charitable dispensary'. She asked me to pay her 71, 50 for the treatment and medicine. But when I failed to pay her the money, she asked me to leave the hospital. After two hours of stay in the hospital, I returned empty handed. Then another street girl (a friend of mine) went to the nearby pharmacy and brought some medicine and ORS packets for me. I became cured within three days.

Most of the street children maintained:

We, the poor people, do not have any access to the public hospitals. The harsh reality is that our illness rather deteriorates by standing at the hospital corridor for hours together. Usually, they do not give us any medicine when we are able to see the doctor after long waiting. Sometimes, they give us some common tablets (paracetamol, etc.) which are not very effective in the treatment of our specific condition.

None of the street children mentioned to have received any help from government social workers during their sickness. It was enquired whether the street children knew about existing social service facilities offered by the government for seriously ill children. The answer was "no". But they are aware about the so-called 'free health services' in the government-run hospitals. But as we have already mentioned, it is very difficult for the street children to get a bed in government-run hospitals. For the outdoor services they have to wait for a long time in the queue. As a result, they lose that day's income. Thus, in most cases when they have minor sickness/infection, the street children buy medicine from the nearby pharmacy after consulting the shop owner.

It emerged from the FGDs (with street boys and girls) that most of the street children feel that the government has done nothing for the welfare of street children, whether in the area of health or in education. According to the street children efforts should be made to provide them with shelter so that they can sleep peacefully without any interruption. All of them want to have some sort of skill training provided by the government/NGOs so that they can be involved in some kind of income earning activities. However, almost all the street children opined that the government should take appropriate steps so that the police cannot oppress/abuse the street children. The consensus in the FGDs was: "They should stop beating us and should not throw us from the street (i.e. our work place)".

Views about Substance Abuse

From the FGDs it emerged that all of the street children are not good. There are some street children who are involved in substance abuse. They smoke *ganja* (ganja (cannabis)), drink phensidyl (contraband cough syrup) or some are even heroin addicts. Sometimes, organized drug smuggling network use some of the street boys to carry phensidyl or ganja (cannabis) or other contraband items. Thus, some street children come closer to the organized criminals, get involved in smuggling, take part in terrorism and become members of the underworld. If a street child is caught with phensidyl, the police will let him go in exchange of bribe.

The FGD participants expressed their sorrow about police atrocity in the following way:

Unfortunately, the police think that we mix with the heroin addicts and take phensidyl or smoke ganja (cannabis) and are involved in the trade. The police are of the opinion that when we grow up as adults,

we would be smugglers and terrorists. May be they are so cruel and oppressive with us for this reason, But these are not based on facts and we are innocent victims of abuse by the police. We have no parents, no relations and no money. As a result, the police subject us to all kinds of harassment, oppression and abuse.

Almost all the street children in the FGDs maintained:

The police consider us as devils and criminals and think we are involved in substance abuse. But we are often tortured and punished without any valid reason on charge of being addicted to substance abuse. We are here on the street for our survival but the police harass us whenever there is a case of theft or any criminal occurrence around. They unfairly send us to jail, keep us in the lock up and beat us mercilessly if we fail to pay them the bribe money.

The poor street children come to the streets with the hope of better life, but they only find a harsh environment around them. Local leaders and criminals often use some of these street boys in political violence and toll collection, to carry illegal arms and peddle drugs. Ultimately, they are turned into criminals too, often dubbed as 'armed cadres' of student organizations, political parties, or criminal groups. Some of the notorious criminals of Dhaka city come from the street children. Children, who are not involved in crimes, languish in poverty and are often physically assaulted by the police for small wrong doing.

Chapter - 06

Findings from the study

A total of 9 FGDs were conducted with the street children in Newmarket and Mirpur of the mega city Dhaka, of these, 5 FGDs were in Newmarket Thana and the rest were in Mirpur Thana. Open questions and answers formed the main areas of discussions, the discussion was initiated by briefly explaining the context: why they came to the streets, what types of problems they are facing with regard to their shelter, food and health care, how they are exploited by employers /mastans/police personnel, and their involvement in trafficking, substance abuse and prostitution. The major findings as emerged from the FGDs with street boys and girls are summarized below.

The Reasons for Coming to the Street

The reasons of becoming a street child are varied, and often multi-factorial. Reasons cited by the children during FGDs include: extreme poverty in the rural area, the sadness and despair that is the consequence of broken families; the strains of living as a child of a single parent; family breakdown as a consequence of polygamy; neglect or cruelty by a step-mother or father; violence and/or exploration in the home.

Children may experience a number of these factors and feel obliged to run away to the City in the hope of 'better times', or to simply exist in the anonymous harshness of city life as a more acceptable alternative to violence and abuse experienced in their own family or village community. Sometimes children migrate to the city along with their family and remain as a floating family of the street. Another important factor is child traffickers, especially applicable to girl children. They entice the children out of their family by promising lucrative jobs in the garment industry or elsewhere. These children are then either sold to the brothel or sent abroad.

Events and Factors Associated with Children on the Street

While youth is generally a time of relatively good health, the nature of continuous exposure to the streets and the associated lifestyles makes street children vulnerable to a range of health and other problems which are not typically experienced by other young people. On the basis of information obtained from FGDs, the street children have identified the following factors, which might contribute to their vulnerability.

The major life events, which had occurred in the lives of the street children, included:

- Death of parents siblings and friends
- Abandonment
- Family disruption including conflicts arising with step-parents
- Natural disasters (e.g. Hood, famine)
- Demolition of their homes by authorities
- Migration from rural areas to the city
- Physical and sexual assault and exploitation
- Harmful substance abuse
- Major accidents
- Suicide attempts
- Some street children reported having been used by party workers and criminal groups in subversive activities during hartals, meeting, processions, and to participate in drug distribution network

Enduring life strains and everyday problems included:

- Hunger/lack of food
- Problems with accommodation /somewhere to sleep
- Families demanding money from them
- Difficulty in obtaining adequate clothes
- Unhealthy living environment including unsafe water supply and open sewerage
- Unemployment for themselves and family
- Violence
- Ill health
- Illiteracy and general lack of education
- Discrimination and persecution by authorities including police, night guard, mastans and others
- Being threatened or hurl by older or stronger street peers
- Marginal/deviant adults as their available role models
- The presence of "syndicates" or organized gangs
- Lack of awareness about some issues such as the spread of HIV/ A IDS

Factors associated with the physical conditions of homelessness and street life;

- Poor hygiene and sanitation
- Poor diet
- Lack of shelter
- Violence
- Harassment by police/night guards/ mastans
- Possible lack of positive attachments, with resultant emotional and social deprivation

Factors associated with survival behaviors on the street and coping with stress:

- Criminal behavior
- Violence
- Exploitation by adults
- Prostitution/survival sex
- Substance abuse/drug dependence
- Involvement in the production, distribution and marketing of drugs

Factors associated with inaccessibility to services and resources;

- Inadequate primary health care, including vaccinations
- Lack of access to recreational, educational and vocational opportunities
- Lack of positive role models

The particular health problems, which have been identified among street children include:

- Malnutrition and other disorders or diet, specific nutritional deficiencies resulting in such disorders as anemia
- Infectious diseases, including skin, respiratory tract infection, sexually transmitted diseases, parasitic infections, tuberculosis, rheumatic fever, etc.
- Hazardous, harmful and dysfunctional substance use, including drug dependency.

Some of the street children suffer from hazardous and dysfunctional substance abuse including drugs dependency. The use of drugs by street children, although functional in most circumstances, tends to add to their health and other difficulties. The drugs used by street children are usually those, which are most readily available and gul, ganja (cannabis) and Phensidyl. Street children get used to substance abuse to keep themselves awake for work, to get to sleep, they may use drugs to anaesthetize physical or

emotional pain, or to replace the need for food. These are likely to increase health risks and may lead to higher levels of exploitation and violence.

Use and Access to Services

Street children under-utilize the existing health services. A number of factors contribute to this. Of significant importance is that adults for adults have developed the majority of health services. Many such services rarely recognize the unique issues of young people, particularly those of street children, and rarely give attention to street children's health needs. Therefore, many street children view health services as unfriendly, threatening, mystifying, unhelpful and inappropriate.

Further to this, street children rarely identify that health is a major concern for them. This is more so when day-to-day survival is the paramount concern for many on the streets. In addition, street children are not at all aware of health and hygienic rules. Their main concern is to carry on with day to day living, and do not concern themselves with the longer-term consequences of their behavior, about the health risks associated with their unhygienic living condition, poor diet and nutrition.

For those who are unwell or concerned about their health, there may be a reluctance to seek help as it might make them different from their peers, or cause employers to look for someone in better health.

There may also be no services available, or those that do exist may not provide appropriate services or are too expensive. For those using drugs and involved in activities regarded by society as aberrant (for example, "survival sex"/prostitution), the situation is even worse.

The high level of mobility of many street children also makes it difficult to engage and maintain them in services, including treatment, welfare and other programs. Many street children are below the "age of consent", do not have parents or guardians, do not know a trusted adult who could accompany them for treatment, and do not have the necessary documentation. Although these obstacles relate particularly to the accessing of health services, similar problems exist for street children in trying to access housing, welfare benefits, educational opportunities and employment. After being turned away from different services on a number of occasions, and not having any adults to advocate on their behalf, these youths consider it pointless to try again, even when they are in great need.

Effects on physical development

Most of the jobs that the children are required to perform are harmful for their physical development. Street children suffer from ill effects of over exertion; lack of hygiene and other problems arising due to hard work in unfavourable and unhealthy surroundings (such as bad weather, dust, smoke etc.), cause bronchitis, tuberculosis, and various forms of skin diseases. Malnutrition of the majority of these hard working children resulting from lack of proteins, ammonia, calcium, etc. in their diet may cause serious

mental retardation. Most of the conditions and atmosphere in which the jobs are performed are not congenial rather harmful for the children and its ill effects are likely to reach out into their future lives.

Effects on social advancement

When a child performs precarious, stultifying and insignificant jobs from an early age, he or she gets a very little chance to acquire skills for better jobs. This together with a child's natural disinclination to learn put an end to his or her chances of better employment, higher pay and social advancement in future.

Effects on mental health

It has been observed that hard labour at an early age may cause undesirable mental change, which may lead to behaviour problems. The tremendous pressure put on him or her at an early age to abandon childhood and shoulder the responsibilities of an adult creates an unnatural situation for the child, which ruins his/her mental world. As a result, the child's creativity is blunted and the door for a bright future for the child is closed forever.

It should be mentioned that early childhood constitutes the base of human resource and the state of well-being of a nation's child population is a key indicator of the nation's present and future health. Child welfare programs, which essentially imply coordinated focus on children and mothers, should be viewed as socially and economically productive investments for the well-being of coming generations. Children who are socially handicapped, who have become delinquent or have been forced to take to begging or are otherwise in distress, should be provided facilities of education, training and rehabilitation so that they can become useful citizens.

Chapter - 07

Views and Evaluation to Street Children

Children as National Assets

Kofi Annan, the Former Secretary General of the United Nations, maintains: ... "the years of childhood hold a special place as an ideal we all hope to realize - a place in which all children are healthy, protected from harm and surrounded by loving and nurturing adults who help them grow and develop to their full potential," (The State of the World's Children,2005)

But for the street children, childhood is starkly and brutally different from the ideal we all aspire to. Poverty denies children their dignity, endangers their lives and limits their potential. Conflict and violence rob them of a secure family life; betray their trust and their hope. Street children are deprived of love, care and protection in a family environment with hardly any scope to survive, grow, develop and participate. For them childhood is an empty word and a broken promise. Every one of us has a role to play in ensuring that every child (including the street child) enjoys a childhood.

Childhood is a time when children should be allowed to grow and develop to their full potential: healthy children in school and at play, growing strong and confident with the love and encouragement of their family and an extended community of caring adults, gradually taking on the responsibilities of adulthood, free from fear, safe from violence, protected from abuse and exploitation.

Children are the most valuable assets of any nation. Their nurture and solicitude are our prime responsibility. While the ultimate resource of a country is its human resource, mere head does not become a resource. Proper nourishment of children, their education, their health care (by prevention of infections or water carried diseases or other ailments), their clothing and housing should be the first priority in national planning. It is through children that humanity transmits the values, knowledge and skills, which ensures its survival. When we speak of children's survival therefore, we are really safeguarding our own future and that of our planet. Quite often, in the search for some distant sophisticated horizons, we forget the simple fact of what we really set out to do, why and for whom. It is the "whom" with which our children are inseparably linked. There is nothing more certain, than that they shall inherit this earth, and that they should reap the benefits of the harvest we sow. Since that is true, there is an indisputable rationale, in fact, a compelling pre-destiny in planning adequately for children. Because ultimately, it is the human beings that count; and if the human being counts, he counts much more as a child than as a grownup.

It shall be the policy of the state to provide adequate services to children, both before and after birth and through the period of growth to ensure their full physical, mental and social development. Unfortunately, street children in Bangladesh, as in many other third world countries, are deprived of the basic human rights, including the right to a happy childhood and opportunities to realize their full human potential.

Children under 18 years comprise about 45 percent of the total population of Bangladesh. The preponderance of child population in the country, with more than half of the population below the poverty line, emphasizes the need for programs to promote the well-being of children in the country. But the reality is such that millions of children are used and abused in labour forces in Bangladesh. When they should be enjoying their childhood - children in Bangladesh toil long hours and receive paltry wages. Their childhood slips away as they risk both physical and mental well-being so that they and their family can survive. A gradual incorporation of the child into work activity occurs between the ages of 5 to 15, so that whether for good or for bad, child work is part of the process of socialization in Bangladesh. However, among all the children the condition of street children is the worst - without job and shelter, without basic necessities, without hope - they work long hours in exploitative circumstances. Such circumstances impede physical, mental and intellectual development of the child. They work long hours in unhygienic conditions, the hazards that street children face are many and varied, where neither the family nor law accord protection. Their labour is cheapest, their working hours can be longest and their bargaining power is non-existent.

The government of Bangladesh (GOB), since its ratification of the United Nations Convention on the Rights of the Child (UNCRC), has undertaken positive steps to promote and protect the rights of the children. At the UN Millennium Summit held in New York in 2001, GOB has reaffirmed its Commitment to Child Rights by signing two optional protocols on UNCRC. This is no doubt, an important mile-stone towards promoting and providing support to the children in distress.

Children as National Assets

The rights of children have become a matter of great importance in today's world. In this regard, on the 20th November 1989, the UN General Assembly unanimously adopted the Convention on the right of the Child (CRC). Ratified by all but two countries the Convention enters into force the following year.

The Convention was adopted in the fulfillment of children's right to survival, health and education through the provision of essential goods and services, and a growing recognition of the need to create a protective environment to shield children from exploitation, abuse and violence. The CRC put major emphasis on four main areas of child rights survival, development, protection and participation.

Children working in the street may be the most vulnerable and exploited children of all, as well as the most difficult to protect. They are often extremely poorly paid or not paid at all. Their working terms and

conditions quite often depend entirely upon the notions of the employers and take no account of their legal rights. They are deprived of schooling, play and social activity and of emotional from family and friends. They are even vulnerable to physical and sexual abuse.

Human rights are "rights" which attach to all human beings equality whether men, women or children - whatever their nationality. According to UN charter, every child can claim all the rights guaranteed by the universal declaration of Human Rights. His rights are further guaranteed by the declaration of the rights of the child adopted by the- General Assembly on 20 November 1959; which proclaimed that "The child by reason of his physical and mental immaturity, needs special safeguards and care including appropriate legal protection before as well as after birth". The member states of the World body have ALSO unanimously adopted the declaration of the rights of the child ensuring his right to adequate nutrition, medical care, education, housing and rights to learning to be useful members of the society. According to UN declaration, the child shall enjoy special protection and shall be given opportunities and facilities, by law and other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity.

But all the rhetoric and solemn proclamations about the rights of men and women will come to naught, after all, if the basic rights of the child - including the rights of education, health, job opportunity, food and housing cannot be secured, It is plain that just as a weak foundation will not support a strong superstructure, so an illiterate, under-nourished, sick and psychologically insecure child cannot mature into an adult who enjoys the state of well-being to which the world body aspires.

Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children certainly deserve the status of best assets since they are the ones who will play the major social role in the future.. But unfortunately, majority of the Bangladesh children are unhealthy, badly nourished and without education.

Street children who are deprived of basic necessities of life and are living in unhygienic conditions are subject to evil effects on the physical and mental development of a child, as well as on the progress of the whole society.

According to the convention on the Rights of the Child, children are entitled to have three basic rights. These are: (i) The right to health care, education and care within a family setting; (ii) The protection of the rights of the child to be defended from anything harmful, or any work which is exploitative as well as protection from physical or mental abuse: (iii) The right to participate in the decisions affecting their lives and their future opportunities.

Child Rights 'clusters'

The Convention (CRC) aims to set universal standards for the defense of children against neglect, exploitation and abuse and apply to four main areas of children's rights: Survival, development, protection, and participation. The rights contained in the Convention are generally categorized into four clusters,

- * **Survival Rights:** These include right to the basic things, which sustain life such as health care, nutritious food, clean water and a hygienic environment.
- * **Development Right:** These include the rights of children in high-risk situations such as refugee children, children without families and children vulnerable to exploitation abuse and neglect.
- * **Participation Rights:** These include the rights of children to have their views taken into account, to associate freely with others and to seek, receive and express information and ideas.

Basic Rights

Children are in special need of three things: (a) protection from danger, (b) access to services, and (c) opportunities for personal growth and development, Efforts should be made to provide the street children with basic education, sanitation, health and nutrition and legal and social support with a view to:

- Ensuring street child's security;
- Ensuring them of opportunity;
- Ensuring physical and mental health by providing support to those in need

The Convention recognizes a wide range of child rights. The most basic rights are: the right to Life, Survival and Development; the Right to Education; and the Right to Good Health and Medical Care.

Referring to the United Nations Convention on the Rights of the Child (UNCRC) we may highlight 6 psychological problems of street children for the necessary recommendations and operational strategies. Those have been identified during the FGDs with street children. The various psychological problems of street children include.

- **Problem of Status and Identify**

Street Children have no status in Bangladesh are often labeled as "tokai". "kangali", etc. These kinds of identities limit their ability for psychological development which results in, feels of "I don't care", isolation and mistrust.

- **Problems due to lack of family responsibility**

As there is a lot to divorce, separation and remarriage among families in Bangladesh children are treated as a burden rather than a responsibility. This causes deep hurt and a sense of betrayal.

- **Problem of illicit use, production and trafficking of Drugs**

Children are allured into using drugs and when addicted they become victims of the underworld. This is not only a psychological problem but also physical one.

- **Problem of sexual exploitation and sexual abuse**

Children are sexually abused and are rejected by the society even though they are the victims. This result is their displacement to the street, which forces them to have to earn a living through prostitution, which eventually becomes their trade. Children become hardened, as it is too painful to think or feel.

- **Problem of physical abuse and capital punishment**

Children experience all forms of physical abuse at home and in the society that cause deep hurt and emotional scars.

- **Problem of participation in hostilities**

As street children have been so rejected by the society these children feel happy to be involved in hostel activities as these will help them release their aggression and anger which eventually becomes a fun activity.

Chapter - 08

Recommendations and Conclusion

Recommendations

1. There is an urgent need to take immediate steps to stop police atrocity on street children. The laws to protect the street child from abuse have to be given top-most priority. The legal system has to be restructured if necessary to make the laws more effective to protect the street children from the abuse and oppression by the police.
2. Accommodation is a major problem for the street children and every effort should be made to provide them with safe and secured shelter. Establishment of community-based shelter homes, Half-away homes or DICs, preferably using the non-utilized government spaces, may be considered for the purpose.
3. We would strongly recommend the following; street children as a special group will have to be given the required priority in government policy/program, particularly in the Poverty Reduction Strategy Paper (PRSP) currently being prepared by the Bangladesh Government.
4. It is our duty and obligation to the street children to provide them with the necessary skill training, education and other assistances so that they are capable of supporting themselves and can become important members of the society.
5. Efforts should be made to raise community awareness towards (i) children's rights in the area of health and education, and (ii) the likely consequences of neglecting street children on the overall developmental efforts of the country.
6. There is an urgent need to increase the budgetary allocations for addressing programs targeted to street children. In addition, the number of partner NGQs should be increased for better coverage of street children.
7. Coordination among UNDP, UNICEF and other donors who are providing funds for child welfare needs to be ensured for raising the potentials and well-being of street children.

The above measures, though not exhaustive, could contribute towards improving the situation of street children. As street children's health, security, life and indeed that of families and society are at stake and undermined by the existence of street children, all of us must work towards improving the situation of street children.

Conclusion:

In Bangladesh there is a dominant narrative that children live in street situations because of economic poverty. This account posits that children abandon their families because they are unable to satisfy their most basic needs within their domestic environment. Moving on to the street improves their access their income food, clothing and other essential goods and reduces the economic strains on their households and families.

Every child has the right to live a decent and just life in society. Since we are unable to protect and promote their rights, we have to take it as our duty to act in such a manner that they can enjoy at least some of the rights that are necessary for their survival as human being. We talk about human rights, but actually human right begins with the rights of the children. The mental and physical growth is only possible when the proper rights of the children can be established and ensured.

The general people of this cannery, the law enforcement department and the government should come forward to protect the rights of the children and also should be conscious about their rights. The government, non-government organizations and other cooperative organizations should come forward to undertake joint programs to find out strategy in launching rehabilitation programs for the welfare of the ill-fated street children.

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APPENDIX

Questionnaire

Name of the Child:..... Age:..... Years

Name of the Child's Father:.....

Name of the Child's Mother:.....

Present

Address:.....

Permanent Address:

Village:..... Thana:.....

District:.....

Interview Taken By:..... Date:.....

1. The age of the children

- a. 7-9 years
- b. 10-12 years
- c. 13-16 years
- d. 17-18 years

2. Marital Status of Street Children

- a. Married
- b. Unmarried
- c. Divorced/separated

3. Street Children by Level of Education

- a. Illiterate
- b. Can Sign only
- c. Can write only
- d. Class 1 to 5

4. Persons with whom you came to the City

- a. Alone
- b. With Parents
- c. With Friends
- d. With Relatives
- e. With Brother or sister
- f. With Neighbour
- g. With Unknown person
- h. Others

5. Age of Coming to the City by Street Children

- a. Under 5 Years
- b. 5-7 Years
- c. 8-10 Years
- d. 11-14 Years
- e. 15 + Years

6. Duration of Stay in the City

- a. Less than 1 year
- b. 2-3 Years
- c. 4-5 Years
- d. 6-10 Years
- e. 10+ Years

7. Reasons for Coming to the City of Street Children

- a. No shelter
- b. Economic reasons
- c. Poverty/Landlessness
- d. Migration
- e. Torture by step-mother/father
- f. Runaway from home
- g. Tempted by others
- h. Don't know/others

8. Occupation of Street Children

- a. Garbage Collector
- b. Peanut seller
- c. Coolie/Porter
- d. Cigarette seller
- e. Water carrying/hotel boy
- f. Beggar
- g. Transport related job
- h. Cottage/garments industry
- i. Hawker/vendor
- j. Tailoring
- k. Petty trading
- l. Maid/domestic help
- m. Child sex worker
- n. Others

9. Income per month of Street Children

- a. Less than 100 taka
- b. 101-200 taka
- c. 201-300 taka
- d. 301-500 taka
- e. 501-1000 taka
- f. 1001-1500 taka
- g. 1501-2000 taka
- h. 2000+ taka

10. Whether Street Children can save Money

- a. Yes
- b. No

11. Whether Street Children help anybody with their Income

- a. Yes
- b. No

12. Whom they help with their Money by Street Children (for those who help others)

- a. Parents
- b. Brothers/Sisters
- c. Relatives
- d. Soil/daughter

13. Working Days per Month by Street Children

- a. 10-15 Days
- b. 16-20 Days
- c. 21-25 Days
- d. 26-30 Days

14. Working Hours per Day by Street Children

- a. 3-5 Hours
- b. 6-8 Hours
- c. 9-10 Hours
- d. 11+ Hours

15. Sleeping Place of Street Children

- a. Open sky/without roof
- b. Temporary house (polythene)
- c. Slum house
- d. Rail/bus/launch station
- e. Others
- f. Drop in Center (DIC)

16. Type of Disease Suffered by Street Children during Last 3 Months

- a. Diarrhoea
- b. Fever/headache
- c. Jaundices
- d. Gastric /'ulcer
- e. Wounded
- f. Cold and cough
- g. Malaria
- h. Asthma
- i. Skin disease
- j. STD
- k. Pneumonia
- l. Others

17. Type of Treatment Received during Sickness (for those who received treatment)

- a. Govt. Health Center
- b. Qualified Doctor
- c. Street Vendor/Quack
- d. Pharmacy
- e. NGO Clinic
- f. Homeo/Kabiraj/mazar
- g. Others

18. Reasons for not receiving Treatment (for those who did not receive any treatment)

- a. Poverty
- b. No need of treatment
- c. Lack of time heavy

19. Whether Normal Work was affected Due to Sickness (for those who were sick)

- a. Yes
- b. No

20. Number of Workdays Lost due to Sickness (for those who lost workdays)

- a. 1 Day
- b. 2 Days
- c. 3 Days
- d. 4 Days
- e. 5 Days
- f. 6 Days
- g. 7 Days
- h. 10 + Days

21. Whether Any Financial Help Received from others during Sickness

- a. Yes
- b. No

22. Frequency of Bath Per Week by Street Children

- a. Once
- b. Twice
- c. Thrice
- d. Four times
- e. Five times
- f. Six times
- g. Seven times

23. Type of Toilet Used by Street Children

- a. Drain/Road side
- b. Public toilet
- c. Open place
- d. Station's Latrine
- e. *Kutch*a toilet
- f. Pwcca/alab category

24. Whether Street Children Brush Teeth Daily and Cut Nails Regularly

- a. Brush teeth daily
- b. Cut nails regularly

25. Frequency of Meals Per Day

- a. Once
- b. Twice
- c. Thrice
- d. Have to starve

26. Whether Get Scope for Play

- a. Yes
- b. No

27. Time to Play (for those who get the scope)

- a. Morning
- b. Noon
- c. Afternoon
- d. Night
- e. Between works

28. Street Children's Access to TV

- a. No access to TV
- b. Neighbour's TV
- c. In the Shop
- d. NGO TV*
- e. Others

29. Favorite TV program (for those accesses)

- a. Bangla Cinema
- b. Music
- c. Drama
- d. Children program
- e. Others

30. Type of Harassment Faced by Street Children

- a. Sexual harassment
- b. *Mastans/musclemen*
- c. Physical torture
- d. Verbal abuse
- e. rear of eviction
- f. Fear of accident
- g. Fear of starvation/shelter
- h. Others

31. Whether Street Children were arrested by Police

- a. Yes
- b. No

32. Reasons for being arrested by Police

- a. Theft
- b. Being involved in sex trade
- c. Carrying drugs
- d. Fighting with others
- e. Begging
- f. Protesting eviction
- g. During trafficking
- h. Coming out at late night
- i. Others

33. How the Street Children got Release from Jail/Police Custody

- a. Through Bribing
- b. Police Help
- c. Help of Human Rights Agencies
- d. Help of NGOs
- e. Others

34. Substance Abuse by Street Children

- a. No
- b. Yes
- c. Cigarette
- d. Gul/Phensydil
- e. Ganja/ganja (cannabis)
- f. Other Drug

35. Reasons for Substance Abuse (for those who are users)

- a. Family unrest
- b. Releases fatigue
- c. Feel good
- d. Follow others
- e. Influenced by friends

36. Whether Street Children Received Counseling Against Substance Abuse by Sources

- a. No
- b. Yes
- c. NGO worker
- d. Govt. worker
- e. Family member
- f. Friends
- g. Relatives
- h. Neighbour
- i. Others

37. Types of Assistance and Support Received by Street Children

- a. No Assistance Received
- b. Assistance Received*
- c. Non-formal education
- d. Vocational training
- e. Employment
- f. Health education/treatment
- g. Legal aid
- h. Food aid
- i. Recreation facilities
- j. Material help

38. Type of Assistance Support Needed by Street Children

- a. Shelter
- b. Free treatment
- c. Regular income source
- d. Scope for education
- e. Capital for small trading
- f. Others

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