

The Social Life of Street Children in Khulna City of Bangladesh: A Socio-Psychological Analysis

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ABSTRACT

The purpose of this study was to assess the effect of street life on the socio-psychological problem of street children who live and work full-time on the streets of Khulna, Bangladesh. For this, the study used survey design to collect data from purposively selected 150 samples of street children aged between 6 to 17 years in Khulna City of Bangladesh. The findings of the study explicate that the street children face harsh reality and are deprived of the basic necessities of life. The study found that a large number of street children (51.3%) lived in rail station. Most of them (43.3% street children) are living alone that forced them engaging in work at early years of life. It was revealed that the street children worked for long time (on an average 10.62 hours daily) in dirty environment but their income was considerably very low (average weekly income 362 BDT). While the majority of the street children (56.7%) took meal once in a day, about one seventh (25.3%) of the children took meal only twice in a day. Drug taking of street children was found significantly associated with the person respondents living with ($p < .001$). Taking vitamin D and Zinc contains food of street children was found significantly associated with how much the respondents earn last week ($p < .001$). The study concludes that realistic steps are needed for improving the condition of street children with collaboration of GO and NGOs.

Keywords: Street children, Social life, Social deprivation

INTRODUCTION

Children are the heart of social development and their wellbeing transform into the development of a nation. Internationally, an estimated 1.2 million children are on the streets of major cities and urban centers; these include “runaway” children who live or work on the street plus those who return to the family (Pagareet *et al.*, 2004). It is a major social concern that the children who work on the street may become involve in scavenging, begging, hawking, prostitution or theft to aid their basic survival which ultimately creates problem as children living in street situations are an increasing phenomenon in both developing and economically advanced countries (Bradbury *et al.*, 2000; Bustamante, 1999). A significant portion of disadvantaged children of Bangladesh live on the streets on account of acute impoverishment and social deprivation. Often separated from their families, many of these children migrate to the cities in search of a decent livelihood. The Asia-Pacific region is home to nearly half of the world’s children, including large numbers of street-children. The phenomenon of street children is global, alarming and escalating. An estimated 120 million children live on the streets all throughout the world (roughly 30 million in Africa, 30 million in Asia and 60 million in South America) (Humanium, 2011).

Whether there are economic or social factors, street children leave their homes for an uncertain future. Many find work; like collecting the waste papers, cleaning cars or working as shoe shiners. Some engage in begging, pick- pocketing or sex pervert while others end up

as drug addicts. They use cheap and easy accessed inhalants which cause irreversible brain damage. Furthermore, they have less access to basic amenities such as health, education or food (Ahmed, 2008). All categories of street children are called *tokai* (rag pickers) by the general public, although they may be engaged in a wide range of petty trading, day labor and criminal activities. They earn very little amount which is insufficient for their survivals. Average daily income of street children is approx USD 0.55 (CSF Colombo Conference, 2001). The problems experienced by street-children include: homelessness, exploitation, labour, abuse, health difficulties, coercion and control by adult gangs, conflict with the law, lack of education, and lack of identification papers (West, 2003). As in other countries, street-children in Bangladesh are often victims of physical, verbal and mental abuses. Devoid of material resources and the support system that is essential for survival, these children end up leading nomadic lives on the streets and work at any occupation. the street children worked for long time (on an average 6.5 hours daily) in dirty environment but their income was considerably very low on average daily income 44.9 BDT (Khatun, 2013).

In fact, street children are deprived of all sorts of child right. It is a matter of great regret. Today's children are the future of tomorrow. Since they create the world of tomorrow, they are at the heart of social development, so all of us including the government should take necessary steps so that they can enjoy their legal rights. This paper seeks to deepen our understanding of why children in Bangladesh 'move to the street' and their social life from socio-psychological perspective.

METHODOLOGY

The study design was survey one and carried out in Khulna City Corporation of Bangladesh. The study area was purposively selected based on the presence of considerable number of street children who belong to age 6-17 year and the study areas are Railway station, *Launch ghat*, *Sonadanga* bus terminal, 5 no. *ghat* those areas are notable and others are KDA new market, *Rupshaferryghat*, *hadis* park.

Data were collected from the Street Children may or may not have parents or legal guardians and living on the street, in slums, but spend a lot of time working or hanging about on the street and affected by various socio-psychological problems in their day to day social life. Purposive sampling method was used to select 150 respondents. Data were collected through interview technique and analyzed by using the computer software programme, IBM SPSS Statistics 20. On the other hand Secondary data are collected from BBS, Books, Journals and daily newspapers, etc.

RESULTS AND DISCUSSION

The socio-economic profile of the street children of Khulna city in Bangladesh represented that the street children were of different ages. The average age of the street children was 12.05 years. Mainly most of the street children were male (76.7%). But the female street children's rate is increasing day by day. We found 23.3% female street children in the study. The largest amount of street children (85.3%) did not went to school any time. The others went to school but they could not continue the study because of various problems.

In the cities, children are mostly found near railway stations, launch/boat terminals, bus stations, busy markets, commercial areas, parks/pavements, big mosques, and *mazars* (a spiritual place) which is also seen in an earlier study (Aparajeyo Bangladesh:2005). However, in our study we found that the major part is living in Rail Station (51.3%) and the others are living into different places such as Footpath, Christian Missionaries, Mace and other places.

Table 1. Background Information of the street children

<i>Category</i>	<i>No of Respondents (N=150)</i>	<i>Percentage</i>
<i>Age Groups</i>		
6-9 years	30	20.0
10-13 years	71	47.3
14-17 years	49	32.7
<i>Sex</i>		
Male	115	76.7
Female	35	23.3
<i>Educational status</i>		
Don't go to School	128	85.3
Class One to Two	13	8.7
Class Three to four	7	4.7
Class Five	2	1.3
<i>Current Living Place</i>		
Rail station	77	51.3
Launchn station	27	18.0
Sonadanga bus-stand	13	8.7
Rupshaghat	9	6.0
5 no. ghat (Khulna city)	17	11.3
Others	7	4.7
<i>Living with</i>		
Both parents	15	10.0
Father only	13	8.7
Mother only	25	16.7
Alone	65	43.3
Other	32	21.3
Average Years of Age (<i>M</i>) = 12.05		

Source: Field Survey, 2013

The main reason behind adoption of street life by the children was found to be poverty. However, this may not be the only cause. Violence and abuse may also be important causes of children becoming street dwellers (Mathur et al. 2009). Most of them are living alone (43.3%) and 21.3% live with their friends or peer groups. This may be due to such reasons.

Their marginalized life is further threatened by drug abuse which is a common phenomenon for these children (Njord et al. 2010).

Table 2. Economic profile of the street children

<i>Category</i>	<i>No of Respondents (N=150)</i>	<i>Percentage</i>
<i>Doing any work now</i>		
Yes	141	94.0
No	9	6.0
<i>If yes, what type of work mainly engaged in</i>		
Begging	28	18.7
Sell flowers & newspapers	20	13.3
the road Collect things from dustbin and sell	58	38.7
Collect old papers and other things	32	21.3
Others	12	8.0
<i>How much did earn last week in BDT</i>		
100	18	12.0
300	35	23.3
400	65	43.3
500	32	21.3
<i>How many hours respondent work on the street</i>		
8-10 Hours	53	35.3
10-12 Hours	97	64.7
<i>What type of behavior passer-by shows to you</i>		
Poorly	97	64.7
Fairly	38	25.3
well	15	10.0

Average Working Hour in a Day (M) = 10.62

Average Daily Earning in BDT (M) = 362

*(1 BDT= 0.013 USD)

Source: Field Survey, 2013

The study found that 94% of the respondents are involved any type of works such as Begging (18.7%), Sell flowers & newspapers (13.3%), Collect things from dustbin and sell it different places (38.7%), Collect old papers and other things (21.3%) and the rest 8% is involved in other profession. The findings of the study explicate that the street children worked for long time (on an average 10.62 hours daily) in dirty environment but their income was

considerably very low (average weekly income 362 BDT). When living on the streets, children experience violence of public places, from public stigmatization, through being shunned by basic services and abused by adults who commercially or sexually exploit them (Bebutez, 2007). From the study we found that majority (64.7%) respondents faced very poor behavior.

Table 3. Scio-economic and Psychological Problems of Street Children

<i>Category</i>	<i>No of Respondents (N=150)</i>	<i>Percentage</i>
<i>How many times can eat in a day</i>		
One time a day	85	56.7
Twice a day	38	25.3
Three times a day sometimes	15	10.0
Without food for a day	12	8.0
<i>Where usually eat</i>		
Street shop	65	43.3
Home	53	35.3
Collect food from dustbin	5	3.3
Beg for food from restaurants	22	14.7
Others	5	3.3
<i>Face any oral or verbal harassment</i>		
Yes	115	76.7
No	35	23.3
<i>Take any kind of drug</i>		
Yes	132	88.0
No	18	12.0

Source: Field Survey, 2013

The street children do not get food properly. The study found that 56.7% respondents eat only once in a day. 25.3% respondents eat twice in a day. The street children are usually fed by food given by people by the mercy or they arrange their food through begging, hawking, theft and sometimes involving them in prostitution etc. or remain starved with hunger (Binodon BD. 2010). Most of them (43.3%) collect food from the road side shops. Who live with their parents are take food from home. 14.7% collect food through begging from restaurants and hotels. 3.3% collect unhygienic food from dustbin. The harassment of street children is increasing in an alarming rate. They mainly face oral and verbal harassment. The study found that among the respondents 76.7 percent children faced and still facing various types of

harassment by different people. On the other hand Majority of the respondents (88%) take various kinds of drugs which is harmful for both physical and mental health of street children.

Table 4. Health problems of street children

<i>Category</i>	<i>No of Respondents (N=150)</i>	<i>Percentage</i>
<i>Have been sick during last month</i>		
Yes	115	76.7
No	35	23.3
<i>If yes, what types of diseases</i>		
Fever	56	37.3
Headache	20	13.3
Cough	42	28.0
Stomach pain	17	11.3
Others	15	10.0

Source: Field Survey, 2013

Street children are generally exposed to dangerous and unhealthy conditions and were reported to suffer from a variety of illnesses. Fever is the most common illness among the street children (Jesmin, 2004). The respondents (76.7%) of our study frequently become ill. They suffer from various diseases such as Fever (37.3%), Headache (13.3%), Cough (28.0%), Stomach pain (11.3%) and some skin disease.

Table 5. Test of Lambda Statistic

<i>S No.</i>	<i>Test Conducted</i>	<i>Independent Variable</i>	<i>Dependent Variable</i>	<i>Value</i>	<i>Asymp. Std. Error^a</i>	<i>Approx. T^b</i>	<i>Approx. Sig.</i>
1.	Lambda(λ)	Living with parents	Where do usually eat	.741	.056	8.097	.000
2.	Lambda(λ)	Living with parents	Attending any formal or informal school	.605	.079	5.212	.000

Source: Field Survey, 2013

Test no. 1 appearances the statement, the statement, “Information about survey respondent’s values of “Living with parents” improves our predictions of “Where do they usually eat” by 74.1%,” means the lambda with “Living with parents’ as the independent variable was .741. From the lambda value of .741 obtained with “Where they usually eat” as dependent variable, we conclude that there was strong relationship between “where they usually eat” and “living with parents”.

On the other hand test no.2 spectacles the statement, “Information about survey respondent’s values of “Living with parents” improves our predictions of “Attending formal or informal school” by 60.5%,” means the lambda with “Living with parents’ as the independent variable

was .605. From the lambda value of .605 obtained with “Attending formal or informal school” as dependent variable, we conclude that there was strong relationship between “Attending formal or informal school” and “living with parents”.

Table 6. Test of Gamma Statistic

<i>S No.</i>	<i>Test Conducted</i>	<i>Independent Variable</i>	<i>Dependent Variable</i>	<i>Value</i>	<i>Asymp. Std. Error^a</i>	<i>Approx. T^b</i>	<i>Approx. Sig.</i>
1.	Gamma (γ)	Weekly income	Eat vitamin A	.716	.141	.812	.417
2.	Gamma (γ)	Weekly income	Eat vitamin C	.639	.116	2.048	.041

Source: Field Survey, 2013

Test no.1 appearances that the gamma was a positive value, survey respondents who had higher incomes attached greater possibility to eat vitamin A containing food like milk, mango, small fish, eggs, and dark green leaves etc. however the relationship between these variables was strong.

It can also be interpreted that information about survey respondents values for “income” improves our predictions of their “possibility to eat vitamin A containing food” by 71.6% (i.e., gamma of .716).

But test no.2 presents that the gamma was a positive value, survey respondents who had higher incomes attached greater possibility to eat vitamin C containing food like lemon, orange, banana, potatoes, tomato, and dark green leaves etc. however the relationship between these variables was strong. It can also be interpreted that information about survey respondents values for “income” improves our predictions of their “possibility to eat vitamin C containing food” by 63.9% (i.e., gamma of .639).

Table 7. Test of Pearson Correlation

<i>S No.</i>	<i>Test Conducted</i>	<i>Independent Variable</i>	<i>Dependent Variable</i>	<i>Value</i>	<i>Sig. (2 tailed)</i>	<i>No of Respondents</i>
1.	Pearson's Correlation (R)	Age of the respondent	Weekly income of respondents	.944**	$p < .001$	N= 150
2.	Pearson's Correlation (R)	Age of the respondent	How many hours on average do you work on the street	.944**	$p < .001$	N= 150

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey, 2013

Test no. 1 spectacles “The correlation between the age of the respondent and Weekly income of respondents was significant, $r(148) = .944, p < .001$.” The number in the parentheses represents the degrees of freedom associated with the significance test, which is equal to the number of cases minus 2 (or $N - 2$). As shown on the output below, the number of cases for the children for this correlation is 150 and, therefore, the degrees of freedom are $150 - 2 = 148$. On the other hand test no. 2 presents “The correlation between the age of the respondent and How many hours on average do you work on the street was significant, $r(148) = .944, p < .001$.” The number in the parentheses represents the degrees of freedom associated with the

significance test, which is equal to the number of cases minus 2 (or $N - 2$). As shown on the output below, the number of cases for the children for this correlation is 150 and, therefore, the degrees of freedom are $150 - 2 = 148$.

Table 8. Testing Chi-square Test of Independence Hypotheses

S No.	Test Conducted	Independent Variable	Dependent Variable	Calculated Value	df	Monte Carlo Sig. (2-sided)
1.	Pearson's χ^2	Living with whom	Take any kind of drugs	75.426	4	$p < .001$
2.	Pearson's χ^2	Weekly income of the respondent	Take vitamin D	180.382	6	$p < .001$,
3.	Pearson's χ^2	Weekly income of the respondent	Take vitamin Zinc	115.414	6	$p < .001$

Source: Field Survey, 2013

Test no. 1 presents the probability of the chi-square test static (chi-square=75.426) was Monte Carlo $p < .001$, less than or equal to the alpha level of significance of 0.05. The null hypothesis that differences in “taking any kind of drugs” are independent of differences in “living person” is rejected. The research hypothesis that differences in “taking any kind of drug” are related to differences in “living person” is supported by this analysis. On the side Test no. 2 illustrations the probability of the chi-square test static (chi-square =180.382) was Monte Carlo $p < .001$, less than or equal to the alpha level of significance of 0.05. The null hypothesis that differences in “taking vitamin D containing food” are independent of differences in “Weekly income of respondents” is rejected. The research hypothesis that differences in “taking vitamin D containing food” are related to differences in “how much earn last week” is supported by this analysis. Test no. 3 shows the probability of the chi-square test static (chi-square =115.414) was Monte Carlo $p < .001$, less than or equal to the alpha level of significance of 0.05. The null hypothesis that differences in “taking vitamin zinc containing food” are independent of differences in “Weekly income of respondents” is rejected. The research hypothesis that differences in “taking vitamin zinc containing food” are related to differences in “how much earn last week” is supported by this analysis.

Test of Perception (Summated Scaling or Likert scaling)

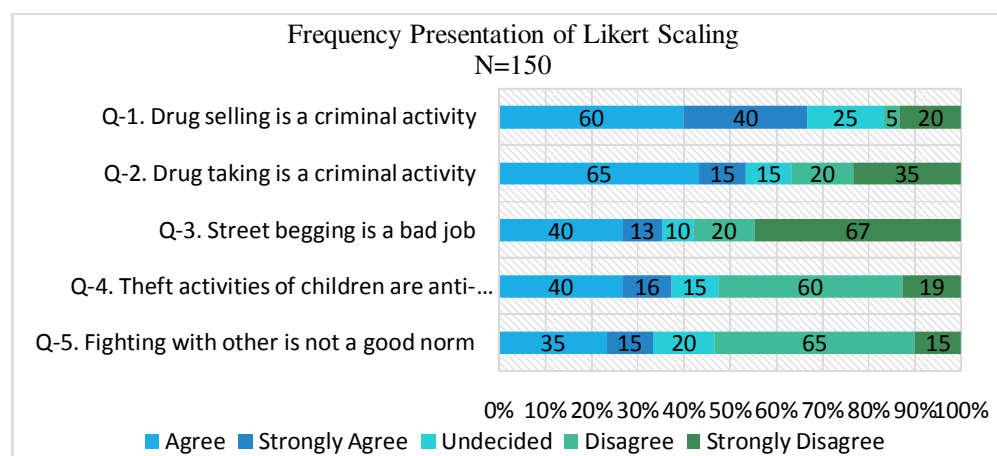


Figure 1. Perception test of the respondent regarding anti-social behavior

Source: Field Survey, 2013

The street children face harsh reality and are deprived of the basic necessities of life. Poverty or hunger was the prime factor that forced them engaging in work at early years of life. It was revealed that the street children worked for long time in dirty environment. As a result, the attitude, perception and behavior of street children is been changing in our country. Some factors have been discussed previously. Here, to measure the perception of street children toward drug addiction and criminal activities of the children both are anti-social activities. Summated Scaling technique has been used which is also called as *Likert scaling*. Here, to measure the score of respondents' perception, *Likert scaling* (Kothari, 2011) was used based on 5 statements. They are:

1. Fighting with other is not a good norm.
2. Theft activities of children are anti-social activities.
3. Street begging is a bad job.
4. Drug taking is a criminal activity.
5. Drug trafficking is a criminal activity.

On the basis of these statements respondents perception have been collected through 5 degrees of *Likert scaling* (Kothari, 2011). They were numbered with five different numerical values chronologically. They are: a. Strongly agree (1), b. Agree (2), c. Undecided (3), d. Disagree (4), e. Strongly disagree (5)

These 5 statements with 5 degrees represent the main view of respondents toward drug addiction and crime anti-social activities. The total score was divided by total respondents and the average score was 22.25. As like:

$$\begin{aligned}\text{Average Likert scaling score} &= \frac{\text{Total score}}{N} \\ &= \frac{2936}{150} \\ &= 19.57(\text{Field survey, 2013})\end{aligned}$$

In this scaling, the scoring can be present in this way:

- a. Most favorable = 5 (statements) \times 1 = 5
- b. Moderately favorable = 5 (statements) \times 2 = 10
- c. Neutral = 5 (statements) \times 3 = 15
- d. Moderately unfavorable = 5 (statements) \times 4 = 20
- e. Most unfavorable = 5 (statements) \times 5 = 25

Among 150 respondents, the lowest individual score was 11 and highest individual score was 21. But the average score of 150 respondents is 19.57 (Field survey, 2013). So, it can be said that respondents are in a moderately unfavorable position considering toward drug addiction and criminal activities of the children both are anti-social activities. According to Kothari (2011), if the score goes up the standard neutral score level, it will be considered as a moderately unfavorable.

RECOMMENDATIONS

Based upon the findings discussed above, to improve the situation of street children in the Bangladesh requires:

1. Effective collaboration between NGOs and government agencies

2. To find out the social reasons why do they become a street child and if possible to reduce the causal factors.
3. They should to be provided with education and vocational education.
4. Constructing low-cost night shelters at different entry points of Khulna city.
5. Mobile health clinics for street children.
6. Mobile 'healthy kitchen' on self-help basis to provide clean, hygienic and nutritious food at low cost

CONCLUSION

In Bangladesh street children is increasing day by day mainly cause of migration to the urban streets, family breakdown, poverty and family size. Street children in Bangladesh, as in many other third world countries, are deprived of the basic human rights. The common characteristics of the street children were that they came from extremely poor families with or without parents and had to work for their own survival and their families. The life of street children was full of tension, insecurity and struggle for survivals. The surrounding environment of them was brutal and risky. They were engaged in work from early age and had to work long hours in exploitative circumstances. Every child has the right to live a decent and standard life. 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. Proper nourishment of the children- their education, health care, clothing and housing- should be the first priority in national planning.

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