

Street Children Struggle For Survival Where Protection Of Human Resource Development: (A Study On Khulna City, Bangladesh.)

Md.Sirajul Islam, Md.Esfaqur Rahman, Razia Khatun

Abstract: Children involved in multiple economic activities due to mostly for plain survival have been found almost in each and every developing country. On the other hand, the nature and intensity of child struggle vary from region to region, depending on the socio-economic condition of a particular society in which the children live. However, Street children mostly work as beggar or assistant to beggar, day laborer, fish seller or assistant to fish seller, wanderer (floating), rickshaw-pusher, shoe-shiner, porter waste-collector, hawker, etc. But changing the job is very frequent among the street children found Notun Bazar, Boyra, Nirala, Railway Station in Khulna city. Therefore, this Study has been made possible because of the support of many poor working and street children. Furthermore, Primary data has been collected through questionnaire survey. Secondary data has been collected through Constitution of Bangladesh, Bangladesh Code, Publication of UNICEF, books and journals. The collected data has been analyzed through statistical packages. We are very grateful to the children for allowing us to document their life experiences. In fact, the present paper attempts to derive a participatory monitoring tool for progress towards sustainable human resource development of street children of selected area in Khulna City of Bangladesh.

Key Words: Street Children, Socio-economic condition, Struggle, Survival, Protection, Human resource development.

Chapter-1: Introduction

1.1 Background of the Study:

Today's children are the future of tomorrow. Since they create the world of tomorrow, they are at the heart of social development. The future depends on how children prepare themselves to enter into the world of work. Children who are healthy, well-fed and educated grow up to be productive, innovative workers and responsible adults. But today more than one billion children (First Call for Children, A UNICEF Quarterly, 1995 / No1) are condemned to poverty, without jobs, without basic necessities, without hope. According to IPEC, 1994, about 200-300 million children work throughout the world, work long hours in poor and dangerous conditions; the hazard that working children face are many and varied. Poverty is the root cause for the incidence and prevalence of child labor. Child labor occurs at exploitative circumstances putting the child's life in hazardous condition leading to child abuses. Such circumstances impede physical, mental and moral development of the child.

Child abuse is closely related to the social development of a country and highest in countries where incidence of poverty is maximum. The aim of this paper is to address rights and condition of street children in Bangladesh with the intension to gain greater concentration on them. Bangladesh signed and ratified United Nations Convention of the Rights of Children (CRC) in 1990 marking that all children have right to life, survival and development, in national agenda (UNICEF, 2008b) and the country had shown its success in increasing primary school enrollment rate which was 85.5% in 2008 and 92% in 2011(World Bank). The paper describes what is child right according to the CRC and links child right idea and practice to the context of Bangladesh then narrows it down to the context of street children in Bangladesh. Moreover the paper shows that how laws and practice about child right issues in Bangladesh came from 1200 AD Muslim era to present constitutional law. Additionally with other development policies currant "National Child Act 2011" and "National Education Policy 2010" has taken child education seriously in Bangladesh. However, Government Budget gave greater emphasis on education enrollment of every child with school age by setting up "Millennium Development Goal", "Education for All" campaign and ratifying ILO conventions. In this way the country made primary education free and compulsory. Besides the country made some changes and increases concentration to the vocational education to include vulnerable children and to remove child work but Bangladesh Bureau of Statistics reports on street children revealed that street children are still remained socially excluded without having basic rights assurance and guidance. The paper tries to answer that, how street children could enjoy existing child rights facilities in Bangladesh. By following this question the paper continues in studying about what is child right? What are the international development policies for child right? What is the situation of child right in Bangladesh? What are street children? How the situation of street children in Bangladesh? What are the works of UNICEF, World Bank, UNDP and ILO for street children, government works for street children to come up with what kinds of works had

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been done for street children in Bangladesh? Which child rights development policies are there in Bangladesh in relation to global child right policies? What are the existing child right facilities in Bangladesh? Are street children remains in the agenda of national policies or they are not given that much importance or they are absent? Who are giving importance to these children and in which way? How development policies could be favorable to street children? Moreover, the research found that Bangladesh is operating several development policies to improve the condition of child right and some special project also running especially for street children but those policies and projects are not covering all children of the country or each and every street child. Never the less, different international child agencies and different branches of the government are operating child right program and project separately and in separate field. Running too many programs and projects by different organizations and agencies for ensuring child rights, is difficult and also costly for a country like Bangladesh. Besides separate child right programming have the risk of not to cover everybody or everyone of a special group. For example, although Bangladesh recently formed Child Act and Education Policy with lots changes and concentration on child rights but it had not achieved the goal of hundred percent children with school age in school or every children under concentration, which is visible in higher percentage of child work and lower presence in school (UNICEF, 2008a). The policies which had taken especially for street children like "Basic Education for Hard to Reach Urban Working Children"(BEHTRUWC) and "Protection of Children at Risk"(PCAR) is not covering each and every of them. The research also found that although policies for child right development had been taken in the government agenda theoretically but have no clear plan about how government will fulfill the targets and how they will solve the problems. Moreover, the existing policies gave little emphasis on street children as they labeled these children hard to reach and floating children. Nonetheless, the paper suggests that ensuring rights of every child is government's duty and advocate to do it in a single way through education because through education, all other policies could be linked up and no child will be out of it. In that way the research analyzes how development policies could fit in one way through education policy for street children in Bangladesh together with present improvement and lacking in education policy to ensure better right facilities for them. Therefore, the study has drawn on Street Children Struggle for Survival where Protection of Human Resource Development: (A Study on Khulna City, Bangladesh.) models of appropriate environment initiatives for the purposes of increasing the knowledge base and strengthening the capacity to develop or improve the existing programs in this area.

1.2 Rationality of the Study:

Street Children is in fact a reality of present time. They work for their own survival and also for offering assistance to their families that are found to be living in hopeless poverty. The issues relating to street child labor have socio-economic causes that are by and large identical in all developing countries. Like many other problems, street children emerged out of socio-economic conditions prevailing in our country. The low per capita income keeps the heads of families under stress. In such a situation

parents in poor families normally avoid sending continues to increase due to population growth, poverty in rural areas, and migration from rural to urban areas due to poverty, land erosion, inheritance laws and breakup of families. However, street child labor is a chronic problem that should be addressed because it is---

- ✓ A child right issue
- ✓ A public health issue
- ✓ A basic education and literacy issue

A coordinated approach to the Street child labor situation is not evident. The root of street child labor run deep and require a long term approach to effectively impact. Organizations that have been active in Bangladesh in this sector include the ILO and UNICEF through the medium of education and skills training. However, there is no published study on working labor situation of different regions of Bangladesh. Furthermore, this study has been conducted on the four selected points of Khulna City which will highlight the overall conditions of the city. This study reflects the living pattern and the existing condition of the Street children and it is also shows how their rights are being violated that is how much they are being deprived and it propose some guidelines for protection of their rights. It will be helpful for realizing the conditions of street children of this area and various GO and NGO can take initiatives for their improvement. Some NGOs offer smaller programs targeting street children in specific industries and in the non-formal sector. Other groups approach street children through poverty alleviation activities. The Government of Bangladesh which ratified the street child Rights Convention in 1990, has recently begun a new Child labor project dealing with hazardous forms of Street Children. Therefore, there is a definite need for further comprehensive and intensive investigations/research to be conducted into how best the existing systems can be improved, or how to optimize the benefits in the country. In fact, in this context the research work is more important one.

1.3 Objectives of the Study:

To observe morbidity pattern, assess nutritional status and socio-demographic condition of the street children of selected area in Khulna City.

1. To identify the existing situation of Street children of selected area in Khulna City.
2. To identify the present Condition of human rights in respect of street children labor and their violation.
3. To propose some guidelines to Protect human resource development of the street children.
4. To obtain information on the socio-economic status of the street children.
5. To assess the nutritional status of the selected street children.
6. To identify their nutritional deficiency diseases.
7. To evaluate their food intake by food frequency.
8. To study of hygienic and living status of the selected street children.
9. To observe the hygienic aspect of consumed foods, drinking water, environmental and living areas.

10. To know about the living place and working condition of the street children.
11. To find out smoking, drug addiction and other anti-social activities of the street children.
12. To recommend appropriate intervention to improve the nutritional status of the street children.

1.4 Limitation of the Study:

This study was undertaken with the selected points of Khulna city which was Boyra, Notun Bazar, Nirala ,Khulna Railway station. However, this study was not covering the whole country even not the Khulna city. This has been done with a very limited area in limited time. Therefore, the Study was carried out from June 2013 to August 2013.

1.5 Review of Literature:

Children living in street situations are an increasing phenomenon in developing countries and economically advanced countries. Amongst the world's one billion children suffering from deprivation of basic needs, these children are highly likely to experience 'absolute poverty'. Once on the street their living experience can be viewed as a condition of both severe and chronic poverty. The plight of girls in street situations is a special concern. Many types of program attempt to assist children in street situations – 'street children', 'hard to reach children', 'working children', 'children in need of special protection' or 'specially disadvantaged children'. However, their high spatial mobility, independence and suspicion of adult's means that attempts to provide support and reintegration are problematic and often unsuccessful. Commonly, policymakers and social activists have prioritized preventing or reducing child migration to the streets and this has led to a research focus on the causes of children leaving their families and moving to the streets. According to a recent official study some 500,000 children are living on the streets in the country's main cities. It frames this analysis within broader discourses concerning the nature of poverty. In particular, it distinguishes between economic (income/consumption) and other dimensions of poverty and uses both objective and subjective assessments of poverty. Underpinning the paper is a belief that development action is not simply about the provision of basic needs or minimum incomes but about raising people's (including children's) ability to access and convert livelihood assets (human, social, physical, natural and financial) into desired beings, doings and becomings. However, many Bangladeshi children still suffer from some degree of malnutrition, preventable disease, and high rates of child of child mortality, therefore continued study of at risk populations is a crucial step in development work. Indeed, the United Nations (1998) reports that evidence from 52 countries supports the conclusion that while systematic neglect of girls in terms of diet and domestic care is uncommon, girls are most severely disadvantaged in South-central Asia. This report also points out also points out that female disadvantaged based on behavioral factors often is masked by biological factors that favors girls, particularly in adolescence, thus, there is definitive understanding of sex-bias in nutrition. An NGO called Hunger project recently (end of year 2000)²³ estimated that in Bangladesh as many as 700 deaths occur in a day, of which 655 are children, due to causes related to 'persistent hunger'. This is an

astounding figure, but given the level of acute poverty and its painful manifestations that are too seen in various settings, the figures may not be far -removed from the truth. This nutritional deprivation occurred despite of many nutritional intervention programmers that were instituted, by the government under the aegis of the World Bank to cushion the adverse effects of free market transition on health of the poor. Among these, a major project was the National Integrated Nutrition project, funded by the World Bank, and Vulnerable Group Feeding Programmer. These were targeted at the poor below poverty line, since it is well established that this suffers most for a few years during the transition from a regulated economy to free market economy; these people become poorer during this time with grave consequences on their nutritional status. Child labor in Bangladesh has increased alarmingly in recent years. Traditionally, many children always worked in village agriculture, but the numbers employed in urban industrial and commercial sectors has risen sharply. Working children are a neglected group in Bangladesh'. Laws in Bangladesh do not restrict the employment of children in all kinds of industry where the nature of work is very strenuous. There has been an alarming rise in the number of street children in the major cities of Bangladesh. A report in Bangladesh has warned that the number of Street children in the country is set to rise as the urban population grows by 9% a year. The report has been released Appropriate Resources for Improving Street children Environment (ARISE) which is a joint between the government reports into the plight of street children in Bangladesh. The art concentrates on six of the country's largest cities and recommends a series of measures at should be taken to combat the problem. UNICEF confirms that street children are among the most physically visible of all children, living and working on streets and public squares. Yet, paradoxically, they also are among the most invisible and therefore, the most difficult to protect, the hardest to reach with vital services like education and health care as well. Jasmine, Akter, 2004 (Health and Living Condition in Dhaka Street) revealed that 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. The other prevalent illnesses included accident injury, jaundice, chicken pox, allergy, measles, asthma, and diarrhea. About 99% of the respondents reported that they did fall ill seriously on one or more occasions. Among them three quarters sought health care services and a third did not. They were asked whether a medical professional was contacted for the illness and about half of them reported that they sought services from medical professionals. Some social street children are not still in good condition, so some NGO s is taking some project for them. The project initiated for ensuring the street children's security with regard to shelter, education, skill development, physical and mental health through institutional capacity building of all stake holders in general and of the partner NGO s in particular. This project will undertake sustainable interventions ensuring mobilization and utilization local and external resources through the participation of all stake holders including the local community. Furthermore, the present study on "Street Children Struggle for Survival where Protection of Human Resource Development: (A Study on Khulna City,

Bangladesh.)” would be able to give some suggestions and policy recommendations to the policy makers and the government of Bangladesh.

Chapter–2: Materials and Method:

2.1 Sampling Design:

Proper sample size determination carries the possibility of greater accuracy in the study result .Generally, sample size is determined with respect with to the standard deviation of the collected data, confidence level as well as researcher’s decision. It has been determined by counting the street children of the study area. In selecting the individual children, simple random sampling techniques were employed. Only the children who are street have been counted. A total 50 street children were randomly selected from each of the locations selected in the first stage. Thus a total of 100 children were included which comprised the sample size. For accomplishing the present study the sample size has been determined by using the following equation:

Sample size:

Sample size of the selected street children = n

Here,

Z = the value associated with 95% confidence interval = 1.96

p = 50% proportion when p unknown.

q = $(1-p)$ = 50% = 0.5

d = level of precision ($\pm 10\%$) = 0.1

Now,

The sample size was 100. Where, the level of precision ($\pm 10\%$) and the value associated with 95% confidence interval.

Study Population: The study was conducted among 100 street children of 6-17years old in different selected areas in the Khulna city.

Statistical Analysis: Finally, I have solved the solution with equation of Arithmetic Mean, Standard Deviation and Hypothesis test.

$$\text{Arithmetic Mean, } \bar{X} = A + \frac{\sum fd}{n} \times C \text{ -----(1)}$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \text{ -----(2)}$$

Hypothesis Test,

$$Z = \frac{\bar{x} - \mu H_0}{\sqrt{\frac{\sigma}{n}}} \text{ -----(3)}$$

At 5% Level of Significance

Null hypothesis: $H_0 : \mu H_0 = \text{Mean value}$

Alternative hypothesis: $H_a : \mu H_0 \neq \text{Mean value}$

2.2 Data Collection and Method:

A semi-structured questionnaire was developed to collect data through face-to-face interview with the respondents. The questionnaires were pretested in areas outside our sample area and revised on the basis of feedback received from field-testing. This questionnaire was developed to obtain the relevant information regarding the personal information, household information, socio-economic information, dietary intake pattern, morbidity treatment seeking behavior, leisure time activities, drug addiction & abuse, anthropometrical measurements of target children & Inter relationship between different variables. After pre-test, the questions which were related for quantitative data collection were improved & reformatted to ensure content coverage, the reliability & validity of the study.

- i) Personal information: Personal information such as name, age, address, religion, educational qualifications etc of the street children were collected,
- ii) House hold information: house hold information such as whether they were alone or living with family, came from single or extended families etc were also collected,
- iii) Socio-economic information: Socio-economic information such as daily income was also collected,
- iv) Dietary intake pattern: Dietary intake pattern such as how many times they took meal, menus of meal, regular bath habit, drinking of pure water, every day brushing their teeth etc were included in the study.
- v) Morbidity treatment seeking behavior: we collected data about their treatment such as whether they took proper treatment during their illness.
- vi) Relaxation time activities: we collected the data about their leisure time activities,
- vii) Drug addiction & abuse: Smoking and drug addiction habit were collected.

The paper analyzes published newspaper articles and government statistical reports to represent exact figure of street children with places, their living conditions, risks and working conditions and always chose the most recent version of the reports. However, I have succeeded to manage the information I needed and got three most important articles on children on Bangladesh, one is Giani’s article on child migration and other two is on street children in Bangladesh of Conticini and BBS. As well as two national newspapers “The Daily Protom Alo” and “The Daily Star” was also important source of my primary data. Moreover among government documents two recent policy “National Child Act 2011” and “National Education Policy 2010” gave the paper clear view of country’s very recent position about child right. Furthermore ILO and UNICEF publications had been used to support the research argument of education

as an emphasized development policy for street children in Bangladesh to ensure basic rights and to protect from vulnerability together rising awareness about rights.

Chapter-3: Analysis and Findings:

3.1: Age distribution of the all respondents (n=100)

Age range (years)	No. of respondents(f)	Percentage
6-9	51	51.0
10-13	33	33.0
14-17	16	16.0
Total	100	100.0

Proof:

X	$d = \frac{x-A}{c}$	$f \times d$	$f d^2$
5	-0.886	-45.186	2041.77
7.66	0	0	0
10.33	0.89	14.24	106.70
		$\sum f \times d = -31.546$	$\sum f d^2 = 2148.47$

Here, C=3, A=7.66

Mean value, $\bar{X} = A + \frac{\sum fd}{n} \times C$ -----(1)
 =6.714

Standard Deviation, $\sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2}$ -----(2)
 =13.92

Hypothesis Test,

$Z = \frac{\bar{x} - \mu H_0}{\sqrt{\frac{\sigma}{n}}}$ -----(3)

= -31.81 Here, $\bar{X} = 6.714, n=100, \mu=51, \sigma =13.92$ at 5% level of significance

Null hypothesis: $H_0 : \mu H_0 = 51$

Alternative hypothesis: $H_a : \mu H_0 \neq 51$

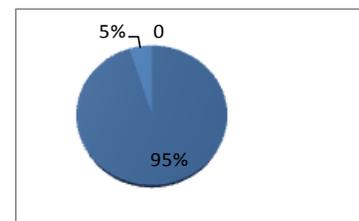
We observe that Z= -31.81 which is smaller than critical value, i.e. $1.96 > -31.81$. So we accept the Null hypothesis Test. The result shows that the age distribution of the respondent girls where more than half (51%) of the respondents was within the age of 6 to 9 years. The rest of also observed that 33% and 16% of the respondents were within the age range 10-13 & 14-17 years respectively.

3.2: Percent distribution of the respondents according to gender (n=100)

Gender	Number of respondents	Percentage
Male	50	50.0
Female	50	50.0
Total	100	100.0

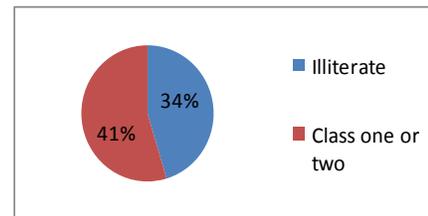
The result shows the distribution of all respondents by their gender and indicated that boys-girls ratio is 1.0 as data were collected purposively.

Figure-1: Percent distribution of religious status of all respondents



The figure-1 represents the religious status of selected street children. Among them about 95% were Muslim and about 5% were Hindu.

Figure-2: Percent distribution education level of selected street children:



The figure-2 evolve that about 34% of the selected street children were illiterate and about 41% of them were just studied class one or two. So it can be said that most of the street children were drop out from the primary level.

3.3 : Distribution of the respondents of staying in the street according to their years.(n=100)

Years of staying	Frequency(f)	Percent (%)
1-2 years	21	21.0
3-5 years	43	43.0
6-8 years	27	27.0
9- higher	7	7.0
Total	100	100.0

Proof:

X	$d = \frac{x-A}{c}$	$f \times d$	fd^2
1	-1.22	-25.62	656.38
2-66	0.66	28.38	805.42
4.66	0	0	0
6.66	0.66	4.62	21.34
		$\sum f \times d = -7.38$	$\sum fd^2 = 1463.14$

Here, C=3, A=4.66

$$\text{Mean value, } \bar{X} = A + \frac{\sum fd}{n} \times C \dots\dots\dots(1)$$

$$= 4.68$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \dots\dots\dots(2)$$

$$= 11.457$$

Hypothesis Test,

$$Z = \frac{\bar{x} - \mu H_0}{\frac{\sigma}{\sqrt{n}}} \dots\dots\dots(3)$$

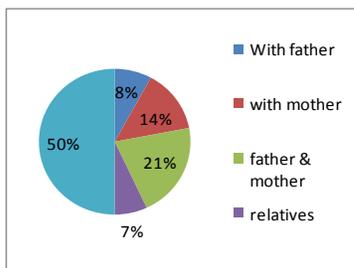
= -33.44 Here, $\bar{X} = 4.68, n=100, \mu=43, \sigma = 11.57$ at 5% level of significance

Null hypothesis: $H_0 : \mu H_0 = 43$

Alternative hypothesis: $H_a : \mu H_0 \neq 43$

We observe that Z= -33.44 which is smaller than critical value, i.e. 1.96 > -33.44. So we accept the Null hypothesis Test. Finally, the result shows that number of years that the individual respondents were staying in the street. From the study it is seen that 21% of the respondents were staying in the street for last 1 to 2 years while majority of them about 43% were staying for 3 to 5 years. The study also depicts that 27% of the respondents were passing 6 to 8 years and about 7% of the respondents were staying 9 years or more in the street of selected area in Khulna city.

Figure-3: Percent distribution with whom respondents live.



This figure-3 represents that about 8% street children live with their father, 14% with their mother, 21% with both

father and mother, 7% with relatives and about 50% live alone. So most of the street children in the city live alone.

3.4 : Distribution of all respondents by reasons of their living alone (n=50)

Reasons	Number of respondents	Percentage
Divorce of parents	13	26.0
Second marriage of Father	8	16.0
Second marriage of Mother	6	12.0
Financial problem	7	14.0
Orphan	11	22.0
Parents live in village	5	10.0
Total	50	100.0

Proof:

X	$d = \frac{x-A}{c}$	$f \times d$	fd^2
13	6	78	6084
8	1	8	64
6	-1	-6	36
7	0	0	0
11	4	44	1936
5	-2	-10	100
		$\sum f \times d = 114$	$\sum fd^2 = 6220$

Here, A= 7

$$\text{Mean value, } \bar{X} = A + \frac{\sum fd}{n} \times C \dots\dots\dots(1)$$

$$= 9.28$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \dots\dots\dots(2)$$

$$= 10.91$$

Hypothesis Test,

$$Z = \frac{\bar{x} - \mu H_0}{\frac{\sigma}{\sqrt{n}}} \dots\dots\dots(3)$$

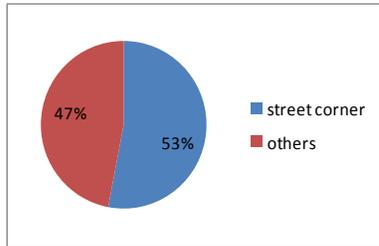
= -2.4110 Here, $\bar{X} = 9.28, n=50, \mu=13, \sigma = 10.91$ at 5% level of significance

Null hypothesis: $H_0 : \mu H_0 = 13$

Alternative hypothesis: $H_a: \mu H_0 \neq 13$

We observe that $Z = -2.4110$, which is smaller than critical value, i.e. $1.96 > -2.4110$. So we accept the Null hypothesis Test. The result shows the distribution of the respondents which are living alone because of Divorced or separated, second marriage of their parents was the major causes for living alone. Financial problem and orphan life was also a big problem so these problems forced them to live in street.

Figure-4: Distribution of sleeping places for the respondents.



This figure-4 shows that most of the street children have no permanent house to sleep at night and about 53% of them sleep at night in the street corner.

3.5: Distribution of all respondents by having any type of jobs (n=100)

Response	Number of respondents	Percentage
Yes	79	79.0
No	15	15.0
Part time	5	5.0
Total	100	100.0

Proof:

X	$d = \frac{x-A}{c}$	$f \times d$	$f d^2$
79	64	5156	26584336
15	0	0	0
5	-10	-50	2500
		$\sum f \times d = 114$	$\sum f d^2 = 6220$

Here, $A = 15$

$$\text{Mean value, } \bar{X} = A + \frac{\sum fd}{n} \times C \text{ -----(1)}$$

$$= 66.06$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \text{ -----(2)}$$

$$= 513.08$$

Hypothesis Test,

$$Z = \frac{\bar{x} - \mu H_0}{\sqrt{\frac{\sigma}{n}}} \text{ -----(3)}$$

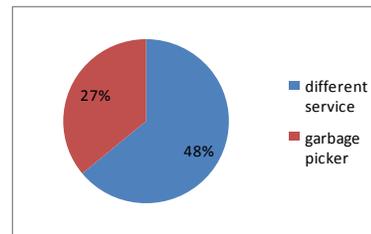
= -2.52 Here, $\bar{X} = 66.06$, $n=100$, $\mu=79$, $\sigma = 513.08$ at 5% level of significance

Null hypothesis: $H_0: \mu H_0 = 79$

Alternative hypothesis: $H_a: \mu H_0 \neq 79$

We observe that $Z = -0.011$, which is smaller than critical value, i.e. $1.96 > -2.52$. So we accept the Null hypothesis Test. The result shows that among the selected street children about 79% were involved with different types of work and about 15% said that they had nothing to do and 5% said that they were involved with part time work.

Figure-5: Distribution of the respondents by different works done by them.



This figure-5 shows that about 48% of them were selling different types of things in the street. On the other hand, about 27% of them worked as a garbage picker which is a very unhygienic work.

Figure-6: Distribution of the respondents by their daily income.

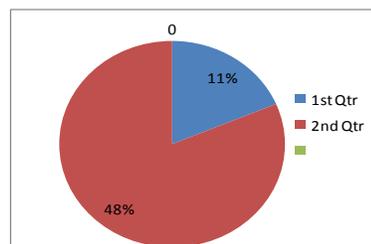


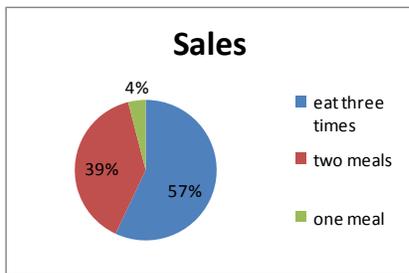
Figure-6 shows that 11% of the street children earn 76 to 100 Tk. Daily and 48% of the respondents earn 51 to 75 Tk. per day and a smaller number of respondents earn more than 100Tk. daily.

3.6: Nutritional Status of the respondent street children by Body Mass Index (BMI)

Weight Status Category	Frequency	Percent (%)
Underweight	29	29.0
Healthy weight	67	67.0
Overweight	2	2.0
Obese	2	2.0

The result shows that the nutritional status of the respondent Street children where nutritional status was measured by using BMI for age. From the data it was observed that majority (67%) of the respondents were in healthy weight category. The study also showed that 29% of the respondents were underweight and only 2% of the respondents were overweight. Among the respondents 2% were obese.

Figure-7: Distribution of number of meal taken by respondents daily.



The figure -7 depicted that the majority (57%) of the street children eat three times a day followed by another 39% having two meals a day , only 4% reported to have one meal a day.

3.7: Information regarding meal pattern of the respondents:

Variable	Yes (%)	No (%)
Are you satisfy with the meal	64	36
Do you get sufficient amount of food that you want to eat	79	21
Is the food satisfied your satiety	79	21

Data regarding meal pattern of the respondents shows that most of them about 64% were satisfy with their food and about 21% of them wanted to eat extra food to satisfy their satiety.

3.8: Percent distribution of the respondents by their food intake pattern

Food groups	Food Eaten	Frequency of consumption (%)				
		Daily	Weekly	Once per fortnight	Once per month	Never
Cereal and cereal products	Rice	100	----	----	----	----
	Bread/Ruti	65	26	9	----	----
	Potato	97	3	----	----	----
Meat, fish, egg and beans	Meat	----	61	16	13	----
	Fish	5	94	1	----	----
	Egg	----	74	11	15	----
	Pulses	99	----	1	----	----
Fruits	Fruits	6	15	34	45	----
Milk and milk product	Milk/milk based food	----	6	----	94	----
Vegetables	Vegetables	100	----	----	----	----
Fats, oils and sugars	Butter/ghee	----	----	----	100	----
	Others oil	89	9	2	----	----
	Sweetmeat	3	48	35	14	----

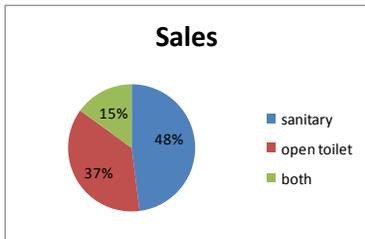
The result shows that, the represents diversity in the intake pattern of foods of respondent street children. The study shows that 100% of the respondent’s consumed rice and vegetable daily where 99% and 97% of the respondent’s consumed pulse and potato daily respectively. Any of them don’t consume meat, egg and milk daily. Whereas only 5%, 6% and 3% of the respondents consume fish, fruits and sweetmeat daily respectively. And more than 50% respondents respectively consume egg, milk, butter/ghee fortnightly or monthly.

3.9: Hygiene practice among the selected street children.

Hygienic practice	Frequency	Percentage
Sources of drinking water		
Tube-well	17	17.0
Pond	2	2.0
Tap	73	73.0
Tube-well and tap	8	8.0
Boiling of water		
Yes	0	0.0
No	100	100.0
Bath regularly		
Yes	37	37.0
No	63	63.0
Brush teeth regularly		
Yes	67	67.0
No	33	33.0
Hand washing practice		
Yes	69	69.0
No	31	31.0

The result indicated that the hygienic condition of the street children was not satisfactory. Most of them about 73% were using tap water as a source of drinking water but no one boiled the water before drinking. Only 37% of the take bath regularly. The rate of regular brushes their teeth was 67%. About 31% of the total selected street children were not following the proper hand washing practice.

Figure-8: Percent distribution of the respondents according to their consciousness about the use of sanitary latrine.



The figure-8 represents 48% of the street children used sanitary toilet, 37% of them used open toilet and 15% used both sanitary and open toilet.

Figure-9: Distribution of the respondents by having sickness during last 15 days

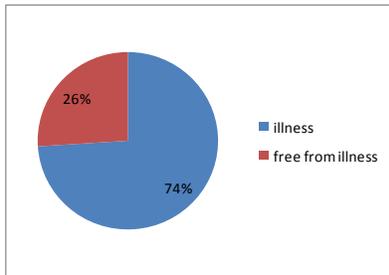
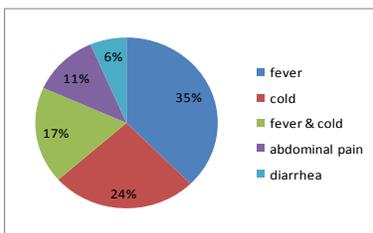


Figure-9 indicated that majority (74%) of the respondents were suffering from some sort of illness during last 15 days while only 26% of the respondents were free from any kind of sickness during that period.

Figure-10: Percent distribution of the respondents by disease pattern.



The figure-10 depicts that everyone of the respondents were suffered from more or less some common types of illness. About 35% and 24% of the respondents were suffering from fever and cold respective and 17% of the respondents were suffering from both fever and cold. About 11% of them were suffered from abdominal pain. From the study it is also observed that only 6% of the respondents were suffering from diarrhea.

3.10: Clinical feature of the respondents.

Clinical feature	Frequency	Percentage
Anemia	28	28.0
Angular stomatitis	11	11.0
Cheliosis	8	8.0
Glossitis	5	5.0
Others	6	6.0
Not present	42	42.0

Proof:

X	d= $\frac{x-A}{c}$	f x d	fd ²
28	20	560	313600
11	3	33	1089
8	0	0	0
5	-3	-15	225
6	-2	-12	144
42	-34	-1428	2039184
		$\sum f \times d = -862$	$\sum fd^2 = 6220$

Here, A= 8

$$\text{Mean value, } \bar{X} = A + \frac{\sum fd}{n} \times C \text{ -----(1)}$$

$$= -0.62$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \text{ -----(2)}$$

$$= 153.188$$

Hypothesis Test,

$$Z = \frac{\bar{X} - \mu H_0}{\sqrt{\frac{\sigma}{n}}} \text{ -----(3)}$$

= -2.78 Here, $\bar{X} = -0.62, n=100, \mu=42, \sigma=153.188$ at 5% level of significance

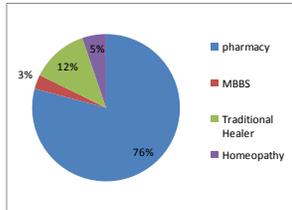
Null hypothesis: $H_0 : \mu H_0 = 42$

Alternative hypothesis: $H_a : \mu H_0 \neq 42$

We observe that Z= -2.78, which is smaller than critical value, i.e. 1.96 > -2.78. So we accept the Null hypothesis Test. The result shows that 42% of the respondents

showed no clinical sign-symptoms. But 28% of them had anemia, 11% had angular stomatitis, 8% had cheliosis, 5% had glossitis and 6% of them showed other different clinical sign-symptoms.

Figure-11: Percent distribution where the street children go for treatment



This figure-11 represents the percent distribution where the street children go for treatment when they become sick. Most of them about 76% go to the pharmacy seller for the treatment. Only 3% of them go to MBBS doctor for treatment. About 12% of them go to traditional healer and 5% of them take homeopathy treatment.

3.11: Percent distribution of the respondents by leisure time activities:

Activities	Frequency	Percent (%)
Playing	65	65.0
Watching TV	13	13.0
Playing & Watching TV	12	12.0
Sleeping	6	6.0
Others	4	4.0
Total	100	100.0

Proof:

X	$d = \frac{x-A}{c}$	$f \times d$	$f d^2$
65	53	3445	11866125
13	1	13	169
12	0	0	0
6	-6	-36	1296
4	-8	-32	1024
		$\sum f \times d = 3390$	$\sum f d^2 = 11866514$

Here, A= 12

$$\text{Mean value, } \bar{X} = A + \frac{\sum fd}{n} \times C \text{ -----(1)}$$

$$= 35.90$$

$$\text{Standard Deviation, } \sigma = C \sqrt{\frac{\sum fd^2}{n} - \left(\frac{\sum fd}{n}\right)^2} \text{ -----(2)}$$

$$= 342.80$$

Hypothesis Test,

$$Z = \frac{\bar{x} - \mu H_0}{\sqrt{\frac{\sigma}{n}}} \text{ -----(3)}$$

= -0.8488 Here, $\bar{X} = 35.90, n=100, \mu=65, \sigma=342.80$ at 5% level of significance

Null hypothesis: $H_0 : \mu H_0 = 65$

Alternative hypothesis: $H_a : \mu H_0 \neq 65$

We observe that $Z = -0.8488$, which is smaller than critical value, i.e. $1.96 > -0.8488$. So we accept the Null hypothesis Test. The result shows that more than half (65%) of the respondents passed their leisure time by playing. About 13% of the respondents passed their leisure time by watching TV and 12% of the respondents passed their leisure time by both playing and watching TV. Another 6% of the respondents passed their leisure time by sleeping and about 4% of them passed their leisure time with other activities.

Figure-12: Percent distribution of the respondents according to their smoking habit.

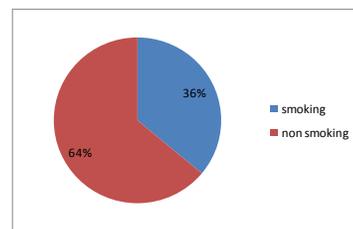


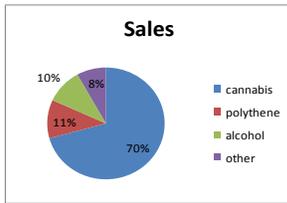
Figure-12 shows that the percent distribution of the respondents according to their smoking habit. Here, 36% said that they had smoking habit and 64% said that they were non smoker.

3.12: Percent distribution of the respondents according to their other drug addiction habit.

Drug addiction	Frequency	percentage
Yes	28	28.0
No	72	72.0
Total	100	100.0

Table shows that 28% of the selected street children had drug addiction habit and 72% had no drug addiction habit.

Figure-13: Distribution of the substances used by respondents for drug addiction.



The figure-13 indicated that 70%, 11%, 10% of the drug addicted street children used cannabis, polythene and alcohol for drug addiction respectively. About 8% of them used other substances for addiction. Cannabis was the major source of addiction for most of the addicted street children.

3.13: Correlation between status of living with parents and personal hygiene and smoking behavior.

Living status	Personal hygiene & smoking behaviour			
	Bath regularly (n=37)	Brush teeth regularly (n=67)	Hand washing practice (n=69)	Smoking regularly (n=36)
Living with both parents (n=21)	56.0	92.0	84.0	10.0
With single parents (n=22)	12.0	31.0	24.0	8.0
Relatives (n=7)	32.0	25.0	78.0	26.0
Without parents (n=50)	8.0	48.0	30.0	28.0

The result indicated the correlation between status of living with parents and personal hygiene and smoking behavior of the street children. About 56% of the street children take bath regularly and more than ninety percent brush regularly whose were living with their both parents. But those who are living without parents among them only 8% take bath regularly and 48% brush regularly. About smoking habit those who were living without parents smoked more than other groups.

Chapter-4: Conclusion and Recommendation:

Conclusion:

Children living in the street are mainly involved in works which are mentally, physically and developmental harmful. They are able to earn a very little amount of money which

insufficient for the living, in addition of that they have to support their family's income as they are from very poor and socio-economically disadvantaged families. Street children are exposed to the different types of violence, abuse and exploitations most of them have to live in the street or any open places in the Khulna city. However, Some of the street children are even involved in different illegal activities such and drug mugging, drug selling, sometimes they themselves become addicted to drugs. Street children are from very poor and socio-economically vulnerable families. They do not have level of income to have to have three proper meals; half of them are able to manage only two meals a day which are not nutritionally adequate, therefore majority of the street children are suffering from malnutrition (under weight, stunted, wasted) and related diseases. Bangladesh has committed to achieve millennium development goals by 2015, which include reduction poverty, malnutrition, and endure education for all children. Street children are the affect of poverty and existence of childhood poverty is the indicator intergenerational transmission of poverty. Government needs to give proper attention to address the issues of street children through designing and implementing street children focused development programmers like supporting street children's family, special education and vocational training for the street children etc. Therefore, Social awareness and campaign on child rights could help build critical awareness among the people to support street children. Along with government national and international NGOs and child rights organization should come up with education, health, protection and development programmers to improve the conditions of street children. The paper argues that in order to protect street children from vulnerability and prevent child worse works also provide them country's child facilities with awareness, education is the way. However, it advocates that compulsory primary education act should be implemented strictly for every single child; consequently government should establish available residential schools for free of tuition fee and law enforcement agency could ensure the policy in field.

Recommendations:

The following recommendations will be more helpful to ensure proper development and welfare of street children;

1. To find out the social reasons why do they become a street child and if possible to reduce the causal factors.
2. They should be rehabilitation and for that a special fund is to be developed by the state and donor agencies.
3. Their basic needs should be ensured so that they should not run after earning at this age.
4. They should to be provided with education and vocational training.
5. Amenities for recreational and health care should be made available for them which will help mental and physical and psychological growth.
6. Their liabilities such as other family members or disabled parents should also be considered and necessary help should be extended.

Finally, for all the above suggestions, a total plan of action is to be made by a definite organization which may be a government or volunteer organization and as a matter of fact, that it is the moral obligation for the rich people to extend their hand for such generous act of humanity.

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Map of Selected Area in Khulna City, Bangladesh

