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THE ROLE OF SOCIAL INTERVENTION AND THE SURVIVAL ON THE EXTREME MARGINS: STREET CHILDREN AND THEIR LIVELIHOOD INCLUDING HEALTH CONSCIOUSNESS AND EDUCATION ATTAINMENT IN DHAKA CITY

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ABSTRACT

Children are considered as the most important human capital for any country. Unfortunately, a large number of children live in street being deprived of their basic needs and rights. In Dhaka city the total population of street children is alarming, and they are living a miserable life in the city area. The health condition and educational status of these children are not up to the mark which resulted in different social and socio-psychological problems. This paper, however, attempts to address the health consciousness and education attainment status of street children who are living in Dhaka city area. The study was conducted through following sample survey strategy where a total of 108 street children participated from a different area of Dhaka city. The study reveals the socio-economic condition of the street children in Dhaka city and the deprivation scenario in terms of their health and educational status. Poverty and low-income family status identified as the primary barriers for not attending school and children are not well knowledgeable about their health condition and proper treatment system thus resulted in affecting in various diseases.

Keywords: Street Children, Health, Education, Dhaka city, Deprivation

1.0 INTRODUCTION

Living in street is a challenge for the survival of anyone and more difficult for children. Most of the street children live in the city area, yet are unable to get the advantage of urban comfort life. Different social factors associated with low-income households, poverty often push the children to the streets. The roads in Dhaka are harsh for young kids. They become an excluded and deprived group of society. Kagan and Burton (2005) emphasized that severely marginalized individuals have their fundamental needs compromised. They have limited access to resources and cannot make an adequate social contribution. Though the street children are not a new phenomenon, their present state at deeper underlying problems like deprivation and inequality(Rizzini, Lusk, 1995, p.391). Several factors contribute to the phenomenon of children on the street. Family structure and condition play a vital role. Most Street children come from impoverished families where they are encouraged to make

economic contributions. They travel to the street to find work while their wealthier counterparts receive an education (Aptekar, Stoecklin, 2014, p.6).

Children in the road have become a sight so common that many city dwellers would not bother to give them a second look. Fate has not been kind to these children. Poverty, family dysfunction, poor education, disability, lack of work experience, and instability of residence torment their existence (Panter-brick, 2004, p.84). Underprivileged Children in city area, hardly have the opportunity to play equipped adult roles by acquiring the education advantage meant for children like them. (Taher, 2006)Since schooling opportunities are limited for low-income families, a considerable number of street children do not attend school. Even if they do, they struggle to appear regularly in classes or perform well (Rizzini, 1996).Frequent movement from one place to another is also an obstacle in education attainment. ILO reports that 70 per cent of the child labourers do not attend schools, and 30 per cent get an education in addition to their jobs (ILO, 2003). Like as education, street children are not aware of their health conditions. Maintaining basic hygiene is not a priority among street children (Lugalla, Mbwambo, 1999). Poor hygiene combined with malnutrition lead to various illness (Schimmel, 2006), such as diarrhoea, dysentery, cholera, typhoid, and so on. When sick, children on their own may not seek out proper help or advice for treatment. The type of healthcare they seek for their sickness significantly affects their well-being (Patel, 1990).

The lives of Street Children in Bangladesh are so measurable that they are considered as the most underprivileged section of our society. In Bangladesh, poor and dirty homeless children are a common sight. One can easily spot street children in bus/train stations, marketplaces, or on any public places. Some of them involve in legal or illegal work, some beg, or some loiter around. People refer to them as Patha-Shishu or Tokai. Street children are mostly affected by different diseases, physical and mental illness because of their surrounding environment and their daily lifestyle pattern. (BBS,2003) Pollution on the roads is a threat to physical health, particularly for children who spend the majority of their time on the street. Air quality in Bangladesh was the worst in the world in 2019 for particulate matter 2.5 pollution (The Daily Star, 2020). The situation is incredibly distressing in the capital city. Such dangerously polluted air can result in copious health complications. Lung and breathing problems will eventually rear its ugly head with a prolonged stay at the roads. The major problems of street children in Bangladesh are insecure life, lack of decent employment opportunity, insufficient access to the educational institution and healthcare supports. To respond to these problems of street children, Bangladesh Government along with different national and international organization are working to ensure the proper support and assist for street children in Bangladesh. Yet there is a deficiency in research work based on the health and education needs of the street children to build the bridge in gaps of lying service providing and policy implementation in Bangladesh. In this regard, this study aims to explore the condition of health and education attainment status of street children in Dhaka city.

2.0 OBJECTIVE OF THE STUDY

Broadly this study was an attempt to "explore the health consciousness and education attainment status of street children in Dhaka City area." More specifically this study intended to-

- Exploring the Socio-demographic condition of the street children
- Understanding the health consciousness status among street children
- Exploring barriers or obstacles to pursuing education.

3.0 METHODOLOGY

The research methods have been chosen based on the research question, literature review, and theoretical framework. This research follows the mixed-method research design for data collection and analysis. This study focused primarily on health and education status in street children between aged 7-15 who either live, work, or spend most of their time on the street. The study was designed as an explorative social study where both qualitative and quantitative method was used to collect data through sample survey strategy.

The research gathered quantitative data from various locations in Dhaka city in order to develop an accurate conjecture. Through using purposive sampling technique, 108 Street Children from

Mirpur, Khilkhet, Uttara, Dhaka University area, Sadarghat, and Matijheel participated in this research. The quantitative data collected from the field were sorted, coded and analyzed through SPSS statistical tool. The descriptive analysis made with the view to highlight the health and education situation of street children within the study area.

4.0 RESULTS AND DISCUSSION

• Socio-Demographic condition

The study has been designed with 108 street children from around Dhaka city and the analysis starts with a simple overview of some general information about participants age, gender and sleeping place. Figure 1 represents the age of the respondents. Out of 108 participants, 43 represent the highest number of respondents from the age group of 10 to 12 years, which constitute 39.8% of total respondents. A slightly lower number of respondents represent 37% were from the age group of 13 to 15 years. Respondent's age between 7 to 9 had a less significant proportion of the sample.

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7-9	25	23.1	23.1	23.1
	10-12	43	39.8	39.8	63.0
	13-15	40	37.0	37.0	100.0
	Total	108	100.0	100.0	

Figure 1: Age of the Participants

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

Figure 2 states the gender status of participants. The study found that 71 participants (65.7%) of total respondents are male and the rest 37 (34.3%) participants are female. The number of male children might be higher than the female as they are socially constructed role as the earner. Lower-income families always expect that their male children will be the contributor to family economy growth.

GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	71	65.7	65.7	65.7
	Female	37	34.3	34.3	100.0
	Total	108	100.0	100.0	

Figure 2: Gender

Street Children may not have a secure place to sleep. Figure 3 represents the data on a sleeping place that street children more likely to sleep in an open or unsafe place. 44 respondents out of 108 represent the highest frequency 40.7% of living in a slum area, followed by 35 responses (32.4%) that they live in public places such as bus station, rail station, markets etc. 12 children (11.1%) reported they sleep in rented accommodation, 8 children (7.4%) sleep in the footpath, 6 reported (5.6%) sleeping in the shelter, 2 reported sleeping under flyovers and 1 confirmed sleeping under over-bridges.

Figure 3: Sleeping place

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

From the above data, it can be seen that 44 street children sleeping in slums,12 in rented accommodations and 6 in shelters. Which states a total of 62 children out of 108 have a roof over their heads during the night. They have a relatively consistent living situation compared to those who sleep under the open sky or in public places.

• Health Consciousness status

The study tried to understand the health conditions of the street children at the time of data collection indicating different risk factors concerning physical health. Figure 4 states that out of 108 street children 61, which is 56.48% of total respondents, have reported they did not suffer from any diseases or illness before the one month ago of data collection time. It should be considered that the concept of "sickness" may be different to each kid. According to their own standards, they had been healthy the previous one month. Meanwhile, rest 43.52% of total respondents had suffered from different diseases for two, three or more than that.

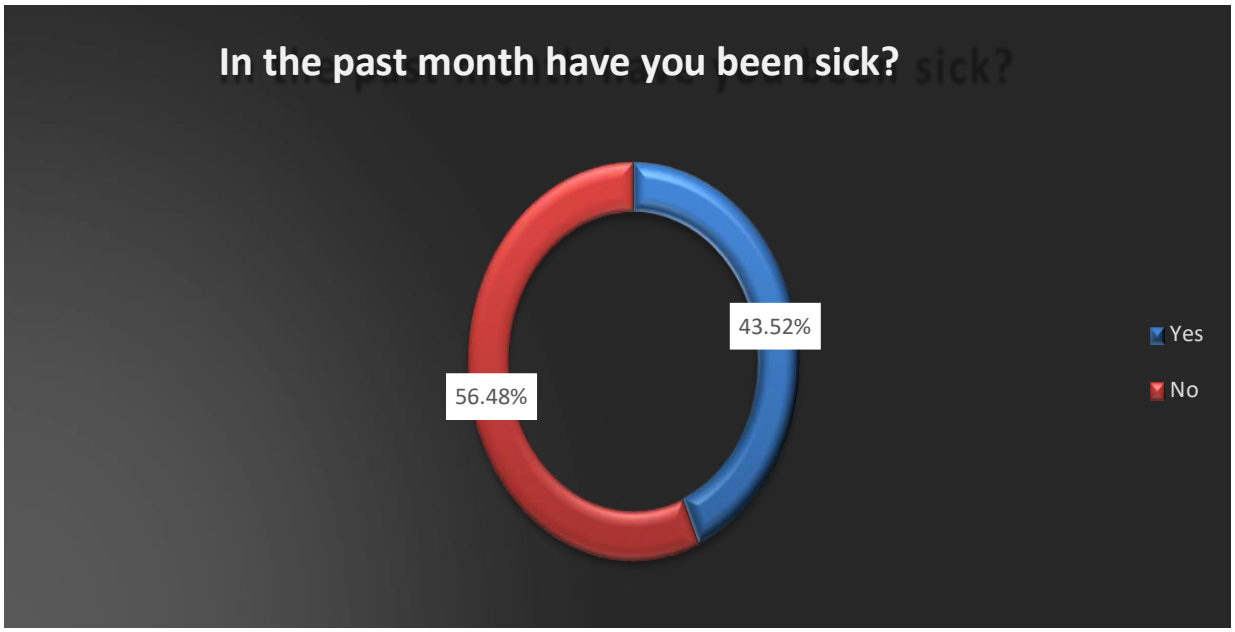

Figure 4: Sickness status

In figure 5, among the 47 street children who have been sick before the past month of data collection, 17 participants (36%) suffered for two days. 15 street children (32%) were sick for more three days in one month. Data shows that street children suffer from short-term illness the most.

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

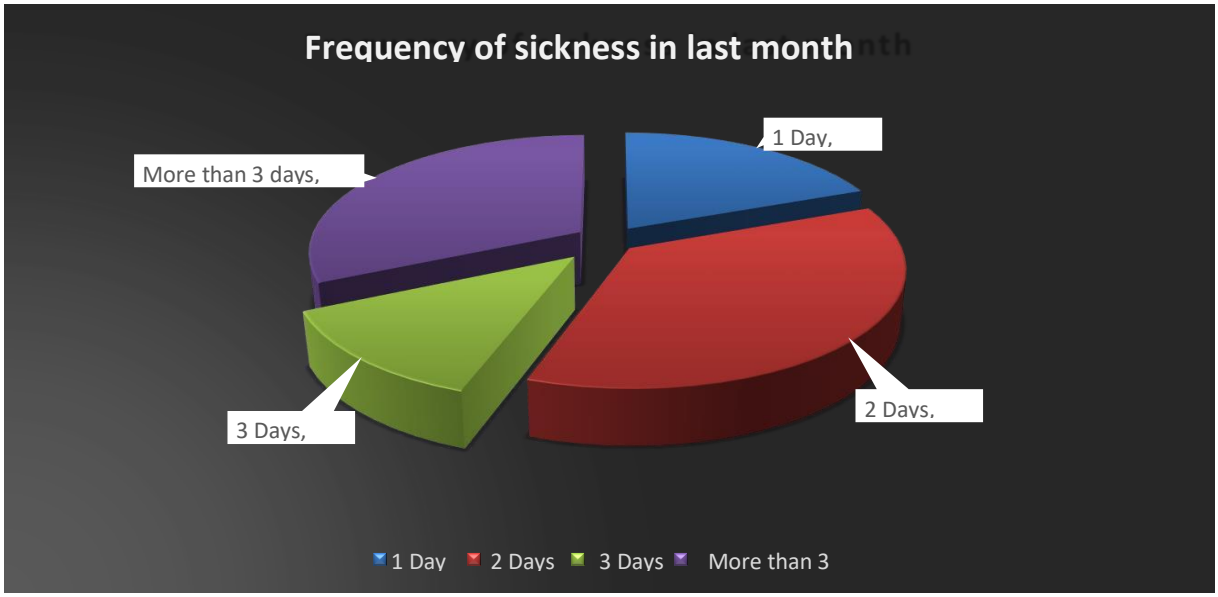

Figure 5: Sickness in the Past Month

In the survey participated street children were asked about whom they usually consult when they get sick. The study findings are so alarming. In figure 6, the data shows that half of the respondents (50%) that contains 54 participants don't consult with any professional doctors. 42 street children (38.9%) go to pharmacies for medicine and most of the time they take medicine without any prescription. Only 12 responses (11.1%) that they do consult with doctors. Financial setbacks along with indifference to health condition may be the reason for this preference.

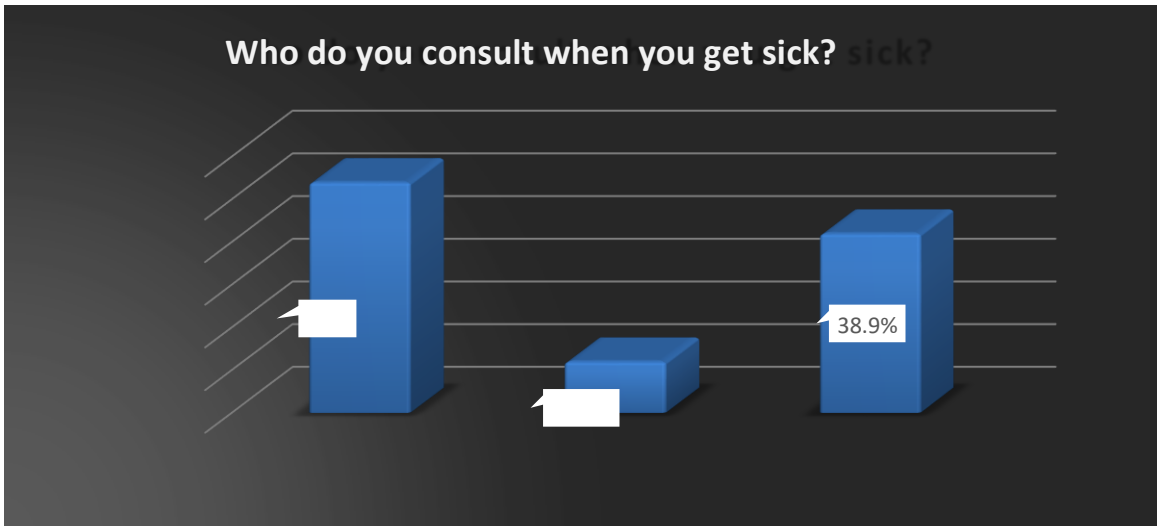

Figure 6: Consultancy during sick time

This type of practice may bring various risks. Without any professional help, their immunity to diseases may weaken. They will be unable to detect underlying symptoms until it is too late. Taking medicine without prescription may weaken their immunity too. It also comes with the risk of taking the wrong medicine and suffering from grave side effects.

Figure 7 states the source of drinking water for street children. The study finding shows that 92 respondents (85.2%) use to drink water from public taps or public supply water.The drinkability or cleanliness of public taps are uncertain. The rest 16 responses (14.8%) that they take water from tube-wells which mostly located in slum area.

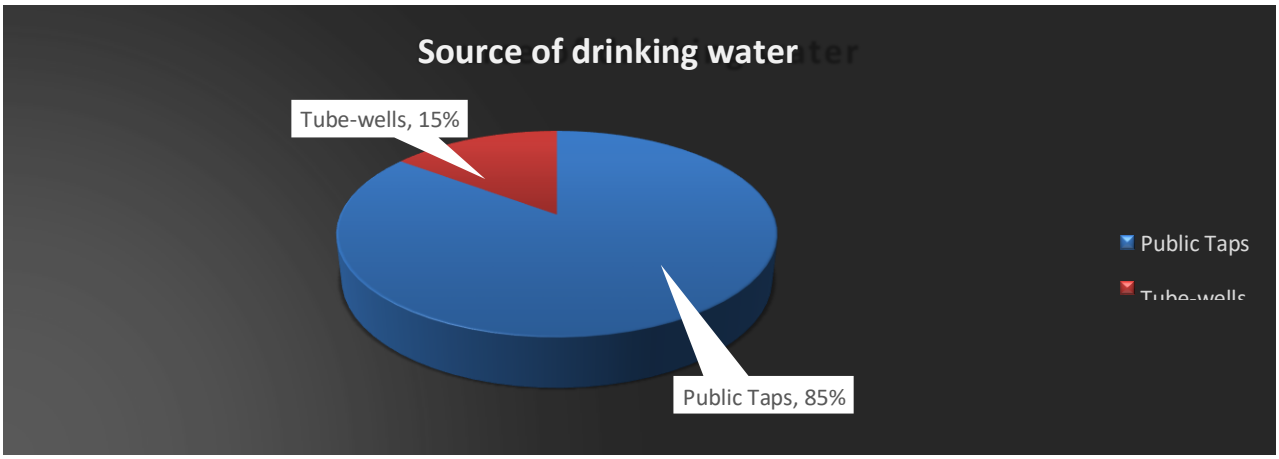

Figure 7: Source of drinking water

What is your source of drinking water? * In the past month, have you been sick? Cross tabulation

		In the past month, have you been sick?		
		Yes	No	Total
What is your source of drinking water?	Public taps	46	46	92
	Tube-wells	1	15	16
Total		46	59	108

The cross-tabulation result shows that participants drinking water from tube-wells source seems to be healthier. The connection between public taps and being sick is too close to be generalized. One explanation is that different areas have different quality of water in the taps.

• Educational Background

The findings from the collected data about street children's current educational status and the schooling system point out some information concerning the mainstreaming on the street children. The data from figure 8 shows that 96 participants (88.9%) did not attend any educational institution at the time of data collection. Whereas only 12 participants (11.1%) have reported that they went to school.

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

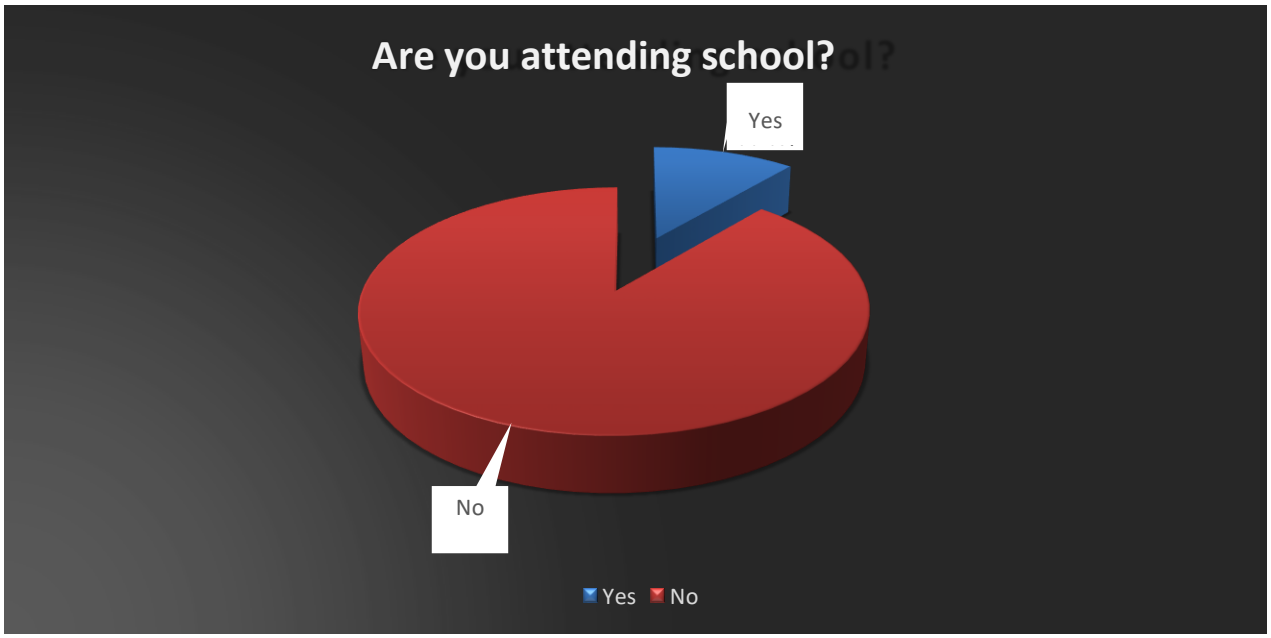

Figure 8: Participants educational attainment status

Figure 9 presents, out of 12 street children who received regular education, majority of 10 respondents were in 1st grade to 4th grade. Only 2 reported that they were studying in 5th grade to 7th grade. No participants reported studying in a higher grade, which indicates small children are more likely to receive education than teenagers. It could also imply that low-income families have a concept of the importance of education. However, they fail to continue their children's schooling due to various factors.

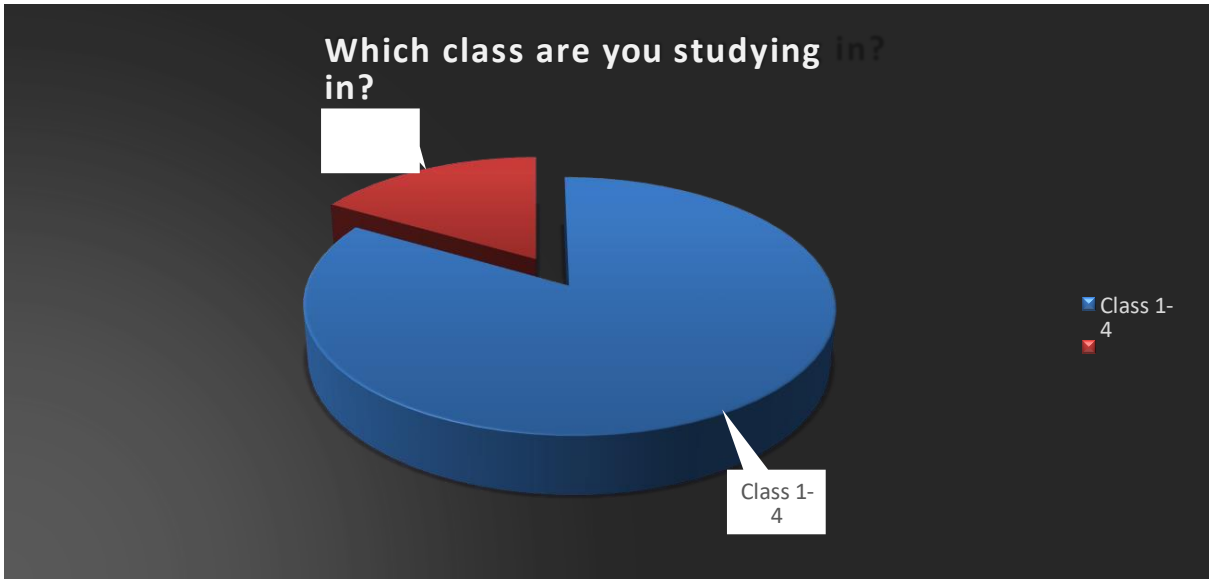

Figure 9: Participant's current educational status

Among the non-going school participants from the data, figure 10 shows, the majority of the children had never gone to any academic institution. 70 out of 96 checked "no" when asked about their education history and the rest 26 had been in the educational institution but later

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

stopped attending there.

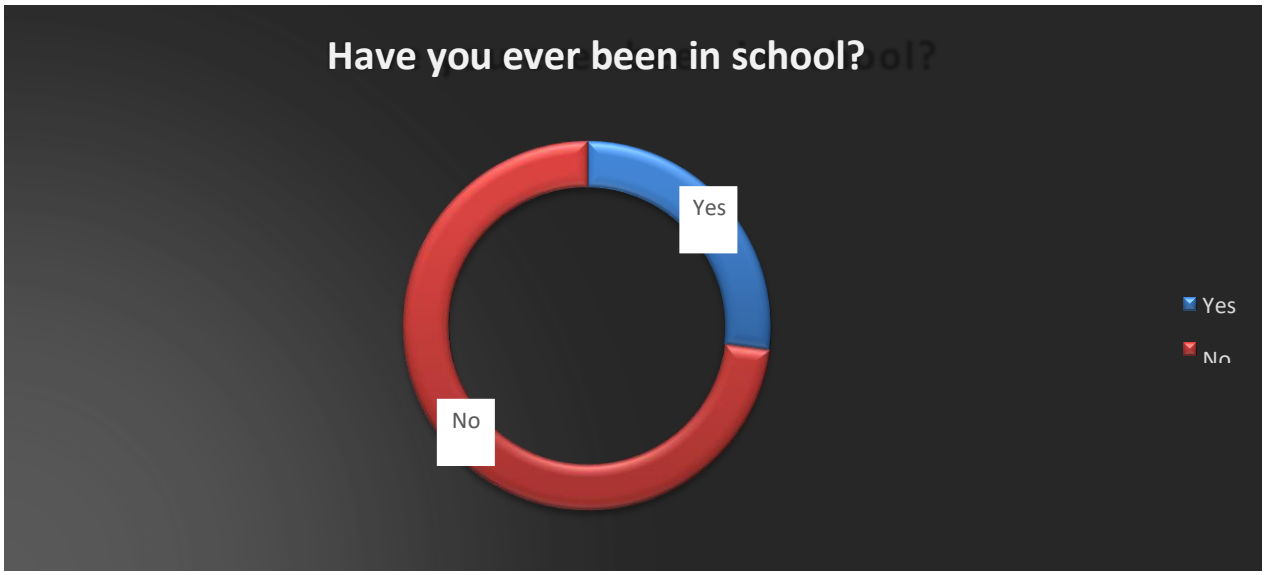

Figure 10: Educational History

Figure 11 presents, among the 26 participants who had gone to school previously, most of them stopped attending school because of financial difficulties. The reasons might be unable to pay fees or to afford school costs. Only 3 participants were discouraged by their families.

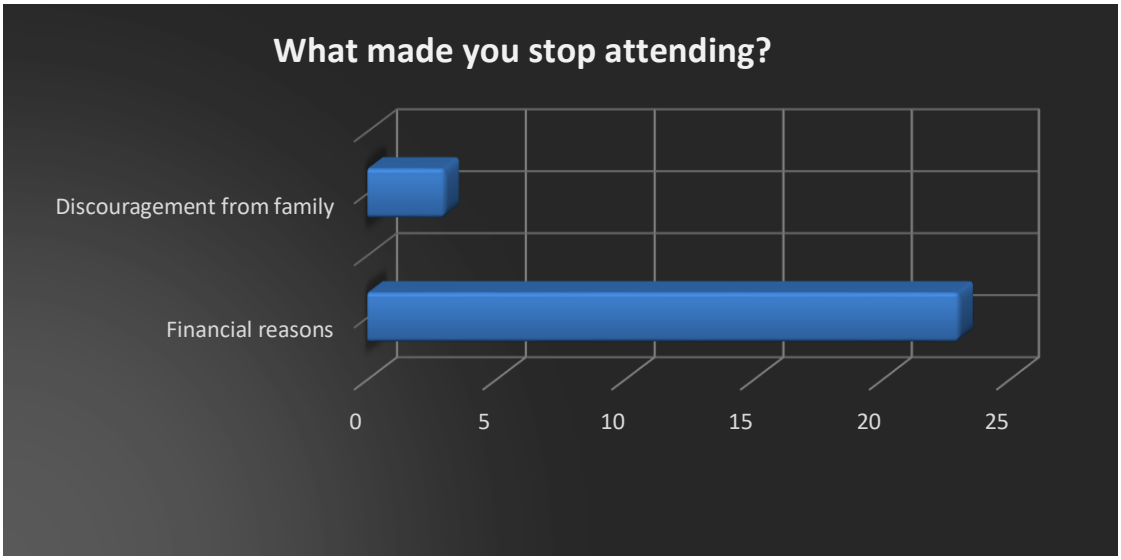

Figure 11: Obstacles to attending school.

Among the 26 dropout children, 19 reported about the class the had stopped attending school. Figure 12 presents, 4th grade has the higher rates of dropouts as 4 has the highest frequency. With this, most of the street children had stopped attending school due to their financial problem and because of struggling to afford education after the 4th grade. 7 respondents reported that they had dropout school after the 4th grade, followed by 5 respondents left

Volume: 03, Issue: 06 "November - December 2020"

ISSN 2582-0176

school in 3rd grade, while 2nd and 5th grade was the last grade for 3 participants on both categories. Only 1 reported about studying till the 1st grade.

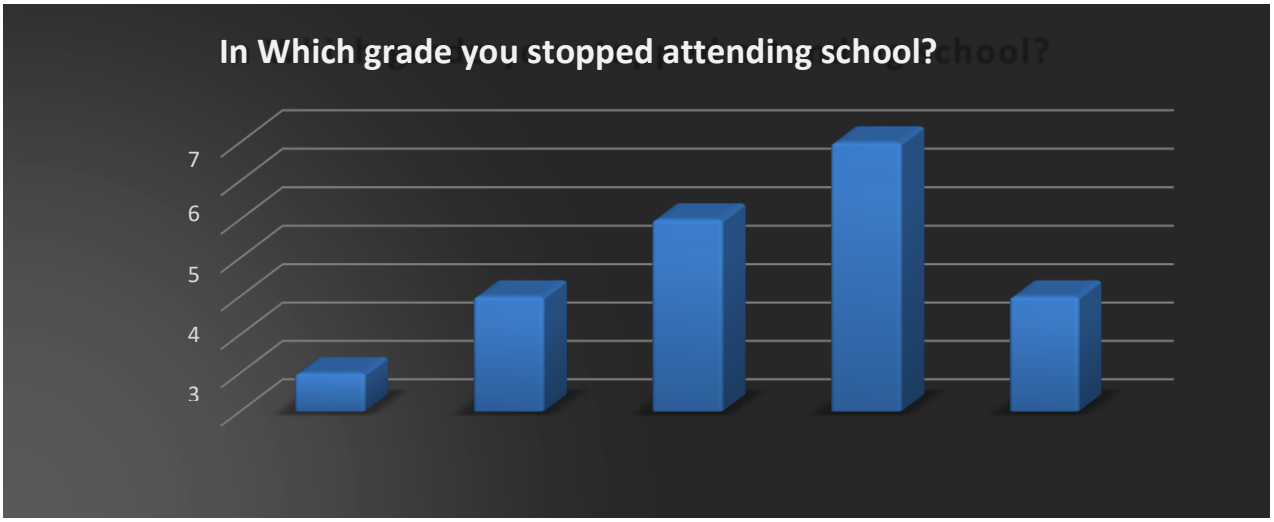

Figure 12: Stopped attending school

5.0 CONCLUSION

The study presents that street children are in a vulnerable situation and to some extent danger for the society, whether with their families or on their own. Poverty and socio-economic conditions identified as the leading cause of their being on the street. The street children are facing hardship and challenges in their everyday life in the city area.

This study also presents the horrible picture of distress of street children living in Dhaka city area. Most of the street children in Dhaka city do not have sufficient health care facilities and they do not have adequate knowledge about health consciousness. The study also revealed that most of the children are deprived of proper educational facilities and those who had the opportunity to attend school, due to the curse of poverty they had to leave the school and forced to join in the workplace to support their families. As a result, being deprived of education and health facilities, these street children are facing different physical and psycho-social problems.

Finally, this study has led to a holistic understanding of the socio-economic condition of street children in Dhaka city area, identifying the areas of deprivation of their basic needs (health and education). The government of Bangladesh and others willing to work on them to assist them for better living condition and to protect the emerging and valuable future capital of this country.

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