LIVING ARRANGEMENT AND HEALTH CONDITION OF STREET CHILDREN IN BANGLADESH

NEAZ AHMED

Department of Social Work, Shahjalal University of Science and Technology, Sylhet-3114, Bangladesh
E-mail: nahmed1973@gmail.com

Abstract- This paper is prepared on the basis of a study conducted in Sylhet City and focusing on living arrangement and health condition among street children. Today's children are the future of to-morrow. Since they create the world of to-morrow, they are at the heart of social development. The future of a nation depends largely 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 more than one billion children are condemned to poverty, without jobs, without basic necessities and without any hope. Among them many of are involved in different kind of economic activities for meeting their essential need and family as well. The emphasize has been given to reduce the proportion of child labor by many organizations like UNICEF, UNDP, Save the Children of UK, Australia and Sweden and so many NGOs in Bangladesh. In Bangladesh, total number of children aged 5-14 years is about 35.06 million among which working children is approximately 5.05 million This situation impedes physical, mental and moral development of the child. Child abuse is closely related to the hindrance of social development of a nation. There is no mechanism for delivery of health services targeting the street children. Some organization have taken initiative for ensure essential services for disadvantaged group but street children don't get any kind of social services. With the objective of investigating the living arrangement and health condition of street children focusing on the question whether street children get health facilities or not the study was conducted in Sylhet City of Bangladesh. By using qualitative approach of research and assessing the overall health status, health needs, health hazards and difficulties of getting health services of the street children, the case study method has been used for this study. The scope of the study were issues of health like living arrangement, nature of diseases that usually street children encountered and health seeking behavior of them. The Sylhet railway station was considered as area of the study. All the street children of this area are regarded as the population of the study. Among the street children living in an around the rail station, twenty (20) street children were purposively selected both from male and female within age group of 10-18. Purposive sampling method has been used for selecting sample. Unstructured interview schedule consisting with both open ended and close-ended questions had adopted for collecting data from the respondents. The street children have no permanent place to live and therefore usually pass night on the street itself. Children of the streets are being neglected and underprivileged group in our society. They may be a vulnerable and neglected group but they too possess the same feelings like other children and their needs for development would be higher if they get equal opportunities as other get. They are deprived from their human rights and opportunities what government provided for children. Though health is a basic need of people of all strata but street children are remained with proper professional health treatment and medicine. The findings may help both government and the community development organizations to undertake appropriate and need based interventions for providing health service of the Street Children. There is a need to look into them in terms of their health facilities and promoting health care system for achieving MGD which was target by 2015. Government and non-government intervention are very much essential in order to ensure and promote health facilities so that they can live and survive with a sound physical and mental health

Keywords- Health, Children, Hygiene, Fever, Professional

I. INTRODUCTION

Today's children are the future of to-morrow. Since they create the world of to-morrow, they are at the heart of social development. The future of a nation depends largely 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 to-day more than one billion children (UNICEF, 1995) are condemned to poverty, without jobs, without basic necessities, without hope. Most of the children are involved in different kind of economic activities. Recently emphasize has been given to reduce the proportion of child labor by UNICEF, UNDP, Save the Children of UK, Australia and Sweden and so many NGOs in Bangladesh like Prodipon and so on. World Vision is also working for the street children. In Bangladesh, total number of children aged 5-14 years is about 35.06 million among which working children is approximately 5.05 million (BBS, 2003). Basically IPEC & ILO have worked vastly on the dangerous situation of the violations and terrible things of child labor. ILO estimates that 218 million children of worldwide aged 5 to 17 are involved in work of which 126 million works in hazardous conditions. The highest numbers of working children, 122 million, are in the Asia pacific region (ILO website, 2006).

Poverty is the root cause for the incidence and prevalence of street children. They exploited everyday in our country for different kind of abuses. They live scattered area which is very unhygienic for them. Their water, sanitation and living condition is not good which affected their health. That's why most of the street children are affected within different kinds of health hazards. 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. Factors associated with physical condition of street or homeless children contributed to vulnerability include: poor hygiene and sanitation, poor diet, lack of shelter from the environment, violence, transiency of situation and its effects on planning, possible lack of positive attachments, with resultant emotional and social deprivation, sensory deprivation (WHO, 1993).This situation 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 maximized. There is no mechanism for delivery of health services targeting the street children. Some organization have taken initiative for ensure essential services for disadvantaged group but street children don't get any kind of social services.

FREPD (2003) maintained that among the street children 48.7 per cent were of age 11-14 years, 26 per cent were of age 14-17 and 25 per cent of age 5-11 years. Girls were relatively younger (average age 11.5 years) compared to boys (average age 12.2 years).The poorest children of different parts of the country migrated to the town, particularly to the metropolitan cities: Dhaka, Chittagong and Sylhet. More than 57 per cent street children reported that they felt sick. The most common sickness, in order of frequency of respondents, were fever, water borne diseases and headache. Those who do not have permanent sleeping place generally sleep in bus station, market place or on the street. About 61.9 percent street children sleep with other children while about 33 percent sleep alone. During rainy and winter season the street children sleep at the railway station, steamer and bus terminals.

Khan (2000) observed that it is not a positive aspect on health and nutrition status indicating that 85 per cent of child laborers have no access to Primary Health Care (PHC). However in the case of sickness they are getting some treatment (64.2 per cent. It is found that the most common disease among the child laborers is influenza (35 per cent) and another 35 per cent also affected by both influenza and cough whereas only cough 8.3 per cent, dysentery 8 per cent, skin disease 0.8 per cent and others 20 per cent which includes injury, headache, hepatitis (jaundice), chest pain, scar-v and in some cases different types of diseases together. Uddin, Hamiduzzaman and Gunter (2009) concluded that more than 60 percent of the 14-16 year old child laborers work for an average of 14 hours daily, which obviously causes a variety of short-term and long-term health problems. Children are mostly vulnerable on account of physical immaturity and the exposure to unsafe workplaces. Moreover, unhealthy working conditions in the welding and construction sectors cause, respectively, skin diseases and eye sight problems. Nearly all child laborers (90 percent) are affected by physical pain during working hours or afterwards. What makes the situation worse is that most of the child laborers get no professionally recognized treatment of their health problem.

Reza, Das and Ahmmed (2005) found that over half of the street children are suffering from multiple diseases. Fever, flue, various skin diseases, diarrhea, acidity, weakness, dominated the list. Relationship between economic activities and nature of disease is also obvious. Scrap-pickers tend to suffer more on skin disease, fish seller/assistant to fish seller prone to be affected by flue, rickshaw pushers suffer weakness, acidity and chest pain. This is more about maintaining personal hygiene. Children found to be negligent in maintaining health hygiene. Taking shower follows the similar pattern. Participants not only suffer from diseases but also suffer from lack of proper treatment. Usually street children tolerate sickness until it becomes unbearable. If the natural healing process does not cure they rely on various methods which are cheap and risky. Majority of the respondents buy medicine from local pharmacy following advice of drug seller or pharmacy attendant. Over a quarter (36 percent) goes to government hospital after suffering sickness for a while. The existing literature made an understanding about street children and may help in formulating workable strategies for responding to the needs and problems of street children in health services.

II. METHODOLOGY

With the objective of investigating the living arrangement and health condition of street children, the study was conducted in Sylhet City of Bangladesh. By using qualitative approach of research, it is focused on issues of health like living arrangement, nature of diseases that usually street children encountered and health seeking behavior of them. For assessing the overall health status, health needs, health hazards and difficulties of getting health services of the street children, the case study method has been used for this study.

The Sylhet railway station was considered as area of the study. All the street children of this area are regarded as the population of the study.

Among the street children living in an around the rail station, twenty (20) street children were purposively selected both from male and female within age group of 10-18. Purposive sampling method has been used for selecting sample. Unstructured interview schedule consisting both open ended and close-ended questions had adopted for collecting data from the respondents.

III. RESULTS AND DISCUSSION

Profile of the Respondents

It is found that 55 per cent of the respondents were within 10 to 12 year old and rest was 13 to 15 aged groups. Most of them were involved in different working activities for earning. Among the respondents, many of them were male because they can easily escape from their house or left home. Because of poverty, most of the family forced their male child to engage in working very early age. When their parents were unable to bear their expenditure or unable to maintain family they are forced to engage in earning for their survival. Among all of the street children two female children whose were begging in the rail station area but they live with their family.

Living Arrangement

Generally street children are living in scattered places in rail station, bus stand, open market places etc. It is found from the study that street children are living in the rail station because of availability of working opportunity and living place. Among 20 respondents, 12 were found living in rail- station side, 6 were living in slum with their family and 2 were living in their working places. The street children have been sleeping in their present place for varying duration of time. This is related to the duration of their work. It is also found that duration of sleeping in the current place varies from less than one month to five years and above. However, more than one-third has been sleeping in the present place for one year or less. In rail station side there are colonies where most of them stay very unhygienic condition in these tiny places. Only one sanitary latrine was there for all these people whose living in this colony. Almost 15 families are living there. When the bathroom remain busy then they were choose open places for defecation that too much unhygienic for them. There is no sanitary system or any hole. They throw their daily dust near of their living place. One of the respondents expressed the situation in this way:

"I stay in the colony of the station side. In this place we five members share only one room. Several times we quarreled with each other for more space. There is only one toilet for all of these living people so we didn't get the serial of using toilet. That's why we go open place in the side of my staying place. I know it is very unhygienic but I have nothing to do in that condition. Most of we are doing this and sometime we get sick. We have no sanitary system as all dust is thrown in the side of our living place where all time bugs and mosquito usually gather. Every time we get a bad smell from there. It's too tough and unhygienic for us to staying in this place."

Some other respondents were living in the station side in floor. There is no living room or cottage, they just sleeping here. Majority of the children who cannot afford to rent a place usually find places like the street, any open place with shed on top, empty office, market corridor. Those children who are living in the station were 50 per cent do not use any thing as their bed. About 16.0 percent use jute cloth or jute bag as their bed. Only 33.3 per cent use bed sheet. People of different ages are sleeping here. They have no blood relation or they are no longer in a family. Every morning they go to different places for working and when it's night they come here and just go to sleep. They have no matter about whom the person is sleeping with them. They have only one need that is getting a small space for sleeping. More than thousands of people were living in street every night because they have no home and family. One of the respondents aged 11 years uttered:

"I am staying here for last 4 year. I don't know about my parents or my family. I forgot everything. From last four year I'm sleeping in this place in floor. There is no bed or any bed sheet. I just sleep here. Sometimes we quarreled for space because this space in not enough for these lots of people. For our defecation we sometime go in station bathroom otherwise we go open places. I go in the pond for bathing and don't take bath everyday because of work. I go different places every day. I don't get time for bathing. Every time we stay in this dirty place and several times get sick."

IV. HEALTH CONDITION

Street children are mostly not conscious about their health. They were living in a very unhygienic condition and suffering from different kinds of diseases. Their food habit is totally unhealthy and has no balance diet. They suffer from many severe diseases as typhoid, jaundice etc. The common ailments are cold, fever, headache, back pain, skin disease, allergy etc. More than half of the respondents said there is no one who looked after them while other children said their friend's looked after them during sickness. For treatment they go kobiraj. It's very popular among the street children as they believed in this treatment. When they encounter cold or fever they take medicine from pharmacy without inform of any professional doctor. They suffer from 4 to 5 days and after that they get well automatically. It doesn't matter for them to take medical service when they get sick. Their food habit is very much unhealthy that's why they usually suffer from diarrhea or food poisoning. Most of the children were affected by malnutrition.

They suffer from skin diseases. All of the respondent found affecting from different type of skin diseases but they didn't take treatment for that. There is no medical centre or any hospital near by their living area. No governmental health services are available for them. One respondent opined:

"Several times I have suffered from cold, fever, and diarrhea. After two or three month in a year I used to suffer from fever. Now it is not severe thing for me. My body is adjusted with that. First day of my fever I sleep whole day and then I go to work with sickness."

Street children are also getting addicted day by day. When they don't get any work and they have no money for buying food they find themselves in different ways of life. They became addicted and survive in this way. When they take drugs they don't feel to take food because drugs kill their appetite. Two respondents (10 per cent) who take drug always suffer from severe headache and their eyes become very red. It also affecting their health and reduce their food habit. One drug addict's respondent stated:

"When we don't get any work the whole day we pass without food. When it goes in extreme level then some of them take drugs by shoe which helps to reduce their appetite. That's why most of the children get addiction in a very early age."

No professionals or any social services has found in that area. Those who become sick but didn't consult any one for the sickness were asked to state the reason. Most of the children said due to lack of money they have not consulted with any professional doctor. Some of the children said their sickness was not serious enough for consultation. Some respondents told that there are no available professionals in this area. Others who were living in the station for long time informed that there was no professional service available for them. They are not conscious about professional doctor. One respondent explained:

"Six month ago I had an accident that broken my hand but I had no money for medical treatment. I took ayurbethic treatment and gone to kobiraj for treatment. It's taken long time to well but still now I have pain in my hand. I could work properly. Most of the time professional doctor didn't carefully checking or not concern about us. They were busy with those patients who have money that's why I'm stopping to consulting doctor and take medicine from pharmacy without any professional advice. Everyone takes medicine from this pharmacy for cold, fever and diarrhea. They also get well by this medicine. That's why I'm also taking medicine from this pharmacy and my illness is not more serious for consulting with doctor."

Sanitation and hygienic condition is one of the health hazards of the street children. Use of public toilet was mentioned by a majority (60 per cent) of the street children. However, a significant number of street children do use open space for toilet. Some also use the government place (16.7 per cent) for this purpose. Adequate sanitation facilities to an acceptable standard are rare in the street children due to permanent living. Two third of the children have hygienic sanitation and using slab latrine. But most of them didn't get opportunity to using latrine so sometimes they go open places because of over loaded population in their living area. Such unsanitary behavior leads to the development and spread of water borne and contained diseases. Almost all respondents use safe drinking water. They have one tube-well near their living area and some of them who are living in scattered places use tube-well water for drinking. In the station here a project under Airtel a mobile phone company for safe drinking water so children of the station use safe drinking water. But for bathing they go to the pond. It is unhygienic which harmful for their better health.

Street children work in different hotel, shop and as day laborer. In their work place, they are faced by physical and psychological hazards. In terms of whether the street children suffered from any work related injury they said they did suffer from work related injury. The nature of the injury was mostly cuts/wounds followed by back pain due to heavy load. The duration of suffering ranged from less than one week to more than three months. Street children who work at hotel sometime they were burn by hot water, hot curry etc. Their hand and leg are burn when they are servicing food to the customer or working in the kitchen. About 80 per cent respondents work in the street side in bare foot whereas sometime their foot has infected by broken mirror or bottle. They also faced many psychological problems like when they working at hotel the hotel manager sometimes tortured them mentally for any silly matter. Sometimes they quarreled with other servant in their working place.

If they have any silly fault in working at hotel then the manger cut their salary. In the station when the train come in the station then all of the street children competition with themselves for bearing bags of passengers. In that situation sometime they injured each other. They also faced severe accident. They are also violence by the experience including threat, being blamed, grabbed, slapped, kicked, hit, hit with object, and beaten up indiscriminately. Severity of such events is extremely cruel and inhumane. Some respondents illustrated:

"Last one month ago I have beaten up by hotel manager where I have worked. He kicked me, slapped me, beaten me very badly and reject me from work. One week I have pained in my whole body and my fault was I have broken a plate when washing dishes."

"When the train comes in the stoppage then the senior children compete with us for bearing bag or lockage of the passengers. If I go first to someone for take bag

then the gang of those beaten me very badly otherwise the forced me to give them money what I have earn"

"Last year I have an accident in my work place. I'm working in hotel and when going to serving customer then the hot curry was fallen in my leg. My leg was totally burned and one month I couldn't do any work."

"When I was going to picking up bottle from garbage or dustbin then I have injured my foot cut by broken glass or other thing because of working with bare foot. And sometime its infection due to lack of proper treatment"

"Sometime passerby calling us using very bad words, it's very insulting. They ignored, slapped without any reason. It is mean that living in the street is our main offence." About two third of respondents told that they are exploited by their owner in the work place. They work hard in the whole day but they are very low paid. And it is very shocking information that if someone become sick they didn't get leave from work otherwise their salary will be reduced by the owner. Most of the street children are also abused by verbally in working place or by passerby. It is very much unethical and inhuman.

CONCLUSION

Children of the streets are being neglected and underprivileged group in our society. They may be a vulnerable and neglected group but they too possess the same feelings like other children and their needs for development would be higher if they get equal opportunities as other get. They are deprived from their human rights and opportunities what government provided for children. Though health is a basic need of people of all strata but street children are remained with proper professional health treatment and medicine. There is a need to look into them in terms of their health facilities. Government and non-government intervention are very much essential in order to ensure and promote health facilities so that they can live and survive with a sound physical and mental health.

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