

Vulnerability of Bangladeshi Street-children to HIV/AIDS: A Situation Analysis



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Vulnerability of Bangladeshi Street-children to HIV/AIDS: A Situation Analysis

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
CD	Compact Disk
CIDA	Canadian International Development Agency
CNG	Compressed Natural Gas
DFID	Department for International Development
DIC	Drop-In-Centre
FRO	Field Research Officer
HIV	Human Immunodeficiency Virus
HSID	Health Systems and Infectious Diseases Division
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IDU	Injecting Drug-User
NGO	Non-Government Organization
PGD	Participatory Group Discussion
PI	Principal Investigator
SIDA	Swedish International Development Agency
STI	Sexually Transmitted Infection
TB	Tuberculosis
TV	Television
UNESCO	United Nations Educational, Scientific and Cultural Organization
WASA	Water Supply and Sewerage Authority

MEANING OF BANGLA WORDS/PHRASES USED IN THE REPORT

Bangla word	Meaning
Abgari ghar	Narcotics office
Adda	Haunt
Aga mota gora cikon of penis	Local term of one type of STD
Bachte hole jante hobe	A TV jargon: to live to know
Bangla-mod	Locally-made wine
Bashor ghar	Bride chamber/nuptial
Bessha	Sex worker
Biri	Cigarette
Boro machine	Penis for adults
Bosta kati	One type of mechanism of stealing by cutting a large bag
Cakki	Sleeping tablet
Canachur	Spicy food
Chauni	Shade
Chipa	The hidden place for doing sex
Chokh utha	Conjunctivitis
Choki	Divan made by wood
Choti	Pornography magazine
Choto machine	The penis that is small in size
Cipacapa goli	Narrow lane
Cirota	One type of herbal ingredient
Citai pitha	One type of local cake
Condom apa	Female health worker who distributes condoms in her surroundings
Dan	The holy sacrifice of money and kind in the name of Almighty Allah
Dandy	Type of glue
Dhora gari	Police van
Dibba	Container
Doi	Curd
Doyal baba	Religious leader
Dui raner cipay	Middle of two legs
Ek guta	One shot
Ghar	House
Gul	Chewing tobacco powder
Hijra	Transgender
Jakki	Type of cocktail drugs—mixture of energy drinks with different types of sleeping pill
Jamai-bou khela	Doing sex (like husband-wife)
Jhal-muri	Type of dry food
Jhar phuk	Spiritual mechanism of treatment
Joino rog	Sexual disease
Jonipath	Vaginal route
Judar ada	Glue
Kam	Sex act
Katha	Type of mattress made by old clothes
Khala	Female relative
Kharap kaj	Sex act
Kharap meye	Sex worker

MEANING OF BANGLA WORDS/PHRASES USED IN THE REPORT

Bangla word	Meaning
Kharap prostab	Proposal for sex act
Khichuri	Hotchpotch
Kabiraj	Medical practitioner who follows the Ayurvedic system of treatment
Kooli	Load carrier
Kuthi	Cloth-made tiny bag hanged around the waist
Lal jama kooli	Registered labour
Mahfil	Religious gathering
Mannot	Proposed religious activities after fulfillment of any wish
Mastan	Local muscleman
Matir bank	Clay-made fix-pot
Mela	Exhibition
Minti	Labour
Mohajon	Money-lender
Mohila	Female
Mohila jiaroti shade	Female passenger shade
Mojma deya mamu	Canvasser
Muchi	Cobbler
Murid	Follower of religious leader
Naikka muitta	Type of gambling
Nesha	Addiction
Night kora	Night duty
Neem	Margosa tree
Noctin	Sleeping tablet
Pucca ghar	Brick-built house
Pani pora	Spiritual mechanism of treatment
Patla paikhana	Diarrhoea
Photka	Balloon
Pinic	Addiction after substances/drug-use
Pir	Religious leader
Pohela Boishak	First day of Bengali Year
Potti	Bandage
Puj	Discharge
Putki	Anus
Putlani amma	Name of a pimp
Raja	King
Rokter bondhu	Friendship by sharing blood of each other
Shishu	Child
Sinni	The food that was provided everyday in mazar areas for fulfillment of any wish
Soi	Friend forever
Sona	Penis
Tempo	Vehicle
Tokai	Street-children
Vangari dokan	Scavenging shop
Vangari dokandar	Scavenging shopkeeper
Vangari sala	Scarp shop owner who scolds a boy as sala
Vanga	Unconstructed
Vuski	Sex worker

EXECUTIVE SUMMARY

Background: The Asia-Pacific region is home to nearly 50% of the world's children, including large numbers of street-children. In Bangladesh, about 42 million people (32.2% of the total population) are children aged 5-17 years. In Dhaka city where their numbers are increasing, there are an estimated two million street-children. According to the 1989 International Convention on the Rights of the Child, every human aged up to 18 years is a child. However, for the purpose of this study, children of both the sexes who are living and/or working in the streets of Dhaka city and who are aged 5-12 years were defined as street-children. The street-children are faced with violence, which goes hand in hand, with risks linked to drug misuse and sexually transmitted infections (STIs). They are particularly exposed to human immunodeficiency virus (HIV). The vulnerability of street-children to HIV/acquired immunodeficiency syndrome (AIDS) has been shown in studies in multiple countries. A study among street-children in Bangladesh, particularly in Dhaka city, provided some information on children who live or work in streets and also information on their vulnerability to HIV/AIDS. The methodology of obtaining information from street-children, a highly-vulnerable group, is a key factor in understanding their real situation. However, a study that used interviews with street-children as a method resulted in poor-quality data. The authors of one of these studies noted that “street children involved in activities not approved by the society suppressed the nature of their works.” Lying on the street is commonly reported by researchers who work with street-children. It has also been found that the traditional survey techniques, when used with street-children, tend to lead to results that reinforce traditional views and do not accurately reflect the potential benefits to street-children living in the street. Thus, alternative techniques, particularly qualitative and participatory techniques, were recommended for use with street-children. This study analyzed the vulnerability of street-children to HIV/AIDS using such alternative methods to have a more accurate and nuanced understanding of their vulnerability to STI/HIV for providing information to policy-makers and programme managers aiming at developing interventions specific to the needs of street-children to address the problem of STI/HIV in this population.

Objective: The overall objective of the research was to analyze the vulnerability of street-children to HIV/AIDS in Dhaka city.

Methods: This participatory, qualitative study, conducted during February 2010–December 2011, compared the vulnerability of different groups of street-children.

The study population included children, aged 5-12 years, who live and/or work in the streets of Dhaka city. They were sampled separately based on their age (5-8 years and 9-12 years), sex (girls and boys), and living status.

The study was conducted in six selected areas of Dhaka city—three of the five major entry points for rural people moving into the city and three of six locations with major concentrations of street-dwellers. The 11 study places/locations were: Cantonment Railway Station, Gulshan Circle No. 2, Mohakhali Bus Terminal, Karwan Bazar, Kamalapur Railway Station, Dhaka Stadium, High Court, Saidabad Bus Terminal, Sadarghat Launch Terminal, Gabtoli Bus Terminal, and Mirpur Mazar. The map shows the 11 study places that were identified through a recent study of street-dwellers conducted by the Health Systems and Infectious Diseases Division (HSID) of icddr,b. Before the selection of the study areas, social mapping was conducted in all the 11 study locations to assess the presence of children who work in the street, identify the areas where street-children live and work, and also identify the potential participants for the study. Areas with the highest concentrations of these children were selected as the study areas. A two-kilometre radius of each of the locations was considered the study area.

Data for the study were collected in three phases: (a) Social mapping, (b) Discussions during participatory work, and (c) Individual interviews. Experienced Field Research Officers (FROs) were involved in data-collection. Intensive training was imparted to them on data-collection through the techniques mentioned above. They used guidelines for data-collection. Given the difficulties of working with this group of street-dwellers, before data-collection, the FROs were trained to: (a) identify the street-kids; (b) how to approach the street-children, (c) how to be acquainted with them; (d) way of arranging participatory sessions with them; and (e) maintenance of privacy and confidentiality during data-collection. Each FRO was assigned to work in a specific location. Such an assignment enabled the FRO to become acquainted with street-kids, a method that has been found to increase the willingness of street-children to participate in research and programmes. The interviews were conducted at a convenient place and time of the children. Special efforts were made to maintain privacy and confidentiality during interviews. The FROs took steps to conduct the interviews in quiet and isolated places and free from the presence of others.

Analysis of data was begun with the first field activities and led to refinements as the study proceeded. The field notes were regularly reviewed with the field team (initially daily). The field team met the Principal Investigator (PI) every other day to discuss the results of their activity sessions/interviews and to determine the best practices for further activity sessions/interviews and note-taking. From the beginning, thematic analysis took place to understand the vulnerability of street-children to HIV/AIDS. The process followed a sequence of inter-related steps, such as reading, coding, displaying, reducing, and interpreting. The drawings done by the children were also reviewed and interpreted. A constant comparative method was used, in which information on potential vulnerability was compared across interviews with different children and across different groups of children.

Results: Of 493 children participated in social mapping from all the three categories (Abandoned, Living in street with family, Working in street and returning to family at night), 243 (49%) never went to school. Only 81 (17%) of them had formal education, and 53 (11%) had <2 years of formal education. Most children who reported that they went to school could spell out their names but only a few of them could read or write any full sentence. The occupations of all categories of children were more or less the same. The street-children were involved with multiple occupations, such as *tokai* (street-children), scrap scavenger, beggar, hawker, sex worker, thief, and daily labourer. The large majority of abandoned street-children who participated in social mapping reported that their main occupation was *tokai*. All abandoned street-girls, aged 9-12 years, who participated in the study, were involved in casual and opportunistic sex work. They were involved in sex work if someone offered money.

There were various reasons behind the children for becoming street-children. The main reasons as stated by all age- and sex-groups of children were pull factors and push factors. The pull factors included: peer pressure, fascination for street-life, and enormous freedom at street-life. On the other hand, the push factors included: broken-up family, lack of parental care, poverty, and workplace harassment.

According to all categories of street-children, peers were the main actors who supported street-children to cope up with the street-life. When the children first came to the street, they faced various difficulties, such as managing food, arranging a sleeping place, and protecting themselves from others to find out the ways to survive in the street. A large majority of children of all categories who participated in in-depth interview reported that it was their peers who came forward to help them in their initial days in the street to save them from all sorts of problems. The peers taught them about the street-life. For example, when children were first introduced to a peer who is used to steal food, this peer always taught others how to steal. If anyone was initially a scrap scavenger, he/she taught others how to scavenge scraps. A new child required several days to cope up in the street. This coping mechanism was easier for

the male street-children compared to the female street-children. About half of female street-children who participated in the participatory group discussion (PGD) reported that, before finding an appropriate coping mechanism, they were harassed several times by adults. A large majority of the abandoned female street-children, aged 9-12 years, who participated in PGD had experienced sexual harassments during their initial days in the street. Eventually, when they saw that all the girls had same experiences, they considered it a common street-life, and they had to compromise for their survival.

The street-children of all categories and involved in scavenging left-out crafts maintained a good relationship with adult *vangari dokandars* (scavenging shopkeepers), local drug vendors, vegetable vendors, and food vendors. Some of them also mentioned about their association with field workers of local Drop-in-Centres (DICs). They added that they have to maintain a network with a number of persons for their survival.

Harassment of the street-children was common. Types of harassment experienced by them who participated in the PGD were: sexual, mental, and economic.

Sexual harassment was common among all categories of street-children. Of 119 children who participated in the PGD, 36 (30.25%) were raped by adult males, and half of them were male, and half were female. The severity of sexual harassment varied among the street-children of different categories and age-groups. Of the children who were raped, eight were aged 5-8 years; of them, five were male, and three were female. Although it was believed that children who had a family in the street might have less experience of sexual harassment. The findings of the PGDs showed that the number of children who experienced sexual harassment was equal to all the three groups. Information provided by them clearly indicated how much vulnerable they were to HIV/STI. A large majority of the children, who participated in individual interview and were raped, frequently reported that their sexual organ became injured, and bleeding was common when they faced such an incidence. Fourteen of the 36 children, who participated in individual interviews, were raped by adults, their peers, local *mastans* (local musclemen), and taxi-drivers. This group of people is also vulnerable to HIV/STIs.

Although the experience of physical harassments was common among all categories of street-children, the abandoned children (both male and female) were more physically harassed by other older people. Most categories of children who were earning were often physically assaulted by the persons for whom they were working. They were often beaten by their employers, *vangari dokandars*, and senior staff members of hotels where they were working.

The incidents of economic harassment were the daily experience of all categories and age-groups of street-children. It was common that many clients who had sex with abandoned female street-children did not pay money to them. In addition, sometimes without any negotiation, the clients forcefully performed sex and went away by giving a small amount of money or without giving any money. Sometimes, a group of people had sex with a girl and provided a small amount of money to her.

In addition, the abandoned female street-children sometimes had to share their earnings with heroin-addicted adults. Otherwise, they forcefully had sex with them and physically assaulted them, and sometimes they also handed over the female children to the police. The female abandoned children had to share a lion portion of their income with the pimps and musclemen of their locality. Since the children used to get support from this type of power-holders, they could not make any protest against them.

The street-children were vulnerable to HIV/AIDS due to their high-risky sexual behaviour. Forty-eight of the 119 children who participated in the PGD reported about their experience of penetrative sexual exposure; 27 of them were male, and 21 were female. Children aged 9-12 years were more vulnerable in terms of the number of children who had exposure to sex act compared to younger children.

The abandoned children were more vulnerable than those of other two categories in terms of risky sexual behaviour. In terms of type of sex act, sexual partners, and experiences of sexual harassment, they were not only vulnerable to HIV/AIDS but also at a risk of transmitting HIV/STIs. According to the children, they were involved with all types of sexual acts, such as anal, vaginal and oral sex.

Addiction to drugs was common among the street-children. Twenty-seven of the 36 children who participated in individual interviews reported that they were regular users of one or more types of drugs. *Dandy* (snipping glue) and *ganja* were the most common drugs taken by them. Of the 119 street-children who participated in the PGDs, 61 (51.26%) reported that they were regular users of *dandy* and *ganja*. Some abandoned street-children reported that they experienced not only cigarette, *ganja*, and *dandy* but were also addicted to heroin and injection. This means that the soft drug led them to take hard drugs. Moreover, they were under the umbrella of injecting drug-users (IDUs) (because they always meet IDUs).

The majority of the street-children of all categories who participated in the PGDs did not have any knowledge about *joino rog* (sexual disease) and AIDS. Similarly, the street-children did not have any idea about the benefits of using condom during sex act.

Conclusions and recommendations: The findings of the study revealed that the street-children were extremely vulnerable to HIV/AIDS because of their living and working status; peer relationships; harassments by others; risky behaviours, including drug-use and sexual behaviours; lack of knowledge about HIV/AIDS and use of condoms to protect them from HIV/AIDS; and lack access to healthcare services.

The findings identified a number of areas where policy-makers and programme people need more attention to reduce the vulnerability of street-children to HIV/AIDS in Dhaka city. Ultimately, these findings add to the body of evidence that street-children need comprehensive and integrated interventions rather than any vertical approach. However, based on the findings of the study, the following recommendations are put forward:

1. A street-children-centred specific policy is required, which will address all sorts of surviving challenges of street-children and will ensure hopes and opportunities for their new life. The policy should be developed in a participatory way by engaging all the stakeholders, including the Ministry of Social Welfare. In addition, the present vagabond act and its implementation process need to be reviewed to make it child-friendly so that it removes the fear of street-children about the environment of *abgari ghar* (narcotics office)—the vagabonds' shelter-home. The environment of the shelter-homes should be improved considering the health, hygiene, and child rights.
2. Comprehensive and targeted interventions need to be developed considering the following components:
 - a. Interventions on awareness-raising among parents and children about the risky street-life and the benefits of living with the family may reduce the number of street-children and increase the number of street-children in returning to home.
 - b. Targeted interventions, such as advocacy-based interventions, are needed for the gatekeepers of street-children, especially for *vangari dokandars* and street-adults, by whom the children mostly become victimized. The advocacy should also be arranged mainly targeting those individuals (bus, truck or CNG autorickshaw drivers, helpers, aged peers of street-children) who sexually abuse street-children regularly.
 - c. A peer-education system may be useful to aware street-children about their life and rights and ways of protecting them from risky behaviours. Moreover, the law-enforcement agencies should be involved to protect street-children from abuse and establish their rights of children.

- d. Awareness-raising/education programmes for the community are essential to reduce all types of harassments among street-children.
- e. Harm-reduction interventions are essential for street-children to prevent them from any drug abuse. The existing NGO interventions for addicted children need to be reviewed for ensuring their participation in these programmes.
- f. Programmes relating to raising awareness, increasing knowledge, and increasing perception of risk about HIV/AIDS among children, their partners, gatekeepers, parents, and their community need to be developed and implemented on an urgent basis to save this vulnerable group of population from AIDS/HIV infection.
- g. Finally, as the findings of the study identified that street-children are the vulnerable group of population for HIV infections, they, thus, need to be included in the regular screening/ surveillance process. These categories of children may also be included in the national serological survey so that, in the near future, more evidence-based information will be available to help policy-makers in any future decision-making regarding interventions for street-children in the country.

BACKGROUND

The Asia-Pacific region is home to nearly half of the world's children, including large numbers of street-children. In Bangladesh, about 42 million people (32.2% of the total population) are children aged 5-17 years. In Dhaka city where their numbers are increasing, there are an estimated two million street-children (1)*. Another study estimated that there are 445,226 street-children in Bangladesh, of which 75% live are in Dhaka city—53% are boys and 47% girls (2). 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) (3). 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 (4). As in other countries, street-children in Bangladesh are often victims of physical, verbal and mental abuses (1).

Street children: who are they?

According to the Inter-NGOs, the street-child has been defined as “any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults” (5). The United Nations Children Fund (UNICEF) (1984) describes three main categories of children: children at risk, children of the street, and children on the street. The largest group in this typology is the ‘children at risk’ category. These are the children of the urban poor, and they form the reservoir from which street-children emerge. ‘Children on the street’ come to streets to work to supplement their families’ income, and they return to their families at night-time. A significant number of street-children attend school on a part-time basis. Worldwide, these children perform similar tasks—they shine shoes, wash cars, sell vendors’ items, magazines, and newspapers, carry goods, and peddle cigarettes and chewing gum. Extreme poverty has forced them to become at least partially self-supporting. For ‘children of the street’, the street is their main living place. Family ties may exist but are remote, and their former homes are visited infrequently. A sub-category of street-children in the UNICEF typology is that of ‘abandoned children’. This category includes: orphans, runaways, refugees, and others who have no contact with significant carers. In terms of lifestyle and daily activities, abandoned children are very similar to children of the street. They are distinguishable in that all ties with their families have been severed, either through death, displacement, or abandonment. Children of the street, on the other hand, have occasional contacts with their families. Of all street-children, the category of the street and abandoned is the smallest (5).

According to the 1989 International Convention on the Rights of the Child, every human aged up to 18 years is a child. However, the definition of a child varies with different laws of Bangladesh (Table 1).

Table 1. Age of a child as per different laws in Bangladesh

Law	Age (years) of a child
Child law 1974	<16
Child labour law 1933	15
Women and child abuse protection law 2000	14
Industrial law 1965	<16
Shop and institution law 1965	<12
Source: Banu W, 2006 (6)	

Definitions of the term ‘street-children’ vary but the UNESCO has most recently considered

*Estimates vary widely because street-children are not usually counted or subjected to census; so, their number is generally unknown

three categories of street-children: (a) 'street'-children, who are totally estranged from their families, or abandoned; (b) children who spend the majority of their day-time there before returning to the family home at night-time; (c) children living on the street with their families (7-9). However, even this detailed definition masks difficulties in categorizing children. For example, some children who are physically estranged from their families maintain some contact and may even remit money to them (10). The discourse on definitions of the term highlights the variation that exists within the group referred to broadly as 'street-children', and such a variation may also be related to their vulnerability to HIV. For example, children who work during the day and sleep at night may have different risks than those who work at night and sleep during the day, particularly given that those who work at night are more likely to be sex workers and to be engaged in the drug trade (1).

Operational definition: For the purpose of this study, children of both the sexes who live and/or work in the streets of Dhaka city and who are aged 5-12 years were defined as street-children. Children of this age range were included because evidence suggests that it is before the age of nine years that when children, for the first time, have experiences that increase their vulnerability to HIV. Evidence also suggests that sex workers who had sex before the age of 13 years reported more about sexually transmitted infection (STI) symptoms and more drug-use (1).

Street-children and HIV/AIDS

Street-children survive, rather than live, in the street. On a daily basis, they are faced with violence, which goes hand in hand with risks linked to drug misuse and STIs. They are particularly exposed to HIV (7). "Being a street child means going hungry, sleeping in insalubrious places, facing up to violence and becoming an expiatory victim; it means growing up without companionship, love and protection; it means not having access to education or medical services; it means being exposed to the represented by drugs and HIV/AIDS" (11).

The vulnerability of street-children to HIV/AIDS has been shown in studies in multiple countries. Of 49.7 million HIV infections that had occurred worldwide by late 1999, 91% of HIV infections in children and 94% of child deaths due to AIDS worldwide have occurred in Africa alone (12). Results of a study in Ghana showed that street-children are extremely vulnerable to STI/HIV (13). Results of another study in India showed that street-children and child labourers are particularly vulnerable to HIV/AIDS due to the high incidence of sexual abuse and exploitation (14). Results of studies also indicate that street-children are especially vulnerable to HIV infection due to lack of awareness and an absence of safety-nets. The studies add that many street-children as young as eight years old report having sex for companionship or being victims of regular sexual abuse. Life in the street for the girl child is twice as oppressive and exploitative as that of boys. Girl children aged 9-10 years are forced to consume drugs and are then sexually abused (14).

With regard to HIV/AIDS, the vulnerability of street-children has been well-documented in many countries, particularly in Africa (7,11). Their vulnerability derives from both their behaviours while on the street and their survival mechanisms. For example, they may be vulnerable because they inject drugs, or because their survival makes them dependent on adults who exploit them sexually. Some key factors that have been linked to their vulnerability to HIV include sexual abuse and exploitation, substance abuse, harassment, and addiction. In Africa, many children have moved to the street as a result of being orphaned by parents infected with HIV (12); this is not common in Bangladesh where the prevalence of HIV/AIDS is still low.

A study among street-children in Bangladesh, particularly in Dhaka city, provided some information on children who live or work in the street and their vulnerability to HIV/AIDS. For example, results of a study in Dhaka city showed that, of 250 children surveyed, 179 girls and 61 boys were sexually abused (1). More generally, sexual practices were common among

street-children, and awareness of STIs and HIV/AIDS was low (1). This study also points to the young age at which children move to the street, their low levels of education, and relatively high levels of illness (1).

The methodology of obtaining information from street-children is a key factor in understanding the real situation of this highly-vulnerable group. However, a study that used interviews with street-children as a method resulted in poor-quality data (10). The authors of one of these studies note that “street children involved in activities not approved by the society suppressed the nature of their works (1). Lying is commonly reported by researchers who work with street-children (15). It has also been found that the traditional survey techniques, when used with street-children, tend to lead to results that reinforce traditional views and do not accurately reflect the potential benefits to street-children (10,16). Thus, alternative techniques, particularly qualitative and participatory techniques, have been recommended to use for study of street-children (Khan 1997, cited in 4,15).

This study analyzed the vulnerability of street-children to HIV/AIDS using such alternative methods to have a more accurate and nuanced understanding of their vulnerability to STIs/HIV for providing information to policy-makers and programme managers to develop interventions specific to the needs of street-children to address the problem of STIs/HIV in this population.

Objectives of the study

The overall objective of the research was to analyze the vulnerability of street-children to HIV/AIDS in Dhaka city.

The specific aims were to:

- a. Determine the range of experiences and behaviours of street-children that put them at risk of HIV/AIDS and
- b. Compare the vulnerability of different groups of street-children [living in the street without family (abandoned), living in the street with family, and working in the street and returning to the family at night—both males and females].

METHODS AND MATERIALS

Study design

This participatory, qualitative study, conducted during February 2010–December 2011, compared the vulnerability of different groups of street-children to HIV/AIDS.

Study population

The study population included children, aged 5-12 years, who live and/or work in the streets of Dhaka city. The study population was sampled separately based on their age (5-8 and 9-12 years), sex (girls and boys), and living status.



Study areas

The study was conducted in 11 selected areas of Dhaka city: five major entry points for rural people moving into the city and six places/locations with major concentrations of street-dwellers. These 11 study places/locations were: Cantonment Railway Station, Gulshan Circle no. 2, Mohakhali Bus Terminal, Karwan Bazar, Kamlapur Railway Station, Dhaka Stadium, High Court, Saidabad Bus Terminal, Sadarghat Launch Terminal, Gabtoli Bus Terminal, and Mirpur Mazar. The map shows the 11 entry points/locations that were identified through a recent study of street-dwellers conducted by the Health Systems and Infectious Diseases Division (HSID) of icddr,b (17). Before the selection of six areas, social mapping was conducted in all the 11 entry points/locations to assess the presence of children who work in the street, identify the areas where street-children live and work, and also identify the potential participants for the study. Areas with the highest concentrations of these children were selected as the study areas. A two-kilometre radius of each of the locations was considered the study area.

Sampling and sample-size

Participants were selected purposively to ensure representation of both girls and boys and also three groups of street-children: (a) those who sleep in the street separate from their families; (b) those who sleep in the street with their families; and (c) those who work in the street but return to their homes. We also sought to enroll children aged 5-12 years, with sub-groups of 5-8 years and 9-12 years.

Social mapping was used for identifying street-children in each of the study areas. Snowball sampling was used for identifying additional children to participate in social mapping. Based on identification of street-children during social mapping, children were invited to attend a participatory session. The purpose of the study was explained to them in simple terms, and the activities that would be undertaken at the session were also explained to them in details. Children were invited based on the purposive selection criteria described above.

Participants were selected for individual interview based on the participatory session. Selection was again purposive and was designed to reflect the views of children of both the sexes and categories of street-life and their willingness to talk openly to the research team.

Our aim was to include 12 girls and 12 boys from each of the three groups for a minimum total sample of 36 for individual interviews (Table 2). Ideally, one child from each group was selected in each of the six study areas. Of the 36 children, 18 were aged 5-8 years, and 18 were aged 9-12 years.

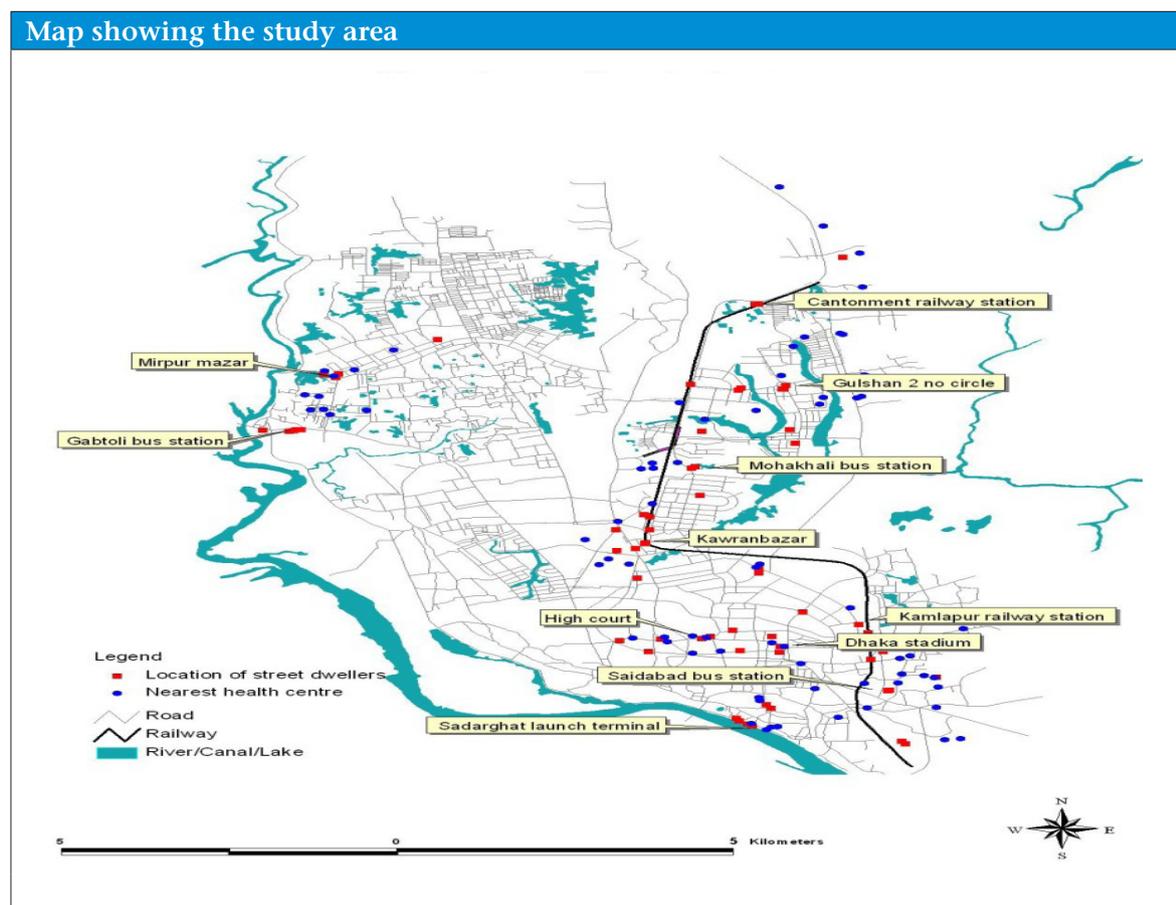


Table 2. Sample children from each group in six study areas							
Group	Area						Total
	1	2	3	4	5	6	
Abandoned children (living in street without family)							
Girls	1	1	1	1	1	1	6
Boys	1	1	1	1	1	1	6
Living in street with family							
Girls	1	1	1	1	1	1	6
Boys	1	1	1	1	1	1	6
Working in street and returning to family at night							
Girls	1	1	1	1	1	1	6
Boys	1	1	1	1	1	1	6
Total	6	6	6	6	6	6	36

Collection of data

Data were collected in three phases: (a) Social mapping; (b) Discussions during participatory work; and (c) Individual interviews.

Experienced Field Research Officers (FROs) were involved in data-collection. Intensive training was imparted to them on data-collection through the techniques mentioned above. They used guidelines for data-collection.

The age of street-children who live with their families was determined by asking their parents. Reported data of children who live in the street without their families and who work in the street but return home were considered in determining their age. However, before recoding the age of children of the two groups, the FROs cross-checked and verified it by asking about different events and matching their external/physical appearance with children who live with their families in the street.

Given the difficulties of working with this group of children, before data collection, the FROs were trained to: (a) identify street-kids; (b) approach; (c) how to be acquainted with them; (d) the way of arranging participatory sessions with them; and (e) maintenance of privacy and confidentiality during data-collection. Each FRO was assigned to work in a different location. Such practices enabled the FRO to become acquainted with street-kids, a method that has been found to increase the willingness of street-children to participate in research and programmes (19). The interviews were conducted at a convenient place and time of the children. Special efforts were made to maintain privacy and confidentiality during interviews. The FROs took steps to conduct the interviews in quiet and isolated places and ensured that the interview place is free from the presence of others.

In some cases, former leaders of street-children were engaged to assist in identifying the street-children and facilitating the study. This approach has been an important component of multiple studies of street-children (19). Such persons were identified through social mapping. Light refreshment for the children was provided as the participatory and individual sessions took 2-3 hours to complete.

Social mapping

As stated, social mapping was conducted with street-children to understand the world of life of street-children of different categories; for example, how and where they spend time, where they work, what type of work they do, and how they spend their leisure time. Although not directly

related to vulnerability, this activity provided insights about the community, and discussions provided initial insights about various aspects of their lives that made them vulnerable to HIV. Such insights formed a basis for subsequent data-collection. During social mapping, the interview team spent time in all the 11 study places/locations. They spent time walking with and talking to street-children where they live. To establish rapport and form trusted relationships with the children, the FROs participated in the children’s daily activities in their working areas and sleeping places. This playful, informal involvement with them facilitated the easy flow of information and enabled them to share their personal stories with the FROs. The lack of relationship between the researcher and the participant could compromise the quality of data (18) as children might provide false information to protect themselves from potential negative consequences (19).

Social mapping took place at different times of the day, in the evening, and on different days of the week and attempted to capture the full range of activities of street-children in an area. In total, 66 social mapping sessions involving 493 street-children were conducted (Table 3).

Table 3. Information on social mapping									
Item	Number of children participated in social mapping by category								
	Abandoned		Living in street with family		Working in street and returning to family at night		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys + girls
Number of social mapping sessions held	13	5	12	13	9	14	34	32	66
Number of children participated in social mapping	98	37	83	105	75	95	256	237	493
Number of 5-8-year age-group of children participated	6	8	28	56	26	42	60	106	166
Number of 9-12-year age-group of children participated	92	29	55	49	49	53	196	131	327

Thirty-six sessions were organized in five concentrated points (High Court Mazar, Gulshan Circle No. 2, Mirpur Shah Ali Mazar, Dhaka Stadium, and Kawran Bazar) and six in entry points (Sadarghat Launch Terminal, Kamlapur Railway Station, Mohakhali Bus Terminal, Dhaka Cantonment Railway Station, Saidabad Bus Terminal, and Gabtoli Bus Terminal) of Dhaka city. The following steps were taken for the selection of target children and for organizing social mapping:

- a. Selected six spots (3 for girls and 3 for boys) from each of the study locations based on the concentration of boys and girls;
- b. Listed the potential 8-15 street-children from each of the spots for social mapping; and
- c. Used snowball/network sampling to locate and identify the street-children.

We followed the transect walk at the two-kilometre radius of a specific area as we had to walk with and talk to them to know about their lifestyles and daily life, and we had to visit their working and sleeping places several times in the morning, day, and night. This frequent

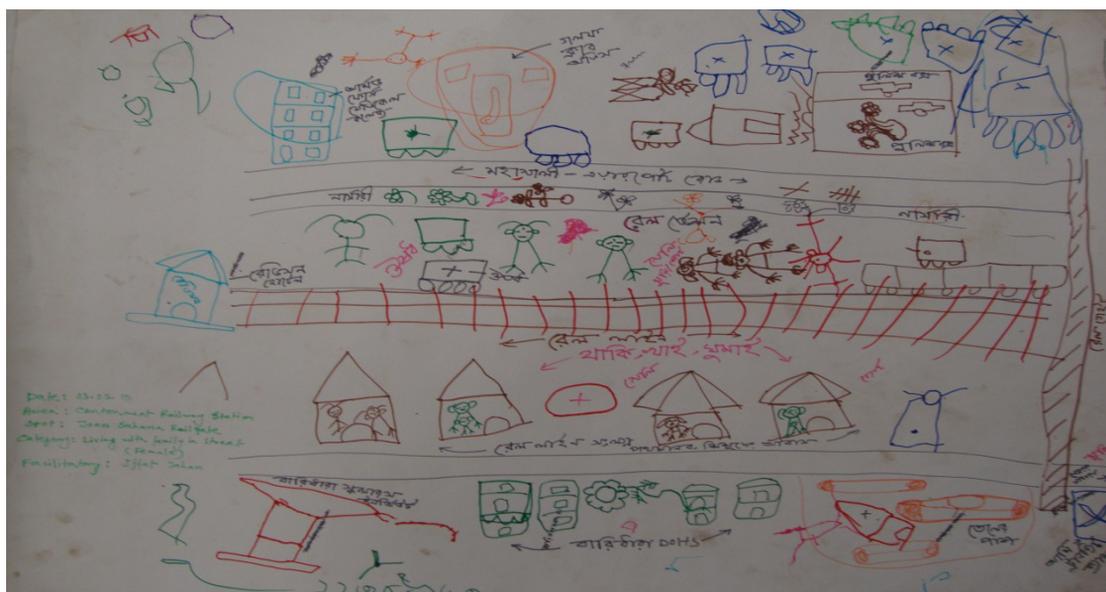


interactions helped build up rapport with them, and it was finally possible to gain their trust to explore their surroundings through social mapping. We also developed rapport with their parents/guardians and NGO workers (who worked with street-children) and understood the network of street-children. Accordingly, we had to motivate the local power structure to encourage the children to participate in open discussion about their risky behaviours. We learned and used their own language to communicate with them, introduced ourselves (identity and objective of the study), and also exposed ourselves as common people. We tried to mix with them easily, chatted with them, asked them about their sufferings, and listened to their statements attentively with empathy. As a result, they received us cordially and cooperated with us in the mapping exercise.

For drawing a map, we selected silent and uninterrupted places (free from the presence of others) with the help of the participants, local potential persons (*vangari dokandars*), and NGO workers. We also used NGOs-operated open air school places, storage rooms at the inter-district bus stations, association offices of rickshaw-pullers, and separated rooms at shelter-homes operated by NGOs where the street-children felt free to talk all kinds of sensitive issues, such as sexual behaviour and use of drugs.

On the day of drawing the social map, we organized the children, prepared the venue for drawing the map, took permission from the authorized person or organization, opened the art paper, and distributed colour pencils to them. We asked them questions according to the interview checklist and helped them draw the map. We gave an orientation about what they would do in social mapping. Considering gender sensitivity, the male researchers conducted the social-map session with male children and the female researchers with female children to ensure their openness to sensitive information. At every point, the social maps were conducted at different times, in different places, and on different days. The children fixed the time, place, and day. We took assent from them and also consent from the parents/guardians of those children who live with their parents in the street or return to the family at night. The FROs wrote a transcript after the completion of each mapping session, and they subsequently prepared one report for each of the 11 areas.

Diagram 1. Social map

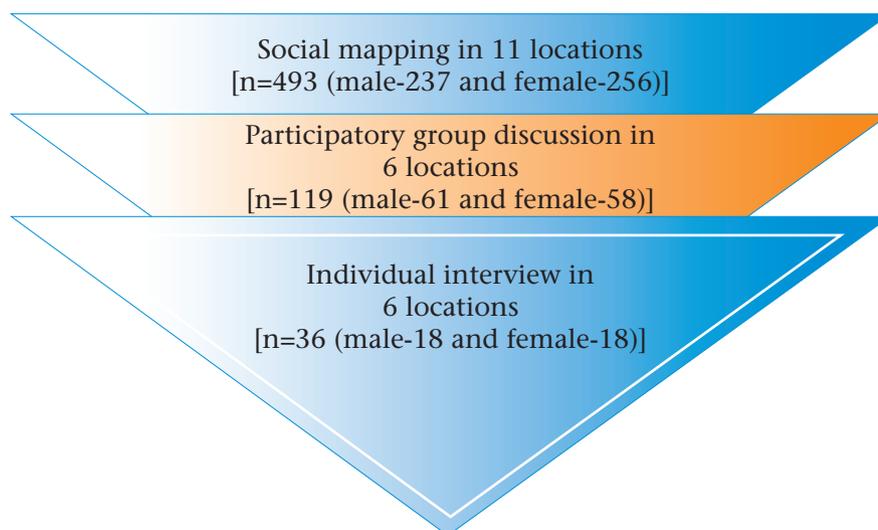


The street-children identified the areas where they live, where they work, where they move, and with whom they have association during social mapping exercise

b. Participatory group discussions

After the completion of social mapping, we selected six of the 11 locations for participatory group discussions and for individual in-depth interviews. To select the six study areas, the research team, including the FROs, had a day-long exercise based on the 11 social mapping compilation reports. During the exercise session, we considered the number of social mapping sessions conducted in a particular area by the FROs. In the selection process, we gave priority on the availability of different categories of street-children in a particular area, such as (a) the gender difference of street-children, including age-category and (b) availability of NGOs'

Diagram 2. Street-children participated in different phases of the study



intervention, the number of street-children, and the local people of the mapping areas. Moreover, the observation method was applied during field work to speculate the estimation of street-children. It is because of this that the assumption of the FROs was counted to estimate the number of children in a particular area. Finally, the findings of social mapping, based on the range of experiences and behaviours of the street-children that put them at risk of HIV/AIDS, were given preference in selecting the three entry points and three concentrated locations of different categories of street-children, and these selected areas were:

Entry points: Gabtoli Bus Terminal, Kamlapur Railway Station, and Mohakhali Bus Terminal.

Concentrated areas: Gulshan Circle No. 2, Kawran Bazar, and High Court Mazar.

Discussions during participatory work: The participatory sessions were organized with groups of 3-5 children each at a time and in the location of their choice. Studies found that flexibility in holding of such meetings is required and that actively engaging children in the process of determining both time and place of discussions leads to more successful activities with greater participation and fewer disruptions (15). Multiple sessions (minimum three with girls and three with boys per area) were held in each study area, with drawings of different topics completed at each session; the contents of the drawings were built from less to more sensitive topics. For example, in the first session, they were asked to draw maps of places where they spend their time; in the second session, they were asked to draw pictures of a typical day, showing their work and leisure time; and in the final session, they were asked to draw pictures of the key people in their personal networks with whom they have the most regular contact and whom they consider most important to them. This limited the length of the sessions and also provided an additional means of building trust.

The social mapping exercise helped us identify the areas where street-children usually gather and work and their network and mobility. It also helped develop a rapport with them and the local power structure.

Through the mapping exercise, we developed our sampling framework for PGD and individual interview. Considering the age, sex, parental status of street-children, we identified 3-5 children for a PGD from 8-15 children who participated in social mapping. To ensure the participation of children and diversity of information, we also considered their other characteristics, such as peer-association (network), working status, mobility, and history of harassments.

In total, 36 PGD sessions with 119 street-children in six different points of Dhaka city were conducted (Table 4). The children of the PGDs were selected based on their willingness to participate, experience of harassment, seems to be more vulnerable, and free to share their experiences about their street-life.

Table 4: Status of participatory group discussion

Item	Category of children								
	Abandoned		Living in street with family		Working in street and returning to family at night		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys + girls
Number of participatory group-discussion sessions held	6	4	6	7	7	6	19	17	36
Number of children participated in participatory group-discussion sessions	20	14	20	25	21	19	61	58	119
Number of 5-8-year-old children participated	0	1	6	10	2	6	8	17	25
Number of 9-12-year-old children participated	20	13	14	15	19	13	53	41	94

A flexible semi-structured checklist was used for conducting PGDs, and the checklist contained the issues relating to the background characteristics of street-children, living status, working status, network, leisure time, harassment, drug and sexual abuses, illness and healthcare-seeking behaviour, and knowledge of STIs/HIV/AIDS and safer sex practices. We arranged PGD sessions in isolated places. During discussion, we also provided a coloured pencil and a piece of art paper to each participant as it was found to be effective during social mapping to ensure concentration of all participants in the discussion.

Assent from the children and consent from their parents or guardians of children who were living with their parents or guardians were taken. For getting parental consent, we had to maintain good communication to establish a good rapport with them. However, in a few cases, parents were reluctant to give consent, and hence, we did not consider those children in PGD sessions. We also maintained good relationships and day-to-day communication with the NGOs and their representatives who were working with street-children. We took assistance from some DICs of NGOs, namely Aparajeyo Bangladesh, Nari Maitree, and Padakhep Manabik Unnayan Kendra, for conducting PGDs with abandoned female children.

It required 2-3 hours for conducting a PGD session. During the PGD sessions, we had to give them break for some time whenever they felt weary because most of them were reluctant to seat for a long time in a seating. Since the street-children were dependant on their work, we arranged refreshments as compensation of their time. However, the time for conducting PGD sessions was determined in consultation with the participants.

c. Individual interviews

Before conducting interviews, the study team analyzed PGD data for identifying the potential children for individual interview. From each PGD, we selected at least two children who had a range of vulnerable exposure in terms of HIV infection and STIs, such as exposure to drugs and sex. For conducting interview, we asked one child to participate and kept one on the panel. If the first one disappeared, we contacted the child on the panel. For selecting the potential children, we also considered other criteria, such as age, sex, living status, parental status, and geographical location.

Individual interviews were also conducted in a playful way. Children were involved in drawing of pictures. Pictures drawn during the discussion were the starting point for discussions with children. Individual children were asked to describe their pictures to the interviewer, and this was a way to probe regarding their vulnerability to HIV. The structure for interviews was flexible but the interviewers were trained to follow up on topics that are related to potential vulnerabilities, including drug-use; physical, mental and sexual abuse; and, to the extent possible, sexual experiences. To the extent possible, children were encouraged to discuss how their street-life differs from their life before coming to the street, if they had not lived in the street since birth, and also to discuss about their coping mechanisms. Concerns about illness were also addressed to understand whether HIV/AIDS is a concern for these children. Given their young age, asking direct questions about their knowledge on HIV was not feasible. Interviews were not tape-recorded because of the potential impediment this introduces when talking to small children. Instead, the interviewers were trained to develop in-depth field notes following the interview. During the initial stages of interviewing, the PI and other investigators worked with the interviewers to develop detailed notes, probing the interviewers to note as much detail as possible from the interviews.

Assent (thumb impression who were unable to write) from every child and consent from the parents or guardians of those children who lived with their families were also taken for interview. We used a flexible semi-structured checklist for conducting individual interviews.

During interview, we carefully observed the child to understand his/her non-verbal attitude. Considering the interview situation, we had to take a break to complete the interview. In some cases, it required several sittings to complete an interview. Before conducting the interview, the FROs visited the participants several times for arranging the interview place and time and to make more congenial relationships with them. We found that the procedure was effective for ensuring the quality of data and minimizing the information gaps as well.

Analysis of data

Analysis of data was begun with the first field activities and led to refinements as the study proceeded. The field notes were regularly reviewed with the field team (initially daily). The field team met the PI at least every alternative day to discuss the results of their activity sessions/interviews and to determine the best practices for further activity sessions/interviews and note-taking. From the beginning, thematic analysis took place to understand the vulnerability of street-children to AIDS/HIV. The processes followed a sequence of inter-related steps recommended by Ulin *et al.* that include reading, coding, displaying, reducing, and interpreting (20). The drawings done by the children were also reviewed and interpreted. A constant comparative method was used, in which information on potential vulnerability was compared across interviews with different children and across different groups of children.

At first, transcripts were carefully read, and then coding of data was begun. Reading and coding were initiated while data were being collected. The data-display and reduction process was conducted once all data were collected. Even during data display and reduction, the investigators looped back through earlier steps to refine codes, re-read texts, and revise some aspects of analysis. After reading, re-reading, and coding the text, the main themes were formalized. Each theme was then examined separately and fully within the available data. The triangulation of methods and comparison of various accounts by different FROs were employed to improve the quality of the study results which are also recommended by Denzin (21).

Analysis of data was begun with the first field activities and proceeded to refinements as the study proceeded. During data-collection, the methods and direction of the research changed as new possibilities arose. This is an integral part of an interpretive research process where the researcher must always remain skeptical and must create data-collection pathways that challenge rather than reinforce earlier conceptualizations (22). We regularly reviewed the field

notes, diaries, and transcripts and gave feedbacks to the FROs. The FROs met the PI at least every alternative day to discuss the results of their activity sessions/interviews and to determine the best practices for further field activities, especially sessions/interviews, questioning, and note-taking.

From the beginning, we conducted thematic analysis to understand the vulnerability of street-children to HIV. The process of sequence of inter-related steps recommended by Ulin *et al.* was followed that included reading, coding, displaying, reducing, and interpreting (20). The drawings done by the children were also reviewed and interpreted by the PI and FROs. A constant comparative method was used, in which information on potential vulnerability was compared across interviews with different children and across different groups of children. At first, we carefully read the transcripts and then initiated for coding. The reading and coding were initiated while data were collected. The primary themes and sub-themes were identified through initial coding. After reading, re-reading, and coding the text, the primary themes and sub-themes were merged with the main themes. When the main themes were formalized, we performed matrix analysis for displaying the data. However, the data-display and reduction process was conducted once all data were collected. Even during data-display and reduction, we looked back through earlier steps to refine codes, re-read texts, and revise some aspects of analysis. Each theme was then examined separately and fully within the available data. To present the complex view of street-children, we used statements of the children verbatim that were directly translated from the transcripts. We also quantified some responses while the responses against selected themes were converted into frequency scores and calculated into percentage among the different categories of street-children. The triangulation of methods and comparison of various accounts by different FROs were employed to improve the quality of research results, which is also recommended by Denzin (21).

RESULTS

Demographic characteristics of study participants

Of the 493 children of all categories who participated in social mapping, 243 (49%) never went to school (Table 5). Only 81 (17%) of them had formal education, and 53 (11%) had <2 years of formal education. Of children who reported that they went to school, one-third of them could spell out their names but a few of them could read or write any full sentence. Occupations of all categories of children were more or less the same. The street-children were involved with multiple occupations, such as scrap scavenging (*tokai*), begging, selling of items (hawker), sex work, stealing, and daily labour. A large majority of the abandoned street-children reported that their main occupation was scrap scavenging. All abandoned street-girls, aged 9-12 years, who participated in the research, were involved in casual and opportunistic sex work. They were involved with sex work if someone offered money to them. The female street-children in Kawran Bazar area worked in the market, and a large majority of them were involved in scavenging vegetables and gave those to some adult females to take shelter with them (as the children need the support of those adult females to survive in the street). Selling flowers, begging, and selling sex were most common among children who lived in the park and railway stations. Children of this group usually engaged themselves in selling flowers and begging, if they were unable to get enough money for their survival by selling sex.

The abandoned male street-children were involved in scavenging scraps (bottles, papers, cartons, crusting, bronze, old left-out things), pulling rickshaw-vans, carrying loads, washing cars, begging, and stealing. Some boys were also engaged in different opportunistic activities, such as helping to pull CNG autorickshaws when stopped during rain, bringing water and washing plates of restaurants, working in fruit shops, working as *tempo* (vehicle) helpers, and even in pick-pocketing. Some abandoned street-children, who were involved with NGO intervention, were mostly involved in vending newspapers, pop-corns, water, and candies in the traffic signals in different parts of Dhaka city.

A group of the abandoned male children of Kawran Bazar area used to scavenge or steal vegetables at night and sale those at markets. Some senior (9-12-year-old) street-children of this category scavenged scraps at night as scraps were found in plenty at that time. They called this type of work as *night kora* (night duty). The abandoned male children mainly went every night to scavenge re-cycleable scraps and bottles. Being a group, they went out for rag-picking from evening to midnight. After scavenging, some of them returned early in the morning to sell those to *vangari dokan* (scavenging shop) and took breakfast.

Both male and female children, who were working and living in the street, mostly in *mazar* areas, were engaged in begging for the whole day. They sold scavenged scraps to the nearby *vangari dokan*. In many cases, as the children could take money in advance from a *vangari dokandar* (owner of a scavenging shop), they went to a specific *dokan* (shop), and most of the time, they tried to make the *dokandar* happy. The female street-children of this category were also involved in vending flowers, and they usually collected flowers from the park, made chains/necklaces with flowers, and sold these to people.

In *mazar*, on Thursday, during the *mahfil* (religious gathering), the female children as a group earned money by singing religious songs but, on other days, some of them were engaged in sex work. The male children of this area mainly scavenged scraps and also acted as so-called receivers of *dan* (the holy sacrifice of money and in kinds by the name of Almighty Allah) by singing different types of religious songs when the people came to the *mazar*.

The children who were working in the street during day-time and who returned home at

night were known as 'market boys'; they were aged 5-8 years but were physically less strong. They worked in the vegetable market to scavenge worn-out vegetables. They just support their families in kinds to fulfill their daily requirements of food. But some of them can earn in cash by carrying vegetables of vendors. Both male and female older children were mainly involved in scavenging scraps during day-time like other categories of children. However, they did not directly sell their scavenging items. They preserved these with their parents for selling those to scrap-buyers.

Almost one-third (32%) of the street-children of all groups had been living in the street since their birth (Table 5).

Living status of street-children

The living status of three categories of children varied. The following is the brief description of living status of the children of three categories:

Abandoned street-children

Open public place: Generally, both male and female abandoned children did not have any particular pattern of accommodation in the street. The abandoned children chose places for sleeping where they felt safe, could protect them, or could avoid harassments. Keeping the *vangari dokandar* bag under the head, they slept in the platform of railway stations, footpath beside the stations, the *chauni* (shade) of rickshaw garage, along with peers of same age. Due to the harassment by the police, they had to sleep at different places at different times. Normally, they often had to change their sleeping places and tried to sleep in groups with other peers. Some street-children slept in the open floor of a waiting room of the bus station where they slept with different types of people, such as *minti* (load carrier), *kooli* (load carrier) of the terminals, beggars, mad people, drug-addicted people, and vagabonds.

The majority of the abandoned children slept outside or in front of the market, transport stations (bus station, railway station, and platoon of launch terminal), and shops or on footpath under the open sky. It was a common finding that, after leaving home, many children came to the capital city by a train or by a bus. Some children had been staying in bus and train stations for 3-4 years at the same place where they first got down from the bus or train. One 11-year old male child said:

I have been living in the Gabtoli Bus Terminal for the last four years. I did not move far away from the terminal because I do not know other places in this city, except this terminal.

The abandoned street-children, who participated in the interview from Mirpur Shah Ali Mazar and its adjacent areas, used to sleep inside the *mazar* compound.

Drop-in-Centres-cum-shelter-home: In Dhaka city, some NGOs, such as Aparajeyo Bangladesh, Padakkhep Manabik Unnayan Kendra, Chinnamul Shishu-Kishore Sangstha, Nari Maitree, and Assistance for Slum Dwellers, provided accommodation to the abandoned street-children, irrespective of girls and boys. Some abandoned and lost children of the street found their accommodation at night in the shelter-homes of those organizations. The female children are mainly affiliated with those organizations for safe accommodation and to keep them safe from sexual harassments, including rape. However, some abandoned female street-children informed that they frequently changed their living places due to their living patterns and for engaging them in the sex trade. Most of the time, they remained out of the DICs, although they were supposed to live there. According to the children, there is no provision of amusements in the DICs, which influenced them to go out of the centres.

Children living with their families

Mazar compound: Some families of street-children found their accommodation under the shade at the gate of various *mazars* in the city, and they were very much affiliated with the *mazar* cultures, which helped them ensure their food and accommodation. There are separate

places for males and females to sleep in the *mazar* compound. However, male children normally did not stay in these places. The female children used to sleep at the *mazar* compound which they called *mohila* (female) gate (actual name is *mohila jiaroti* shade). The corridor, in front of the *pucca ghar* (brick-built house), was the only place of sleeping for females at the *mazar* where the entry of males was restricted. The female children and other aged women all along slept there during day-time and at night.

Under open sky: The open air footpaths in front of some landmarks and underpasses were the sleeping places for the street-children, aged 5-8 years, who were living with their families. At night, different types of people, such as paper, juice, fruit and vegetable vendors, slept with them, and at day-time, the chicken vendors stayed with them. Putting the polythene or plastic underneath the body, the children wrapped their body with *katha* (type of mattress made by old clothes) and slept under the open sky. Some children slept with their mothers in a temporary *ghar* (house) on road side. They also had a *choki* (divan made by wood) inside the *ghar*, and they, along with their mothers, mainly slept on it.

Chapra (polythene-surrounded dwelling)—a typical living place of street-children and their families: *Chapra* is another type of living place for street-children who are living in the street with their families. The street-children with their families lived in *chapra* (plastic and bamboo fence at three sides, and some parts of the front or back side were also open for the circulation of air) beside the raillines or *jheelpar* (beside lakes) in the city. The families had to pay, on average, Tk 200-300 per month to local *mastan* (local muscle-man) for using the land. From the very beginning of the street-life, the families of street-children, following the living mechanism of other street-dwellers, made the shed using banner clothes and plastic. They kept their essential materials at the bottom part of the gallery and slept on the wider part of the front side. They had only mattress, curtain, and a trunk. The street-children, who were living beside the Tejgaon Railway Station, mentioned that abolition of their *chapra* due to the visit of any VIP is a common problem for them. They had to manage alternative places either in the abandoned platform of a railway station or under the flyover.

Children living in street and returning to their families at night

The children of this category who worked in the street and returned home at night mostly lived with their families at rented dwelling places in different slums of the city located near their working places. Some of them also built *chapra ghar* nearby their working places. Four to 8 members stayed in a single room. Most of them had only one *choki* (bed) to sleep.

However, due to some push factors, the children of the 5-8-year age-group did not want to stay with their families. The children of this age-group were dependent on their parents but, due to peer affiliation and parental negligence, their mobility gradually increased, which forced them to find out their own accommodations in the street. This less-protective situation made them more vulnerable in terms of risky behaviour. In this respect, one boy aged eight years said:

After my mother's death, I, along with my siblings, came to street with my father and was involved in begging. I helped my father pushing his wheel chair while begging and at night slept under the open sky in the street situated in front of the Wonderland or in front of the Azad mosque in Gulshan area. But one month ago, my father married again and forced us to beg independently, and my step mother used to beat us. That is why, sometimes I slept in the street with my sister or with other street-peers.

Table 5. Background characteristics of street-children who participated in social mapping

Item	Number of children								
	Abandoned n=135 (%)		Living in street with family n=188 (%)		Working in street and returning to family at night n=170 (%)		Total n=493 (%)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys+ girls
No. of children participated in social mapping	98 (73)	37 (27)	83 (44)	105 (56)	75 (44)	95 (56)	256 (52)	237 (48)	493 (100)
Age-group (years)									
5-8	6 (6)	8 (22)	28 (34)	56 (53)	26 (35)	42 (44)	60 (23)	106 (45)	166 (34)
9-12	92 (94)	29 (78)	55 (66)	49 (47)	49 (65)	53 (56)	196 (77)	131 (55)	327 (66)
Education									
Never went to school	77 (79)	17 (46)	40(48)	37 (35)	36 (48)	36 (38)	153 (60)	90 (38)	243 (49)
Attended non-formal education	20 (20)	19 (51)	30(36)	41 (39)	23 (31)	36 (38)	73 (29)	96 (41)	169 (34)
<2 years of formal education	0 (0)	1 (3)	8 (10)	15 (14)	12 (16)	17 (18)	20 (8)	33 (14)	53 (11)
2-4 years of formal education completed	1 (1)	0 (0)	5 (6)	12 (11)	4 (5)	6 (6)	10 (4)	18 (8)	28 (6)
Occupation									
<i>Tokai</i>	73 (74)	19 (51)	36(43)	34 (32)	43 (57)	25 (26)	152 (59)	78 (33)	230 (47)
Begging	0 (0)	4 (11)	11 13)	28 (27)	6 (8)	5 (5)	17 (7)	37 (16)	54 (11)
Street-vendors	7 (7)	8 (22)	7 (8)	0 (0)	5 (7)	13 (14)	19 (7)	21 (9)	40 (8)
Sex work (female)	0 (0)	2 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	2 (0)
Daily labour	14 (14)	0 (0)	8 (10)	0 (0)	21 (28)	24 (25)	43 (17)	24 (10)	67 (14)
Stealing	4 (4)	0 (0)	13 (16)	4 (4)	0 (0)	0 (0)	17 (7)	4 (2)	21 (4)
Support in household activities	0 (0)	0 (0)	8 (10)	39 (37)	0 (0)	28 (29)	8 (3)	67 (28)	75 (15)
Involved in DIC activities	0 (0)	4 (11)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (2)	4 (1)
Parental status									
Died	10 (10)	9 (24)	9 (11)	9 (9)	5 (7)	6 (6)	24 (9)	24 (10)	48 (10)
Separated/divorced	20 (20)	10 (27)	8 (10)	5 (5)	8 (11)	7 (7)	36 (14)	22 (9)	58 (12)
Duration of time lived in street									
<12 months	11 (11)	6 (16)	6 (7)	8 (8)	8 (11)	12 (13)	25 (10)	26 (11)	51 (10)
1-<2 years	25 (26)	13 (35)	8 (10)	11 (10)	12 (16)	17 (18)	45 (18)	41 (17)	86 (17)
2-<4 years	26 (27)	12 (32)	6 (7)	16 (15)	20 (27)	22 (23)	52 (20)	50 (21)	102 (21)
4 years and above	36 (37)	6 (16)	9 (11)	11 (10)	18 (24)	18 (19)	63 (25)	35 (15)	98 (20)
Since birth	0 (0)	0 (0)	54 (65)	59 (56)	17 (23)	26 (27)	71 (28)	85 (36)	156 (32)

DIC=Drop-in-Centre

Food, anxiety, and struggling

The children of all categories often bought food from *jhupri dokans* (roadside shops) and food vendors at footpath under the open sky. They sometimes collected leftover foods from restaurants and while scavenging scraps. The children who lived in the *mazar* area got food by taking wasted *sinni* (the food that provided everyday as *mannot*) and *khichuri* from the *mazar* authority. The children occasionally arranged their food by begging. However, food-taking behaviour varied among different categories of street-children.

Abandoned children

The abandoned street-children had to arrange their meals by themselves. At the beginning of their street-life, abandoned children got food from their peers. Gradually, they found their own ways to earn and bought food from roadside shops, and sometimes begged food from houses. They also collected leftover foods from marriage or funeral ceremony. They occasionally themselves cook *khichuri*. The abandoned street-children believed that sniffing *dandy* (type of glue) paled hunger, and they consequently collected money from the members of a group to buy cheap shoe glue from shoe-makers to sniff *dandy* and took it by sitting round in a suitable place isolated from the passerby. A child said:

The glue of *dandy* initially remains wet, then it would dry. Sniffing the glue fulfilled the empty belly and paled hunger.

Some children were involved in stealing foods and vegetables.

One-third of children who participated in in-depth interview informed that, if they could earn money, they used to buy food from street-vendors, and if they had no money, they collected and took leftovers from dustbins or vegetables and fruits thrown away at markets.

The abandoned children who were staying at shelter-homes or DICs informed that they got meals from the DICs. The children who were not staying at the DICs but were enlisted with any DIC needed to be present in concerned DICs before 12 noon for getting lunch. Otherwise, the DIC authority did not allow lunch for them for that day.

Children living in street with families

The children who were living with their parents used to eat carrot or tomato while scavenging vegetables. The street-children usually supply these scavenged vegetables to their mothers for cooking. Some organizations provided non-formal education to the street-children. Some of these organizations also provided food to them who attended classes thrice a week. The children, aged 5-8-years, living with their families, mostly reported that their parents provided their meals.

Children who work in street and return home at night

The children who return home after work in the street used to have their morning and evening meals by cooking at their homes. According to them, most of the time, they had to buy food from street-vendors. They took their breakfast at home, and they normally did not take lunch while working but, after earning some money at the end of the day, they bought rice or bread to eat from street food-vendors.

Saving money and exploitation of street-children

The abandoned street-children, who stayed in different DICs in the city, saved their excess money in the DICs. However, the abandoned children, who were not affiliated with any DIC, kept their excess money in their pockets but most of them lost their money by pick-pocketing

when they were sleeping. The street-children, who were mainly involved in the scavenging of scraps, borrowed money from *vangaari dokandars* and also kept the saved money with them when they earned more. Sometimes the *dokandar* did not return the full amount of money at a time. The *dokandar* always kept some amount with him to ensure the child's attachment with his shop only. At the end of the day when the abandoned female street-children could save Tk 20-30 put it into the *kuthi* (a cloth-made tiny bag hanging around the waist). Many street-children usually kept the saved money with the roadside shop-keepers (betel leaf and cigarette sellers) or with the well-known or so-called brothers and sisters-in-law, and when they wished or needed, they could get back the money in any occasion, such as Pohela Boishak (1st day of the Bengali year) and religious festivals. Some of them lost their money when these people betrayed or fled away from their surroundings.

Of the street-children who worked in the street and returned to their families, the female children mostly saved money in a clay-made fix-pot (*matir bank*) but they sometimes could not spend the savings for their own. The male children of this category did not report about any saving. Of the street-children who were working and living with their families in the street, both males and females did not spend their earnings; they usually gave their earnings to their parents.

Working atmosphere and behaviours of co-workers

According to the street-children of all categories of all age-groups, they were usually working in a situation where violation was predominant. For example, in the railway station areas, the authorized carriers—*kooli*—did not allow them to work and often pushed them away. The street-children who worked in the roadside restaurants were often beaten inhumanly by the adult people for any little mistake. The female street-children always quarrelled with each other while scavenging scraps together.

The street-children received good behaviour from their elderly peers, and they could lend and spend money for them. Despite the misbehaviour of some *vangari dokandars*, some shop-owners behaved well with them. Moreover, the popcorn suppliers also behaved well with them. In this regard, one of the street-children said:

After measuring the materials, Mostofa *bhai* (name of a *vangari dokandar*) gave money on the spot. Moreover, we borrowed extra money from him. But the Molla (another *vangari dokandar*) did not want to give money at a time in exchange of the materials and said to come another day.

Competition among street-children during their work

The street-children of all categories have their own working areas and do not permit other groups to enter into their working areas to work. According to the 5-8-year-old children, the adults apply force during selling of flowers and other things.

They scavenged scraps with adult males and females, and they had to compete with others to collect more scraps. It occasionally happened that, if they found a piece of iron or bronze, they fought each other to collect and possess it. They sold the scavenged scraps to some selected *vangari dokandars* as behaviour of the *mohajons* (money-lenders) was good, and they sometime gave them money in advance. They tried to avoid some *vangari dokans* due to the misbehavior of the shop-owners, and those *dokans* were the drug-taking places of some male street-children. The customer often became angry and did not buy flowers from any of them. The female street-children disliked the male street-children of their place. The young female street-children sometimes were involved in conflict with the adult female children while scavenging the same material.

Daily income of street-children

The daily income of the street-children depended upon the type of their work they did. A child could earn Tk 60-90 daily by selling scavenged scarps. By begging, one could earn Tk 30-60. In the transport station, each could earn Tk 60-70 by carrying goods. When a big lorry (truck) comes to the market or an industrial area, they earned Tk 50-90 each of them for unloading a lorry. However, for getting such unloading jobs, they had to maintain a good relationship with the manager or supervisor of companies. One of the child replied:

They also performed some opportunistic work during rainy days and earned Tk 80-120 daily by helping the CNG autorickshaw drivers to push their vehicles. The children who were engaged in stealing informed that they earned Tk 200-300 a day, although this was not possible regularly.

Special type of income

On Friday, the abandoned street-children and those living with their families in the street could earn money by begging, although they were generally either scarp scavengers or vendors of different materials. While scavenging, the street-children sometimes found precious things, such as camera, mobile phone, and other electronic goods; they sold those at Tk 400-500 each; and in the next few days, they just spent their leisure time without working. They were occasionally hired for the activities of the Water Supply and Sewerage Authority (WASA) as a cleaner, which is a scope for them to earn more money—approximately Tk 180-190 per day.

Peers with whom they work

The street-children of all categories felt comfortable to work with peers of same age. They also used to do work with children of different age-groups for their survival in the street.

Option of spending money

As the abandoned children had to survive on their own, they (both male and female) kept some money to buy rice and also provided food support to the nearest peer. They supported each other when one of them was not able to earn enough money for buying food. While working, they also bought *jhal-muri*, *citai pitha* (type of thin food), and mango bar that are available from the roadside vendors. The abandoned female street-children sometimes, when wished to buy a food item, were engaged in sex work. Buying lipsticks, bangles, and other small ornaments by all types of female children was very common. In this regard, a 12-year-old female child said:

I spend my money in buying rice from the *khala's dokan* (roadside shop), *jhal muri* (spicy cereal of rice) parched on hot sand, moist mango mixed with spices, and *citai pitha* (one type of local cake), and I bought hair clips and earrings.

The abandoned male children stated that they spent a bulk portion of their income in buying drugs, such as *dandy*, cigarette, and *ganja*. One 12-years-old abandoned male child said:

I take *biri* (cigarette), *dandy*, *ganja* (marijuana), and *cakki* (sleeping pill). I have to earn money for the *pinic* (addiction of these substances/drugs). It is possible for me to survive without eating rice for 1-2 days but if I do not take *dandy*, my head moves round; so, after earning money, first of all, I used to take *dandy*.

The boys and girls of all categories spent the major portion of their income to watch cinema and play video games. Some abandoned male children spent a big amount of income for injecting drugs. They spent all their money that they earned in a day because most of them had no reliable option for saving money, and pick-pocketing of their money at night was a common scenario in the street-life. Some male abandoned children and who were living with

their families in the street also abused substances, such as *dandy*, *mod*, and *ganja*, to escape them from bad smell as they had to do cleaning activities of the WASA or pulling of waste-collected vans. In this regard, a 10-year-old male street-child said:

While working with the WASA, I am to touch garbage. To pull out wastes from the drain in a bucket, I felt bad smell. If I take a drug, I do not bother about the smell and do not feel tired.

On the other hand, some female abandoned children earned mainly to take drugs, such as cigarette, *dandy*, *ganja*, and *cakki*. According to them, they could not survive even a single day without *dandy* as they have to do sex with multiple sex partners at a time.

Both male and female street-children, who lived with their families, worked at the street, and returned home at night, gave most portion of their income to their parents or to other well-connected adults who took care of them in the street. Sometimes when they wished to buy something, they spent the money for buying *jhal-muri*, *chanachur*, chips, biscuits, tea, bread, milkvita milk, *doi* (curd), juice, and even cigarettes. With the earned money, the male children went for trips with peers on holidays and enjoyed smoking and also played video games. Expenditure of money to watch movie in the cinema hall and to play video games was very popular among all categories of street-children. Some of them bought food after getting consent from their guardians but some male children followed a different mechanism. If they earned Tk 100, they gave the half (50 taka) to their mothers and kept the remaining amount for own purpose.

The children who work in the street and return home at night used drugs with their earnings. The children of this category also spent their money to support their families and to buy food for their family members.

Beginning of street-life and coping mechanism

Why children left their homes?

There are various reasons behind becoming street-children. The main reasons as stated by all age- and sex-groups of children are mentioned below.

Pull factors

Peer pressure: The pressure of peers was the most influential factor among the study children for becoming street-children. Some children reported that they felt better to stay with their peers and moving with them in the city rather than staying at home or going to school. A few of them also reported that with peers they could fulfill the desire of playing video games. Even a couple of abandoned children were found in the Gulshan area but they were once living with their families in the Korail slum. They frequently moved to the Gulshan area with their peers living in the street. They gradually developed intimacy with them and felt better in staying with them in the street. According to the children, they were in the street with a dilemma between street-life and home-life. At the same time, they were pulled by their peers and attraction of street-life, and they were pushed by family and other societal entities. Since the children liked to play with peers in the street, they often came to the street. Gradually, they began to like and enjoy the street-life. Some other factors, such as low parental income, failure at school, family conflicts, and parental negligence, were added as pull factors to bring them to the street. Some boys and girls of all the three categories reported that their situation in their homes was like a prisoner. Therefore, they often came to the street again and again. Their peers insisted them to become stable in the street, and they ultimately became fascinated with the street-life.

Fascination of street-life: Some children of both the sexes aged 9-12 years informed that they liked to play with peers in the street; so, they often came to the street. They gradually began to like the street-life.

Lots of freedom: The children of all age-groups informed that there were lots of freedoms in the street-life. They could do whatever they liked; nobody restricted their day-to-day activities; and all of them influenced them to become street-children.

Push factors

Family broken-up: The most common reason mentioned by the children about their becoming of street-children was the breaking-up of family. About half of the children participated in the PGD reported that they left their homes due to maltreatment by their family members. However, this reason was more common among the abandoned girls and boys (Table 6). Due to death or separation of parents, remarrying of their parents, and maltreatment by step-parents forced them to leave their homes. Parental torture was also common among both boys and girls who had step-parents. The step-parents forced them to work and to leave the home for earning. An abandoned male child aged 11 years said:

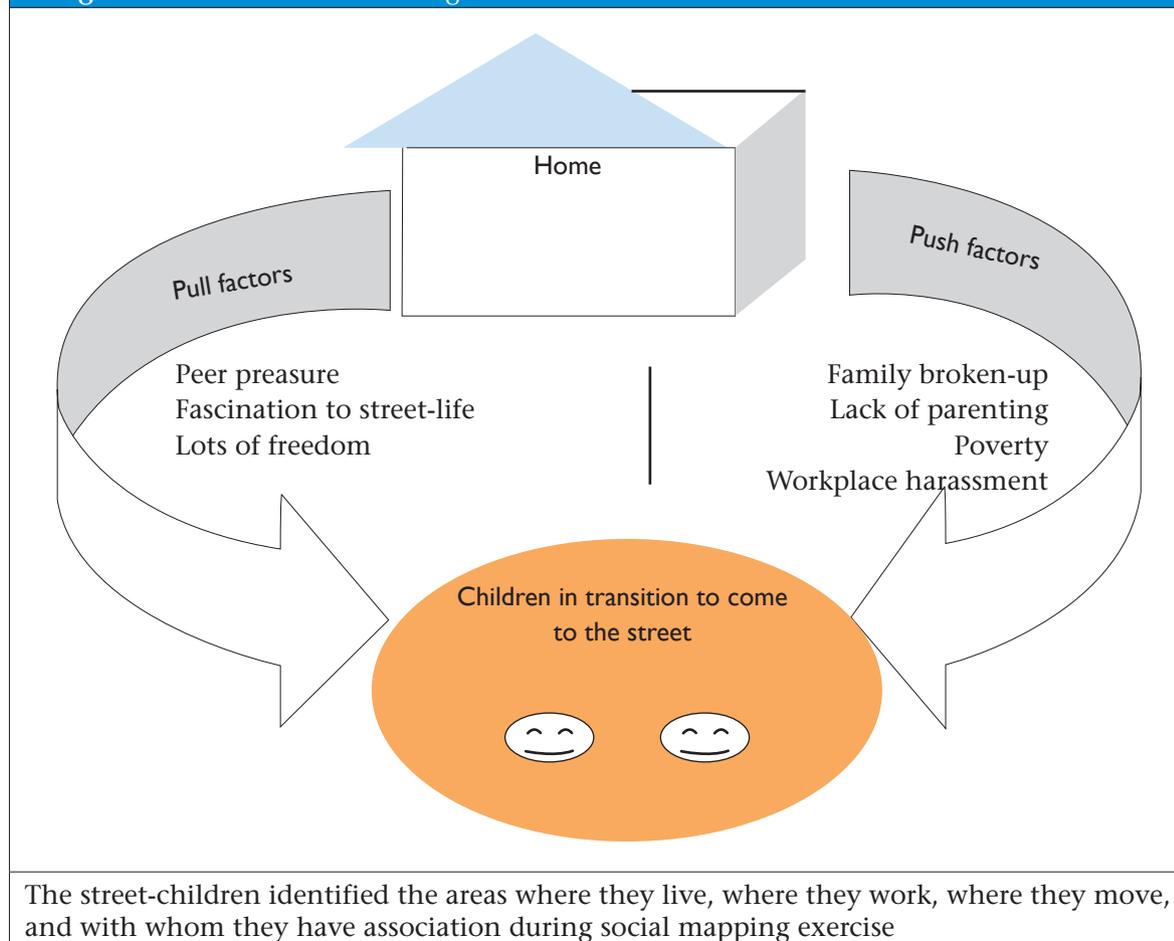
After my mother's death, my father married again. My step-mother is a witch. Whenever my father went to his work (rickshaw-pulling) ..., she forced me to wash all the porcelain dishes and to do all other domestic activities. That is why I did not stay at home.

The other reasons mentioned by them were: poverty, influenced by peer, born in street, and lost from family (Table 6).

Table 6. Common reasons for becoming street-children by category and sex-groups									
Reason	Number of children participated in PGDs								
	Abandoned		Living in street with family		Working in street and returning to family at night		Total		
	Boys n=20 (%)	Girls n=14 (%)	Boys n=20 (%)	Girls n=25 (%)	Boys n=21 (%)	Girls n=19 (%)	Boys n=61 (%)	Girls n=58 (%)	Girls + boys n=119 (%)
Maltreatment by family	17 (85)	10 (71)	8 (40)	8 (32)	5 (24)	8 (42)	30 (49)	26 (45)	56 (47)
Poverty	1 (5)	0 (0)	9 (45)	11 (44)	10 (48)	6 (32)	20 (33)	17 (29)	37 (31)
Influenced by peer	0 (0)	0 (0)	3 (15)	1 (4)	4 (19)	4 (21)	7 (11)	5 (9)	12 (10)
Born in street	0 (0)	0 (0)	0 (0)	5 (20)	1 (5)	1 (5)	1 (2)	6 (10)	7 (6)
Lost from family	2 (10)	3 (21)	0 (0)	0 (0)	0 (0)	0 (0)	2 (3)	3 (5)	5 (4)
Do not know	0 (0)	1 (7)	0 (0)	0 (0)	1 (5)	0 (0)	1 (2)	1 (2)	2 (2)

Lack of parental care: Besides the breaking-up of family, lack of proper care for the children was another factor to push them to in the street. This was mostly reported by the male children of two categories: children living with their families in the street and children who returned to home at night. The children reported that, since their parents worked outside for the whole day, they spent their time without any parental care. They came out of home, played with other street-children, and made peer relationship, and they finally became fascinated to the street-life. A large majority of children who participated in in-depth interview informed that, due to lack of parenting, they became irregular in schools. The school teachers used to beat them for such irregularities. They also added that their parents also sometimes punished them for their absence from schools. Four of 24 of them who participated in in-depth interview reported that they enjoyed very much in playing of video games with their peers instead of going to school. After knowing that the school teachers and parents became hopeless about their education, the parents then provoked their children to earn money on their own way, and this influenced the children to become street-children.

Diagram 3. Reasons for becoming street-children



Poverty: Poverty was another main factor to push children to the street. Of the 119 children who participated in the PGDs, 37 left their homes because of poverty (Table 6). Due to natural calamities, accidental or incidental disability among the earning parents, and low wages and seasonal jobs of parents, children and their families fell into extreme poverty. The parents were unable to meet the needs of the children. The children of all categories who participated in social mapping, PGDs, and individual interviews mentioned that, since their parents were unable to feed them, they came to the street just for their survival. About half of the street-children who returned home at night, participated in in-depth interview, were working not only for themselves but also for their families. Following the activities of their peers, they used to do so to fulfill the needs of their families. During an individual interview, a female street-children aged 10 years said:

I am in the street for my survival. If I did not scavenge scraps, how could I get rice.

Another seven-year-old male child said:

My mother is a beggar; so, from where she would get money to pay the rent of a home. That's why we are staying in the street.

Due to workplace harassment: Some children of both the sexes, especially of the abandoned category, came to the street from their workplaces. Some pull factors, such as obsession of earning facility in urban areas attracted poor parents to settle down their children in an urban setting. These children started their work with small shops in the city markets, roadside

restaurants, and shoe shops and work as maidservants in households. The employers of the adults at workplaces misbehaved with them, harnessed them, and tortured them, which compelled them to escape from their workplaces, since they did not have any alternative in the unknown urban environment, and they finally became street-children. A 12-year-old female child said:

I was often physically tortured by the members of the household where I worked as a maidservant, and I was even raped by the two members of that family. I informed my mother but she denied receiving me ... once it was beyond my tolerance, and I just fled away....

Coping mechanism

According to all categories of the street-children, peers were the main actors who supported them to cope up with the street-life. When the children first came to the street, they faced lots of difficulties to find out ways to survive in the street, for example, managing food, arranging a sleeping place, protecting themselves from others, and need to compromise with others. Most children reported that it was their peers who came forward to help them in their initial days at the street to save them from all sorts of problems. Sometimes the peers were senior to them. They taught them about the street-life. For example, when children were first introduced to a peer who was used to steal food, he/she always taught them how to steal. If anyone was initially involved with a scrap scavenger, he/she taught others how to scavenge scraps. A new child required several days to cope up in the street. This coping mechanism was easier for the male street-children compared to the female children. About half of the female street-children reported that, before finding an appropriate coping mechanism, they were harassed several times by the adults. A large majority of the abandoned female street-children, aged 9-12 years, who participated in the PGDs, had experienced sexual harassments during their initial days in the street. Eventually, when they observed that all the girls had same experiences, they considered it a common problem in the street-life, and they had to compromise for their survival. A 10-year-old abandoned female street-child said:

The day I was lost, I just remembered the feeling of my great fear, and I was so hungry and tired,... with all those I tried my best to find out my family. Once I understood that it was not possible to find out my family, I was crying. A man found me but when I was unable to remember my family address or location, he brought me in the Karwan Bazar area and left me alone. An older street-girl came to me and helped me manage my food and a sleeping place, ... after a couple of days, I found other children who had same condition, and with the assistance of all those children, I spent the last four years in the street.

Some street-children of all categories, who came to the street with the fascination of the street-life, did not face any difficulties to cope up with the street-life. Since about half of these children who participated in in-depth interview were pushed to the street due to maltreatment in the family, they found the street better than their families. They reported that the street-life has lots of freedom, there were no responsibilities, and they could spend all they earned.

The majority of children, who worked in the street and return to their families at night, came to the street gradually. Initially, they infrequently came to the street. When they found that their peers work and earn money, enjoy the street-life through playing video games, seeing cinema, and moving around the city wherever they like, they became stable in the street.

Networks and association of street-children

Network

The street-children of all categories and who were working to collect left-out crafts maintained a good relationship with adult *vangari dokandars*, local drug vendors, vegetable vendors, and food vendors. Some of them also informed about their association with the field workers of the local DICs. They added that a street-child has to maintain a network with a number of persons for his/her survival in the street. For example, one eight-year-old child, who was living in the



street with his family, said:

First of all, I have to maintain communication with Babu *bhai* (a senior street-boy) because I get support from him in any conflict, and he also shared *ganja* with me. Then I have to maintain a relationship with the *vangari dokandar* Showkat *bhai*, and I have a couple of good friends with whom I play, work, and sleep. Besides, I have to keep in touch with the caretakers of the godowns of PRAN and Akij Company, who often give me work of carrying loads. I also maintain a relationship with the van-puller who collects wastes.

The male street-children of all categories mentioned that they had a very good relationship with their peers. The street-children coped up their street-life with support from their peers. A relationship among them developed from the beginning of their street-life, and they used to maintain it. After coming to the street to work, the male children of all categories were introduced to some peers of same age and senior children, and they lived together. They also maintained communication with some senior boys (called elder brothers) through their best peers, and they acted as a group to face any conflict with anti-groups.

Each abandoned street-children had a couple of peers with whom he/she had a very good and strong tie. Sometimes they did not take any food without sharing among each other. Their strategies were to avoid harassments at night by the members of the law-enforcement agencies, security guards, and other public, and they maintained good relationships among their groups. The children spent their time together in sleeping and playing and in the workplaces. They also helped each other financially, if anyone in their groups had no or less income in any day(s). Sometimes the children who worked in the street and returned to their families also had friendship with the abandoned children. One 10-year-old child abandoned said:

That day I earned Tk 60 but my friend Naim had nothing. I saved him. Otherwise, he had to die without taking any food. On the other hand, in some days, he saved me. I cannot continue my life without Naim and Babu (his peer). When I was in Kamlapur, I made *rookter bondhu* with Al Amin. He was like my brother. Is it possible to continue life without

a friend? The mind and soul do not stay at home. With a friend, I can stay and eat together at the street.

The female street-children of all categories also maintained good relationships with some selected peers of similar age, elderly brothers (street-boys), and sisters (street-girls), and also with some well-known *khala* (food vendors) to ensure daily food. The female abandoned children sometimes had to maintain relationships with some adult boys in their residing areas. Although this type of adult or aged street-children are drug-users, and their delinquent behaviour was very common, many female children of this category had to maintain relationships with them to get help whenever they needed in the street. This relationship sometimes resulted into love affairs among them. However, most of these relationships ended up in break-up mostly by the boys, and the girls ultimately became sex workers.

All types of street-children also had to maintain good relationships with their employers and other adults, such as guards, owners of whole-sale shops, and *vangari dokandars*. The children who carried goods always tried to keep good relationships with the guard or the owner of the whole-seller for getting work. They often called the children for uploading their products in the vehicles. Forty-six percent of the street-children were working as scrap scavengers and for selling their scavenging scraps, they had to depend on *vangari dokandars*. Five of 36 children who participated in in-depth interview called them *mama* (maternal uncle) or *mohajon* (*vangari dokandar*). According to the abandoned street-children, this relationship was built up from the very early age of their street-life, i.e. when the *vangari dokandars* brought them from the street and gave support, such as food, accommodation, and shelter. There was a reciprocal relationship between the street-children and the *vangari dokandars* because the *dokandars* were also dependent on children for collecting scraps. Because of the limited income of the children and when they did not scavenge enough scraps, they often borrowed money or took advance from the *vangari dokandars* for fulfilling their daily needs. Since 51% of the children were being addicted to drugs, they needed money whether they could earn or not. Considering this dependency on drugs, some *vangari dokandars* played a role as drug vendors. Many children of this category reported that they got *dandy* or *chakki* from the *vangari dokandars*. During social mapping, an abandoned male street-child of the 9-12-year age-group in the Sadar Ghat area said:

I keep a good relationship with *Vangari dokandar mama* as I always get money and food from him. Whenever I need money, I go to him ... once one of my friends became sick, that *mama* bore all costs of his treatment. Sometimes *mama* gives us shelter when we are involved in any conflict with other elderly children.

The abandoned children worked and lived in the railway or bus stations. They were mostly involved in carrying passengers' loads. However, since they are children and have no power, they could not manage legal permission from the station authority for doing this job. For getting work, they have to maintain relationships with registered labourers (locally called as *lal jama kooli*), railway police, and guards. Otherwise, the registered labourers beat them. They (*koolies*) sometime took the loads from them. The children often shared their earnings with the registered *koolies*.

Another type of network was also found common among all three categories of street-children, and this was drug-related network. The street-children maintained relationships with their peers dealing with drugs and drug vendors. Some children were also involved with drug trading. The children reported that it requires less money from each of them to take drugs together. They also reported that it also helps develop a strong relationship among them, if they take drug together. One 11-year-old street-child who was working in the street and returns to the family at night said:

It requires less money, if it is possible to be addicted all together. It is problematic to keep the *mal*-container of *dandy* as the police or the father beats, if they find it with me. Moreover,

one container of glue (*dandy*) costs Tk 20, and it is not possible to sniff one container at a time by one child. But if four of us share a single container of *dandy*, it needs Tk 5 for each, which we can afford easily and can through away the container after sniffing.

The street-children of all categories who were addicted to drugs maintained good relationships with drug vendors with the intention that, when they could not earn money, they could get drugs in credit. Most children reported that they always got all kinds of support from the drug vendors. The children got good food from the vendors. Even it happened that the drug vendors arranged food for the children in costly restaurants. The children also found shelter during conflict with other groups, and the drug vendors protected from the police.

Spending leisure time

The abandoned children, along with senior and junior male and female peers, work together and spend their leisure time. Although they usually passed their time with peers of same age, while doing sex and taking drugs, they also regularly met street adults. Sometimes, they spent their leisure time with some adult males and females from whom they could borrow money whenever they require. But the children who stayed in the DICs had good relationships with the peers who lived in the DICs. In the *mazar* area, after the completion of scavenging scraps, the abandoned street-children and those who were living with families of all age-groups returned to the *mazar*, and with their peers of same age, they took drugs (mostly *ganja*). Some of them liked to visit other areas to meet their peers with whom they were introduced when they were in those areas for playing or taking drugs with peers. In addition, some female children liked to pass their time with very young children.

The children who have been living with their families in the street had a relationship with some selected peers of same age with whom they shared their feelings and passed their leisure time. While living in the street, the male children found so many friends in their living area but most of the time spent their leisure time with one or two of their peers. After the completion of scavenging scraps, the street-children went for playing video games and carom. Some of them watched movie at the cinema hall, and they sometimes passed their leisure time taking substance (cigarette, *ganja*) with their peers. These are also the common activities of the male children of other two categories.

The children who returned home at night after working in the street met all the children at their living area at night. They passed their leisure time with peers who are engaged in various types of work, such as begging, scavenging scraps, and stealing. Some of them had sex with boys in exchange of money. Moreover, the children had a friendship with some abandoned children of the street. The children also informed that, after the completion of scavenging scraps, they went for playing video games and carom. They watched movie in *dokan ghar* or at the cinema hall till 10 pm. They also used to visit zoo, Mirpur Mazar, and different parks in groups.

Activities that street-children liked most at their leisure time

All categories of the street-children liked to walk around and passed their leisure time with peers and to visit some selected places in the city, such as Mirpur Zoo, Shahbagh Shishu (Children's) Park, Shamoli Shishu Mela (Exhibition), and they sometimes climbed the roof of the train and went to Cantonment, Airport, Kamlapur, and Tejgaon Railway Station. The inter-district mobility was very common among the abandoned street-children. The male street-children of all categories spent a large portion of their income to play video games. According to them, the video games provide them pleasure as if they were riding a car or fighting with an evil in their real life.

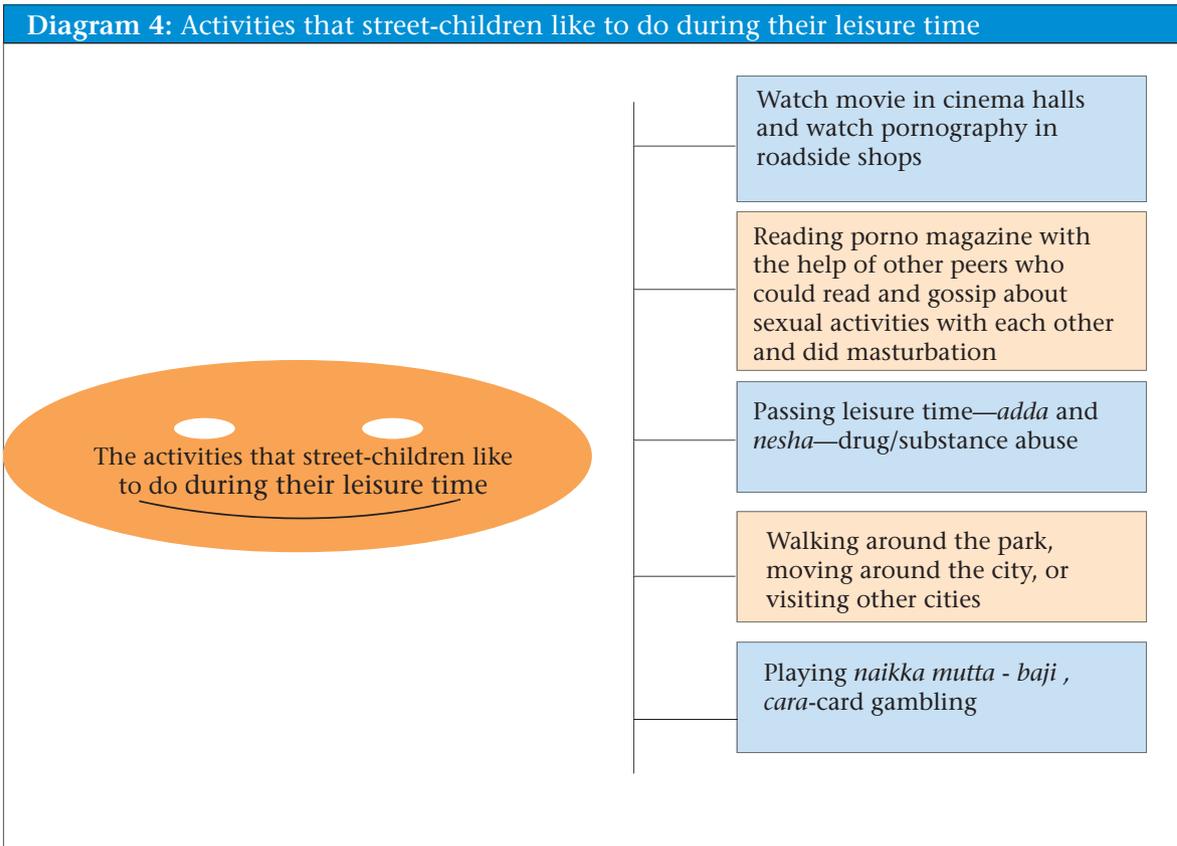
Both male and female street-children of all categories mostly aged 9-12 years liked to watch movies in cinema halls and almost every week, they went to the nearby cinema halls. Since

most female children who were living with their families in the street had no television (TV), they went to others' house to watch TV. Five of the 24 street-children of other categories who participated in in-depth interview watched movies sitting in front of CD shops or tea stalls with peers/groups.

The street-children of the 9-12-year age-group of all categories liked to smoke with friends and to enjoy *choti* (pornography) with friends (who can read) in their leisure time. They enjoyed very much while watching the porno pictures. One of them reads the book and others enjoy hearing the porno-stories. They bought or rented those books from the magazine shops of the station and the nearby footpath. While gossiping, many of them discussed about sexual activities of each other, and some of them were engaged in masturbation by gathering in an isolated place. About pornography in leisure time, a 12-year-old male child, who was living with his family in the street, said:

If someone brings a nude magazine, everybody tries to keep it. We see the breast and vagina of the heroine. Our *sona* (penis) became hot and strong. One of our friends read the story of fucking, and the remaining children listened to him. I liked this very much, and at that time, smoking *biri* (type of cigarette) is the perfect thing to pass the time.

Many abandoned male and female children liked to remain sitting after drug-use. For passing the leisure time, many liked to have deep-sleep after taking *cakki*. In the *vangari dokans*, the scarp scavengers all together smoked sitting in the *vangari dokan* to pass their leisure time. In addition to playing *naikka mutta, cara* (type of gambling) and other various types of gambling were very common among the male street-children to pass their leisure time.



Rokter bondhu—a culture of making friendship

Making of *rookter bondhu* (friendship by sharing blood) is a common practice among all categories of the street-children. The children made *rookter bondhu* with other peers. Both the friends cut their hands or fingers or any visible part of the body and mix blood of each other and promise to sacrifice themselves and do everything for each other. This practice was higher among the abandoned children than other categories of the children. According to them, this was one type of coping mechanism of street-life. As all the abandoned children, to some extent, faced insecurity and there is lack of strong bonds in the street-life, they made *rookter bondhu* to ensure support from others. In this regard, an 11-year-old abandoned male street-child said:

I am alone in the street. I have no relatives, no parents, and no brothers. How can I survive when I become sick My *rookter bondhu* is always with me, and he is everything for me.

At the initial days, whenever a child, particularly of the abandoned group, saw that other abandoned children were making *rookter bondhu*, they became inspired to do so. They have nobody to help in the street. This type of children had a strong relationship with friends in a particular place who are their *rookter bondhu*. They reported that they could sacrifice their lives for those peers. They supported each other for any problem and did not take food without *rookter bondhu*. In this regard, one 11-year-old abandoned male child described the reasons and customs of *rookter bondhu* as follows:

In every place, I had a *rookter bondhu*. In Kamlapur, it was Farid, and in Sadarghat, it was Rana. We made the relationship of *rookter bondhu* by cutting our hands. But at first I made this type of relationship with Rasel at the Tejgaon station. When I used to go to the station instead of going to school, I had a good relationship with him. He proposed me to be the *rookter bondhu*, and by cutting the finger of my right hand, I pressed blood on his blood of the finger and became *rookter bondhu*. When I went to the Kamlapur station, I proposed Farid to make *rookter bondhu*. When he agreed, we cut our fingers; as I cut the finger of my left hand with a blade and mixed my blood with his blood of the finger of right hand and promised to each other saying, 'from today, we are the *rookter vhai* (blood-related brother).



If we face any problem, we have to come for help for each other. If we find food, we have to share; if we do not get anything, both of us do not eat anything. We made *rokter bondhu* in this way.

The male children of this type made *rokter bondhu* to support each other, and they sometimes went to fight with other gangs for the sake of *rokter bondhu*. When a child made a *rokter bondhu* with his friend, they promised to support each other in any problem, and they never leave each other.

According to the female street-children, who were living with their families in the street, also learnt the custom of *rokter bondhu* watching the activities of the elderly abandoned street-children. Observing the activities of others, some who were working and returning home also made *rokter bondhu*. It was a custom of their street-life as they could share their feelings with their *rokter bondhu* and could support each other in the case of any type of problem. Sometimes a child, along with her two other peers, followed the custom of making *rokter bondhu*—it meant to them that they are *soi* (friend forever). They followed the custom of becoming *rokter bondhu* by cutting the finger of each other and mixing blood of each other. Some female street-children sang a song:

The song—
“*soi soi soi*
ek patil doi,
tume ja khaba ta amare diba
Ami ja khabo ta tomare dibo”.
(“Peer, peer, peer;
A dish full of curd;
You will give me what you will eat;
I will give you too, what I shall eat”)

This type of friendship—*rokter bondhu*—meant that the happiness of one is the happiness of others and sorrow of one is the sorrow of others.

Harassments

Harassments of the street-children were common. Harassments experienced by the street-children who participated in the PGDs included: mental, sexual and economic (Table 7). Types and nature of harassments made to the street-children are briefly described below.

All the abandoned male and female children experienced physical harassment. Sexual harassment of the female children was higher compared to other categories of children. Twelve of 14 abandoned female children who participated in the PGD experienced sexual harassment (Table 7). Eight of the 14 abandoned female children reported penetrative sexual harassment. The female children living with their parents in the street and who were working at the street and return to home at night also reported penetrative sexual harassment. They could not, however, remember how many times they had experienced sexual harassment. All of them mentioned that the number was countless. Harassment of the children mostly depended on their living or sleeping place, workplace, and the people with whom they were working. According to the children who participated in the PGD sessions reported that they were harassed not only by a single actor but also by multiple actors at the same time. They were mostly harassed by their employers, the police, passersby, their peers, local *mastans*, aged addicted people, rickshaw-pullers, members of DIC staff, and clients. About 81% of the children reported that they were harassed by their employers. These were more common among the abandoned children; half of them were harassed by the police or guards of different organizations (Table 7).

Table 7. Status of harassments of street-children who participated in PGDs

Item	Number of children by category								
	Abandoned		Living in street with family		Working in street and returning to family at night		Total n=119		
	Boys n=20 (%)	Girls n=14 (%)	Boys n=20 (%)	Girls n=25 (%)	Boys n=21 (%)	Girls n=19 (%)	Boys n=61 (%)	Girls n=58 (%)	Boys + Girls n=119 (%)
Type of harassment									
Mental harassment	20 (100)	14 (100)	20 (100)	25 (100)	21 (100)	19 (100)	61 (100)	58 (100)	119 (100)
Physical harassment	20 (100)	10 (71)	12 (60)	11 (44)	9 (43)	8 (42)	41 (67)	29 (50)	70 (59)
Sexual harassment/sexual assault	10 (50)	12 (86)	6 (30)	9 (36)	3 (14)	2 (11)	19 (31)	23 (40)	42 (35)
Sexual harassment (penetrative)	0 (0)	8 (57)	0 (0)	7 (28)	0 (0)	3 (16)	0 (0)	18 (31)	18 (15)
Economic harassment	11 (55)	9 (64)	5 (25)	7 (28)	8 (38)	8 (42)	24 (39)	24 (41)	48 (40)
Harassed by									
Employers	20 (100)	14 (100)	18 (90)	11 (44)	15 (71)	10 (53)	53 (87)	35 (60)	88 (74)
Police/guards	17 (85)	5 (36)	14 (70)	5 (20)	13 (62)	5 (26)	44 (72)	15 (26)	59 (50)
Passersby	16 (80)	5 (36)	13 (65)	4 (16)	12 (57)	4 (21)	41 (67)	13 (22)	54 (45)
Aged street-people	15 (75)	2 (14)	6 (30)	6 (24)	8 (38)	5 (26)	29 (48)	13 (22)	42 (35)
Peers	9 (45)	9 (64)	6 (30)	7 (28)	8 (38)	2 (11)	23 (38)	18 (31)	41 (34)
Mastans	5 (25)	7 (50)	4 (20)	9 (36)	4 (19)	7 (37)	13 (21)	23 (40)	36 (30)
Aged drug-addicted people	9 (45)	2 (14)	5 (25)	2 (8)	6 (29)	3 (16)	20 (33)	7 (12)	27 (23)
Rickshaw-pullers	4 (20)	4 (29)	4 (20)	4 (16)	3 (14)	5 (26)	11 (18)	13 (22)	24 (20)
DIC staff	4 (20)	2 (14)	4 (20)	3 (12)	3 (14)	2 (11)	11 (18)	7 (12)	18 (15)
Clients	3 (15)	4 (29)	0 (0)	3 (12)	3 (14)	2 (11)	6 (10)	9 (16)	15 (13)
DIC=Drop-in-Centre									



Mental harassment

Abandoned children: All abandoned street-children were socially considered a disgraceful population. Other people always perceived them as thieves and swindlers. They always felt scared when they were working around. Many street-children reported that, when they entered any community for scavenging scraps, the local people always used bad slangs to scold them and aware others that they were thieves and might steal anything. In addition, the male abandoned children were often accused of stealing, although they did not do so.

Both male and female abandoned children were very much afraid of the *dhora gari* (police van), which comes to catch them and to take them to the rehabilitation centres. When the *dhora gari* came, they tried to flee away. Moreover, the children faced frequently some mental harassment, such as threatening by the police while staying in a station and rebuking by passengers while begging. They were also scared about adult scavengers as the adult male sometimes forcefully took their collected scraps, and some addicted adults sometimes stole their scraps.

The female street-children of this category often faced eve-teasing and offering of sex work by the passersby, vegetable hawkers, drivers, transport helpers, rickshaw-pullers, and even the aged peers.

Children working in street and living with family: Like the abandoned children, children of this category also felt scared when they worked around. Many of them reported that when they entered any community for scavenging scraps, the local people always used bad slangs to scold them and aware others that they might steal anything. The shop-keepers and guards did not behave well with them. Many street-children reported that they could not participate in any public functions, which others freely attended. But when they tried to enter, the security people beat them and did not allow them to enter. Even the employers of the children or for whom they work always kept them in mental pressure. They forced them to work without considering their physical condition, i.e. whether they were able to work or not. They did not get any free time from their employers. The adult scavengers often rebuked the street-children, and the *vangari dokandars* sometimes scolded them if they brought fewer scraps.

The female street-children of this category often faced eve-teasing and offering of sex work from passersby, vegetable hawkers, drivers, transport helpers, rickshaw-pullers, and even the aged peers.

Children working in street and returned to family at night: The children of this category faced less mental harassment compared to other two categories of children. However, many of them reported that other adults often misbehaved with them. Other adults included passersby, employers, co-workers, and other aged boys in the street. The female children of this category often faced eve-teasing and offering of sex work by vegetable hawkers and teastall owners when they scavenged vegetables. Some children reported that they were mentally tortured by other people because of the involvement of their parents in illegal activities. For example, parents of some children were involved in drug-peddling, addiction, or stealing, or mothers were involved in sex act; their children were always badly treated by others mostly considering the status of their parents. Some children of this category working in parks became nervous in the evening because, during that time, the sex workers and their clients entered the park by giving money to the guard of that park. They felt insecure at that time, and they had to leave the park. Some people showed bad sign to them and asked for doing bad work.

Sexual harassments

Abandoned females: None of younger (5-8 years) abandoned female children was found for an individual interview. The abandoned female street-children who were in the age-group of 9-12 years reported that incidents of all types (either sexual assault or rape) of sexual harassment were an every-day experience in their street-life. All abandoned female children who participated in the individual interview had experienced rape during the early age of their street-life. Two of six female children reported that they were raped by their employers while they were working as maid-servants. They were also raped by the aged street-people, such as transport drivers, local *mastans*, and street-vendors. One 11-year-old female street-child said:

One night when I was sleeping, brother of my employer entered my room and forcefully pull off my pant. I tried to escape but could not because he strongly pressed my mouth and told me that, if I do not share it with anyone, he would give me money. He had sex with me day after day, and he gave me a note of Tk 100 every time after doing sex. It was so painful for me but I had nothing to do.

Some female street-children of same age also reported that the sexual abuse was a regular incident for them, which has been happening since the first day of their street-life. Some of them informed that they could not understand whether it was sex work at that time but they felt pain whenever the street-people did this work with them. Some abandoned female street-children could not remember how many times they were sexually harassed by several men. In this regard, one of the female children expressed her reaction by stating;

It was physically and mentally so painful, since I experienced the forceful sex act at every night when I slept under the open sky in the footpath. In the early days, I tried to protest but could do nothing.... I left no stone unturned to protest but found nobody in the street who could protest them.

Some people often considered the abandoned female children as *vuski* (sex workers) and offered to do sex work. The abandoned female street-children who slept in the street informed that the night guards forced them to do sex with them. In Kamlapur Railway Station, all the abandoned female children were forced to do sex with addicted adult males.

The female children who sold sex for earning money for their survival informed that their clients forcefully did sex with them without negotiation. The clients went away by giving a small amount of money after doing sex with them. They also added that sometimes multiple males did sex with a single female child by turn giving a small amount of money to her. According to the children, some of their clients had anal sex with them despite their denial.

A child said:

Sometimes the clients wanted to do sex act in a group. If I disagreed with their proposal, they slapped me. What could I do at that time? One of the abandoned female street-children also said that I could not protest against adult male people, except tolerate of misery.

Abandoned male Children: Like girls, we did not find any young (5-8 years) abandoned child for an individual interview. The children of the 9-12-year age-group reported that they were often proposed by adult males to entertain them sexually by touching and molding their sexual organ. In the early age of their street-life, they experienced forced anal sex by the aged people. Of the six children who participated in individual interviews, four reported that the aged street-people forcefully did such sex with them. Such a situation mostly happened when they were sleeping at a public place with other aged people. Such people sometimes did this act by offering them food or money. In this regard, one of the abandoned street-children shared his experience that happened in the street:

The aged boys, who slept with younger children, did anal sex with them at night. When the young children had a deep-sleep, at that time, they (aged children) did anal sex. Similarly, I also faced such incidents in my street-life.

The male children who worked in the park areas reported that the male adult came to the park in the evening and offered money to them to do anal sex, and some people invited them to suck their penis. Some children refused but some of them sometimes could not escape from the grasp of such aged people, and they were roughly abused. The abandoned male street- children, who lived in different DICs in the city, mentioned the activities of some other children with fearful eyes that they were even sexually harassed, attempting anal sex by some aged children who also resided in those DICs. One child shared another experience and reported that an adult male convinced him to go with him under a bridge in Gabtoli by giving eggs at noon and then tried to push his penis into his anus. That time the child protested loudly, and the male fled away. In this way, at the young age (5-8 years) of the street-life, many male children experienced anal sex by adult males, and at that time, they could not react as they felt fear. Some children also expressed their aggression by saying, “now I am strong enough to protest if such an incident would happen again”. In this regard, one 11-year-old child said:

One day, a CNG driver proposed me to massage his body. When I agreed in exchange of Tk 10, the man again proposed me to suck his penis. At that time, I somehow managed to run away from the place.

Children living in street with family

Female children: The female street-children of the 5-8-year age-group reported that they also experienced sexual harassment by street adult males. Three of the 10 children who participated in the PGD (Table 8) reported that they had such experience. Although only one child agreed and shared her experience that once an aged street-person took her in a hidden place by offering biscuits and tried to do sex putting off her clothes. Fortunately, at that time, other people became informed, and the man immediately escaped from that place. Another female street-child of this category said that whenever she went for bringing water and playing in the field, they had to face *kharap prostab* (proposal for sex act) from a stranger, such as aged street-person. Such people sometimes touch their body and put hands on their breasts. One eight-year-old child said:

When a street-youth or any adult person found us alone called us, touched our body, and molded our breasts, and they even sometimes kissed us.

According to the female children of this category, sexual assault and sexual harassment mostly happened when they were alone. They were also harassed by strangers, CNG autorickshaw drivers, and young boys whenever they went to play in the field. These people tried to convince them by offering money or food to persuade them to go with them in a *chipa* (the hidden place) for doing sex.

Table 8. Children who participated in PGDs were raped during their street-life, by category and by age

Item	Category and age-group												Grand total n=119 (%)				
	Abandoned				Living in street with family				Working in street and returning to family at night					Total			
	Boys n=20	5-8 n=1	9-12 n=13	Girls n=14	Boys n=20	5-8 n=6	9-12 n=14	Girls n=25	Boys n=21	5-8 n=2	9-12 n=19	Girls n=19		Boys n=61	5-8 n=17	9-12 n=41	
Age (years)	0 (0)	7 (35)	0 (0)	8 (62)	4 (67)	4 (29)	3 (30)	4 (27)	1 (50)	2 (11)	0 (0)	3 (23)	5 (63)	13 (25)	3 (18)	15 (37)	36 (30)
Sexual harassment (rape)	0 (0)	3 (43)	0 (0)	1 (13)	1 (25)	1 (25)	3 (100)	3 (75)	0 (0)	0 (0)	0 (0)	2 (67)	1 (20)	4 (31)	3 (100)	6 (40)	14 (39)
Raped by Adult street-dwellers	0 (0)	2 (29)	0 (0)	0 (0)	1 (25)	2 (50)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (20)	4 (31)	0 (0)	0 (0)	5 (14)
Employers	0 (0)	0 (0)	0 (0)	2 (25)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	1 (33)	0 (0)	1 (8)	0 (0)	3 (20)	4 (11)
<i>Mastans</i>	0 (0)	1 (14)	0 (0)	1 (13)	1 (25)	1 (25)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (20)	2 (15)	0 (0)	1 (7)	4 (11)
Drivers/ helpers / contactors	0 (0)	0 (0)	0 (0)	1 (13)	0 (0)	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	0 (0)	0 (0)	0 (0)	1 (8)	0 (0)	1 (7)	2 (6)
Guards/ ansars	0 (0)	0 (0)	0 (0)	1 (13)	1 (25)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (20)	0 (0)	0 (0)	1 (7)	2 (6)
Brokers (pip)	0 (0)	0 (0)	0 (0)	1 (13)	0 (0)	0 (0)	0 (0)	1 (25)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (13)	2 (6)
Shopkeepers	0 (0)	0 (0)	0 (0)	1 (13)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	1 (20)	0 (0)	0 (0)	1 (7)	2 (6)
DIC staff	0 (0)	1 (14)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (8)	0 (0)	0 (0)	0 (0)	1 (3)
DIC=Drop-in-Centre																	

The older female street-children (9-12-year age-group) of this category reported less about sexual harassment compared to younger children. Only one of them reported that she had such experiences. Although they did not share their experiences, they reported, in general, what the aged people did to them. According to the female children in the 9-12-year age-group, sexual harassment happened with them very frequently. When they went to scavenge scraps, adult males proposed them to hold their penis. The hawkers sometimes harassed them by showing their penis to them. The boys often tried to put their hands on the breasts, and the incident usually happened with them. In addition, some children who participated in the PGDs mentioned that the staff of *vangari dokans* offered money to them and sexually harassed them by squeezing their breasts, and they also did sex forcefully with them in the shop. The female street-children who slept under the open sky in the street with parents also faced sexual harassment by heroin-addicted boys as they had to sleep side by side with different types of people. In this regard, one of the children said:

The day before yesterday, I slept in a stadium with my mother, and a man suddenly pulled me to him. But I was able to warn my mother, and my mother scolded and slapped the man (from Social Mapping).

Male children: All the male children of the 5-8-year age-group who participated in individual interviews experienced sexual harassment. One male child reported that, once in a rainy day, an aged street-youth gave him food and took him to a hidden place inside the stadium and forcefully raped him through his anal route. Another child reported that when he was bathing in a pond, an aged street-youth tightly hugged him and pressing his penis into his anus. Another two children stated that, when they were sleeping in the street, the aged peers pushed their penis into their anus. Since they are their peers, most of the time, they tried to hide such an incidence and never shared it with others. One child said:

Once we were sleeping all together in the street. Suddenly, I realized that Shohel *bhai* (a senior peer) who was sleeping beside me was pushing his penis into my anus. I shared it with my peer, and he suggested not sharing it with others

The children aged 9-12 years were less likely to experience sexual harassment compared to the children aged 5-8 years. Only one child reported such an experience during discussion. According to him, he experienced sexual harassment when he was quite younger and working in a factory and sleeping with other co-workers inside the factory. He informed that a senior co-worker did anal sex with him whenever he was sleeping with the co-worker in the factory.

Children working in street and returned to family at night

Female children: The street-children aged 5-8 years also experienced sexual harassment. However, compared to other two categories, they were less harassed in terms of rape. In the PGD, none of them reported about the rape. Two children of this age-group who participated in the individual interview shared their experiences about sexual harassment. One children from the Gulshan area stated that she was sexually harassed by her male peer. Once, while working, she was hungry, and she went to borrow Tk 5 from her peer. Her peer told her that if she listens to his advice, he will give her Tk 20. When she agreed, her peer took her to a parking car beside the Azad Mosque. A driver was already in the car. When she got into the car, the driver touched her body, hugged her, and then forced her to masturbate him. She sought help from her peer but he did nothing, except advising her to do whatever the driver says to do. Another girl in the Saidabad Bus Station shared her experience of sexual harassment. They were usually harassed by bus-drivers and helpers during scavenging of left-out crafts. When those people found the female children alone, they always hugged them and squeezed their breasts. The girl reported that such incidences happened every day.

The female children of the 8-12-year age-group also faced such harassment. The children living with their parents in *chapra* (polythene-surrounded dwelling) in Banani Road No. 27 and in

chapra situated beside the Tejgaon railines were offered bad sexual proposals by adult strangers. A female child of this category said that one day, a stranger forcefully entered a dwelling place. According to this category of female street-children, the most worst persons were the CNG and private car drivers who often offered to go with them, wanted to marry them, and at last proposed to do sex in exchange of money. As many buses, cars, and CNG autorickshaws came to their concentrated working spot, they always received the proposal of doing sex with them. Moreover, they mentioned the names of girls of same age who were victims of such incidents. An 11-year-old female street-child who participated in social mapping said:

While scavenging papers, I was proposed by a CNG driver to offer me Tk 20 and to go with him. I denied but in vain. However, finally, I was able to flee away from him as I found no alternatives. But this fleeing away was not possible for everyone.

They marked the traffic signal of the main road for sexual abuse. Moreover, these incidents often occur in the rear of a lake and in the peripheral portion (*narrow lane*) of any area. The customers of different types proposed to them a big amount of money to go with them to a hotel while selling flowers. According to a child, they also faced bad proposal from the police but they sometimes could tactfully escape from them. The children often received sexual proposals from different types of people while scavenging scraps. Some confrontation happens in front of them, and they have heard about some occurrences. They used to face the question each day from adult males: "Do you work (*kaj kora* means engagement in sex) in exchange of money?" A 10-year old female street-child said:

There was a driver who wished to take me with him, and he frequently forced me every day. As I denied going with him, his attitude was so harsh. He even wanted to make me guilty by uttering loudly, 'Hey girl! Why do not you agree to return Tk 500 that I gave you? Come with me and pay my money. That time I was so afraid of the incident. As much I denied so much he forced. Luckily, one of my well-known aunties was present there, and with the assistance of some other people, she told the driver to stop annoying me and prohibited me to go to that street again.

Moreover, some mechanics of same age and aged boys of bus station often proposed them to play *jamai-bou* (one type of proposal to do sex with them) and forcefully molded their breasts. One child said:

When I sell chocolates in a bus or in a road, men try to touch my body. They sometimes throw slang words to me, and some of them pushed their penis whenever I am in the crowd.

Male children: The male children of the 5-8-year age-group of this category were less harassed compared to other two categories. Only one male child who participated in an individual interview shared his experience of sexual harassment by giving references of his peer. According to him, drivers, mechanics, and transport helpers were the people who sexually harassed them. When they found them alone, they offered them to massage their body in exchange of money. If they accepted the offer, they forced them to fulfill their sexual desire. In this regard, this child said,

One day, I was alone scavenging left-out bottles in a terminal area. I entered into a bus for searching bottles. I saw a man lying inside the bus. He asked me to go to him and told me to massage his body and he would give me Tk 10. When I agreed and was doing so, the man again offered me for molding his penis, and he would give me Tk 15 more. I disagreed and tried to leave the place. The man then gave me Tk 10 and told me not to share it with anybody.

The children of the 8-12-year age-group of this category experienced more sexual harassments

than the younger children. Three of the five male children who participated in an individual interview, reported that they experienced such incidences. They had such an experience while they stayed at night outside their homes, i.e. in workplace or in the street. One child reported that a police man raped one of his friends. The police man forcefully raped his friend and gave him Tk 100 for not disclosing it to others.

Experience of physical harassments

Although the experience of physical harassments was common among all categories of street-children, the abandoned children (both male and female) were more harassed by other aged people. Most categories of children who were working for earning were often physically assaulted by persons for whom they worked. They were often beaten by their employers. The *vangari dokandars* beat them for scavenging fewer scraps. The employer or senior staff of hotels where the street-children worked beat them if they lost or broke any glass or plate. The employers frequently slapped them due to their late arrival at work. These tortures sometimes were brutal if the children protested. The female children who worked as maidservants were often physically tortured by house owners without any reason. The police often beat them when any critical incidents occurred in the city. They were beaten by the railway police while sleeping in the platform and by adult males while smoking. The passersby slapped them if they touched them or if scavenging bags touch their body. The red shirt *kooli* never gave them opportunity to catch a client to carry bags. They were beaten by them while carrying loads.

The children who used to live with step-parents reported that their step-parents always physically assaulted them for any incident. For any incident, such as loosing of any household item or anything else, the step-parents blamed them for that incident. Without thinking any aftermath, they physically assaulted them.

Experiences of economic harassment among street-children

The incidents of economic harassment were the daily experience of all categories of street-children of all age-groups. It was common that many clients of the abandoned female street-children had sex with them but did not pay money after sex. In addition, sometimes without any negotiation, the clients forcefully had sex with them and went away by paying a small amount of money or without paying any money. Sometimes a group of people had sex with a girl and provided a small amount of money to her after sex.

In addition, the abandoned female street-children sometimes had to share their earnings with heroin-addicted adults. Otherwise, they forcefully did sex act and physically assaulted the children. They also sometimes handed over the children to the police. The female abandoned children reported that they had to share a lion portion of their income with the pimps and musclemen of their locality. Since the children used to get support from this type of power-holders, they never protest against them. In this regard, one of the abandoned female children who lives in the Kamlapur Railway Station area said:

We who are sex workers had to pay half of our income to *putlani amma* (name of a pimp). When we sell sex inside the cabin of a train, we had to pay Tk 30-40 to a big brother. The big brothers decide who (the client) will do sex with which girl.

Some children who once worked as maidservants reported that they did not get any money as the money was taken by the pimp who brought them from the village.

The elderly boys often threatened the scarp-scavenging children of all types to keep them away from the available scraps, and they forcefully took away scavenging materials from the aged children. These aged boys sometimes stole the scraps of the young children whenever they slept at night without selling the scavenging materials. Besides, the senior street-children sometimes

forcefully took money from them, and these boys sometimes stole (pocket *kata*) the money from others' pockets while sleeping at night. The heroin-addicted boys always beat them, and, thus, they cannot get money.

The children involved in scavenging crafts often reported that the *vangari dokandars* often discriminated against them in giving the cost of their scavenging scraps. These discriminations sometimes led them to change their work or they became involved with other illegal activities such as stealing. A 10-year-old male child who worked in the street and returned home at night said:

The cost of per kilogram of used bottles, boards, and waste papers is Tk 20, 5, and 3 respectively. I used to sell these for a long time and sold scavenging scraps in a station. But many times the *vangari sala* (the boy scolded the scrap shop-owner as *sala*) did not want to pay money to me. They all are heroin-addicted people. For this reason, I, along with other peers, now steal (*bosta kati*) at night. Moreover, what should we do, except stealing? Many strangers accused us as thieves and beat us inhumanly, although we were not involved in stealing.

The *vangari dokandars* not only exploited the scrap scavengers economically but also played a role to exploit the children in providing drugs. Once the street-children became addicted, they used to do any type of illegal work, and they had to go to the *vangari dokandars* for money for substance abuse. Whenever the children did not have work and needed money, they used to go for stealing. One 10-year-old abandoned male child said:

Actually, the *vangari dokandars* are the persons who introduced the *cakki* to the street-children like us. They tried to motivate the scrap-scavenging children by giving *motto* as "the tablet would increase the strength of children to work more to scavenge more". Despite such abuse, they often did not give a reasonable price of garbage to the children.

The street-children who were living in the street with their families and the abandoned children staying in the transport station area were being exploited by *kooli* while carrying loads. The red shirt *kooli* never gave them opportunity to catch luggage of passengers to carry. Sometimes the children had to share earnings the money with them. The children who were working as helpers of van-pullers did not get their exact salary. The street-children who were involved in selling of materials, such as flowers, toffees, fruits, and other items were exploited by some passengers. The passengers went away with the materials without giving money to them.

Sexual Behaviour

First sex experience

Abandoned children

Male children: All the abandoned male children, aged 9-12 years, who participated in the PGDs, had their first experience of penetrative sex. Three of them had such experience by anal male-to-male sex with their partners of same age. Other three children had anal sex by senior street-youths. According to them, when they were young and living in the street, the senior street-youths forced them to take part in a passive role in anal sex in exchange of money or food. In this regard, an abandoned male street-child said:

One day when I was staying in Sadarghat, one of my senior peers with whom I regularly scavenged crafts gave me a 50 taka note and told me to spend the money for whatever I like. At night when I was in deep-sleep at the same place, I woke up and saw that he was trying to push his penis into my anus. I was then shouting and other people in my surrounding woke up, and he just went away ...

One child experienced anal sex when he was staying in a DIC. An aged child who was also staying in the DIC did anal sex with him. However, he (the victim) complained it to the DIC manager who punished the boy and got rid of him from the DIC.

Another abandoned street-child had first experienced penetrative sex when he was with his family. He had sex with a same-age female child of his neighbour. Another 11-year-old child reported that his first sex experience happened with his girlfriend. A year ago, he loved a street-girl and gave her gifts, such as lipsticks and dresses. He proposed to do sex with the girl, she agreed, and had sex with her.

Female children: All abandoned female street-children, aged 9-12-years, who participated in the PGDs, had first sexual experience when they were raped. It happened with them when they were very new in the street. One child had such experience in her second day in the street. When she was sleeping with an aged female, at mid-night, a man took her to a nearby isolated place and did sex forcefully. However, after this, many of them became sex workers and started selling sex to adult male clients. An 11-year-old female street-child said:

I was first inspired by my close friend to do sex act and earn money. One day I went with other girls and boys to Gabtoli. The boys acted as pimps to manage CNG drivers, and I went with one CNG driver to an isolated dark place behind the Sony Cinema Hall. I found that many people were doing sex act, I also did sex act with that driver who gave me Tk 50. I took breakfast with that money next day, and I started doing this almost every day.

Three other abandoned female children reported similar cases. One 11-year-old child was living in the Mirpur Mazar with her mother who was a drug-vendor. One day, the police arrested her mother, and the girl became alone in the street. The cook of the *mazar* took the chance and had sex with her in exchange of food. Another female child who was working as a maidservant reported that she was raped by her employer.

Children living in street with family

Male children: The male children of the 5-8-year age-group of this category also reported that they were raped by their senior peers or adult street-people. It sometimes happened in exchange of money or food. One child said:

One night, we all were sleeping together. A senior peer took off my pant and pushed his penis into my anus. I felt pain and woke up. One of my friends saw it. In the morning, he suggested not to disclose it with others.

Two of twelve children, aged 9-12 years, who participated in in-depth interview and who were living with their families, experienced sexual act by playing husband and wife (*jamai-bou*) with their female peers. They usually proposed other female children to play *jamai-bou*, and in absence of their guardians (as most of them had to go for working for the whole day), they did sex act. They stated that they also sometimes did sex act along with their friends. Playing of *jamai-bou* was a common term among the street-children of all categories in all the study areas. Expressing the desire of playing *jamai-bou*, both male and female children inspired each other to make an intimate relationship between them, and most of the time, they experienced the nature of sexual desire in their very early age. In this regard, one of the abandoned children said:

First time I had this experience with one of my relatives. She was of my age. When she came to our sleeping place and our parent went out for work, other friends arranged my marriage with her. They also arranged *bashor ghar* (bride chamber/nuptial). In the *bashor ghar*, all friends left us alone, and we did sex act (I tried to push my penis into her vagina but I could not)

Female children: The female street-children aged 5-8 years also had sexual experience when

they were playing as *jamai-bou*. One of them had such experience with her peer of same age and sex. They defined each other as husband and wife and had sex by entering their fingers into their vagina. Another female child of this age-group had the first experience of sex as she was raped. As she shared it with interviewers, some local youths came to her and forcefully took her to a nearby isolated place and did sex with her.

One female street child, aged 9-12 years, of this category informed that she first experienced sexual act by an adult street-person. Once she was scavenging crafts alone, a man did sex with her forcefully by proposing foods.

Children working in street and returning to their families at night

Male children: The children of the 5-8-year age-group in this category had first sexual experience by playing with each other. Initially, in a play-full mode, they touched each other's sexual organ, and when the penis became strong, they tried to push their penis into anus. An 8-year-old child said:

Last Friday, Imon and I did anal sex with each other. First, I tried to push my penis into his anus and next was his turn. Although we tried to penetrate but the *sona* (penis) did not enter into the *putki* (anus).

Some children, aged 9-12 years, of this category were also raped by adult people. One child who worked in a factory informed that, in one night, he was sleeping with other co-workers. At mid-night, he realized that someone was trying to push his penis into his anus. He added that it was a very shocking night for him. The other children of this category had such experiences by mutual understanding with other male peers or street-based sex workers. They reported that they used to do sex with sex workers. Normally, they avoided aged sex workers. Because one child reported that he was victimized by a sex worker. He lost all of his money while he went for sex with her. The street-children of this category learned about sex workers, known as *vuski*, from their abandoned peers that they could do sex in exchange of only Tk 20-30. In most cases, peers were the main actors who encouraged them to do sex with sex workers. They reported that they also learned from their peers about the availability of sex workers in the street during mid-night. If anyone has money, he could do anything with them.

Female children: The female street-children of the 5-8-year age-group had also sexual experience when they were playing as *jamai-bou*. One of them had such experience with her male child peer. They defined each other as husband and wife and did sex. Another female child of this age-group had the first experience of sex as she was raped. She was hungry and wanted to borrow Tk 5 from her male peer. Her male peer proposed her to go with him and he would give her Tk 20, and she agreed. The boy then took her to a car where the car driver did sex with her and that was her first experience of sex act.

Playing *jamai-bou* was also common among the female street-children of the 9-12-year age-group of this category. In the disguise of doll marriage, they made a *bashor ghar* for them. They put off their dresses, and being naked, they slept over each other and kissed each other. Sometimes in that playing, some peers were also involved. Most of the time, the children experienced the incident at their early age. Some of them had such experiences with their lovers. They reported that the female street-children fell in love with senior male children or youths, aged 15-20 years, who had ability to earn and worked as bus mechanics, bus helpers, and *koolies*. They had first sexual experience with their boyfriends. As they said, they usually met their lovers every day after finishing their work, such as selling of chocolates at night, and being inspired by their lovers, they did sex.

Types of sex act

The street-children of all categories in both the age-groups who had sexual exposure had experiences in three types of sex acts, such as anal sex, vaginal sex, and oral sex.

Anal sex: Of the abandoned male street-children, aged 9-12 years, who participated in individual interviews, all of them had experiences of anal sex. During such act, three of them had played a passive role, and the remaining three children played an active role. The children who played a passive role mainly had such an experience by force by their aged peers. The children who played an active role reported that they did anal sex in a mutual understanding between the partners or in exchange of money. One child also reported that he did such an act with a transgender (*hijra*).

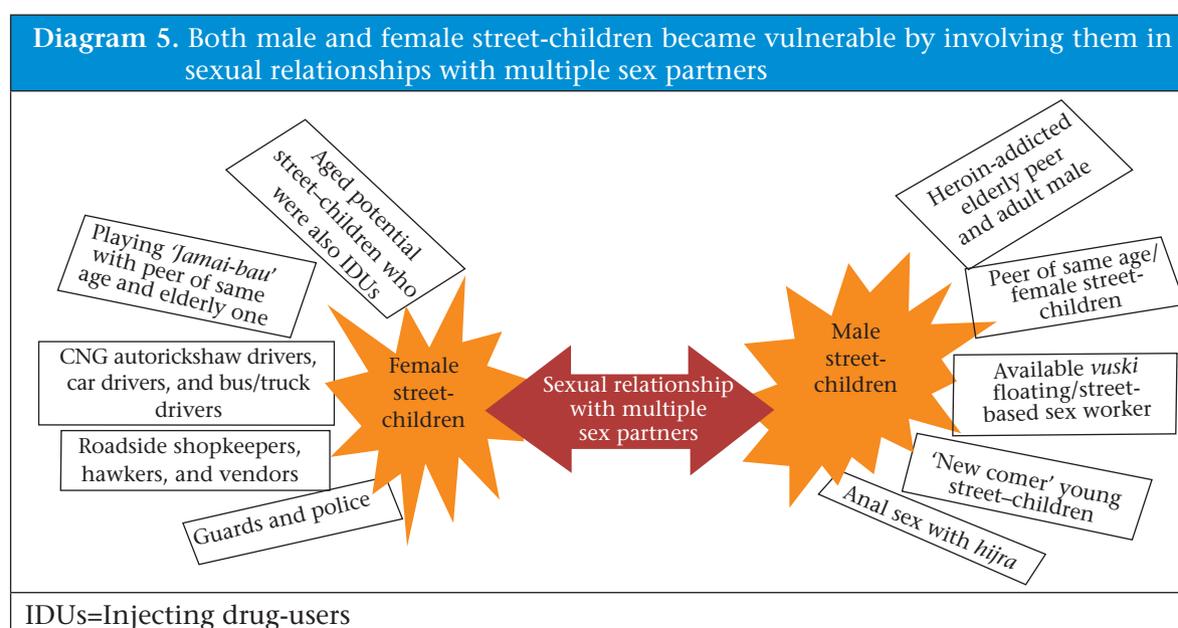
As like the abandoned male children, the male street-children of the 5-8- and 9-12-year age-groups, living with their families in the street, also had such an experience in passive and active anal sex. The older youths mainly victimized them for such a sex act by offering money and food. However, this group of children also did anal sex with their peers by mutual understanding during reading or watching pornography. A similar experience was also faced by the male street-children of the 5-8- and 9-12-year age-groups who returned home at night.

Experience of anal sex was also reported by the abandoned female street-children of the 9-12-year age-group. They were mainly involved in selling sex in exchange of money. They usually did sex act to fulfill the demand of clients. The clients sometimes forced them to do anal sex. None of the female children in other two categories reported such experiences.

All abandoned female street-children had experiences of vaginal sex. Initially, they were raped by street-adults by force. Gradually, they became regular vaginal sex seller for money, drug, or food. None of the female children living with family in the street had experienced vaginal sex. Of the female children who returned to home, three had such experiences, and all of them were aged 9-12 years.

Oral sex: None of the male children of any category had experiences of oral sex. Of the 18 female street-children who participated in individual interviews, two experienced oral sex. Both of them were aged 9-12 years and of the abandoned category. They reported that since they sold sex, they had to satisfy their clients. Some of their clients always demanded that, they suck their penis. Therefore, they had to fulfill their demand.

Although other children did not have direct experience of oral sexual act, they heard of it from their peers who had such experiences.



Sexual partners

Abandoned children

Male children: The male abandoned street-children aged 9-12 years reported that their sexual partners were adult street-people and their male peers of same age with whom they did anal sex. One boy of the abandoned group reported that he did sex with a *hijra*. The male children who experienced vaginal sex had sex experience mainly with their female peers.

Female children: The abandoned female street-children aged 9-12 years informed that sexual partners included adult street-people, street-vendors, *kooli*/daily labourers of bus and train stations, CNG and bus drivers, and helpers of transports with whom they had vaginal sex. The female children who had exposure to anal sex did anal sex with drivers, rickshaw-pullers, and street-vendors. They reported that such partners forced them to do oral sex as well.

Children living in street with family

Male children: The male children of the 5-8-year age-group in this category mostly had sexual experiences as they were raped. They had such experience with adult people, mainly local *mastans*. However, of them who did sex by playing as *jamai-bou*, their partners were of same age or junior female street-children. Two male children of the 9-12-year age-group in this category had experience of anal and vaginal sex with sex workers, mainly street-based sex workers. However, they also had sexual relationships with adult male peers and female relatives, such as sister-in-law.

Children working in street and returning to family at night

Male children: Only one male child aged 5-8 years had experience of anal sex with his peer of same age. Three children of this category in the 9-12-year age-group did anal sex with peers or aged street-people. However, one of them had exposure to anal sex with a *hijra*, and another child had sexual exposure with street-based sex workers. A male child aged 9-12 years said:

The *hijras*—transgender people—stayed at the Salauddin slum situated beside our colony. In the evening, the *hijras* walked around to do anal sex. One day at a terminal, I saw a driver and other staff members of a bus to do anal sex with them at the narrow lane between buses. One night, I found a *hijra* near the brickyard of Dipnagar and proposed to do anal sex in exchange of Tk 20. Seeing my money, the *hijra* agreed, and I did anal sex in a dark place behind the brickyard.

Female children: The female children aged 9-12 years had experience of vaginal sex by street-vendors, peers of same age, security guards, and police.

The children who were of the abandoned category were more vulnerable than those of other two categories. Ten of 20 male children and nine of 13 abandoned female children were exposed to penetrative sex (Table 9). Many of them had the first sex experience when they were raped by the aged street-people. In terms of type of sex act, sexual partners, and experiences of sexual harassment, they were not only vulnerable to HIV/AIDS but were also at risk of transmitting HIV or STIs. They even had risky sexual behaviours as they were involved in all types of sexual act, such as anal, vaginal and oral sex. A few children of other two categories were also at risk of HIV/STIs, considering their risky sexual behaviours. However, many of them did not have experience of penetrative sex act but they were also vulnerable because of their peer networks.

Sexual partnership, types of sex act, ways of taking drugs, and doing sex together made the children more vulnerable or even put them at risk of getting HIV or STIs. Of the 27 male children who had exposure to sex act, 23 had exposure to anal sex (Table 9), and it is a much

Table 9. Exposure to sexual acts and types of sex act involved by children who participated in PGDs

Item	Abandoned		Living in street with family		Working in street and returning to family at night		Total		
	Boys n=20	Girls n=14	Boys n=20	Girls n=25	Boys n=21	Girls n=19	Boys n=61	Girls n=58	Grand total n=119 (%)
Age-group (years)	5-8 n=0 (%)	5-8 n=1 (%)	5-8 n=6 (%)	5-8 n=10 (%)	5-8 n=2 (%)	5-8 n=6 (%)	5-8 n=8 (%)	5-8 n=17 (%)	5-8 n=41 (%)
	9-12 n=20 (%)	9-12 n=13 (%)	9-12 n=14 (%)	9-12 n=15 (%)	9-12 n=19 (%)	9-12 n=13 (%)	9-12 n=53 (%)	9-12 n=17 (%)	9-12 n=41 (%)
No. of children involved in sex	0 (0)	0 (0)	4 (67)	1 (10)	5 (26)	0 (0)	6 (75)	1 (6)	20 (49)
Types of sex									
Vaginal	0 (0)	0 (0)	1 (25)	1 (100)	5 (100)	0 (0)	1 (17)	1 (100)	18 (90)
Anal	0 (0)	0 (0)	2 (50)	0 (0)	2 (100)	0 (0)	4 (67)	0 (0)	3 (15)
Oral	0 (0)	0 (0)	2 (50)	0 (0)	0 (0)	0 (0)	2 (33)	0 (0)	4 (20)

more risk for getting HIV/STI than vaginal sex. On the other hand, many children were taking drugs and doing sex together. When they were in addiction, they did not have any sense what were they doing. Even at that time, they forget to protect them from others. In that situation, their sexual organ might be injured, which also increased the chance to getting infected.

Drug abuse

Drug-use was common among almost all groups of street-children. Following are the details about the use of drugs by different groups of children.

Use of drugs

Abandoned children

Male children: The abandoned male street-children aged 9-12 years stated that they first experienced drug (*dandy*—glue sniffing) at the encouragement of their peers. According to them, there was a fantasy among them when they sniffed *dandy*—they could see the angels, who were flying around them and dancing with them. However, after having *dandy* for a certain period, they gradually exposed to hard drugs, such as *ganja* (marijuana), *Bangla-mod* (locally-made wine) and *cakki* (sleeping pill), heroin, and injecting drugs. They reported that the main reasons for their addiction to such drugs were to cope up with the harsh street-life. When they first came to the street, most of them were dependent upon their peers, who easily influenced them to take drugs. When they worked as waste-collectors, the adult partners or other peers gave *dandy*, *ganja*, or *cakki* to them. According to them, the adult partners advised them to take *dandy* or *cakki* whenever they collect garbage to protect from bad smell and gain strength. Whenever the children saw that children of their same age were sniffing *dandy*, they became curious and tried to get an opportunity to use it, and they somehow manage to use it. A child of this category shared his first experiences with addiction of *dandy* by saying:

I did not take any drug before coming to Dhaka. After coming here, I learnt how to take drugs from my peers. My peers took *ganja*, *dandy*, and *cakki*, and they



said, 'After taking *dandy*, if you look at the stars in the sky, you will find the angels. It does not feel anything even if a car goes up over your body.' After hearing their stories, I wished to take *dandy* and bought a container of *dandy* with Tk 20 from a rickshaw garage. After sniffing the glue from the polythene, when I looked at the stars, it seemed to me that the angels were dancing. After that, I started sniffing *dandy* and sharing it with my peers.

At the beginning of street-life, the street-children had to mix with heroin-addicted adults for having food and were gradually involved with drug-use. Some boys informed that they were users of injecting drugs, and they were acquainted with it with the help of local senior street-children.

Some abandoned children were engaged in illegal activities, such as peddling and carrying of drugs. The children, aged 9-12 years, of this category who participated in this study often shared local alcohol and beer with their 'free-mind' elderly brothers. In this way, they first experienced the drug. One child said:

Once I was engaged in carrying beer. When the rich clients wished for the nip, they just called our elder brothers of another area, who assigned me to carry the nips to reach them. At that time, I experienced beers.

Female children: The female abandoned children, aged 9-12 years, also first experienced the use of drugs with their peers. The use of drugs was less among the female children compared to the male children. They were less exposed to drugs. According to the female respondents, the abandoned female street-children had a strong network with boys of different age-groups who were regular users of *dandy*, cigarette, *ganja*, low-cost wine, heroin, and injecting drugs. The children stated that the adult males sometimes forced the female street-children to take injecting drugs. They gradually became addicted to drugs. Some female children reported that whenever they became addicted, they had to do sex work for managing money for buying drugs.

One abandoned female child said:

I feel pain in my body if I cannot take *dandy*, I do not get any strength in my body, and I also fell weak. If I do not have money, I cannot buy *dandy*. Therefore, I do *kharap kaj* (sex act) even after getting less money from clients for buying *dandy*.

Children living in street with family

Male children: The use of drugs among this group of children was less compared to the abandoned children. The male children aged 5-8 years and 9-12 years first used cigarettes. Initially, they started smoking, and they gradually turned to other drugs, such as *dandy* and *ganja*. The opportunistic smoking was very familiar among this category of street-children. Whenever possible, someone collected the last portion of a fired cigarette left by a passerby, and they then smoked it in an isolated place, such as under the bridge or beside any lake. Some children also reported that they were first exposed to smoking by their family members who are smokers. Fathers and brothers smoked, and they often sent them to fire a cigarette from furnace which led them to take one or two sniffs. Later on, they started to buy cigarettes from shops and became smokers. A male child in this category said:

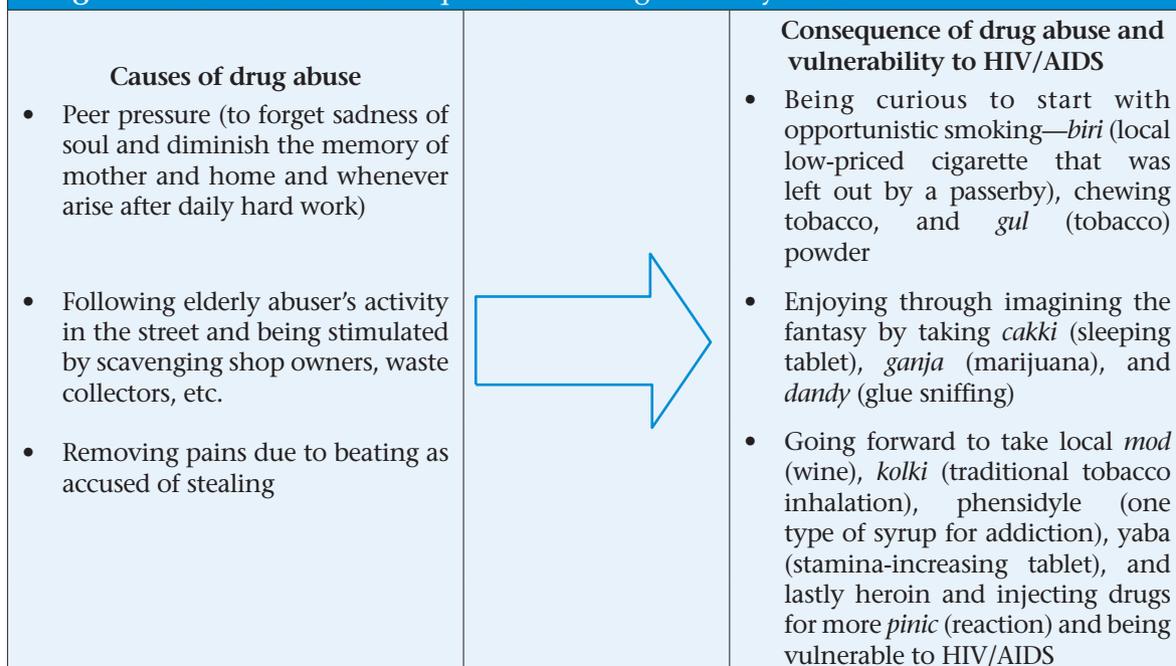
I started smoking when I was 9 years old and when I was reading in class II. One of my friends inspired me to take cigarettes and taught me how to smoke perfectly. The first time smoking made me phlegm but gradually I adapted, and now I regularly smoke the left portions of cigarettes that are thrown away by elders.

Female children: Only one female child aged 5-8 years reported that she smoked the left-out cigarette. However, that was the first time she smoked, and she did not smoke again. None of the older (9-12 years) female children was addicted to drugs.

Children working in street and returned to home at night

Male children: Only one male child of the 5-8-year age-group was exposed to *ganja*. He was influenced by a couple of his peers, with whom he first smoked *ganja*. According to him, he initially felt very bad when he had the smell of *ganja* but now he is habituated with it.

Diagram 6. Causes and consequences of drug abuse by street-children



On the other hand, all male children, aged 9-12 years, who participated in individual interviews, reported that they were exposed to addiction. Being inspired by peers, they also experienced various substances. This category of street-children sometimes became familiar with *ganja* by the peer's false statement. Someone from the peers provided hard drugs in the name of other drugs. In this regard, one male child said:

In the very first day, my peer (boy-friend) taught me how to smoke the left-out cigarette of passersby. First time the smoking made me phlegm but gradually I adapted. One day when I went with a peer of different age beside a pond, the peer gave me a cigarette and encouraged me to smoke. I smelt bad but my peer strongly inspired me. I felt the light poles as if these were moving round, and I became senseless. Later on, I came to know from my peer that it was *ganja*, not cigarette.

Two of 12 parents of the street-children who participated in in-depth interviews in the areas of Kawran Bazar, Saydabad, and Kamlapur were involved in the peddling of drugs. The children got opportunity to steal *ganja* from mothers and played a role to increase curiosity among other children associated with them. As a result, all groups of street-children of a locality became drug-addicted.

Female children: None of the 5-8-year age-group female street-children in this category was exposed to drugs. However, two of four female children aged 9-12 years reported that they had exposure to drugs. One of them reported that she was drunk with her boy-friend, and one day she took sleeping pill when her boy-friend sacked her. Another girl reported that she saw that her male peers took *dandy* and enjoyed. One day my female peer and I brought *dandy* and did sniffing. However, when my mother came to know about it, she punished me, and I never sniffed *dandy*.

Types of drug-use by street-children

Abandoned group

Male children: All the abandoned male children of the 9-12-year age-group were exposed to multiple drugs, such as *dandy*, *ganja*, and *cakki* (Table 10). They were also addicted to other hard drugs, such as *Bangla-mod* (locally-made wine), *jakki* (a type of cocktail drugs–mixture of energy drinks with different types of sleeping pills), and heroin. Two abandoned male children used injecting drugs.

Female children: All abandoned female children aged 9-12 years were also exposed to multiple drugs. Smoking was common among them. Four of six abandoned female children took more than three types of drugs, such as *dandy*, *cakki*, *gul* (chewing tobacco powder), and *Bangla-mod*. One female child used injecting drugs.

Children living in street with family

Male children: The male children of both 5-8-year and 9-12-year age-groups were also exposed to multiple drugs. They were mainly addicted to cigarette, *dandy*, *ganja*, *cakki*, and *Bangla-mod*.

Female children: The female children of both 5-8-year and 9-12-year age-groups were also addicted to *gul*, cigarette, and *ganja*. Only one female child, aged 5-8 years, who participated in the PGD, reported that she did not have any addiction.

Children working in street and returning to family at night

Male children: The male children of both 5-8-year and 9-12-year age-groups were exposed to multiple drugs. They were addicted to cigarette, *dandy*, *ganja*, *cakki*, and *Bangla-mod*.

Table 10. Types of drugs used by children who participated in individual interviews

Item	Abandoned			Living in street with family			Working in street and returning to family at night			Total			Grand total n=36 (%)				
	Boys n=6 (%)	Girls n=6 (%)	5-8 n=0	Boys n=6 (%)	Girls n=6 (%)	5-8 n=2	Boys n=6 (%)	Girls n=6 (%)	5-8 n=2	Boys n=18 (%)	Girls n=18 (%)	5-8 n=6		9-12 n=12			
Age-group (years)	5-8 n=0	9-12 n=6	5-8 n=0	5-8 n=4	9-12 n=2	5-8 n=4	9-12 n=2	5-8 n=1	9-12 n=5	5-8 n=5	9-12 n=6	5-8 n=6	9-12 n=12				
Number of children who used drugs	0 (0)	6 (100)	0 (0)	6 (100)	4 (100)	2 (100)	1 (25)	0 (0)	1 (100)	5 (100)	0 (0)	2 (50)	5 (100)	13 (100)	1 (17)	8 (67)	27 (75)
Types of drugs used*																	
<i>Dandy</i>	0 (0)	6 (100)	0 (0)	2 (33)	2 (50)	2 (100)	0 (0)	0 (0)	1 (100)	3 (60)	0 (0)	1 (50)	3 (60)	11 (85)	0 (0)	3 (38)	17 (63)
<i>Ganja</i>	0 (0)	5 (83)	0 (0)	2 (33)	3 (75)	1 (50)	1 (100)	0 (0)	1 (100)	4 (80)	0 (0)	4 (80)	10 (77)	1 (100)	2 (25)	17 (63)	
<i>Cakki/sleeping pill</i>	0 (0)	4 (67)	0 (0)	3 (50)	1 (25)	0 (0)	0 (0)	0 (0)	4 (80)	0 (0)	1 (20)	8 (62)	0 (0)	4 (50)	13 (48)		
<i>Wine/zakki/cocktail drugs</i>																	
<i>Phensidyle beer</i>	0 (0)	3 (50)	0 (0)	2 (33)	1 (25)	0 (0)	0 (0)	0 (0)	3 (60)	0 (0)	1 (50)	6 (46)	0 (0)	3 (38)	10 (37)		
<i>Heroin</i>	0 (0)	3 (50)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (23)	0 (0)	0 (0)	3 (11)		
<i>Injection</i>	0 (0)	2 (33)	0 (0)	1 (17)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (15)	0 (0)	1 (13)	3 (11)		

*Multiple drugs used by children

Female children: The female children of both 5-8-year and 9-12-year age-groups were also addicted to *gul*, cigarette, sleeping pill, and *ganja*. Only one female child aged 5-8 years reported that she did not have any addiction.

Reasons behind drug addiction

Abandoned group

Male children: The abandoned male children aged 9-12-years reported that their peers were the main influential persons in making them drug-addicted. When they first came to the street, their peers who were mostly addicted helped them cope up with the street-life. They gave them shelter, food, money, and the way how to cope up with such a harsh environment. Whenever new abandoned children found that their peers use and enjoy drugs, they also felt interest in drugs. The peers taught them that, if they take drugs, they can do anything and whatever they like. They also reported that drugs protected them from bad smell when they scavenged crafts from dustbins or garbage. On the other hand, some abandoned male children were involved in stealing or in risky jobs, such as peddling of drugs. In that case, they needed courage. When the children became addicted, they had no fear for anything. An abandoned male child said:

During the initial days in the street, I felt fear in the street-life. But drug addiction helped me become desperate. Gradually, I became addicted whenever I was in happy or sad mode.

The children informed that the use of drugs helped them get relief from pains when they were physically tortured or beaten by others for doing any illegal act, such as stealing. Some children also reported that they used drugs for getting relief from mental stress. Whenever they missed their families, they became mentally upset, and at that time, they took drugs for having a long sleep. A few children reported that their employers helped them become addicted to drugs. Sometimes the employers supplied drugs to the children. Because whenever the children were addicted, they could collect more left-out crafts or could steal valuable things from others.

Female children: Female children of the 9-12-year age-group were also influenced by their peers to use drugs. The female children who were mostly involved in scavenging crafts from dustbins reported that drug helped them protect from bad smell during scavenging. The female children of this category who were involved in sex trade used drugs to get relief from pains. They said that drugs gave them strength during sex work and to continue sex act with multiple adult males. They believed that some drugs helped them become fatty and swelling their body parts, which made them attractive to their clients. An abandoned female child said:

Is it a matter of asking? Without taking anything (substance like *dandy*), it is impossible to regularly do the *kam* (sex act). Moreover, if I was not in *pinic* (addiction), I would die as the number of people did sex act with me, by turn, in a day.

A few children also believed that *dandy* keep their stomach full and helped them not to become hungry.

Children living in street with family

Male children: The male children of both 5-8-year and 9-12-year age-groups in this category became addicted by the influence of their peers. Another reason they mentioned for taking drugs was to get relief from pains, since they were also involved in stealing. People beat them, if they are caught at the time of stealing. According to them, they cannot realize the pain of beating, if they are addicted at that time. Therefore, the children took drug before going to stealing.

Female children: The female children of this category became addicted to drugs at the influence of their male and female peers and for getting relief from pains at the time of stealing and doing sex work.

Children working in street and returning to their families at night

Male children: Like other two categories, the male children of both age-groups of this category were as well influenced by their peers to become addicted to drugs. However, one child added that, if they refused to take drugs, their peers often forced them and mentally tortured them. Their friends teased them by saying that they did not have the masculinity power. The street-children believed that the use of drugs is the expression of masculinity.

Female children: As stated earlier, a few female street-children of this category casually smoked or sniffed *dandy*. The main reason for taking such a drug was their curiosity. According to them, they were not addicted but their peers sometimes influenced them to do so.

The drugs children mostly use

Dandy

Sniffing *dandy* was common among all categories and all age-groups of street-children. The male children were more likely to be addicted to *dandy* compared to the female children.

Paint shops, shoe-making shops, and hardware shops were the *dandy*-selling places in different parts of the city. All the *dandy*-addicted children reported that they could easily buy it from any nearby shop. Easily-available and low price attracted them to use *dandy*. Moreover, the children could find *dandy* (shoe glue) from *muchi* (cobbler), if they gave Tk 10 to them. The children knew how to breathe *dandy*, and they hardly knew anything about the hazard of sniffing glue. One key-informant said:

Dandy (sniffing glue) is not bad for health. In addition, it is called solution! You can get two *dibba* (containers) of the (*judar ada*) shoe's glue at a cost of Tk 100. You can get it from any nearby hardware shop.

According to the children who used *dandy*, it was cheap, and it created more *pinic* compared to other drugs. The *dandy*-addicted street-children not only used *dandy* as a drug but also sold it to other addicted children. According to the children in the Karwan Bazar area, there is a gang inside the *katpotti* who sold *dandy*. If someone asked them, they provided the glue, and they sold it to everyone by the name of shoe glue. Nobody could conflict with them, and if someone made any hitching, they as a gang beat them.

When the child scavenged scarps with his/her well-known peer, s/he learnt from him/her how to take *dandy*. In the beginning, they felt bad smell while scavenging scarps but her peer or the owner of the scavenger shop offered him to take *dandy* and taught him about the mechanism of sniffing of *dandy*. The children shared money to take a small or a large container of *dandy*, and they shared it with each other. In general, they did it as a group at night at a nearby *vanga* (unconstructed) building or at the nearby roadside of their sleeping places. They commonly believed that a brotherhood relationship becomes stronger among them through sharing of *dandy* or any other drugs.

According to the female street-children, they used boys for buying *dandy* as many of them did not know the place from where *dandy* is available for purchase. Some female children also shared *dandy* with their male peers. According to them, they could sniff glue whenever they wished.

Ganja

The street-children of all categories and all age-groups were addicted to *ganja*. *Ganja* takes the second place in terms of the number of street-children who use it. All the children who were

addicted to *ganja* reported that it helped them forget their sorrows. Some of them had fantasy. They stated that, if anyone takes *ganja*, s/he becomes *raja* (king). The children who were addicted to *ganja* also reported that *ganja*, also like *dandy*, helped them protect from bad smell during working in dustbins and made them desperate to do any risky jobs.

According to the children, *ganja* was an easily-available drug, and most of them knew from where they could buy it. However, the female children bought *ganja* with the assistance of their male peers.

Injecting drugs—a case of 12-year-old abandoned street-child

Three abandoned street-children found who were addicted to injecting drug. Two of them were male, and one was female (Table 10). All of them were working in a specific part of Dhaka city, known as old Dhaka, such as Noya Bazar, Doyagonj, Chankharpul, Sadarghat, Saidabad, and Kamlapur. One male child had been regularly using injecting drugs for the last two years, and other two used it from time to time with curiosity. However, all of them had exposure to other drugs, such as *dandy* and *ganja*. They became addicted to injecting drugs at the influence of their peers.

The child who had been taking injection for the last two years was totally depended on it. According to him, without injection, he could not pass a single day. When *bera* (withdraw time when addicted people need next episode of drug) came, he used to become sick, he felt pain in all joints of his body and felt vomiting, and mucus came from his mouth and nose.

Initially, he was taking *dandy*, *ganja*, and heroin. One day one of his elderly working peers proposed him to take injection, and the peer convinced him that, in injecting drug, there was no extra *hassle*, and nobody knows about it because it has no smell and its *pinic* is more than other drugs. But while taking *ganja* or other drugs passersby get smell and might beat them. Then the child showed interest to test injection and found it interesting. It gave him more *pinic* than other drugs. Therefore, he became addicted to injecting drugs.

The child has a group of peers with whom he shares injecting drugs. All of his peers were older than him, and some of them were aged 40-50 years. He told that taking injection individually is costly. For one episode of drug, he needed Tk 100-150. He used to take injections 4-5 times a day. He bought the full ample, if he had enough money. He shared one syringe of drug with 2-3 people. He always shared needle and syringe with his other peers. He, along with others, sometimes received needle and syringe from the CARE office. But they never waited for CARE staff but bought syringe and needle from nearby medicine shops whenever they required.

Although he preferred to inject drug in the vein because of its immediate *pinic*, he used to push injection in both muscles or in the vein. The common practice he followed during pushing drug in the vein was that he pulled out some blood from the vein to confirm whether the needle was pushed into the vein or not. He called this as *booting*.

As he explained, for repeated pushing of needles in his hands, he sometimes became sick, and he had abscess in the affected parts of his body. He sought treatment once for this problem from the DIC of CARE.

During individual interview, he informed that he wanted to get rid of drugs but was unable to do so. According to him, the service-delivery system in facilities is not suitable for him. He said:

One day, I visited the CARE service-delivery centre but I could not get admission there. Because their system is that I have to visit the centre everyday for first seven days. If I missed one day, I have to start again for seven days, which is difficult for me. If I have to go to them every day, how can I earn money for my food? What will I eat? Therefore, I could not get admission to the centre.

Table 11. Types of drugs used by street-children who participated in PGDs

Item	Abandoned		Living in street with family		Working in street and returning to family at night		Total		Grand total n=119 (%)
	Boys n=20 (%)	Girls n=14 (%)	Boys n=20 (%)	Girls n=25 (%)	Boys n=21 (%)	Girls n=19 (%)	Boys n=61 (%)	Girls n=58 (%)	
Age-group (years)	5-8 n=0	9-12 n=1	5-8 n=6	9-12 n=10	5-8 n=2	9-12 n=6	5-8 n=8	9-12 n=17	5-8 n=41
No. of children who used drugs	0 (0)	20 (100)	0 (0)	4 (31)	6 (100)	13 (93)	0 (0)	2 (13)	1 (50)
Types of drugs used*	0 (0)	20 (100)	0 (0)	4 (31)	6 (100)	13 (93)	0 (0)	2 (13)	1 (50)
<i>Dandy</i>	0 (0)	17 (85)	0 (0)	3 (75)	5 (83)	11 (85)	0 (0)	1 (50)	7 (54)
Marijuana	0 (0)	15 (75)	0 (0)	3 (75)	6 (100)	10 (77)	0 (0)	1 (50)	9 (69)
<i>Cakki/sleeping pill</i>	0 (0)	13 (65)	0 (0)	4 (100)	0 (0)	3 (23)	0 (0)	0 (0)	6 (46)
Wine/ <i>zakki/cocktail drugs</i>	0 (0)	11 (55)	0 (0)	1 (17)	2 (15)	0 (0)	1 (50)	0 (0)	0 (0)
Phensidylye	0 (0)	6 (30)	0 (0)	1 (17)	1 (8)	0 (0)	0 (0)	0 (0)	1 (14)
Beer	0 (0)	3 (15)	0 (0)	2 (50)	0 (0)	0 (0)	0 (0)	0 (0)	3 (7)
Heroin	0 (0)	11 (55)	0 (0)	1 (17)	2 (15)	0 (0)	1 (50)	0 (0)	1 (14)
Injection	0 (0)	6 (30)	0 (0)	1 (17)	1 (8)	0 (0)	0 (0)	0 (0)	1 (14)
Others (tail of lizard)	0 (0)	3 (15)	0 (0)	2 (50)	0 (0)	0 (0)	0 (0)	0 (0)	3 (7)
*Multiple drugs used by children	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)

Knowledge and perceptions about STIs and HIV/AIDS

Knowledge about STIs and HIV/AIDS

Abandoned: The majority of the abandoned female children who lived in the street did not hear about *joino rog* (STI) and about AIDS. In this regard, one 12-year old abandoned female child said:

What you are talking about? I never heard about it. You have been saying ‘*aids, aids*’ since you are here. I just heard the name AIDS from you right now.

However, some abandoned female children were aware of names of some diseases relating to sexual organ. They informed that, due to excessive sexual act, the *jonipath* (vaginal route) and anus were often injured, and in some cases, blood came out. They mentioned such injuries as sexual disease but they did not know about any name of sexual diseases. Some female children knew about itching and sore in the sexual organ but they could not say anything about the reasons of sore. They also did not have any knowledge about the treatment of STI.

The male children of all categories and who had association with the DICs had sound a knowledge about HIV/AIDS and their transmission. According to those children, AIDS might transmit when various persons used the same syringe, when people did sex with *kharap mohila* (*bessha*; sex worker) without condom, when people got blood from an AIDS patient, when children did anal sex with each other, and when the male and female suck each other’s infected sexual organ.

Only two abandoned children reported that they heard about *joino rog* from the roadside canvasser, and they explained the symptoms as *aga mota gora cikon* of penis (local term of one type of STD), stone in the sexual organ, burning sensation while urinate, sore in the sexual organ, and tenderness of the sexual organ.

Children living in street with family: Most children who lived in the street with their families did not hear about any *joino rog* or even the names of syphilis, and gonorrhoea. Moreover, they heard about the term AIDS for the first time from the researchers of the present study. One of the children mentioned about stone in the sexual organ—they called it as *ek shira baram* (testicle swelling) coming out of blood from the penis. At first, the child could not mention the name of any *joino rog* but after hearing the names of syphilis and gonorrhoea, one child said that he saw the names of these diseases on the glass and windows of a public bus but he was not aware of the causes and treatment of these diseases.

Most male children did not know anything about the transmission and prevention of any sexual disease. Despite their awareness about HIV transmission, some of them had perceptions that, since they did not do sex with any prostitute, *hijra* (who has sore in the anal), adult female, and their peers of same age, it was not possible to transmit HIV to them.

Children working in street and returning to family at night: Both male and female children, who were working in the street and returned home at night, of this category also reported that they never heard of *joino rog* or syphilis, gonorrhoea, and AIDS but a few female children mentioned about the itching problem of their lovers who never sought any treatment, and some of them took water mixed with *cirota* (a type of herbal ingredient). After prompting, some of them stated that they heard about and watched the advertisement ‘*bachte hole jante hobe*’ in television but they could not understand the message of the song. So, they could not give any perception about HIV/AIDS.

Most female children of this category did not hear about *joino rog* and even AIDS. Some of them stated that they heard and watched the advertisement ‘*bachte hole jante hobe*’ in television but

they could not also understand the message of the song. Moreover, a few of them were reluctant to talk about these types of diseases as, according to them, even talking about menstruation is a great sin. On the other hand, many male children could not recognize the term *joino rog*. But when they were asked to say something about some diseases of the sexual organ, a few of them mentioned sore, itching, zit, and glue-type water in the zit.

The male children of this category could not even mention any name of sexual disease that might occur due to sexual relationship with females and with peers of same gender. Like the abandoned children, a few of them heard from the roadside *mojma deya mamu* (canvasser) that, due to sexual relationship with *kharap mohila* (bad woman) the sexual disease might happen. They mentioned the problem of itching in the penis following sore, burning while urinating, discharge of *puj* (discharge from sore), etc. Regarding some diseases of the sexual organ, a few of them mentioned *ek shira baram*, itching, and sore in the balls. On the other hand, only one male child heard from one of his elder brothers that the penis could be infected due to sexual intercourse with *vuski* (sex worker) as this type of woman does sex act with multiple boys. They do not remain clean; so, the penis could be infected by each other.

Two female children stated that, if blood was transfused from one person to another, there might be the possibility of AIDS transmission. In addition, one of the children stated that AIDS meant tuberculosis. Some of them heard about AIDS from TV but this child did not understand what the people said.

Misconceptions

Some misconceptions were prevalent among the abandoned street-children who had association with NGOs (Table 12). According to the male children, AIDS could be transmitted from one person to another by touching each other and through toothbrush. In addition, one of the children said that AIDS might be transmitted if somebody touches fluid from the mouth and after peeing if that remains on the blanket. Some children believed that, if food falls on earth while eating and someone again eats that food, s/he may be infected by AIDS.

Table 12. Knowledge about HIV/AIDs among street-children who participated in PGDs

Knowledge about HIV/AIDs	Abandoned		Living in street with family		Working in street and returning to family at night		Total n=119 (%)
	Boys n=20 (%)	Girls n=14 (%)	Boys n=20 (%)	Girls n=25 (%)	Boys n=21 (%)	Girls n=19 (%)	
Transmission							
Through sex act	11 (55)	4 (29)	3 (15)	4 (16)	5 (24)	3 (16)	30 (25)
Through blood transfusion	8 (40)	2 (14)	2 (10)	0 (0)	6 (29)	2 (11)	20 (17)
Transmitted through mother to child	2 (10)	0 (0)	0 (0)	0 (0)	0 (0)	1 (5)	3 (3)
Prevention							
Have to do sex act using condom	11 (55)	3 (21)	4 (20)	4 (16)	6 (29)	3 (16)	31 (26)
Do not take blood without screening	7 (35)	0 (0)	1 (5)	0 (0)	6 (29)	2 (11)	16 (13)
Misconception about transmission and prevention							
Taking drug together	1 (5)	0 (0)	3 (15)	0 (0)	1 (5)	0 (0)	5 (4)
Washing kitchen materials with polluted water	1 (5)	1 (7)	1 (5)	0 (0)	0 (0)	1 (5)	4 (3)
Kissing with any one	1 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Taking food in a single plate	1 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Using a single teeth-brush together	1 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Perception of risks							
Disease may happen	5 (25)	1 (7)	1 (5)	0 (0)	2 (10)	00 (0)	9 (8)
Disease not happened	5 (25)	0 (0)	4 (20)	0 (0)	2 (10)	2 (11)	13 (11)
Do not know	10 (50)	13 (93)	15 (75)	25 (100)	17 (81)	17 (89)	97 (82)

Knowledge and use of condoms

Knowledge about condom

Abandoned children: Of the three categories of children, most abandoned male and female children who participated in in-depth interview were aware that condom is used during sex act. Some of them recognized the condom as they had to use it. According to the male and female children, since the condom was of oily type, it was easy to push the thick penis into the tight sexual organ of a woman. Some female children heard from the peers that condom could prevent pregnancy.

Some of them learnt from the DICs that, to do sex with *kharap meye*, one should use a condom to protect him/her from STIs and HIV. After visiting the DICs, the abandoned children heard from the staff of DIC that condom could prevent sexual diseases, HIV, and pregnancy.

Children living in street with family: Some children of this category learnt from the elderly peers that the use of condom prevents semen to enter into the girl's stomach; so, it could prevent pregnancy. Others heard from sex workers that condom could prevent the transmission of disease from one person to another.

They also saw shopkeepers to sell condoms. Some female children heard about condom from condom *apa* (a health worker who distributes condoms in their surroundings), who worked for a local NGO for distributing condoms to their so-called aunties in the street who were engaged in sex act. The health worker told them to use condoms to avoid diseases and pregnancy.

Children working in street and returning to family at night: The children who were living with their families or returning home at night had no clear knowledge about the use of a condom. Some children never saw or even heard about it. But many of them saw the used white balloon in the street and saw other children to play with it.

When the children were asked whether they knew about condom, at first about half of children of this category who participated in in-depth interview mentioned their ignorance about condom because they did not have any knowledge about it as condom. They identified condom as *photka* (balloon). When they understood what condom is, they stated that they saw the *photka* in parks, dustbins, drains, open field beside the Mirpur Mazar, and other isolated places of railway and bus stations while scavenging scraps.

During interview, many children shared their experiences about the condom. They said that, in childhood, they bought condoms from shops and played with these by blowing up. Some children heard from sex workers in the gate of a park that, by using a condom, one could prevent the transmission of diseases from one person to another, and some of them knew condom as a thing that was used by boys during sex act. According to them, males did sex using condoms. Some children recognized condom and saw that it was sold at medicine shops and roadside grocery shops.

Use of condom by children who had sexual exposure

Most children in all the three categories, who had sexual experience, never used any condom during sex act. Most street-children who had experiences of sex act had sex with female children, and they had experience of sexual intercourse in *dui raner cipay* (the middle of two legs) and in anus but most of them never used any condom. Some of them had intention to use a condom but they were mostly unable to do that because of its size. They stated that the size of available condoms does not match with their sexual organ. The male children reported that sex workers asked to use a condom during sex with them; they tried to use it but it was not possible due to its size. In this regard, one of the children said:

They (sex workers) brought condoms for *boro machine* (for adults) but we have *choto machine* (the penis that is small in size); so, we could not use it.

Some of them had sex with their sisters-in-law without using any condom but when one of them wished to have sex with a *hijra*, the *hijra* proposed him to use a condom. The *hijra* said that, by using a condom, the sore cannot be taken place in the sexual organ, and infections cannot be transmitted from one person to another.

Most female children who were involved in selling sex never used any condom. They reported that the use of a condom mostly depends upon their clients. However, they met some clients who intended to use condom because of its oily type but they had no idea about the prevention of HIV. Although some children were aware of the risks of sex act without a condom, they did not use it during sex to fulfill the desire of their clients. A few children informed that they requested their clients to use a condom but they did not agree. The children informed that the condom distributors came to give condoms but the girls were reluctant to take those as the clients did not want to do sex act using a condom. A girl said:

The clients wanted to leave the semen directly on to the uterus, otherwise they did not get pleasure.

Some abandoned children who had knowledge about condom but could not use it because of various reasons. For example, when they had the opportunity for sex act, they did not have enough time, they had to do it hurriedly. They referred this sex act as ‘open sex’. They explained that, during such open sex, they were unable to use a condom as they had no time to talk about condom—when I had a chance for open sex. A 12-year abandoned male street-child said:

One midnight, after taking *cakki* (the sleeping tablet), I went to a *magi* (prostitute) to ‘enjoy’ (he used the term ‘enjoy’ to indicate the sexual intercourse) adjacent to the Gulshan circle main road. She was much older than me. Although she wanted Tk 100 for one shot, I convinced to give her Tk 50. Actually, I went there with Tk 140 in my pocket but I said, “I did not have money more than Tk 50”. When I gave ‘*ek guta*’ (one shot), she claimed for Tk 100. At that moment what could I say, and I agreed to do so.

Illness and healthcare-seeking behaviour

Types of illness

The street-children were asked about their illnesses during the last seven days of data-collection. Both male and female street-children of all categories often suffered from fever, cold and cough, various types of eye diseases, such as *chokh utha* (conjunctivitis), headache, pain in stomach, hands, and legs, sore and itching, eczema, and injured by dog bite. Most children (115 of 119) reported that they suffered from fever, cold and cough, and typhoid. However, sore, diarrhoea, and itching were common among the abandoned male children (Table 13). Sometimes high fever made many of them too weak to work, and some of them experienced high fever in their very childhood.

The suffering from sore and itching was higher among the street-children of all categories. A few male children living with their families in the street mentioned not taking bath as the reason for sore and itching. Many children also mentioned diseases, such as *patla paikhana* (diarrhoea), dysentery, typhoid, and jaundice. Moreover, some tuberculosis (TB) patients were also found among the street-children, and one of them suffered from pneumonia in his childhood.

Table 13. Type of morbidity among street-children who participated in PGDs

Type of sickness	Category and number of children											
	Abandoned			Living in street with family			Working in street and returning to family at night			Total		
	Boys n=20 (%)	Girls n=14 (%)	Total n=34 (%)	Boys n=20 (%)	Girls n=25 (%)	Total n=45 (%)	Boys n=21 (%)	Girls n=19 (%)	Total n=40 (%)	Boys n=61 (%)	Girls n=58 (%)	Total n=119 (%)
Fever/ cold/cough/ typhoid	20 (100)	14 (100)	34 (100)	19 (95)	24 (96)	43 (98)	19 (90)	19 (100)	38 (90)	58 (95)	57 (98)	115 (97)
Sore/ulcer	16 (80)	4 (29)	20 (58)	10 (50)	4 (16)	14 (35)	18 (86)	6 (32)	24 (61)	44 (72)	14 (24)	58 (49)
Diarrhoea	13 (65)	12 (86)	25 (70)	7 (35)	10 (40)	17 (48)	4 (19)	7 (37)	11 (27)	24 (39)	29 (50)	53 (45)
Itching	13 (65)	1 (7)	14 (41)	14 (70)	4 (16)	18 (51)	10 (48)	6 (32)	16 (44)	37 (61)	11 (19)	48 (40)
Abdominal pain/ headache	3 (15)	7 (50)	10 (29)	2 (10)	7 (28)	9 (25)	3 (14)	9 (47)	12 (30)	8 (13)	23 (40)	31 (26)
Jaundice	7 (35)	0 (0)	7 (20)	1 (5)	4 (16)	5 (14)	0 (0)	0 (0)	1 (2)	8 (13)	4 (7)	12 (10)
Conjunctivitis	3 (15)	0 (0)	3 (9)	3 (15)	0 (0)	3 (8)	0 (0)	0 (0)	3 (8)	6 (10)	0 (0)	6 (5)
Injury in anus and virginal route	0 (0)	4 (29)	4 (11)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (7)	4 (3)
Tuberculosis	0 (0)	0 (0)	0 (0)	0 (0)	1 (4)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	1 (1)
Asthma	0 (0)	1 (7)	1 (3)	1 (5)	0 (0)	1 (3)	0 (0)	0 (0)	1 (2)	1 (2)	1 (2)	2 (2)
Dog bite	1 (5)	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	1 (2)	0 (0)	1 (1)
Chicken-pox	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (11)	0 (0)	0 (0)	2 (3)	2 (2)
Anaemia	0 (0)	0 (0)	0 (0)	0 (0)	1 (4)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	1 (1)
White discharge	0 (0)	1 (7)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	1 (1)

In addition, the abandoned male and female children reported that some physical obstacles, such as scratch on head, belly, hands, and legs, broken hands and legs, and burn in body, were very common incidents.

The abandoned female children who were exposed to sex work experienced some diseases in their sexual organs. Two abandoned female children had the problem of white discharge, including bad smell. They also informed that, due to excessive sexual act and torture by clients, their sexual organs, such as vagina and anus, were often injured, including bleeding. They mentioned such injuries as sexual disease but they did not know about the name of a sexual disease. Some female children were aware of itching and sore in the sexual organ as they had itching in the sexual organ but they could not say anything about the reasons of sore.

Healthcare-seeking behaviour

The street-children of all categories were found to be very reluctant about the treatment of any of their health problems. Except some severe cases, whenever they suffered from any disease or health problem, they did not seek any treatment (flow-chart), They did not care about any treatment or medicine (Table 14). When they faced any health problem, they discussed it with any of their known persons, such as aged peer or *vangari dokandar mama*. As per their suggestions, they took treatment for their health problems. In this regard, one of the abandoned children expressed his coping mechanism in the following way:

Once when I was attacked by high fever, the *khala* (a woman) who slept beside me in the street wrapped me tightly with a *chador* (cloth sheet), and next morning after taking a bread, I took Napa tablet and slept wrapping myself with the cloth sheet as it was suggested by an elder brother.

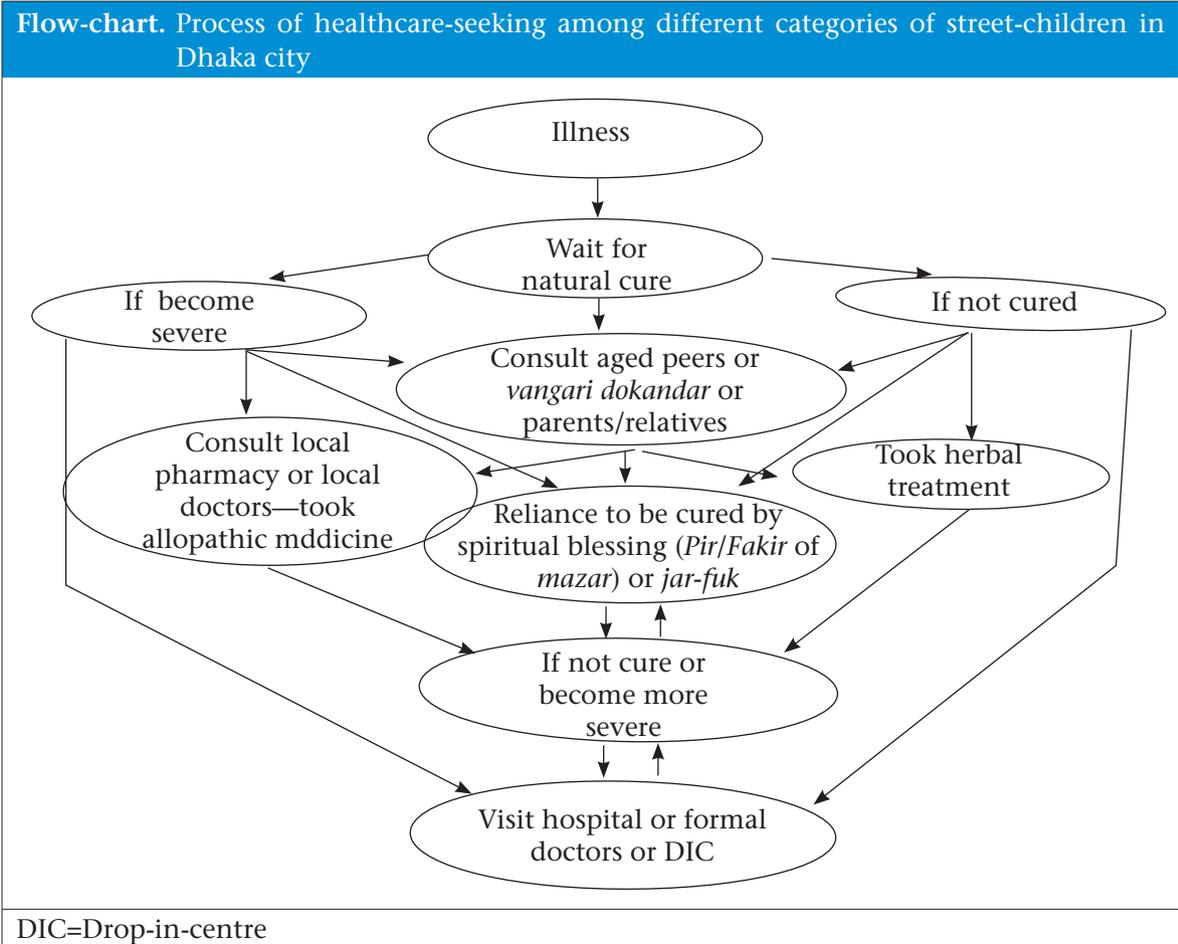


Table 14. Healthcare-seeking behaviour among street-children who participated in PGDs

Care-seeking behaviour	Category and number of children									
	Abandoned		Living in street with family		Working in street and returning to family at night				Total	
	Boys n=20 (%)	Girls n=14 (%)	Boys n=20 (%)	Girls n=25 (%)	Boys n=21 (%)	Girls n=19 (%)	Boys n=61 (%)	Girls n=58 (%)	Boys + Girls n=119 (%)	
Did nothing (wait for natural cure)	20 (100)	14 (100)	20 (100)	25 (100)	21 (100)	19 (100)	61 (100)	58 (100)	119 (100)	
Visited a local pharmacy	17 (85)	7 (50)	14 (70)	6 (24)	16 (76)	8 (42)	47 (77)	21 (36)	68 (57)	
Visited a hospital	7 (35)	0 (0)	8 (40)	11 (44)	2 (10)	3 (16)	17 (28)	14 (24)	31 (26)	
Visited an NGO clinic	17 (85)	4 (29)	2 (10)	2 (8)	4 (19)	0 (0)	23 (38)	6 (10)	29 (24)	
Visited Icddr, b hospital	0 (0)	2 (14)	1 (5)	8 (32)	0 (0)	3 (16)	1 (2)	13 (22)	14 (12)	
Visited traditional healers	0 (0)	0 (0)	5 (25)	8 (32)	0 (0)	0 (0)	5 (8)	8 (14)	13 (11)	

The findings of the study revealed that the children who participated in the PGDs did not seek treatment for their health problems, and they waited to see if these problems are naturally cured without any treatment. Sixty-eight (57%) of the 119 children who participated in the PGD sessions reported that they went to a local drug-seller to buy medicines (Table 14). The children who visited the pharmacy stated that whenever their problems were severe, they went for medicines.

The children who were living with their families had better access to healthcare compared to the abandoned children. They reported that, when they suffered from any severe disease, their family members, mostly their mothers, rushed for their treatment. At first, they consulted a local doctor or a local drug seller in a pharmacy. If the problem became severe, they moved to any NGO clinic, such as Marie Stopes Clinic, and an aid-based hospital or a government hospital. From those facilities, they got treatment free of charge. Some children who were living with their parents in the Karwan Bazar and Kamlapur Railway Station areas also visited the satellite clinic of icddr,b that is held on every other day in their locality. For the treatment, mothers of children mostly took them to that clinic.

Legs and hands of many scarp-scavenging children of all the three categories were often cut while scavenging scraps. The children managed *potti* (bandage) from the roadside shops of so-called *mama* who kept the item. For the treatment of fever, dysentery, and diarrhoea, they took medicines from the medicine shop of the slum. The well-known *vangari dokandar mama* sometimes gave them bandage, ointment, or money to take medicines from the medicine shop, and they or their parents sometimes bought medicines from pharmacies.

However, one abandoned male child who sought treatment from a government hospital faced difficulties to afford the treatment cost. Some of them even complained that they did not get adequate treatment from doctors due to their social status. They visited a hospital for free treatment, and they sometimes got only the prescription free of charge but they had to buy medicines from a pharmacy. For the poor street-children, it was very difficult to afford money for their treatment. In this regard, a child said:

Once a broken glass entered my foot while scavenging scarps. I visited a hospital, and the doctor gave me a prescription and told to purchase medicines from a pharmacy. I spent Tk 300 but it was not cured rather my pain increased as the broken glass remained inside my leg. Then I cut the injured part of my leg with a blade and pull out the broken glass from my leg. I had to go to a pharmacy again and bought medicines at a cost Tk 100. I had to borrow money from the *vangari dokandar mama* at that time.

Spiritual treatment (folk healing), such as *jhar phuk* and *kabiraji* (herbal treatment) healing, was also common among the children who worked in the street and returned to home at night. The street-children and their families sought treatment from *pir* or *fakir* (folk healer) for the treatment of their fever, pain in stomach, and diarrhoea. For the treatment of jaundice, they took the herbal treatment from a *kabiraj*. Moreover, some of them had a strong belief on spiritual treatment. For the treatment of dog bite, one of the female children took the treatment of *jhar phuk* (they called *gur pora*) from a female *kabiraj*. She heard about the treatment of taking injection as the treatment of dog bite. But, due to the popularity of the treatment by the woman (the *kabiraj*), she had to seek treatment from her. While talking about primary healthcare of her family, one female child said:

Once when I broke my leg, I went to my grandmother at Kamrangirchar. My grandmother gave *jhar phuk* to my leg and massaged it with hot mustard oil for the whole night. My grandmother also gave *jhar phuk* when I had jaundice. I became cured from jaundice after this treatment.

But for the treatment of itching, mothers of some children bought medicines from a roadside

canvasser. For the treatment of itching, mothers of some children gave them tablet and pasted it with ointment and grinding paste of *neem* over the itching area. After the treatment, they recovered from itching, sore, and pimple.

Some children who lived in the *mazar* areas had a strong faith on *pir* (religious leader) of that *mazar*. About the treatment of diseases, some children's perception was that the diseases might recover in its own way by the mercy of Allah and the prayer of *doyal baba* (a religious leader—they believed as a kind father). They respected the so-called *doyal baba* very much, and in this respect, one of the female children said:

When my leg was sprained, I did not take any treatment or medicine but just walked a long with the *doyal baba*, and my leg became well. I only had to give biscuits and drinks to the *murid* (follower of *doyal baba*). I am also the follower of Shah Ali *baba* of Mirpur Mazar, and I often give *mannot* (proposed religious activities after fulfillment of any wish) for various purposes.

In addition, for the treatment of jaundice, some parents took their children took to *fakir bari* of a slum to wash their heads every day and took *pani pora* (spiritual mechanism of treatment), and according to them, they all became well and were cured.

CONCLUSIONS AND RECOMMENDATIONS

The findings of the study revealed that the street-children were extremely vulnerable to HIV/AIDS because of their living and working status; relationships with peers; harassments by others; risky behaviours, including drug-use and sexual behaviours; lack of knowledge about HIV/AIDS and non-use of condoms to protect them from HIV/AIDS; and lack of access to healthcare services. However, the following reasons are more specifically responsible for their being at risk of HIV/AIDS:

1. The harsh coping mechanism, the means of surviving in the street, social network and relationship with peers made the street-children vulnerable to HIV infection. To cope with those challenges, every street-child maintained a social network and relationship with others. The network and relationship depended mostly on the children's living status/living environment in the street. The findings also revealed that, in these networks, at-risk population, such as IDUs and sex workers, had an association with them. They shared their pains and pleasure with them as a sign of strong bonding among themselves. They made *rokter bondhu*, i.e. mixing each other's blood or making tattoo.
2. The street-children experienced a diverse range of harassments. They were exposed to various activities that made them vulnerability to HIV/AIDS. As the experience of harassments was common among the street-children in Dhaka city, they frequently reported that they had experienced all types of harassments, such as mental, sexual, physical, and economic. However, the experiences of harassments were different among different categories of children, and harassments were done by different types of people of the community, including members of law-enforcement agencies.
3. The children were addicted to multiple drugs; many children, however, were simultaneously addicted to two or more drugs. The street-children of all categories, along with adult males and females, were usually addicted to *dandy* (sniffing shoe glue), *cakki* (sleeping pill), namely noctin (a very popular sleeping pill to street-children), *ganja*, wine, heroin, *mod*, yaba tablet, phensidyle, and even injecting drugs. *Gul* (chewing tobacco) powder was also very familiar to the female children. Sniffing of *dandy* was part of the street-life of the children in all the concentrated places of street-children in Dhaka city. The findings also revealed that some street-children experienced not only cigarette, *ganja*, or *dandy* but were also addicted to heroin and injecting drugs. Moreover, they were under the umbrella where they always met the IDUs.
4. The street-children also became vulnerable to HIV/AIDS because of the diverse range of their sexual behaviours. They were not only the victims of forced sex but they were also involved in a diverse range of sexual acts, including anal-vaginal-oral sex, either penetrative or non-penetrative. The findings revealed that these children were also sexually abused by *hijra*, as some of them forced those children to play an active role in anal sex with them. Moreover, the female street-children, along with some very young male street-children, were very often abused by bus, truck, or autorickshaw drivers, aged male street-children, or by other vagabonds. Even high mobility and sexual bridge with multiple sex partners made them more vulnerable to HIV.
5. The street-children lacked knowledge about STIs and HIV/AIDS. In consequence, most of them had no knowledge about the use of condoms, which can prevent STIs/HIV. Moreover, a significant number of the street-children did not use any condom during their sexual intercourse. Many of them did not even know the reason of using a condom. In addition, some children mentioned about the size of condom; the size

of condom was not appropriate for their (8-12-year-old street-children) sexual organ. So, this type of preventive option was absent among the street-children's daily life, and in reality, this put them at a risk of HIV.

6. Perception about STIs and HIV infection/AIDS also made them vulnerable to those diseases. During interviews, many children were found to be very reluctant and expressed their feelings that nothing is to be worried about those diseases as they were not conscious about the gravity of those illnesses or diseases.
7. Types of healthcare-seeking behaviour and lack of access to healthcare made the street-children vulnerable to various diseases, including STIs and HIV infection/AIDS. As the findings showed that they were always found to be unenthusiastic about their health problems, and at the initial stage, they mostly waited for natural cure. Unfortunately, such types of healthcare behaviour of the street-children may lead those health problems to chronic and severe stages over time.

The findings of the study identified a number of areas where policy-makers and programme people should give more attention to reduce the vulnerability of street-children to HIV/AIDS. Ultimately, these findings add to the body of evidence that street-children need comprehensive and integrated interventions rather than any vertical approach. Based on the findings of the study, the following recommendations are put forward:

8. A street-children-centred specific policy is required, which will address all sorts of challenges of street-children and will ensure hopes and opportunities for their new life. The policy should be developed in a participatory way by engaging all the stakeholders, including the Ministry of Social Welfare. In addition, the present vagabond act and its implementation process need to be reviewed to make it child-friendly so that it removes the fear of street-children about the environment of *abgari ghar* (vagabond's shelter-home). The environment of the shelter-homes should be improved considering health, hygiene, and child rights.
9. Comprehensive and targeted interventions need to be developed considering the following components:
 - a. Interventions on awareness-raising among parents and children about risky street-life and benefits of living with family may reduce the number of street-children and increase the number of street-children to return to home.
 - b. Targeted interventions, such as advocacy-based interventions, are needed for gate-keepers of street-children, especially *vangari dokandars* and street-adults, by whom the children are mostly victimized. The advocacy should also be arranged with individuals, such as bus, truck or CNG autorickshaw drivers, helpers, elderly peers of street-children, and those who mainly sexually abuse street-children regularly.
 - c. The peer-education system may be useful to aware street-children about their life in the street and their rights and the ways of protecting them from risky behaviours. Moreover, the law-enforcing agencies should be involved to protect children from abuse and establish their rights.
 - d. Awareness-raising/education programmes for the community people are essential to reduce all types of harassments of street-children.
 - e. Harm-reduction interventions are essential for street-children to prevent them from drug abuse. The existing NGO interventions for addicted children need to be reviewed for ensuring their participation in these programmes.

- f. Programmes relating to raising awareness, increasing knowledge, and increasing risk perception about HIV and AIDS among children, their partners, gatekeepers, parents, and their community need to be developed and implemented on an urgent basis to save this vulnerable group of population from HIV infection/STIs/AIDS.
- g. Finally, as the study identified that the street-children are a group of population vulnerable to HIV/STIs/AIDS, they need to be included in the regular screening/surveillance process. These categories of children may be included in the national serological survey so that, in the near future, more evidence-based information will be available to help the policy-makers make future decisions regarding interventions for the street-children of the country.

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