

## Unattended Children's Vulnerability to Drug Addiction: A Study on Agargaon and Adabor Slum Areas of Dhaka City

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### Abstract

*Various socioeconomic factors contributed to the conditions favorable to spread of drug use among the children. When children have been exposed to chaotic parental neglect or abuse, they may have a range of physical and socio-behavioural problems along with drug addiction. This paper examines whether the unattended children in the Agargaon and Adabor slum areas of Dhaka city are vulnerable to drug addiction than the cared children. Moreover, the reasons of children's drugs addiction, characteristics of the addiction, its relation with the state and its role in the society are also analyzed. In this paper, the approach of parental or family care toward children is discussed through arguments by content analysis and by analyzing the primary data. The roles of the society and state are also analyzed. Primary data are collected through interview with a semi-structured questionnaire. Secondary sources are government documents and reports, court orders, review of newspaper reports as well as related books and journal articles. The paper shows that there are some other reasons which may influence the children to take drugs: Family Type, childhood care, Sources of money for drug purchase, Age in which started taking drug. However, a negative correlation exists between parental supervision and regular drug taking. This paper shows that, children's drug addiction increases if parental supervision decreases. Above all, it can be concluded that, unattended or unsupervised (by parents) children are more vulnerable to drug addiction than cared children.*

**Keywords:** Unattended Children, Drug Addiction, Risk factor, Age.

### Introduction

Drug is a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal (WHO,1994). Various socioeconomic factors, like poverty, unemployment, sociopolitical unrest contributed to the conditions favorable to spread of drug use among the children (Goldberg, 1999). A strong underlying cultural ethos of the family assumes that children are better served within the family, that kin support is beneficial and that kin networks are stable and willingly supportive (Cramer & McDonald,1996). Taking on the care of children of relatives can have a profound impact on the functioning of the household. Where relatives are elderly and do not enjoy good health, the assumption of 'unplanned parenthood '(Minkler *et al.*,1993) can place an especial burden on the carer, as can the extra financial costs of such care. Positive social and emotional child development generally has been linked to nurturing family settings in which

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caregivers are predictable, daily routines are respected, and everyone recognizes clear boundaries for acceptable behaviors (U.S. Department of Health and Human Services, 2009). Where children have been exposed to chaotic parental drug abuse or have been subject to neglect or abuse (Jaudes & Ekwo, 1995), they may have a range of physical and socio-behavioural problems which can be disturbing and difficult to deal with (Ornoy *et al.* 1996). Besides the practical, legal and economic issues of assuming care of children there are also the myriad of conflicting feelings that carers and children may have over their situation, including shame, abandonment, guilt and anger (Brownell, 1998).

This paper examines whether the unattended children in the Dhaka city area are more vulnerable to drugs addiction than the cared children. Moreover, the reasons of children's drugs addiction, characteristics of the addiction, its relation with the state and its role in the society are also analyzed. In this paper, the approach of parental or family care towards children is discussed through arguments by content analysis and by analyzing the primary data. Both primary and secondary sources of data are used. The roles of the society and state are also analyzed. Primary data is collected through interview with a semi-structured questionnaire. Secondary sources are government documents and reports, court orders, review of newspaper reports as well as related books and journal articles. The paper progresses with content analysis through some contemporary literature review, analysis and finally conclusion. Role of families in controlling drugs abuse and reasons of drugs addiction are also discussed in the light of interview. Moreover, some key concepts and relations among the concepts are reviewed in the literature review section. Overall discussion ends up with a conclusion section.

### Objectives

The objectives of the paper are set as follows:

1. To learn whether unattended children are vulnerable to drugs addiction. Addicted persons of some selected areas Agargaon and Adabor (under Sherebangla Nagar and Adabor police stations) areas of Dhaka city of Bangladesh are interviewed.
2. To describe present intensity of children drug addiction in Dhaka city area.

Hypothesis Testing is conducted by considering whether unattended children of Dhaka City of Bangladesh more vulnerable to drug addiction than cared children.

Null Hypothesis  $H_0$ : Children's drug addiction does not depend on whether parents keep eyes on their children.

Alternative Hypothesis  $H_1$ : Children's drug addiction depends on whether parents keep eyes on their children.

Where, Independent Variable  $X = \text{Unattended children (whether parents keep eyes on children)}$ . There are some other independent variables such as childhood care, family type, income, expenditure on drugs.

Dependent Variable  $Y = \text{Drug addiction (Regular or irregular addiction)}$

Another Hypothesis Testing is conducted to verify the average starting age of drug taking:

Null Hypothesis	$H_0$ : Average age when the respondents started taking drugs is 14.5 year
Alternative Hypothesis	$H_1$ : Average age when the respondents started taking drugs is not 14. 5 year

There is a correlation between parental supervision and regular drug taking. A Hypothesis test can be conducted as follows:

Null Hypothesis	$H_0: p =0$
Alternative Hypothesis	$H_1: p>0$ or $p<0$

Methodology

This is a descriptive emperical research and both qualitative and quantitative methods have been applied. In this research mainly primary source is used which has been collected by using a questionnaire. Primary sources of data are: Interview with semi-structured questionnaire. Secondary sources of data are: books, journal articles, Govt. gazette publication and regulations, reports. The sampling area was confined to Agargaon and Adabor slum areas of the Dhaka city. Sample size: A total 100 respondents were interviewed. Respondents were selected through purposive sampling method amongst some addicted persons of Agargaon and Adabor Slum areas of Dhaka City Corporation. A complete list of families of suspected addicted children were collected from Sherebangla Nagar and Adabor police stations. However, only 100 respondents were randomly selected from few hundreds of people. Practically observations were also used. Purposive sampling techniques were adopted (though 100 persons were randomly selected). 100 household were selected by collecting the drug-addicted family list from local police stations.

Data Collection & Analysis

Secondary data have been used for content analysis. Journal articles, books and reports have been used for literature review and content analysis. Primary data are collected on the relation between unattended children and drug addiction in Adabor and Agargaon areas of Dhaka city of Bangladesh by using a semi-structured questionnaire and size of the sample is 100. Purposive sampling method is used and 100 respondents are interviewed. The questionnaire was in English, having both closed and opened questions. Number of questions is 52. The questions are translated into Bangla while interviewing the respondents. The authors themselves acted as the interviewer. Secondary data are collected from books, journal articles, Govt. gazette publication and regulations, reports. All the collected and analyzed data and analysis of questionnaire are presented using SPSS and graphical representation.

### Scope & Limitations

The research is limited to the unattended children and drug addiction in Agargaon and Adabor Slum areas of Dhaka city of Bangladesh. Only 100 respondents were interviewed. All the respondents were not well-educated and not well-aware of Bangladesh's laws. This research focuses only on the issues of Bangladesh and its relation in crime control, and it is essentially not related to global issues.

### Literature Review

The word addiction means getting habituated with something (WHO, 1994). In case of drugs when a human body gets dependent on some stimulating things, and after a certain period it creates a habit which means that the body has become dependent on the stimulant which is addiction (Angres & Bettinardi-Angres, 2008).

Drug abuse directly influences the economic and social aspects of a society as well as a country. In Bangladesh it is a growing national concern. There are millions of drug-addicted people in Bangladesh and most of them are young, between the ages of 15 and 30 (Khatun and Anwar, 2013). They are from all strata of the society and many of them start using drug in their childhood (Khatun and Anwar, 2013). The Convention on the Rights of the Child (CRC) requires States to provide special protection to children who are deprived of a family environment (articles 19, 20) (UN, 1990). The increased risk of taking drugs by the children adds to the State's obligation to take effective legislative and other measures to protect children in care. The CRC recognizes that children should grow up in a family environment: the Convention's Preamble states that "... the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding" (UN, 1990).

Family bonding is the bedrock of the relationship between parents and children (Kosterman et al., 1997). Scholars opine that, parental monitoring and supervision are critical for drug abuse prevention (NIH, 2003). These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman et al., 2001).

In the literature review earlier research and theoretical explanation on drug addiction among children and the reasons behind it are discussed.

### Convention on the Rights of the Child (CRC)

The CRC advocates for child protection from abuse by stating, 'State Parties shall take appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse ...'(Article 19.1)(UN, 1990). Moreover, the CRC recognizes adequate standard of living for the children for their mental growth: 'State Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (Article 27.1)(UN, 1990).

*Causes for leaving children unattended*

There are many causes for which children are left unattended.

**Family income**

A smaller proportion of low-income children live in self-care, compared with the proportion of higher-income children in self-care (Brownell, 1998). Brownell (1998) argues that children living in families with fair incomes and children under poverty level in fact live unattended.

**Parental employment**

Children having the ages of 6 to 9 years are more likely to spend time unsupervised by adults or teens when both parents are employed full-time, or when they have a single parent employed full-time (Cain and Hofferth, 1989).

**Parental mental health**

Children whose parent reported symptoms of poor mental health are more likely than other children to spend time without adult supervision (Cain and Hofferth, 1989). This link between symptoms of poor parental mental health and children in self-care is found apparent (Cain and Hofferth, 1989).

**Presence of siblings**

One household characteristic was linked with self care among 6 to 9 year-olds, even after controlling for other factors (Casper and Smith, 1999). Those who had teenage siblings were more likely to be in self care than were 6 to 9 year-olds who did not (Casper and Smith, 1999). This pattern was not seen with older children. Although some parents may rely on older children to care for their younger siblings, in the National Survey of America's Families, care by siblings aged 13 and older is considered to be in relative care rather than self-care (Cain and Hofferth, 1989).

It may be that when parents rely on sibling care for younger children, children have an increased likelihood of caring for themselves either because there are gaps in time when the older siblings are not available, or because parents allow children to care for themselves if they know an older sibling can check on the child occasionally (Casper and Smith, 1999).

**Lack of Supervision**

The search for drugs or alcohol, the use of scarce resources to pay for them, the time spent in illegal activities to raise money for them, or the time spent recovering from hangovers or withdrawal symptoms can leave parents with little time or energy to care properly for their children (U.S. Department of Health and Human Services, 2009). These children frequently do not have their basic needs met and often do not receive appropriate supervision (U.S. Department of Health and Human Services, 2009). As a result, these children often become drug addicted.

### ***Risk Factors to become criminal***

#### ***i. Family risk factors***

Prenatal and perinatal factors around the time of birth have been linked to a range of later problems for children. Children born to young mothers are also at increased risk of low achievement in school; antisocial behaviour; and early initiation into smoking, alcohol and illegal drugs (Furstenberg *et al.*, 1987). Patterson *et al.* (1998) demonstrates that poor parental supervision and discipline, and harsh, inconsistent or neglectful parenting are contributory factors to later youth involvement in delinquent behaviour. Drawing upon a wide range of research, the YJB (2001) concluded that children from low-income families are more likely to become involved in crime than those from more affluent backgrounds. However, it is acknowledged that the links between conventional family measures of social and economic class, based on occupational status, and criminality have generally been weak compared with more specific measures of poverty (Utting *et al.*, 1993) and educational achievement of parents (Wadsworth, 1979).

#### ***ii. Community risk factors***

A range of studies have demonstrated that children who grow up in disadvantaged neighbourhoods, typically economically deprived areas with poor living conditions and high rates of unemployment, have an increased risk of involvement in crime, including violence (YJB 2001).

### **Crime as the process of Acquisition**

Sutherland (1947) describes that some social conditions are necessary to produce crime and he attempts to explain the processes by which the individual becomes criminal. In this called 'Differential Association Theory', he states nine postulates to account for the process of acquisition (Sutherland, 1947):

1. Criminal behaviour is learned.
2. The learning is through association with other people.
3. The main part of the learning occurs within close personal groups.
4. The learning includes techniques to execute particular crimes and also specific attitudes, drives, and motives conducive toward crime.
5. The direction of the drives and motives is learned from perception of the law as either favourable or unfavourable.
6. A person becomes criminal when their definitions favourable to breaking the law outweigh their definitions favourable to non-violation.
7. The learning experiences—differential associations—will vary in frequency, intensity, and importance for each individual.
8. The process of learning criminal behaviour is no different from the learning of any other behaviour.
9. Although criminal behaviour is an expression of needs and values, crime cannot be explained in terms of those needs and values.

Therefore this theory explains crime in terms of learning, and social learning at that: it proposes that through contact with other people (not only the criminals) who hold favourable definitions towards crime that similar definitions are learned.

#### **Vulnerable children**

The seriousness of parental problems is less relevant than the capacity of parents to provide protection and support for their developing child when parents experience personal, environmental and relationship stressors. 'Parents need to be sensitive and mindful of their children's needs, anxieties, joys and success' (Brandon et al., 2008, p.57). Those who are most at risk of suffering significant harm are children whose parents face a combination of stressors (Cleaver et al., 2011). Children in these circumstances are more likely to have drug addiction than children living in families whose parents experience fewer problems to have severe developmental needs, and experience abuse and neglect (Cleaver et al., 2011; Brandon et al., 2008). There is much research to suggest that when domestic violence is present along with other issues such as parental mental illness, learning disability, drug or alcohol misuse, it increases the likelihood of children suffering significant harm (Brandon et al., 2010).

Research on adverse childhood experiences suggests that the more negative childhood events (such as emotional, physical and sexual abuse, parental substance misuse, mental illness and domestic violence) to which an individual is exposed, the more likely it is that as adults they will experience physical and mental illnesses (Bentovim et al., 2009). For example, experiencing domestic violence and child physical maltreatment not only has an immediate negative impact on children's health and development, but is also associated with increased trauma symptoms and behaviour problems in young adults (Cleaver et al., 2011). Scholars like Miller-Perrin and other also have highlighted the salience of psychological aggression causing physical and mental illnesses during childhood (Cleaver et al., 2011).

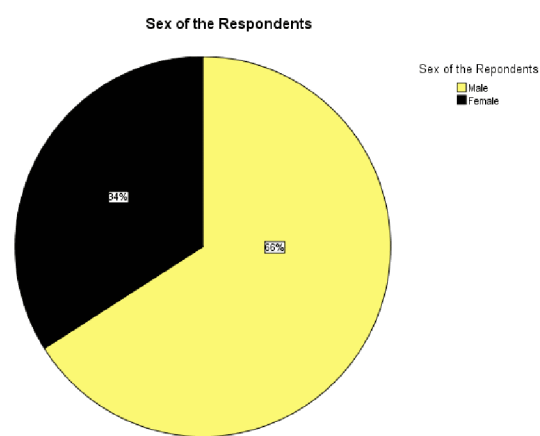
#### **Family and social relationships: Expected relationships**

Relationships with parents remain strong, although they undergo considerable change as the young person increasingly strives for more autonomy and parents demand greater levels of responsible behaviour. Parent-regulated behaviour tends to diminish and co-regulation and autonomous functioning presides (Cleaver et al., 2011). Nonetheless, young people wish for harmonious relationships with parents and these remain an important source of emotional support and help in the transition to adulthood (Bailey, 2006).

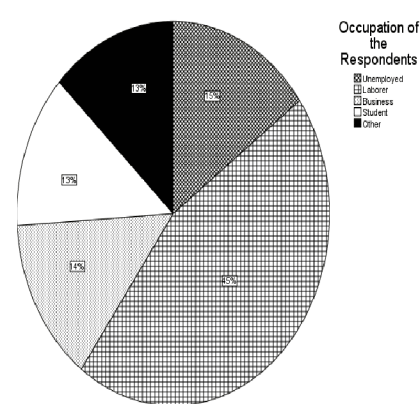
Friends become increasingly important and influential in the lives of young people, but this is not necessarily at the expense of parents. Rather, each is important in relation to different aspects of life. For example, young people will be more influenced by their peers in relation to fashion and music but are more likely to discuss careers and morality with their parents (Bailey 2006). Relationships with friends differ in quality from those of middle childhood and early adolescence. Friendships tend to be more intimate and involve more mutual exchanges of thoughts and feelings, and shared activities. Single-sex peer groups are on the decline.

## Presentation and Findings

*Figure 1*



*Figure 2*

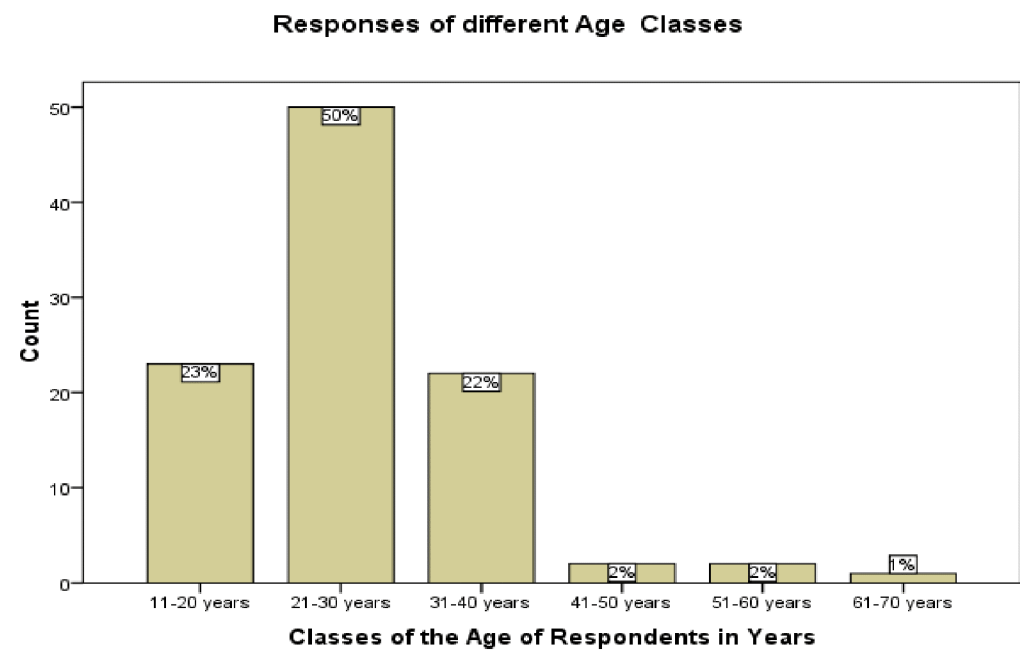


Total 100 persons were interviewed. Among them 34 were women and 66 were men. Among the randomly (though purposively) selected 100 drugs taking persons 66% are represented by males. So, it can be said that males have more tendency to become drug addicted.

A total number of 100 drug-addicted persons were interviewed with a semi-structured questionnaire. Among the respondents 45% are laborer, 15% are unemployed, 14% are business persons, and 13 % are students. 13% are related to other with other professions (thief, prostitute, etc.). It can be concluded that, 59% of the respondents are involved in socially accepted professions or formal professions. However, 41% are either unemployed, student or engaged in other professions (which are socially unacceptable). It may be concluded that laborers are more inclined to drug-addiction though students and unemployed persons have similar tendency to some extent.



Figure 3



50% of the respondents fall in the 21-30 age group, whereas 23% of the respondents come under the below 20 years of the age. However, 5 persons are more than 40 years of age. Above all, 95 persons are below 40 years. Average age of the respondents is 26.63 years though highest numbers of the respondents have 26 years of age. Moreover, per month average income of each repondent is 5,902.00 Taka. Average monthly expenditure on drugs of each respondents is 1,426.50 Taka. Following table (Table 1) shows maximum number of the respondents have no income, though highest number of respondents spend 1,000 taka per month on drugs. Average hours spent by drug addicts in a day with the family/parents is 1.55 hours. Nonetheless maximum number of the respondents spend 1 hour a day with the family/parents. It can be said that persons of below 30 years have the tendency to become drug addicted (73% repondents have below 30 years of age). It can also be said that , drug addicted person spend only around an hour with their families. Moreover, it is found that , many drug addicted person even do not have their own income though they spend money on drug consumption.

**Table 1: Average : Age, Income, time spent with parents and monthly expenditure on drugs**

Total Nos of Respondents (N)=100	Age of the Respondents in Year	Income of the Respondents in Taka	How many hours in a day spent with Parents	Monthly expenditure for drugs in Taka
Mean (Average)	26.63	5902.00	1.55	1426.50
Std. Deviation				

**Table 2: Standard Deviation: Starting Age of Drug Taking and Monthly Expenditure**

	Mean	Std. Deviation	N
Monthly expenditure for drugs in Taka	1426.50	935.103	100
Age in which started taking Drug in Years	14.5	.847	100

**Table 3: Cross tabulation of Starting age of drug taking and Parental or guardian care Count**

Whether Parents keep an eye on children/respondents activities			Age in which started taking Drug in Years					Total Respondents (N=100)
			Below 10	11-15	16-17	18-21	Above 21	
No	Who took care in childhood	None	0	14	5	1	1	21
		Mother	2	7	5	4	0	18
		Father	0	3	2	0	0	5
		Both Parents	0	0	1	1	1	3
		other	1	18	6	1	1	27
	Total		3	42	19	7	3	74
Yes	Who took care in childhood	Mother	1	7	2	1		11
		Father	0	1	1	0		2
		Both Parents	1	5	4	1		11
		other	0	1	1	0		2
	Total		2	14	8	2		26

Above table (Table 3) shows that parents do not keep an eye on children, i.e. 74% of drugs addicted children are not cared by their parent or close relatives. However, in the case of 26% of respondents, parents keep an eye. 21% of the respondents even did not get parental or family care in their childhood. On the other hand, 50% of the respondents received parental care in their childhood. Among the drugs taking persons 56% started taking drugs between the ages 11 years to 15 years. Parents of 42% respondents who have ages 11 years to 15 years did not keep an eye on their children. It can be shown that respondents who were taken care of by persons other than parents in their childhood have the tendency to get drug addiction.

Moreover, it can be said that persons having continuous supervision of their parents (parents keep an eye) have very insignificant tendency to take drug regularly. It is shown in the following table (Table 4) that only 3% of the respondents take drug regularly even though their parents keep an eye on their activities. On the other hand, 74% respondents do not have continuous parental supervision. 45% of the respondents take drug regularly and they do not have continuous parental supervision. As per the table (Table 4) the number of regular drug users is a little lower than that of the irregular users.

Table 4: Cross tabulation between Parental Supervision and Regular Drug Taking				
Count		Regular Drug Taking		Total
Parental Supervision		No	Yes	
	No	29	45	74
	Yes	23	3	26
Total		52	48	100

In the case of Hypothesis test, Chi-Square test is used here to test whether drug addiction of the children depends on parental supervisions (Table 5). Based on the observed significance level for the chi-square statistic, the null hypothesis ( $H_0$ : Children’s drug addiction does not depend on whether parents keep eyes on their children) is rejected and that mean children’s drug addiction is likely to depend on whether their parents keep an eye on children. The observed significant level is 0.000, which is less than the customary 0.05.

Table 5: Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	18.714 <sup>a</sup>	1	.000	.000	.000

- a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.48.
- b. Computed only for a 2x2 table

It is found that the average age of the respondents when they started taking drugs is 14.5 years (Table 6). Based on the observed significance level for the one tail test, the null hypothesis ( $H_0$ : Average age when the respondents started taking drugs is 14.5 years) is accepted and that the Average age when the respondents started taking drugs is 14.5 years. The observed significant level is 0.000, which is less than the customary 0.05

Table 6

Statistics:		Starting Age of drug taking				
		N	Mean	Std. Deviation	Std. Error Mean	
Starting Age of drug taking		100	14.67	2.771	.277	
Test:		Starting Age of drug taking				
	Test Value = 14.5					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Starting Age of drug taking	.614	99	.541	.170	-.38	.72

This paper suggests that there is a correlation between parental supervision and Regular drug taking. There is a correlation between parental supervision and regular drug taking. A Hypothesis test is conducted (Table 7).

Table 7: Correlations between Parental Supervision and Regular Drug Taking

		Parental Supervision	Regular Drug Taking
Parental Supervision	Pearson Correlation	1	-.433**
	Sig. (2-tailed)		.000
	N	100	100
Regular Drug Taking	Pearson Correlation	-.433**	1
	Sig. (2-tailed)	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

From Table 7, it is found that the value of correlation coefficient is -0.433, which implies that there is a moderately negative linear coefficient exists. However,  $p=0.00$  which is very low (level of significance is 1%) and it rejects null hypothesis at the 1% significance level, i.e. there is a negative correlation exists between Parental Supervision and Regular Drug Taking. It proves that, children drug addiction increases if parental supervision decreases.

From Table 8, it is found that the value of correlation coefficient is -0.252 in presence of 9 other control variables, which implies that there is still a light negative linear coefficient exists. However,  $p=0.016$  which is very low (level of significance is 5%) and it rejects null hypothesis at the 5% significance level, i.e. there is still a negative correlation between whether parents keep an eye on children’s activities and taking drugs regularly. It proves that, risk of children drug addiction increases if parental supervision decreases.

Table 8: Correlations

Control Variables			Regular Drug Taking	Parental Supervision
1. Family Type of the respondents	Whether take drug regularly	Correlation	1.000	-.252
2. Whether Grand Parents live with Res		Significance (2-tailed)	.	.016
3. What is the pastime of Respondent		df	0	89
4. Who took care in childhood	Whether Parents keep an eye on childrens' activites	Correlation	-.252	1.000
5.Sources of money for drug purchase		Significance (2-tailed)	.016	.
6.Age in which started taking Drug in Years		df	89	0
7. When started drug taking (at age)				
8. How many hours in a day spent with Parents				
9. Who influenced drug taking				

Table 9: Cross tabulation between Family type of the respondents and Family Type

Count							
		Family Type of the respondents					Total
		None	Nucleous	Extended	Joint	other	
Whether take drug regularly	No	0	16	20	16	0	52
	Yes	3	18	18	5	4	48
Total		3	34	38	21	4	100

From the Table 9, it can also be shown that children (respondents/ addicted persons) living with nucleous, joint or extended families have less tendency to take drugs regularly than that of living with other types of families. So, family type also matters in drug addiction to some extent.

Discussion

The Convention on the Rights of the Child (CRC) requires States to provide special protection to children who are deprived of a family environment (articles 19, 20) ( UN, 1990). The increased risk of taking drugs by children adds to the State obligations to take effective legislative and other measures to protect children in care. However, in this research it is found that many of the children get drug addiction due the family environment. Though, Bangladesh has taken sufficient legislative measures to protect children, less parental supervision creates an avenue to make children drug addicted. Children of low-income families of slum area of Bangladesh as well as other countries have to live in self-care and so have the children of some high-income families. These children are very much likely to get involved in drugs addiction. This paper has explored that children between 14-15 years of age are at a risk of being drug addicted. Money of parents, relatives, and friends are sources of money for buying drugs. Patterson *et al.* (1998) demonstrates that poor parental supervision and discipline, and harsh, inconsistent or neglectful parenting are contributory factors to later youth involvement in delinquent behaviour, such as drug addiction. This paper shows that 74% of the respondents get drug addiction as their parents do not keep an

eye on them. Only 3% of the respondents take drug regularly even though their parents keep an eye on their activities. On the other hand YJB (2001) concluded that children from low-income families are more likely to become involved in crime than those from more affluent backgrounds. However, scholars acknowledge that the links between conventional family measures of social and economic class, based on occupational status, and criminality have generally been weak. It is also proved in this paper.

21% of the respondents even did not get parental or family care in their childhood. On the other hand, 50% of the respondents received parental care in their childhood. Among the drug taking persons 56% started taking drugs between 11 to 15 years. Parents of 42% respondents who were between 11 to 15 years did not keep an eye on their children. It is shown in this paper that respondents who were taken care of by persons other than parents in their childhood have the tendency to get drug addiction. Earlier research outcomes also show that children who grow up in disadvantaged neighbourhoods, typically economically deprived areas with poor living conditions and high rates of unemployment, have an increased risk of involvement in crime, including drugs.

Moreover, it can be said that persons having continuous supervision of their parents (parents keep an eye) have very insignificant tendency to take drug regularly. On the other hand there are some other responses that were received from the respondents:

1. Opinion on how the respondents were drug abused
  - Encouragement from friends
  - Frustration from family matters
  - To get immediate relief from tension
2. Reasons for being addicted to drugs
  - Easy access to drugs
  - Unemployment problem/economic insolvency
  - Surrounding atmosphere
  - Mental stress due to family problem
3. Sources of money for buying drugs
  - From own income
  - From parents
  - From relatives
  - From friends
  - Collect money by other activities, through criminal activities like hijacking, extortion etc.

The above opinions support the 'Differential Association Theory' of Sutherland (1947) in which it is mentioned that the criminal behaviour is learned. The learning is through association with other people and within close personal groups. This paper also found that the children get drug addiction influenced by their family members, relatives or friends.

This research shows that there are some other reasons which may influence the children to take drugs: Family Type , Grand Parents live , pastime , childhood care, Sources of money for drug

purchase , Age in which started taking drug , hours in a day spent with Parents and influence to take drug. However, hypothesis test, correlation test, partial correlation show that a negative correlation exists between whether parents keep an eye on children's activities and taking drugs regularly by children. It proves that, risk of children's drug addiction increases if parental supervision decreases. Above all, it can be concluded that, unattended or unsupervised (by parents) children are more vulnerable to drug addiction than cared children.

### **Conclusions**

Research on adverse childhood experiences suggests that the more negative childhood events (such as emotional, physical and sexual abuse, parental substance misuse, mental illness and domestic violence) to which an individual is exposed, the more likely it is that they may experience drug addiction along with other physical and mental illnesses. In this paper it is explored that risk of children's drug addiction increases if parental supervision decreases. These children spend average 1.55 hour everyday with the family members. Although a strong underlying cultural ethos of the family assumes that children are better served within the family that kin support is beneficial and that kin networks are stable and willingly supportive, parental care is more important for the children of Agargaon and Adabor Slum areas of Dhaka City of Bangladesh. In this research it is found that most of the respondents know that the drug taking is a crime according to the laws of the country, still they are taking drugs. It confirms that there are weaknesses in legal process and in law enforcing agencies. However, the tendency of children's drug addiction can be controlled by creating more employment opportunities, ensuring proper treatment and rehabilitation measures and by facilitating the children of these poor families with free education.

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