

## **Social Bonding and Drug Addiction: A Study on the Street Children in Dhaka City**

**Mohammad Imam Hossain\***

**Ziauddin Ahmed\*\***

### **Abstract**

*A large number of the street children in Dhaka city are addicted to drugs. Various socioeconomic factors contribute to drug usage among street children. Drug abuse directly influences the physical and socio-behavioural problem of children and affects the economic and social aspects of a society as well as a country. This paper examines whether there is any relation between social bonding and drug addiction. The role of the state and society are also analyzed. In this paper primary data are collected by interview with a semi-structured questionnaire. Secondary sources are UN publications, Government documents and reports, review of newspaper reports as well as related books and journal articles. This paper progresses with content analysis through contemporary literature review analysis and finally conclusion. Role of social bonding in controlling of drug abuse and reason of drug addiction are also discussed here in the light of interview. This paper also argues that about 53 percent street children of Dhaka city are addicted to drugs as they are separated from family and social bondage. This asserts that, the children separated from social bondage are vulnerable to drug addiction than the children who are in social bondage.*

**Keywords:** Social Bonding, Drug Addiction, Age, Push factors, Key actor.

### **Introduction**

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 age 5-17 years. In Dhaka city 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 person aged up to 18 years is considered a child (Uddin, 2011). Now, the Drug addiction of street children of Dhaka city and its effect address public tension within the national territory. In Bangladesh, it appears to be a major social, economic and development issue. Dhaka is one of the highest populous and still one of the greatest cities of Bangladesh. This mega city is the most crime-prone city of the country and children of this city are not safe from drug addiction vulnerability.

Family bonding is the bedrock of the relationship between parents and children (Kosterman et al., 2001). Scholars opine that, parental monitoring and supervision are critical for drug abuse prevention (NIH, 2003). Drug use and abuse is growing and crosses all social strata; Yaba,

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\*Senior Lecturer, Department of Law, ASA University Bangladesh

\*\*Sr. Assistant Secretary, ICT Division, Ministry of ICT, Bangladesh

Heroin, Marijuana, Amphetamines and injectable drugs are sold on the streets in Bangladesh (US Embassy, 2007). The sale and use of heroin and other narcotics in Dhaka plays an important role in Dhaka's overall crime profile. As street children of Dhaka city are residing outside of family or social control, they become drug addicted very quickly. This paper examines whether there is any relation between social bonding and drug addiction. The role of the state and society are also analyzed. Role of social bonding in control of drug abuse and reason of drug addiction are also discussed here.

### **Statement of the Problem**

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 factor 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 work place harassment. The street children are 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*. Some abandoned street girls are involved in casual and opportunistic sex work. They are involved in sex work if someone offered money. The street children of all categories, involved in scavenging left out crafts maintained a good relationship with adult *vangari dokandars* (scavenging shopkeepers), local drug vendors, vegetable vendors and food vendors.

### **Objective of the Study**

The objective of the Study is to examine the social bond theory and reasons for drug addiction of street children in Dhaka, Bangladesh. A further aim is to draw a comparison between the social bonding and drug addiction of street children. In order to achieve these objectives the study seeks to answer the following question:

- i. Is there any relation between social bonding and drug addiction of street children?
- ii. What are the reasons behind drug addiction of street children of Dhaka City?

### **Scope and Limitation of the Study**

This study analyses the social stratifications and reasons for drug addiction of street children in Dhaka, Bangladesh. It examines that social bond is also a key factor for drug addiction of street children. In doing this in the study we also reviewed relevant studies. To conduct the study several barriers came to forefront:

- i. Drug dealers are important key informants to this study, yet no drug dealers were interviewed.
- ii. To have more comprehensive findings a study need more case studies analysis to be reviewed. Available previous case studies are insufficient.

## Literature Review

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 13 to 30. They are from all strata of the society and many of them start taking drug in their childhood. The United Nations Convention Rights of the Child (CRC), 1989 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 obligations 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).

Social Bond theory has largely focused on the effect of low self-control on offending. Baron's (2003) study of street youth living in downtown Vancouver focused specifically on this aspect. The author conducted 400 interviews with street youths on various types of offending including property crime, drug use and violent crime. Baron (2003) found a relationship between low self-control and violent behavior, with low self-control being the most powerful predictor of violent offending. Despite these findings, the author notes that the findings are not necessarily supportive of the assertion that low self-control is a strong predictor of all criminal behavior, suggesting instead that the theory can be used to explain certain types of offending.

On the other hand, Hirschi (1969) explored that these bonds are based on: (1) *attachment* to those both within and outside of the family, including friends, teachers, and co-workers; (2) *commitment* to activities in which an individual has invested time and energy, such as educational or career goals; (3) *involvement* in activities that serve to both further bond an individual to others and leave limited time to become involved in deviant activities; and (4) *belief* in wider social values. In the general theory of crime propensity to engage in criminal conduct is mainly a function of a person's level of self-control (Gottfredson and Hirschi, 1990). Gottfredson and Hirschi (1990, p. 87) have defined self-control as the degree to which a person is "vulnerable to the temptations of the moment." They view low self-control as a behavior pattern arising from ineffective socialization early in life. However, this theory contrasts sharply with Hirschi's earlier work in which crime is viewed as an outcome of weak social bonds such as poor attachment to others and low involvement in conventional activities (Hirschi, 1969). These four aspects of social control are thought to interact to insulate an individual from criminal involvement (Siegel and McCormick, 2006).

The authors examined the relationship between low self-control and violent offending and homicide victimization. According to them, self-control was not found to be the only contributing variable. Race and age (at the time of first offence and criminal history) also played a role. As a result, they argue that while self-control does appear to be a contributing factor in violent offending, the general theory of crime does not take into account other social and cultural factors that could also account for a propensity for violent offences. Research conducted by Unnever et al. (2006) further supports these claims.

Another research has sought to assess the strength of the general application of self-control to various offence categories. Chapple and Hope (2003) examined gang and intimate violence in relation to self-control. Self-report data were collected from 1,139 grade 9 to 11 students from two school districts in a city in the Southern United States. The authors specifically focused on measures of parental attachment, self-control and opportunity for delinquency. Chapple and Hope (2003) found that lower levels of self-control were related to gang violence. They further found that young people who were reportedly involved in gang activity were four times more likely to have also been involved in violence offending. The authors of the present study conclude that such findings are indicative of commonalities among these two different groups of offenders. They further argue that the effect of self-control on the two types of offending discussed supports the benefit of a general theory of crime.

An additional research has examined self-control through participation in specific risk-taking behaviors. In this study on the effects of life satisfaction and risky behaviors on various forms of youth violence, MacDonald et al. (2005) examined survey data collected from 5,545 high school students from South Carolina. Legal behaviors such as smoking, alcohol and drug use, and sexual behavior, thought to be risk-taking, were included under the measure of risky behavior. The authors found support for self-control theory in those respondents who participated in risky behaviors were more likely to have been involved in violent behavior.

### **What is drug addiction?**

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). World Health Organization (WHO) defines it: 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).

UNICEF (2012) study stated that street children are generally related to different types of drugs. The study explored that most of the cases the street children are addicted to drugs for different causes. But social bonding is most of them.

### **Who are ‘Street Children’**

Street Children are those children aged from 10- 18 years and who are living (i.e. sleeping, eating and working) on the street of a particular city. These children are floating in nature and they may live in one place for some time and then move to other places. They are detached from their family or parents. They usually sleep at night on the roadside/railway stations/bus stations/park/abandoned houses or public places. These destitute children are primarily seen in the big cities. In this study, the term street children do not include those children who live with their parents/ family on the roadside/ pavements, or in a slum.

According to World Health Organization (WHO) (1994), street children refer to:

**Tokai:** It is a popular Bengali term used for child rag-pickers: A child who moves around the town to pick up various used items like papers, bottles, shoes, cloths, etc is called tokai.

Cooli (Kooli): Persons who earn their livelihood by carrying baggages of others in the railway station, ferry terminal, bus terminal are known as Cooli. They are generally registered by the authority.

Brokers: Persons who act as agents/intermediaries, who assure good jobs to the children, bring them to the town and involve them in hazardous activities. They take away the lion share of the income of the children.

Minti: They do the same job as that of a cooli. But they are not registered. They work in the markets, shops, railway station, ferry ghat, bus station etc. In places where both cooli and Minti work, the latter has lower wage rate.

As Narayan Shama and Suresh Joshi (2013) have said “The problems of street children are more significant in the developing than developed world and it was estimated that more than 100 million children live and work on the streets in the developing countries.” There are various reasons for being street children i.e. poverty, over population, illiteracy etc.

### **Methodology of the study**

The present study is both qualitative and quantitative in nature. Sample survey has been taken as research method. Purposive and accidental sampling techniques have been used for selecting research area and the respondents. To obtain quantitative information, a survey was developed with questions about social bonding and drug addiction of the street children. In addition to a quantitative survey, some case studies were also conducted; in this interviews that inform much of the qualitative research on reasons, sources and impacts of drug addiction. Most of the qualitative data have also been collected quantitatively. So, the study follows a mixed method approach combining both quantitative and qualitative analysis.

A total 120 individuals were interviewed where 75 were males and 45 were females. In addition to sample survey, few case studies have been conducted. The interviewee were based on their age, sex, marital status, educational status, family pattern, occupation, income, living status, parental status, relation with family/parents, involvement in drug abuse and drug types, reasons, sources, money source for drug and amount spent for it. This study has been conducted on the street children those are taking drugs in Karwan Bazar, Kamalapur Railway Station, Doel Chattar, Sohrawardy Uddan, High Court area, Bangabondhu Stadium Corner, Chankharpul, Sadarghat Terminal, Sayedabad and Gabtoli Bus Terminals, DMCH area, and, Dhaka University campus area in Dhaka City at daytime. All these information have been presented in the tables below:

**Data Analysis and Presentation**

**Respondents Demographic Profile-Concerned Tables and Figures**

**Table-1: Distribution of the respondents by Age group**

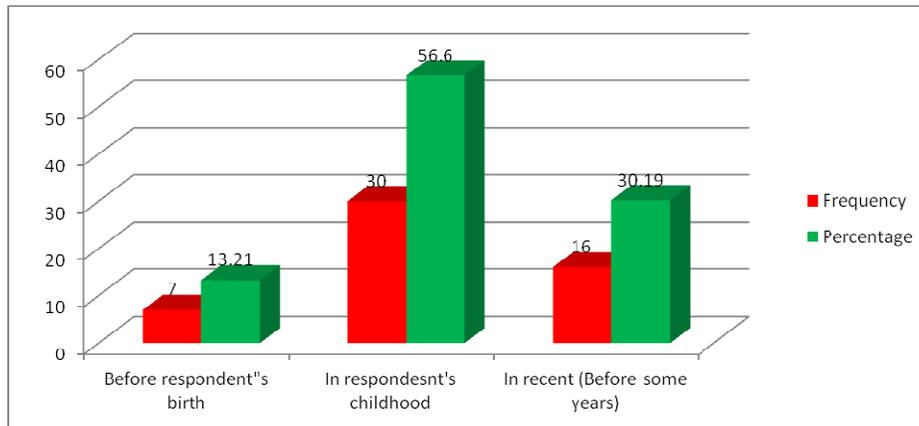
Age (in year)	Frequency	Percentage
Below 12	10	8.33
12-13	30	25
14-15	50	41.67
16-17	25	20.83
18	5	4.17
<b>Total</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Here in our study we include respondents aged 10-18. The above table shows that there are 83.3% respondents aged below 12 years. Most of the respondents (41.67%) are in age group 14-15 years, whereas only 4.17% of respondents belong to 18 years of age. We have tried to include respondents of number of age groups, because street children of different age groups may be in different social bonding and they may also consume its impacts differently. It is observed that the average age of street children in the samples is 14-15 years.

**Figure-1: Percentage distribution of the respondents according to sex**



Source: field work, 2014

N=120

The above figure shows that most of the respondents (62.5 percent) are male & the rest (37.5 percent) are female. Generally, the female street children come out lower than that of male in the streets. So, male are the dominant figure in our sample street children.

**Table-2: Marital status of the street children**

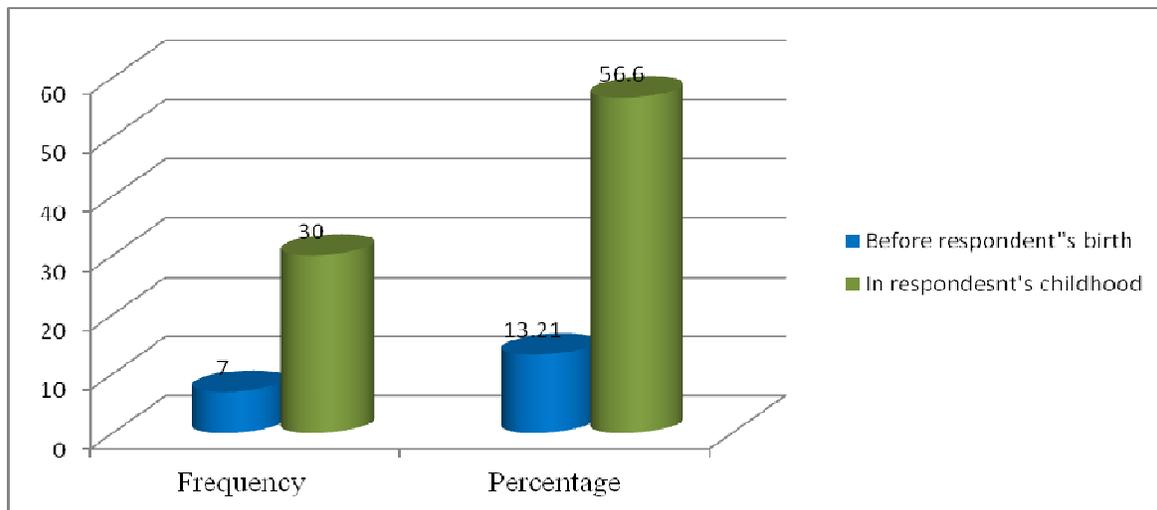
Marital status	Male (N=75)		Female (N=45)		Total (N=120)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Married	8	10.67	16	35.56	24	20
Unmarried	57	76	18	40	75	62.5
Separated	6	8	4	8.89	10	8.33
Divorced	4	5.33	7	15.55	11	9.17
<b>Total</b>	<b>75</b>	<b>100.00</b>	<b>45</b>	<b>100.00</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Table-2 exhibits that most of the respondents (62.5%) are unmarried. Because, we mentioned a specific group here in this study that is “children” and thereby all of them are under 18 years of old. The study also observed that 20% of respondents are married. Most of them are female. According to table-2, 35.56% of female respondents are married. It is observed from the sample survey that the female street children who belong to 14-16 years of old get married in most cases. Because it is very risky to have on the street for them. So, they get married with other street children willingly. It is further observed that a significant number of street children (8.33%) are separated.

**Figure- 2: Educational status of the street children**



Source: field work, 2014

N=120

The above figure explores that most of the street children have academic education that is 100 of the total respondents (83.33). Generally, street children in our country never get opportunity as well as friendly environment of study. So, they are to be illiterate. On the other hand, only 16.67% of street children are literate or they have academic education. But most have to continue within primary level. Most of them study in different voluntary organizations or free schools going to these. Those who

get opportunity to go to school could not continue due to frailty of social bonding and its result that means drug addiction.

**Table-3: Family patterns of the respondents**

Family types /family size	Nuclear Family		Joint Family		Shared Family		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Below 5	8	6.67	-	-	-	-	8	6.67
5	40	33.33	3	2.5	7	5.83	50	41.66
5+	32	26.67	12	10	18	15	62	51.67
<b>Total</b>	<b>80</b>	<b>66.67</b>	<b>15</b>	<b>12.5</b>	<b>25</b>	<b>20.83</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Table-3 indicates the predominance of nuclear family. Among the respondents, 66.67% belong to nuclear family whereas 12.5% belong to joint family. On the other hand, a significant number of respondents 20.83% belong to shared family. Though most of the families are nuclear; they received more children. There have 26.67% nuclear families with 5+ members and in total 51.67% families with 5+ members. The average family member of the street children is 5 as the family members are large; the parents cannot maintain their children properly. As a result, these children come to the street and addicted to drugs.

**Table-4: Occupation of the respondents (street children)**

Occupation	Frequency	Percentage
Day laborer	54	45
Business	9	7.5
Student	20	16.67
Unemployed	12	10
Others	25	20.83
<b>Total</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Table-4 refers to the main occupation of the respondents. It presents that most of the respondents are related to work. It is observed that 45% of respondents are day labor, 7.5% businessman and a significant number of respondents (20.83%) are occupied by such works which we have coded others. it includes beggary, collecting wages etc. On the other hand, 10% of the respondents are unemployed.

**Table-5: Daily income of the street children**

<b>Income level (Tk.)</b>	<b>Frequency</b>	<b>Percentage</b>
Below 50	50	56.82
50-80	18	20.45
81-100	10	11.36
101-120	6	6.82
120+	4	4.55
<b>Total</b>	<b>88</b>	<b>100.00</b>

Source: field work, 2014

N=88

The above mentioned table reveals that most of the street children (56.82%) earn less than 50 taka daily, 20.45% earn between 50-80 taka, 11.36% between 81-100 taka, 6.82% between 101-120 taka. The average daily income of the street children is 51.74 taka.

### Information about the parents of the respondents

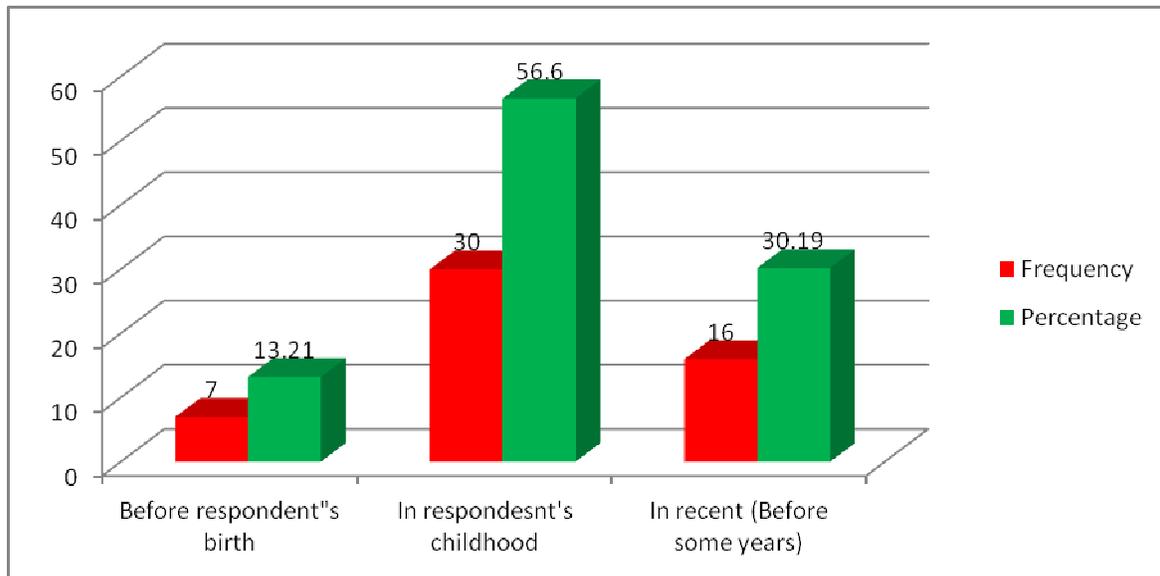
**Table-6: Living status of the parents of the respondents**

<b>Lamp of life</b>	<b>Frequency</b>	<b>Percentage</b>
Both are alive	67	55.83
Only father is alive	15	12.5
Only mother is alive	18	15
Both are dead	20	16.67
<b>Total</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Table-6 refers to the existence of the respondents parents. It is clearly observed from the table that most of the respondents (55.83%) have both father & mother. But due to frailty of social bonding they are addicted to drugs. It is further observed from the table that 12.5% respondents have only father, 15% have only mother and 16.67% respondents parents both father and mother are dead. So, there has a great lacking on social bondage of those respondents.

**Figure-3: Information about the time of death of the parents of the respondents**

Source: field work, 2014

N=120

The above figure shows that most of the respondents who had lost their parents in their childhood that is 30 of the total 53 and the percentage is 56.6. It is further observed from the figure that a significant number of respondents (about 30%) have lost parents recently and only 13.21% respondents lost their parents specially fathers before their birth.

**Table-7: Occupation of the parents of the respondents (multiple responses)**

Occupation	Frequency	Percentage
Day laborer	67	40.61
Business	15	9.09
Service	3	1.82
Independent profession	35	21.21
House wife	25	15.15
Unemployed	20	12.12
Total	165	100.00

Source: field work, 2014 [percentage is calculated based on responses] N=100

The above table explores the occupation of the respondents parents (father/ mother/ both). It is clearly observed from the table that most of the parents of the respondents are occupied by informal jobs due to their illiteracy. Most of them (40.61%) are day labor whereas only 1.82% is service holder. It is also observed from the table that a significant number of respondents parents are occupied by independent professions and 12.12% are unemployed. Due to such kind of

professions, they cannot take care of their children properly. It breaks down their social bonding and therefore the children are going to drugs addiction gradually.

**Table-8: Monthly income of the parents of the respondents**

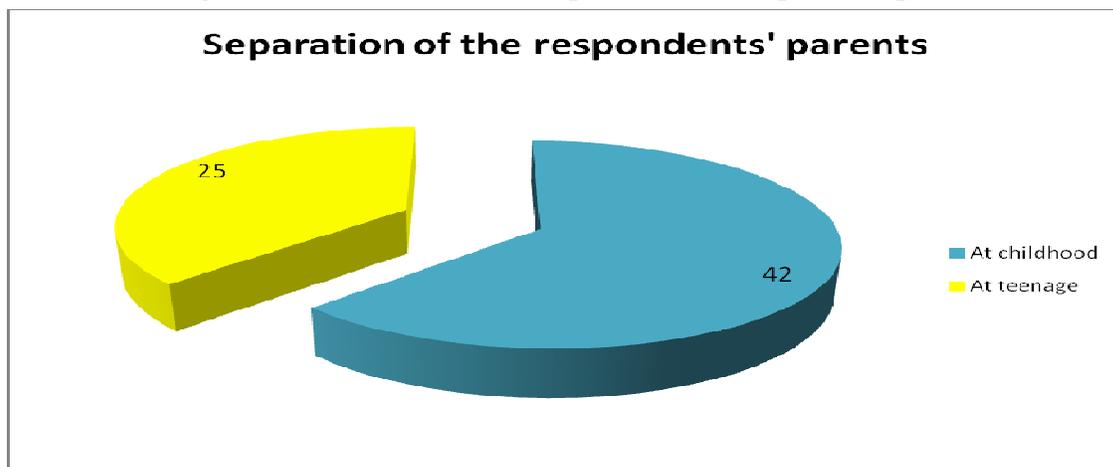
Income (in Tk.)	Frequency	Percentage
Below-3000	42	42
3001-4000	13	13
4001-5000	25	25
5001-6000	12	12
6000+	8	8
<b>Total</b>	<b>100</b>	<b>100.00</b>

Source: field work, 2014

N=100

Income of a family can have an influence on the social bonding of the children. Those families who earn more they can ensure the demand of their children and can be able to take care of them. The above table exhibits that most of the respondents (42%) monthly family income is less than 3000 taka and only 8% family earn more than 6000 taka per month. The average monthly family income of the respondents is 3390.46 taka. Due to such poor income level, they cannot maintain their children properly. It influences the children to take drugs in many cases.

**Figure-4: Information about the separation of the respondents' parents**



Source: field work, 2014

N=100

Figure-4 depicts that most of the parents of the respondents (62%) live separately whereas only 38% live together. It influences on children's social bonding a lot. As its long term effect, the children become drug addicted.

**Table-9: Information about the reasons of separation (multiple responses)**

Reasons	Frequency	Percentage
Divorce	8	12.90
Remarriage	17	27.42
Migration	14	22.58
Death	33	53.23
Others	22	35.48

Source: field work, 2014 [percentage is calculated on the basis of the respondents] N=62

Table-9 refers to the reasons of separation of the respondents parents. 12.90% are separated due to divorce, 27.42% due to re-marriage, 22.58 percent due to migration and significant number of respondent's parents (father of mother) that is 53.23% live separately due to demise, poverty frailty of bondage etc. are the other reasons for living separately by the parents of the respondents.

### Information about social bonding of the respondents

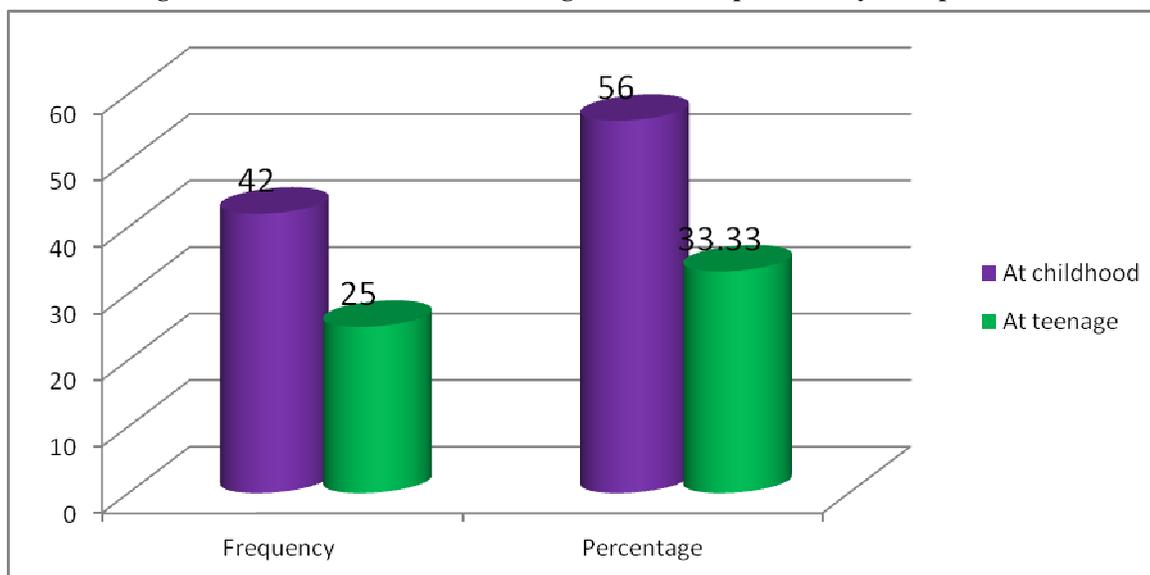
**Table-10: Information about taking care of the respondents in their childhood**

Caretaker	Frequency	Percentage
Mother	40	33.33
Father	20	16.67
Both mother & father	30	25
None	12	10
Others	18	15
<b>Total</b>	<b>120</b>	<b>100.00</b>

Source: field work, 2014

N=120

Table-10 shows that family plays a vital role in the case of social bonding of children. It is observed from the table that 33.33% mother of respondents take care of them whereas 16.67% father do this and a significant number of respondents parents (both mother and father) that is 25% take care of their children and only 10% of respondents told that no one takes care of them in their childhood. Grandparents are the other caretakers of 15% respondents.

**Figure-5: Information about the time given to the respondents by their parents**

Source: field work, 2014

N=120

From the above figure, it is clearly observed that most of the respondent's parents (70.83%) give times to their children. On the other hand, a significant number of respondents (29.17%) cannot give time to their children. Occupation is the root cause of it. Besides, there are some other causes behind it.

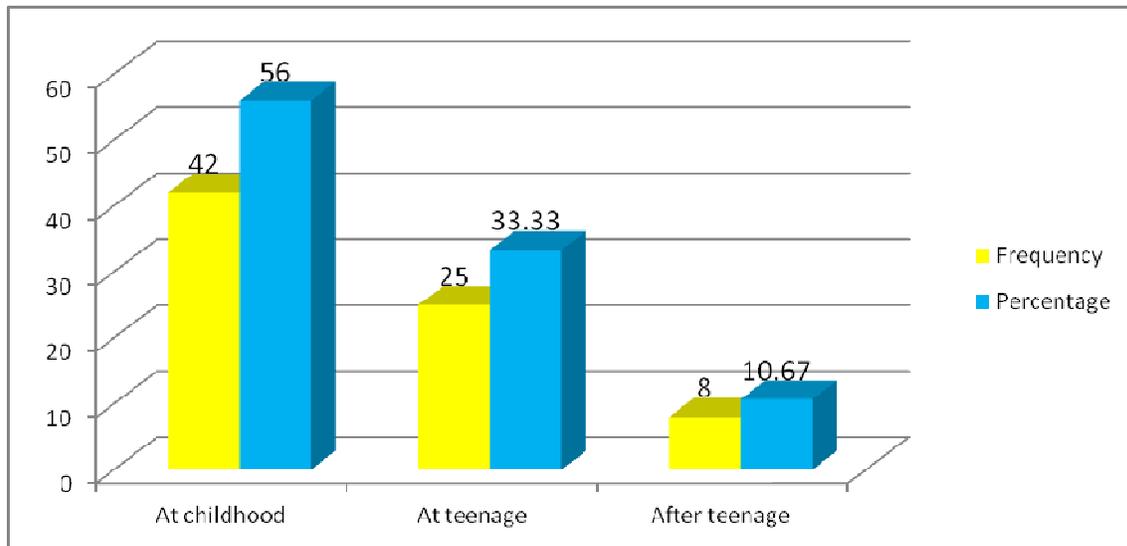
**Table-11: Information about the amount of time spent with the respondents by their parents**

Time (in hour)	Frequency	Percentage
Less than 1 hour	38	44.71
1-2 hours	27	31.76
3-4 hours	14	16.47
4+ hours	6	7.06
<b>Total</b>	<b>85</b>	<b>100.00</b>

Source: field work, 2014

N=85

Table-11 reveals that, most of the parents of the respondents cannot give enough time to their children. It is observed from the sample survey that 44.71% of the respondent's parents pass less than one hour with their children. 31.76% pass 1-2 hours, 16.47% pass 3-4 hours whereas only 7.06% of respondents said that their parents pass more than 4 hours with them. It influences a great on their socialization process.

**Figure-6: Information about the sufficiency of time passing with parents by the respondents**

Source: field work, 2014

N=85

Figure-6 refers to insufficient time passing with parents by the respondents. It is evident from the figure that most of the respondents (82.35%) did not get enough time from their parents; whereas only 17.65% said about the sufficiency of time passing with their parents. It is observed that both father and mother have to economic activities, so they did not give enough time to their children.

**Table-12: Information about the leisure activities of the respondents (multiple answers considered)**

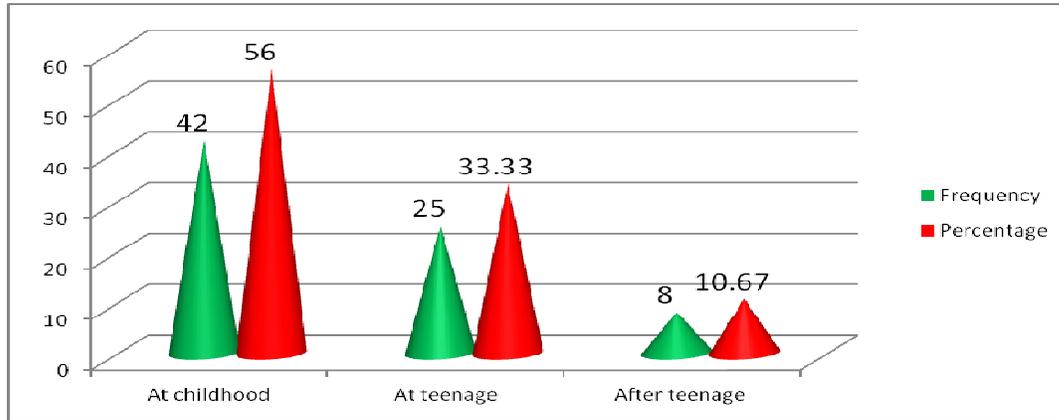
Activities	Frequency	Percentage
Playing indoor games	35	16.28
Playing outdoor games	26	12.09
Watching TV	54	25.12
Hanging around with friends	66	30.7
Nothing	18	8.37
Others	16	7.44
<b>Total</b>	<b>215</b>	<b>100.00</b>

Source: field work, 2014 [percentage is calculated based on responses] N=120

There is a significant correlation between social bonding & leisure activities. From the above mentioned table, it is clearly observed that most of the respondents (30.7%) hang around with friends in their leisure. Because, children usually prefer to pass time with their friends. Social bonding is also responsible mostly for this especially in case of street children. It is further observed from the table that 25.12% of the respondents watch TV, 12.09% play outdoor games

and only 7.44% respondents said about other activities in their leisure whereas 8.37% of respondents do nothing in their leisure.

**Figure-7: Information about the controlling of the respondents by the parents**



Source: field work, 2014

N=120

Figure-7 depicts that most of the respondents (75%) are not controlled by their parents as they are self-dependent. Due to such governing system, they can do as their wish and thereby involve in different criminal activities as well as drug addiction. On the other hand, only 25% of respondents are controlled by their parents.

**Information about drug addiction of the street children**

**Table-13: Information about taking drugs by the respondents**

Taking drugs	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Yes	60	80	15	33.33	75	62.5
No	15	20	30	66.67	45	37.5
<b>Total</b>	<b>75</b>	<b>100</b>	<b>45</b>	<b>100.00</b>	<b>120</b>	<b>100.0</b>

Source: field work, 2014

N=120

The above table refers to the gender based percentage distribution of taking drugs by the respondents. The table shows that most of the street children (62.5%) are related to drugs whereas only 37.5% said that they do not take any drugs. Most of them are female. It is evident from the table-13 that male street children are more related to drugs than female. 80% of male respondents take drugs whereas only 33.33% female respondents said about taking drugs.

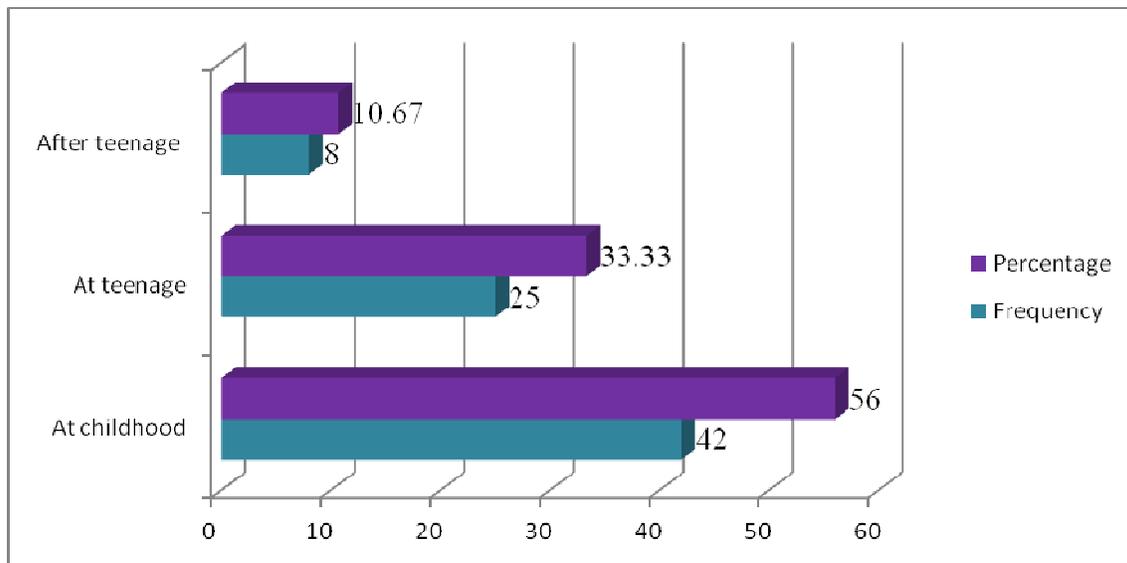
**Table-14: Information about the types of drug taking by the respondents (more than one answer is possible)**

Types	Frequency	Percentage
Dandy	40	53.33
Hemp	32	42.67
Cigarette	52	73.33
Injection	12	16

Source: field work, 2014 [percentage is calculated on the basis of the respondents]

N=75

Table-14 digs out that the respondents take different types of drugs. Most of the respondents who take drugs (73.33%) take cigarette and 53.33% take dandy as drug, because these types of drugs are cheaper and easier than those of others comparatively. It is also observed from the table that a significant number of respondents (42.67%) take hemp; on the other hand, 16% respondents take injection to be a drug addicted.

**Figure-8: First efforts to take drugs by the respondents**

Source: field work, 2014

N=120

Figure-8 indicates the time of taking drugs by the respondents. It is clearly observed from the figure that most of the respondents (56%) have been taking drugs since their childhood whereas only 10.67% respondents start to take drugs after teenage. There has a great impact of social bonding on it. As the street children do not get their parents for long time from their childhood; they associate with peer groups & hitch forward to drugs gradually.

**Table-15: Process to start taking drugs by the respondents**

Processes	Frequency	Percentage
Influence by friends	53	70.67
Influence by parents	12	16
Influence by relatives	6	8
Others	4	5.33
<b>Total</b>	<b>75</b>	<b>100.00</b>

Source: field work, 2014

N=75

Table-15 exhibits that most of the respondents who take drugs (70.67%) started to take drugs being influenced by their friends. Because, children want to follow others as usually others do. As most of street children are drug addicted; others become also by associated with them. It is further observed from the table that 16 percent respondents take drugs as their parents do it, 8% started to take drugs influenced by relatives and only 5.33% respondents took drugs first time influenced by others- it includes drugs businessmen, environment, situation etc.

**Table-16: Reasons of starting to take drugs by the respondents (multiple answers considered)**

Reasons	Frequency	Percentage
Frustrations	32	20
Curiosity	28	17.5
Frailty of family bondage	40	25
Bad company	45	28.13
Others	15	9.37
<b>Total</b>	<b>160</b>	<b>100.00</b>

Source: field work, 2014 [percentage is calculated based on responses] N=75

Table-16 indicates the causes of taking drugs by the respondents as well as street children. It is clearly observed from the table that most of the respondents (28.13%) take drugs associate with bad company, 20% and 17.5% of respondents take drugs due to frustration and curiosity respectively. A significant number of respondents (25%) said about frailty of family bondage for taking drugs of them.

**Table-17: Sources of drugs of the street children (multiple answers considered)**

Sources	Frequency	Percentage
Own slum	35	25
Drugs businessmen	30	21.4
Friends	48	34.3
Other drug addicted men	27	19.3
<b>Total</b>	<b>140</b>	<b>100.0</b>

Source: field work, 2014 [percentage is calculated based on responses] N=75

The above table refers to the sources of drugs of the street children. It is clearly observed from the table that most of the respondents (34.3%) get drugs from their friends. A significant number of respondents (25%) collect it from slum, 21.4% collect it from drugs businessmen and 19.3% collect drugs from other addicted men.

**Table-18: Weekly expenditure of the respondents for buying drugs**

Expenditure (in Tk.)	Frequency	Percentage
Below 100	8	10.67
100-500	52	69.33
501-1000	10	13.33
1000+	5	6.67
<b>Total</b>	<b>75</b>	<b>100.00</b>

Source: field work, 2014

N=75

It is evident from the table-18 that most of the respondents (69.33%) spend taka 100-500 for buying drugs per week. On the other hand, only 6.67% respondents' weekly expenditure for buying drugs is more than 1000 taka. The price of drugs is comparatively low in our country. So, street children can buy it easily. The average weekly expenditure of the respondents for buying drugs is 383.45 taka.

**Table-19: Sources of money of the respondents for buying drugs (more than one answer is possible)**

Sources of money	Frequency	Percentage
Own money	62	82.67
Parents	18	24
Relatives	14	18.67
Friends	26	34.67

Source: field work, 2014 [percentage is calculated on the basis of the respondents]

N=75

As most of the street children are related to informal works; they bear their drugs expense own. It is clearly observed from the above mentioned table that most of the respondents (82.67%) buy drugs by their own money, 34.67% and 18.67% of respondents buy it collecting money from their friends & relatives respectively. On the other hand, a significant number of respondents (24 percent) buy drugs by their parent's money.

## Findings and Discussion

A large number of street children are addicted to drugs. Most of them (about 53%) are separated from family bondage. Cannabis mixed Cigarette and Dandy- a kind of glue, are used as common drugs that children take. The main reason behind it is the availability of such kind of drugs.

It is a matter of concern that female street children are also taking different types of drugs along with male street children. Nearly 34% female street children are involved in such activities according to the response analysis. The causes of taking drugs by female street children are sexual harassment, ignorance of family, underestimation of society, etc. Benegal V. (2009) also supported these as reasons of being addicted to drug. It is found from the quantitative study that social bonding is the key factor of street childrens socialization. The study shows that, 56% of the children had some sort of parental guidance during their childhood; the number decreased as they got to teenage. Moreover, they do not have enough facilities for recreation, playing, passing time with parents. Hence, they are getting addicted to drugs gradually. In this study it is found that

only 29.17% street children can pass time with their parents; among them most (44.71%) get opportunity to pass time with parents less than an hour. About 28% street children get opportunity to play. Many of the street children (about 31%) are hanging around with friends. Hence, sometimes bad companion causes drug addiction to these children (28.13%).

Parents' occupation reveals that street children come from poor families having professions like day labour, small business, etc. These families cannot continue strong social bonding and absence of it causes drug addiction. On the other hand, only 16.67% of street children are literate or they have academic education. But most have to continue within primary level. Most of them study in different voluntary organizations or free schools. Those, who even get opportunity to go to school, could not continue due to frailty of social bonding, which and thus ultimately lead them to drug addiction.

Most of the respondents (about 74%) are related to work. It is observed that 45% of the respondents are day labors, 7.5% businessmen and a significant number of respondents (20.83%) are occupied by such works, whom we have coded others. It includes beggary, collecting wages etc. On the other hand, 10% of the respondents are unemployed. And many street children are involved in a wide variety of activities. The most frequently mentioned are: collecting old papers, cooli/minti, tokai, begging, helper, hawker, shoe polishers, seller of flowers, etc. A small percentage of street children are, as reported by key informants, involved in theft, snatching, pick pocketing, sex work, drug business, informer etc.

As high as 82% children stopped school in order to start work while 18% combined school and work together. Begging was predominant among younger children while Cooli and Paper Pickers are common profession among elder children. However, cooli and paper pickers are the most common profession among all children, regardless of age.

About 73% street children consider their present sleeping place as their permanent place of sleeping. Those who do not have permanent sleeping place generally sleep in bus station, market place or on the street. About 61.9% street children sleep with other children while about 33% sleep alone. During rainy and winter season the street children sleep at the railway station, steamer and bus terminals. The reasons for changing sleeping place are: night guard's objection, police harassment, and unsafe environment. Around 42% street children do not use anything as bed, 25% use jute cloth, and only 16% use bed sheet. Around 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 users 56% started taking drugs between the age of 11 years to 15 years. Parents of 42% respondents who were of 11 to 15 years did not keep an eye on their children. It is shown in this paper that respondents who were taken care by persons other than parents in their childhood, have the tendency to get drug addiction. Previous research outcomes also showed that children who grew up in disadvantaged neighborhoods, typically economically deprived areas with poor living conditions and high rates of unemployment, had an increased risk of involvement in crime, including drugs. The survey of MacDonald et al. (2005) explained these situation as risky behavior. 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 the respondents opined that they started taking drugs as they received encouragement from friends or frustration from family matters, or they wanted immediate relief from tension. In addition to those they got addicted to drugs as results of easy access to drugs, unemployment problem/economic insolvency, surrounding atmosphere and mental stress due to family problems.

The respondents disclosed these as the sources of money for buying drugs: own income, parents, relatives, friends, and, money collected through criminal activities like hijacking, extortion, etc. Baron (2003) found a relationship between low self-control and violent behavior, with low self-control being the most powerful predictor of violent offending. Therefore, both of these are relevant and this study show the cause of children's' drug addiction.

Moreover, 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 , grandparents status, pass-time , childhood care, sources of money for drug purchase , age in which started taking drugs , hours in a day spent with parents and influence to take drug. However, a negative correlation exists between whether parents keep an eye on children's activities and taking drugs regularly by the children. It proves that, risk of children's drug addiction increases if parental supervision decreases. Hence, this study supports Hirschi's theory (1969). Ultimately, it can be concluded that, unattended or unsupervised (by parents) children are more vulnerable to drug addiction than cared children.

## **Conclusions**

This study shows that unsupervised (by parents) children or children having weak social bonding are more vulnerable to drug addiction than cared children. It also shows that most of the respondents know that the drug taking is a crime according to the laws of the country but still the street children are taking drugs. It confirms that there are weaknesses in legal process and in law enforcing agencies. However, the tendency of children drug addiction can be controlled by keeping them in a social bonding, creating more employment opportunities, ensuring proper treatment and rehabilitation measures and by facilitating the children of these poor families with free education. The core recommendations that this study has come up with, according to the study findings, are mentioned hereafter:

1. In Bangladesh the situation of street children is hazardous and precarious. There is sufficient evidence that street children live in severe poverty condition and their numbers are increasing.

2. The street children give importance to education. These children are ready to start education if opportunity is created for them. So, government and others responsible authorities should take initiative as soon as possible to save them from drug addiction.
3. The children expressed their desire to avail skill training if they get any opportunity to have it. The most preferred jobs are driver, mechanics and garage workers.
4. The study revealed that poverty has driven these children to the street for survival. The Government and NGOs should come forward to rehabilitate these children and initiate education and vocational training programmes so that they are able to have a better future.
5. The street children are from the poorest of the poor who migrate to urban area with the expectation of a better living. Our recommendation is to initiate a social mobilization program in the place of origin by the NGOs to stop this flow of migrations.
6. The Government and NGOs do have various types of non-formal education program in the urban areas. Unfortunately these children in most cases do not attend these programs. Initiative should be taken to attract these children to these programs and retain them. For instance, food for education programs have been known to work in other parts of Bangladesh and this could be a viable option. Subsequently vocational training program in the urban areas should be linked to the non-formal education programs, so that immediately after completion of the non-formal schooling these children can continue with the vocational training programs.
7. Those children, who are living in urban areas as street children, should be provided with rehabilitation assistance by NGOs who are involved in their assistance. Additionally, Providing shelter for better and secure living conditions is urgent.
8. Some of these children got involved with drug, sex work and other unsocial illegal activities. The NGOs mentioned above can also initiate programs for such children (through sports, music) and divert them in various rehabilitation programs.
9. The urban street children do have the desire for various types of skill training as well as non-formal education. An assessment of the training needs should be conducted by the Government and/or NGOs to give them the required skills to combat their poverty.

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