



# Impact of Drug Addiction on Street Children: Perspective Dhaka City

Mst. Tahmina Sultana<sup>1</sup>, Shohal Hossain<sup>2\*</sup>, Rehana Parvin<sup>1</sup>, Md. Touhidul Islam<sup>3</sup>,  
Samme Akter Mithy<sup>4</sup>

<sup>1</sup>Department of Sociology and Social Work, Gono Bishwabidyalay, Dhaka, Bangladesh

<sup>2</sup>Center for Multidisciplinary Research, Gono Bishwabidyalay, Dhaka, Bangladesh

<sup>3</sup>Department of Business Administration, Gono Bishwabidyalay, Dhaka, Bangladesh

<sup>4</sup>Center for Community Health and Research, Gonoshasthaya Samaj Vittik Medical College, Dhaka, Bangladesh

Email: \*sohel6944@gmail.com

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## Abstract

The escalating issue of drug addiction among street children in urban Bangladesh, mirroring challenges in other developing nations, is a pressing concern. Despite the significant population of drug-addicted street children in Dhaka, effective strategies to address this issue are notably lacking. This inquiry aims to understand the root causes propelling street children toward drug addiction and the socioeconomic factors contributing to their vulnerability. Utilizing a qualitative framework, the study collects empirical data through interviews and supplements it with a comprehensive review of UN publications, governmental documents, reports, and journal articles. Findings suggest that around 50 percent of Dhaka's street children are affected by drug addiction due to familial detachment. The study examines various stakeholders' roles, uncovering disparities between perceptions and realities faced by street-dwelling youths. It concludes that combatting drug addiction among these children requires a holistic understanding of multifaceted challenges, extending beyond economic factors to include fractured family structures and inadequate parenting. The study emphasizes the need for comprehensive strategies to address the intricate social fabric contributing to drug addiction among street children.

## Subject Areas

Sociology

## Keywords

Drug Addiction, Street Children, Abuse, Poverty, Bangladesh

## 1. Introduction

Street children represent one of the most vulnerable and marginalized groups in society, facing a multitude of challenges that undermine their physical, emotional, and psychological well-being. Among these challenges, drug addiction stands as a particularly formidable threat, perpetuating a cycle of despair and perpetuating the cycle of poverty and vulnerability [1]. This research article aims to delve into the profound impact of drug addiction on street children, offering insights from the unique perspective of Dhaka District, the densely populated capital of Bangladesh [2]. Despite global efforts to address drug addiction and its associated consequences, street children remain largely excluded from mainstream interventions and policies [3]. This research endeavors to shed light on the nuanced ways in which drug addiction intersects with the lives of street children in Dhaka District, examining its multifaceted effects on their health, education, socio-economic prospects, and overall well-being. By focusing on a specific geographical context, this study seeks to enhance our understanding of the localized dynamics and complexities that contribute to the vulnerability of street children to drug addiction [4]. Drawing upon existing literature, empirical data, and first-hand accounts, this research aspires to contribute valuable insights into the challenges faced by street children caught in the throes of drug addiction, as well as to identify potential pathways for intervention and support. By offering a comprehensive analysis of the issue within the context of Dhaka District, this study aims to inform policy-makers, practitioners, and researchers alike about the urgent need for tailored strategies that address the unique needs and experiences of these marginalized children. Through an in-depth exploration of the impact of drug addiction on street children, this research seeks to pave the way for a more inclusive and effective approach to breaking the cycle of addiction and improving the lives of this vulnerable population [5]. The Asia-Pacific region serves as the domicile for almost half of the global child population, encompassing a significant segment of street children. In the context of Bangladesh, around 42 million individuals (accounting for 32.2% of the total population) belong to the age group of 5 to 17 years, underlining the presence of a substantial child demographic. Particularly within Dhaka city, this demographic is burgeoning, with estimations suggesting a street children count of approximately two million. This corresponds to the criteria outlined by the 1989 International Convention on the Rights of the Child, which designates individuals up to the age of 18 as children [6]. The issue of drug addiction among street children in Dhaka city and its repercussions across the national landscape demand noteworthy attention. Within the broader scope of Bangladesh, this predicament takes on the dimensions of a pivotal social, economic, and developmental concern. Dhaka, as one of the most densely populated and preeminent urban centers in Bangladesh, grapples with its reputation as a crime hotspot, further amplifying the susceptibility of its children to drug addiction. The core of the parent-child relationship lays the foundation of family bonding [7]. Scho-

lars emphasize the crucial role of parental monitoring and supervision in the realm of drug abuse prevention [8]. The spectrum of drug use and abuse traverses' societal strata, with substances like Yaba, Heroin, Marijuana, Amphetamines, and injectable drugs is vended on the streets of Bangladesh [9]. The trade and consumption of heroin and other narcotics within Dhaka are intricately interwoven with the city's broader crime landscape. Considering that street children in Dhaka city reside beyond the sphere of family or social control, their vulnerability to rapid drug addiction is notably heightened. This study aims to scrutinize potential correlations between social bonding and drug addiction. Furthermore, it delves into the roles undertaken by the state and society within this context. The paper explores the contribution of social bonding in mitigating drug abuse and conducts an examination of the underlying causes of drug addiction.

## **2. Objective of the Study**

To assess the prevalence and patterns of drug addiction among street children in Dhaka District.

To examine the socio-economic factors contributing to the susceptibility of street children in Dhaka District to drug addiction.

To find out the causes and effects about immediate and long-term consequences of drug addiction.

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

This study aims to comprehensively explore the impact of drug addiction on street children in the Dhaka District. It will investigate the prevalence, causes, and consequences of drug addiction among these children, shedding light on their socio-economic background and potential avenues for intervention. This study will be limited to the Dhaka District, potentially limiting the generalizability of findings. The sensitivity of the topic might result in underreported or inaccurate information. The study's cross-sectional design may hinder the establishment of causal relationships. Additionally, challenges in accessing a representative sample of street children and obtaining accurate historical data could affect the study's depth and accuracy.

## **4. Literature Review**

Street children in Dhaka city are characterized by their residence outside of familial homes, a significant proportion of whom have been forsaken and left exposed to the perilous allure of drug addiction. This vulnerability subsequently entangles these disadvantaged children within harsh, unforgiving realities, frequently leading them down the path of criminality [10]. In spite of the active presence of various non-governmental organizations (NGOs) in Bangladesh, including prominent entities like BRAC, WHO, UNICEF, Chinnomul Shishu-Kishor Sangstha (CSKS), and Manusher Jonno, all of which are committed to advancing

the welfare of street children, the specific issue of drug addiction remains inadequately addressed.

A remarkable anomaly to this situation is the Dhaka Ahsania Mission (DAM), an NGO overseen by the trustee board of the former Nabab family of Dhaka. DAM has assumed a pioneering role by implementing dedicated programs and establishing a rehabilitation center expressly tailored to cater to the needs of street children ensnared in the clutches of drug addiction [11]. In a bid to tackle this pressing concern, the government of Bangladesh has instituted two rehabilitation centers in close proximity to Hazaribag and Karail Slums. Regrettably, these initiatives have encountered setbacks, battling to sustain operations due to a dearth of foreign funds and a myriad of operational constraints.

Based on surveys conducted by BIDS1 and ARISE2 in 2005, the total number of street children in Bangladesh amounted to 679.73 thousand, with approximately half of them residing in two major cities. Specifically, Dhaka accounted for 249.20 thousand, and Chittagong accounted for 55.86 thousand, while the remaining 84.84 thousand were distributed across other major cities such as Khulna, Rajshahi, Barisal, and Sylhet (unicef, n.d.). Moreover, the same study projected a staggering figure of about 1.14 million children living on the streets in Bangladesh by 2014, battling the harsh realities of life.

Distressingly, among these street children, a notable concern emerges. As revealed by officials from the Narcotic Control, approximately 14.5% of the total street children in Bangladesh and 17% of the total street children in Dhaka City [12] succumbed to the clutches of drug addiction. Street children, especially those ensnared by addiction, present themselves before us in our daily urban lives, often bearing a pallid countenance, tattered clothing, and unkempt hair. Despite their visible presence, their underlying life realities largely remain concealed from our view. A comprehensive study conducted by the Foundation for Research on Educational Planning and Development (FREPD) in 2003 sheds light on these hidden aspects [13]. This survey unveiled that among the respondents from the street children population, 57% managed to consume three meals daily, 39% had access to two meals, while a marginalized 4% had less than two meals a day. Notably, a significant 88% of these children procured their sustenance from street vendors, 5% resorted to begging, and a negligible portion of less than 1% scavenged from dustbins.

The study also unearthed that a staggering 82% of these street children had discontinued their education, with the remaining 18% attempting to juggle both education and work. Delving further, among those who had dropped out, 61% had never experienced formal or non-formal schooling. Meanwhile, 30% had exposure solely to formal education, and 12% had engaged in non-formal education. Intriguingly, 3% of these children had participated in both formal and non-formal educational settings. An interesting insight emerged concerning the age at which these street children embarked on their first employment endeavors—the average starting age was 7.81 years. Notably, a significant majority, approximately 66.22%, initially pursued jobs unrelated to street activities. Their

daily work hours fluctuated between 5 to 12 hours, with an average of 10 hours per day. The findings of the FREPD study provide crucial insights into the lives of street children, offering a glimpse into their struggles and the challenges they confront on a daily basis [13].

The ramifications of drug abuse extend directly to both the economic and social facets of a society and a nation. This concern holds particularly true in the context of Bangladesh, where it has evolved into a burgeoning national issue [14]. Alarming statistics reveal that millions within the country battle drug addiction, a majority of whom fall within the youthful age bracket of 13 to 30 [14]. This demographic mosaic encompasses individuals from diverse societal strata, with a disconcerting number initiating drug use during their formative years [14]. A framework that underscores the importance of safeguarding children deprived of a familial environment is established within the United Nations Convention on the Rights of the Child (CRC) of 1989. This convention enforces the obligation of states to extend special protective measures to such children. Crucially, this mandate (articles 19, 20) reinforces the imperative of effective legislative and other pertinent actions by the state to shield children in custodial arrangements from the heightened risk of succumbing to drug abuse [14].

#### 4.1. What Is Drug Addiction?

Defining drug addiction involves understanding the concept of habituation, which signifies becoming accustomed to a particular stimulus [15]. In the context of drugs, addiction occurs when the human body becomes reliant on specific stimulating substances, leading to the formation of a habitual dependency over time [16]. This concept is encapsulated by the World Health Organization (WHO), which defines a drug as a chemical compound, be it of synthetic, semi-synthetic, or natural origin, intended for diagnostic, therapeutic, palliative, or physiological function-altering purposes in humans and animals [15].

#### 4.2. Who Are Street Children?

Street children, as defined in this study, encompass children aged between 10 and 18 years, who lead their lives—including sleeping, eating, and working—on the streets within a specific urban area [17]. These children exhibit a transient nature, often residing in one location for a period before relocating to other spots. They experience detachment from their families or parents and typically spend their nights sleeping on the streets, railway stations, bus stations, parks, abandoned buildings, or other public spaces. This phenomenon of destitute children is predominantly observed in larger cities, excluding those who coexist with their families on sidewalks, pavements, or within slums.

According to the World Health Organization (WHO) definition from 1994, street children can be categorized as follows:

**Tokai:** This Bengali term pertains to child rag-pickers, individuals who scavenge for various used items like papers, bottles, shoes, clothes, etc., around the town.

**Cooli (Kooli):** These individuals sustain themselves by carrying the luggage of others at transportation hubs such as railway stations, ferry terminals, and bus terminals. They are generally registered by the relevant authorities.

**Brokers:** Acting as agents or intermediaries, brokers promise favorable employment opportunities to children, bringing them to urban centers and involving them in perilous activities. These intermediaries often claim a significant portion of the children's earnings.

**Minti:** Similar to coolies, mintis are engaged in analogous work but are not officially registered. They work in markets, shops, railway stations, ferry docks, bus stations, etc. In locations where both coolies and mintis are active, the latter group usually receives a lower wage rate.

Shama and Suresh Joshi emphasize that the challenges faced by street children are particularly pronounced in developing countries, estimating that over 100 million children live and labor on the streets in such nations. The circumstances leading to the emergence of street children are multifaceted and include factors like poverty, overpopulation, and illiteracy [18].

## 5. Methodology of the Study

The current research employs a dual qualitative and quantitative methodology, utilizing a sample survey as its primary research technique. The selection of both research area and participants was executed using purposive and accidental sampling methods. To gather quantitative data, we developed a structured survey focusing on drug addiction among street children. Simultaneously, alongside the qualitative survey, we conducted several case studies. These involved interviews that significantly contribute to qualitatively exploring the causes, origins, and consequences of drug addiction. It's noteworthy that a substantial portion of qualitative data was quantitatively amassed; showcasing a blended approach of mixed methods involving both quantitative and qualitative analysis.

The research engaged a total of 50 individuals for interviews, comprising 39 males and 11 females. In tandem with the sample survey, a limited number of in-depth case studies were also conducted. The selection of interviewees was predicated upon diverse parameters such as age, gender, marital status, education level, familial structure, occupation, income, living conditions, parental ties, familial relationships, involvement in substance abuse, types of drugs used, factors motivating drug abuse, sources of drugs, financial means for obtaining drugs, and the expenditure incurred for this purpose. The study was focused on street children involved in drug consumption, specifically in areas encompassing Savar (Nobinagar), Jahangirnagar University, Savar Bus Station, Gabtoli Bus Terminals, Kallyanpur, Darussalam, Shamoly Square, Dhaka North City Corporation (DNCC), TSC (Dhaka University), Dhaka Medical College area, and Mirpur-1, 2 area within Dhaka City during daytime.

## 6. Data Analysis and Presentation

From **Table 1** we could see that most of the participants were boys (78%), while

**Table 1.** Socio-demographic characteristics of Respondents (n = 50).

Characteristics	Sex of the participant						Characteristics	Sex of the participant					
	Male		Female		Total			Male		Female		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%		<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<b>Gender</b>							<b>Daily Income</b>						
	39	78	11	22	50	100	Less than 150	4	8%	3	6%	7	14%
<b>Age Group</b>							151 - 200						
Less than 10 Years old	3	6%	2	4%	5	10%	201 - 250	12	24%	4	8%	16	32%
10 - 12 Years old	7	14%	1	2%	8	16%	251 - 300	8	16%	0	0	8	16%
13 - 15 Years old	26	52%	6	12%	32	64%	More than 300	8	16%	2	4%	10	20%
15 - 17 Years old	3	6%	2	2%	5	10%	<b>Taking Food (Received Multiple Answer)</b>						
<b>Education</b>							Breakfast						
Illiterate	30	60%	6	12%	36	72%	Lunch	39	78%	9	18%	48	96%
Primary	9	18%	5	10%	14	28%	Diner	39	78%	11	22%	50	100%
<b>Religious status</b>							<b>Residence Area</b>						
Islam	36	72%	9	18%	44	88%	Tin shade house	2	4%	5	10%	7	14%
Hindu	1	2%	0	0	1	2%	Open Place	23	46%	2	4%	25	50%
Christian	0	0	0	0	0	0	Foot over bridge	8	16%	1	2%	9	18%
Buddhists	0	0	0	0	0	0	Mazar	5	10%	1	2%	6	12%
Others	3	6%	2	4%	5	10%	Half-baked house	1	2%	2	4%	3	6%
<b>Relation with family</b>							<b>Bathing Place</b>						
Separated from family	31	62%	7	14%	38	76%	Public toilet	10	20%	2	4%	12	24%
No family	8	16%	4	8%	12	24%	Pond	7	14%	3	6%	10	20%
<b>Living status of the parents</b>							Lack						
Father and Mother both	2	4%	1	2%	3	6%	CNG Pump	1	2%	1	2%	2	4%
Only Father	7	14%	2	4%	9	18%	Market toilet	3	6%	0	0	3	6%
Only Mother	3	6%	2	4%	5	10%	Others	16	32%	4	8%	20	40%
Nobody	27	54%	6	12%	33	66%	<b>Toilet</b>						
<b>Type of Work</b>							Public Toilet						
Street Beggar	7	14%	5	10%	12	24%	Market Toilet	4	8%	2	4%	6	12%
Flower sell	4	8%	2	4%	6	12%	Mazar Toilet	5	10%	0	0	5	10%
Tokai	13	26%	12	24%	25	50%	CNG Pump Toilet	2	4%	0	0	2	4%
Water sell	2	4%	0	0	2	4%	Others	20	40%	3	6%	23	46%
Others	2	4%	3	6%	5	10%							

the girls made up the rest (22%). When we added these percentages together, it made a total of 100%, which means the group had an equal number of boys and girls. When we looked at the ages of the participants, we found something interesting. Even though the ages ranged from under 10 years to 17 years old, there were four main groups. The biggest group was made up of kids between 13 and 15 years old (64%), followed by those between 10 and 12 years old (16%). The other two groups, kids younger than 10 years and those between 15 and 17 years old, were each 10% of the whole group. Talking about what the participants did in their free time, we saw that a lot of them couldn't read or write (72%), which showed that they might not have had many chances to go to school. The kids who went to primary school were 28% of the group. Some of the participants were Muslims (88%), and a small number were Hindus (2%). There weren't any kids who said they were Christian or Buddhist. Some of the participants fell into the "Others" category (10%). Now, let's talk about the families these kids had. Many of them weren't with their families (76%), and quite a few didn't have families at all (24%). For the ones who had families, there were different kinds of families. The most common type was where there was "Only Father" (18%), and many others said they had nobody (66%). We also learned about the kinds of work the participants did. Some sold flowers or begged on the streets, while others collected things like old stuff to recycle. The largest group did this recycling work called "Tokai" (50%). The "Street Beggar" group was 24%, and those who sold flowers were 12%. When we looked at how much money the participants made each day, we saw some interesting things. For the boys, 8% earned less than 150 units, 14% earned between 151 and 200 units, 24% earned between 201 and 250 units, 16% earned between 251 and 300 units, and 16% earned more than 300 units. For the girls, the numbers were 6%, 4%, 8%, 0%, and 4%, respectively. When we added everyone up, 14% of the whole group earned less than 150 units, 18% earned between 151 and 200 units, 32% earned between 201 and 250 units, 16% earned between 251 and 300 units, and 20% earned more than 300 units. Talking about what the participants ate, we found out that 46% of boys and 14% of girls liked to have breakfast, which made it 60% of everyone. For lunch, a lot of boys (78%) liked it, along with some girls (18%), making it 96% in total. And for dinner, most boys (78%) liked it, some girls (22%) did too, and all the girls together made it 100%. When we looked at where the participants lived, we saw that some boys (4%) lived in tin shade houses, while many lived in open places (46%), foot over bridges (16%), near special places called mazars (10%), or in half-built houses (2%). For the girls, 10% lived in tin shade houses, 4% in open places, 2% in foot over bridges, 2% near mazars, and 4% in half-built houses. When we counted all the boys and girls, 14% lived in tin shade houses, 50% in open places, 16% in foot over bridges, 10% near mazars, and 6% in half-built houses. Talking about where they took baths, we found out that some boys (20%) used public toilets, while others used ponds (14%), and a few had no proper place (4%). A couple used something called CNG pumps (2%), and some used other places (6%). For the girls, the numbers were 4%, 6%, 2%,



2%, and 8%, respectively. In total, 24% of boys, 20% of girls, and 40% of everyone used public toilets, ponds, or other places to bathe. Lastly, we checked where the participants went to the toilet. Some boys (16%) used public toilets, while others used market toilets (8%). Some boys (10%) used toilets near mazars, and a few used CNG pump toilets (4%). Many used other toilets (40%). For the girls, the numbers were 12%, 4%, 0%, 0%, and 6%, respectively. In total, 28% of boys, 12% of girls, and 46% of everyone used public toilets, market toilets, mazar toilets, CNG pump toilets, or other toilets.

This **Table 2** is about the habits and experiences related to drugs among the participants, who are a group of 50 people. The participants are divided into two groups, male and female, and the table shows the numbers and percentages for each category.

**Table 2.** Drug related characteristics of Respondents (n = 50).

Characteristics	Sex of the participant					
	Male		Female		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<b>Taking Drug</b>						
Yes	32	64%	6	12%	38	66%
No	7	14%	5	10%	12	24%
<b>Expenditures for buying Drugs</b>						
0 - 50	3	6%	4	8%	7	14%
51 - 100	10	20%	5	10%	15	30%
101 - 150	14	28%	1	2%	15	30%
151 - 200	8	16%	1	2%	9	18%
201 - 250	3	6%	0	0%	3	6%
251 - 300	1	2%	0	0%	1	2%
<b>Received treatment</b>						
No	10	20%	3	6%	13	26%
Pharmacy	15	30%	2	4%	17	34%
Others	14	28%	6	12%	20	40%
<b>Types of drugs</b>						
Dandy	14	28%	2	4%	16	32%
Injection	7	14%	3	6%	10	20%
Cigarette	9	18%	2	4%	11	22%
“Ganja” or “Shiddhi”	5	10%	2	4%	7	14%
“Chakti” (sleeping pills) and polythene	4	8%	2	4%	6	12%
<b>Sources of drug</b>						
Own slum	10	20%	2	4%	12	24%
Drugs businessmen	15	30%	1	2%	17	34%
Friends	10	20%	3	6%	13	26%
Other drug addicted men	4	8%	5	10%	9	18%

Among the males, 64% (32 people) said they have taken drugs, while only 12% (6 people) of the females admitted to taking drugs. Overall, out of all participants, 66% (38 people) said they have taken drugs. On the other hand, 14% (7 people) of the males and 10% (5 people) of the females said they have not taken drugs, making it 24% (12 people) of all participants.

Expenditures behind Drugs give us an idea of how much money the participants spend on drugs. For example, among the males, 6% (3 people) spent between 0 and 50 units, while 20% (10 people) spent between 51 and 100 units. Among the females, 8% (4 people) spent between 0 and 50 units, and 10% (5 people) spent between 51 and 100 units. In total, 14% (7 people) of all participants spent between 0 and 50 units, 30% (15 people) spent between 51 and 100 units, and so on.

The participants received treatment for their drug-related issues. Among the males, 20% (10 people) said they haven't received any treatment, while 30% (15 people) went to a pharmacy for treatment. Additionally, 28% (14 people) of the males went for treatment through other means. Among the females, 6% (3 people) didn't receive treatment, 4% (2 people) went to a pharmacy, and 12% (6 people) sought treatment through other methods. In total, 26% (13 people) of all participants didn't receive any treatment, 34% (17 people) went to a pharmacy, and 40% (20 people) chose other treatment options.

Various types of drugs are examined, with "Dandy" being the most commonly used substance, with 28% of males and 4% of females reporting its use, resulting in a total of 32%. "Injection" follows with 14% of males and 6% of females, totaling 20%. "Cigarette" is used by 18% of males and 4% of females, contributing to a total of 22%. Additionally, "Ganja" or "Shiddhi" is reported by 10% of males and 4% of females, while "Chakti" (commonly known as sleeping pills) and polythene are used by 8% of males and 4% of females, totaling 12%. These findings provide valuable insights into the prevalence of different drugs among the participants, highlighting some gender-based variations in usage patterns.

It is clearly observed from the table that most of the respondents (34%) get drugs businessmen. A significant number of respondents (26%) collect it from friends, 24% collect it from Own slum and 18% collect drugs from other addicted men.

The presented table offers valuable insights into the participants' drug-related behaviors, expenditure on drugs, treatment received for drug-related issues, the specific types of drugs they engage with and drive of drug. It is organized by gender, offering a comprehensive overview of the distinctive drug-related attributes exhibited by the participants.

There are number of reasons that push these street children toward drug addiction. Street children remain far behind from the mainstream development procedure as they are the victim of a violation of their vital socio-economic rights. To survive on the street with numerous problematic factors, street children get addicted to drugs. There are various causes responsible for drug addiction of street children which are stated as follows:

This **Table 3** shows that most of the street children found from the study (about 24%) said that they got addicted substances due to deprivation of fundamental needs such as education facilities, health care, affection, adequate food, and other socio-economic needs. Moreover, among all the street children, about 4% of the respondents work for a long hour having no adequate food or starvation, inner pain, grief and therefore they take different drugs to release their stress and hunger. Besides, 26% of respondents explained that they could afford those addicted materials cheaply. Street children live in a group with peers and other adults, so children almost 14% explained that they got used to taking substance by their influence and assistance. About 10% of street children expressed about drug addiction due to social isolation and depression, and others, 12% described their issue about Turmoil in the Home Environment. Furthermore, 12% of respondents got drug-addicted because of having Absence of Parental Guidance and Abuse as they are orphans and some are tortured by step mother and step farther.

**Table 4** illustrates the mental and health effects of the respondents' feelings, presenting a comprehensive view of their emotional states. The most prevalent emotional state reported is "Feeling Good," with 37 respondents (13.85%) indicating this positive sentiment. This is closely followed by "No Scared," which was expressed by 34 respondents (12.73%), signifying a lack of fear. Additionally, 22 respondents (8.23%) stated that they feel "No Shame," suggesting an absence of embarrassment or guilt. A considerable proportion of respondents reported feeling "Worried," with 36 individuals (13.48%) indicating this sentiment. "Living with Dream" was noted by 29 respondents (10.86%), highlighting their aspirations and hopes. Similarly, 33 respondents (12.35%) expressed the desire "To be an Whirl," possibly reflecting a sense of excitement or intensity in their lives. The importance of rest is underscored by the fact that 33 respondents (12.35%) mentioned "Sleep Well," indicative of their perceived quality of sleep. Furthermore, 32 respondents (11.98%) expressed the wish "To be Free from through," possibly signifying a desire to break free from challenges or difficulties. A smaller subset of respondents, 11 individuals (4.17%), stated that their

**Table 3.** Causes for drug addiction of street children.

Reasons	N	%
Deprivation of Fundamental Needs	12	24%
Isolation and Emotional Distress	5	10%
Easy Accessibility and Affordability	13	26%
Influence of Peers and Adults	7	14%
Absence of Parental Guidance and Abuse	5	10%
Turmoil in the Home Environment	6	12%
Long Working Hours	2	4%

**Table 4.** Effect of respondents (received multiple answers).

Effects	N	%	Effects	N	%
<b>Mental effects</b>			to vomit	0	0
Felling Good	37	13.85%	headache	13	9.55%
No Scared	34	12.73%	Loss of sense of smell	11	8%
No Shame	22	8.23%	Loss of appetite	32	23.52%
Feel worried	36	13.48%			
Living with dream	29	10.86%	<b>Social Effects</b>		
To be an whirl	33	12.35%	Increased risk of violence	34	12.73%
Sleep well	33	12.35%	Begging and involvement in illegal activities	29	10.86%
To be free from through	32	11.98%	Family disintegration	32	11.98%
More attention to work	11	4.17%	Stigmatization and discrimination	17	12.5%
<b>Health effects</b>			Loss of trust within the community	29	21.32%
weakness	20	14.82%	Loss of access to education	36	13.48%
Feeling dizzy	17	12.5%			
blurred vision	12	8.82%			
Talking back and forth	29	21.32%			
shortness of breath	2	1.47%			

emotional state leads to “More Attention to Work,” potentially implying increased focus and dedication. The table outlines the type of illnesses reported by the participants, along with the corresponding frequencies and percentages. Among the reported health issues, weakness emerged as a prevalent concern, accounting for 14.82% of the respondents. Following closely, feeling dizzy was noted in 12.5% of the cases. Blurred vision was another health effect, experienced by 8.82% of the participants. A significant proportion of respondents mentioned talking back and forth as a symptom, with 21.32% reporting this issue. On the contrary, a mere 1.47% indicated experiencing shortness of breath, while no respondents reported vomiting. Headaches were reported by 9.55% of the participants, while a loss of the sense of smell was noted among 8% of the respondents. The most prevalent health effect was a loss of appetite, which was reported by 23.52% of the participants. This table provides insights into the varied emotional and mental states experienced by the respondents, shedding light on the complexity of their feelings and perspectives. Approximately 12.73% of respondents reported that they or their communities faced an increased risk of violence due to the situation or phenomenon under investigation. About 10.86% of respondents indicated that individuals in their communities resorted to begging and engaging in illegal activities as a consequence of the situation. Family disintegration was cited by 11.98% of respondents as one of the social effects,

potentially highlighting the strain on family structures. Stigmatization and discrimination were reported by 12.5% of respondents, suggesting that those affected by the situation faced social exclusion or bias. A significant portion, 21.32%, of respondents noted the loss of trust within their community as an outcome, indicating that social cohesion was negatively impacted. Approximately 13.48% of respondents highlighted the loss of access to education as a consequence, underscoring the importance of education in the context of the situation.

**Table 5** presents the responses collected from a survey regarding the facility expectations of respondents in order to lead a satisfactory life within society. The respondents were asked to specify their perceived benefits and necessities, and the data provides insight into their priorities and preferences.

Approximately 10.93% of the respondents indicated that having a suitable residence is an essential factor for living well in society. This suggests that a comfortable and secure living environment is important to a significant portion of the surveyed population. Around 11.38% of the respondents emphasized the significance of access to quality and sufficient food for their well-being. This highlights the importance of nutritional needs being met for a considerable portion of the population. About 11.16% of the respondents mentioned the importance of social benefits. These benefits could include access to healthcare, child care, and other societal support systems that contribute to an individual's overall quality of life. Similarly, 10.93% of the respondents highlighted the need for accessible and usable water. This underlines the basic necessity of clean and safe water for daily living. While comparatively lower at 4.5%, 20 respondents still considered education as a crucial factor for living well. This suggests that a subset of the surveyed population places significant value on educational opportunities. 11.16% of the respondents indicated that employment is a key aspect of their well-being. This implies that having access to suitable job opportunities

**Table 5.** Facility expectations of the respondent to live well in the society.

Benefits	N	%
residence	48	10.93%
food	50	11.38%
Social benefits	49	11.16%
Usable water	48	10.93%
education	20	4.5%
employment	49	11.16%
training	38	8.65%
Financial incentives	41	9.33%
Social security	49	11.16%
other	47	10.70%

and stable income is vital for a sizable portion of the respondents. 8.65% of the respondents emphasized the importance of training, which could refer to skill development and vocational training. This indicates recognition of the value of continuous learning for personal and professional growth. Around 9.33% of the respondents mentioned financial incentives as a factor contributing to their well-being. This could include bonuses, allowances, or other monetary benefits. Similar to employment, 11.16% of the respondents highlighted the need for social security measures. This might include access to retirement benefits, disability support, and other safety nets. Lastly, 10.7% of the respondents chose to specify factors not covered by the predefined options. These responses could encompass a wide range of individualized needs and preferences not captured by the other categories.

## 7. Findings and Discussion

Significant populations of street-involved youth are grappling with drug addiction. The majority of these youth (around 76%) have been separated from their families. Common substances of abuse among these young individuals include cannabis-laced cigarettes and a type of adhesive called “Dandy”. The ease of access to such substances plays a pivotal role in driving their drug usage. Of notable concern is the fact that drug usage is not limited by gender, as both female and Male Street youth are entangled in these behaviors. Analysis of responses reveals that approximately 24% of female street youth are ensnared in these detrimental activities. Male street youth constitute the majority of respondents, accounting for 66% of those using drugs. Financially, most fall within the expenditure range of 51 to 150 currency units. Alarming, about a quarter of respondents have received no form of treatment. Among those who sought help, pharmacy remedies and other non-specific treatments were prevalent. A subset of respondents reported positive sensations of well-being (13.85%), while others mentioned afflictions such as weakness (14.82%) and dizziness (12.5%). Additional responses included symptoms like blurred vision (8.82%), restlessness (21.32%), and breathlessness (1.47%). Some individuals described sensations of disorientation (12.35%), restful sleep (12.35%), and relief from distressing thoughts (11.98%). Health-related concerns spanned headaches (9.55%), loss of smell (8%), and reduced appetite (23.52%), with a minority highlighting improved concentration (4.17%).

These street-involved youth lack adequate facilities for recreational activities, play, and quality time with their parents. This deficiency propels their gradual descent into drug dependency. This study discloses that merely 6% of street youth are fortunate enough to share moments with their parents. A substantial portion (about 50%) of these youth reside in open areas. Their origins trace back to economically disadvantaged families often engaged in daily wage labor or small-scale businesses. These circumstances undermine the formation of strong social bonds, leaving them vulnerable to drug addiction. Education-wise, only

72% of street youth are literate or possess basic academic knowledge, with many confined to primary-level education. Many attend classes within voluntary organizations or free schools. The majority of respondents are occupied with work. Notably, 50% of respondents are classified as “Tokai”, 24% as “Street Beggars”, and a notable percentage (24%) fall into the “Others” category, encompassing activities like begging and wage collection. A diverse array of activities engages street-involved youth, with prevalent roles including scavenging for recyclables, manual labor, selling trinkets, and shoe polishing. A minority, as reported by key informants, is involved in criminal activities like theft, snatching, and sex work. Begging is more common among younger children, while older children often engage in activities like manual labor and paper collection. Surprisingly, regardless of age, the most prevalent profession remains manual labor and paper picking. Approximately half of street youth perceive their current sleeping spots as permanent, while others rest in temporary locations such as bus stations, marketplaces, or directly on the streets. In inclement weather, street youth seek shelter in places like railway stations and bus terminals. The reasons for changing sleeping spots range from objections by security personnel and police harassment to unsafe environments. Past research findings corroborate the notion that children raised in disadvantaged neighborhoods, characterized by economic hardship, poor living conditions, and high unemployment rates, face an elevated risk of engaging in criminal activities, including drug use. The study addressed these situations as behaviors with inherent risks. Furthermore, it can be asserted that individuals who are under constant parental supervision exhibit a significantly lower inclination towards habitual drug use [19]. Conversely, respondents indicated that their initiation into drug use stemmed from peer encouragement, family-related frustrations, or the pursuit of immediate relief from stress. Additionally, they became ensnared in drug addiction due to the easy accessibility of drugs, unemployment or financial instability, their surrounding environment, and familial stress.

As for funding their drug purchases, the respondents identified various sources including personal income, parental support, contributions from relatives and friends, as well as funds obtained through criminal activities such as hijacking and extortion. Another study established a connection between low self-control and violent behavior, with low self-control emerging as the most potent predictor of violent offenses [20]. Hence, both of these aspects are pertinent, underscoring this study’s illumination of the origins of juvenile drug addiction. Furthermore, these viewpoints substantiate Sutherland’s “Differential Association Theory” (1947), which posits that criminal behavior is acquired through interpersonal interactions within closely-knit circles [21]. This study also highlighted the significant influence of family members, relatives, and friends on children’s susceptibility to drug addiction. Notably, the research revealed additional factors that might sway children toward drug use, including family dynamics, grandparental involvement, leisure activities, childhood care, funding sources for drug

procurement, age of initiation into drug use, time spent with parents on a daily basis, and influences encouraging drug consumption.

Concurrently, an inverse correlation emerged between parental supervision and regular drug use by children. This substantiates the notion that reduced parental oversight augments the risk of juvenile drug addiction. Ultimately, the study concludes that unsupervised children are markedly more susceptible to drug addiction than their supervised counterparts.

## 8. Conclusions

Street children represent the marginalized segment of society, struggling to meet even their basic needs. Their quest for affection and improved prospects for themselves and their families is often fraught with challenges, though occasional opportunities do arise. These youngsters are compelled to flee their homes due to various reasons. However, life on the streets presents them with a multitude of hardships. Research underscores the vulnerability of street children, whether they are with their families or fending for themselves, and highlights potential risks to public safety. The primary driver pushing them to the streets is the prevalence of poverty, alongside deep-seated social and economic issues. Within urban environments, these children encounter daily trials and tribulations. Addressing these challenges and safeguarding the nation's future requires collaborative efforts from entities like the Bangladeshi government and other concerned organizations. Recognizing that children constitute the bedrock of a nation, the loss of their potential due to circumstances like drug addiction presents a considerable hurdle to sustainable development. Regrettably, some of these children are succumbing to destructive drug habits, depriving themselves of a promising future. As responsible members of society, it's crucial not to overlook these distressing incidents transpiring around us. Presently, there is an alarming rise in substance abuse among vulnerable street children. The consequences of this trend include severe, enduring health problems, mental distress, and disruption of interpersonal relationships. Additionally, there is an increased likelihood of social exclusion and engagement in criminal activities. This perilous situation of drug addiction will exacerbate if society doesn't promptly intervene. Collaborative actions between governmental and non-governmental entities are imperative to eradicate this menace. Swift implementation of comprehensive initiatives for rehabilitation and support is vital. The state must act decisively and urgently, unburdened by hesitation. It is anticipated that this study will contribute to partially resolving the drug addiction predicament. Recommendations are provided to formulate effective strategies, liberating street children from the grip of drug addiction and guiding them towards a brighter, more hopeful existence.

## 9. Recommendations

**Comprehensive Intervention Strategies:** The article highlights the profound impact of drug addiction on street children in Dhaka District. To address this



issue, it's crucial to develop comprehensive intervention strategies that involve various stakeholders, including government agencies, non-governmental organizations, community leaders, and healthcare professionals. These strategies should encompass prevention, treatment, and rehabilitation programs tailored to the unique needs of street children.

**Early Intervention and Prevention Programs:** Focus on early intervention and prevention programs that target both children vulnerable to drug addiction and those already exposed to it. These programs should be designed to provide education, life skills, and psychological support, equipping street children with the tools they need to resist drug use and make positive life choices.

**Access to Quality Education:** Ensuring access to quality education for street children is essential. Education plays a significant role in breaking the cycle of addiction and poverty. Collaborate with educational institutions, NGOs, and government bodies to create initiatives that provide educational opportunities and address barriers to enrollment, such as lack of documentation or flexible scheduling.

**Psychological and Emotional Support:** Street children often face trauma and emotional distress, contributing to their vulnerability to drug addiction. Establish counseling and mental health support services specifically tailored to their needs. Trained professionals can help these children cope with their experiences, develop resilience, and find healthier ways to manage their emotions.

**Rehabilitation Centers and Safe Spaces:** Create rehabilitation centers and safe spaces where street children can access clean environments, nutritious food, and medical care. These centers should offer drug addiction treatment, vocational training, recreational activities, and life skills workshops to empower children to reintegrate into society as productive individuals.

**Community Engagement and Awareness Campaigns:** Collaborate with local communities to raise awareness about the challenges faced by street children and the impact of drug addiction. Engage community members in supporting these children through mentorship, volunteering, and donations. Awareness campaigns can help reduce stigma, promote empathy, and garner support for intervention programs.

**Strengthening Legal Protections:** Advocate for stronger legal protections for street children, including policies that safeguard their rights and well-being. Work with legal experts, human rights organizations, and government agencies to develop and enforce laws that prevent child exploitation, abuse, and trafficking.

**Future direction:** Continuously gather data and conduct research to better understand the evolving landscape of drug addiction among street children in Dhaka District. This information can drive evidence-based interventions, policy changes, and resource allocation to address the specific needs of this vulnerable population.

**Collaboration and Partnerships:** Establish collaborations and partnerships among government agencies, NGOs, healthcare providers, educational institu-

tions, and private sectors. A coordinated effort ensures a holistic approach to tackling the multifaceted challenges of drug addiction among street children.

**Long-Term Sustainability:** Emphasize the importance of long-term sustainability for intervention programs. Secure funding from various sources, including government grants, philanthropic organizations, and corporate social responsibility initiatives, to ensure the continuous implementation of programs that support the well-being and future prospects of street children.

By implementing these recommendations, the article's findings can pave the way for tangible improvements in the lives of street children affected by drug addiction in Dhaka District.

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## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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