

STREET CHILDREN WITH DISABILITIES

SITUATION ANALYSIS AND NEED ASSESSMENT

ON

STREET CHILDREN WITH DISABILITIES

IN DHAKA CITY

(DECEMBER' 1999)



CENTRE FOR SERVICES AND INFORMATION ON DISABILITY

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DECEMBER' 1999

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Foreword

People with Disabilities in Bangladesh are among the most vulnerable, neglected and deprived segment of the population. It is estimated that 10% of the total population of Bangladesh are disabled. Limited opportunities are available, accessible and affordable to the people with disabilities for prevention and cure of disablement, education, training and employment in Bangladesh.

Government or private organization do not yet take the disabled children of the floating population particularly of the Mega City DHAKA into consideration in their development plans.

This study of Situation Analysis and Need Assessment of Street Children With Disabilities in Dhaka City conducted by the Centre for Services and Information on Disability (CSID) and sponsored by Radda Barnen is a remarkable work and a worthwhile initiative. I would like to congratulate and thank the authors and team members of the study for completing this excellent work. Undoubtedly, this study will create more awareness and interest among development agencies working in the sector of disability. I sincerely hope that positive and appropriate initiative will be taken to help these Street Children With Disabilities of Dhaka City to grow up as useful and productive members of the society with equality and dignity.

Monsur Ahmed Choudhuri
Chairman
Centre for Services and Information on Disability (CSID)

Message

Street Children With Disabilities are in many ways invisible in the society, in policy making and even in schools. They are not listened to and they often considered incompetent because of a physical defect. With this study Save the Children Sweden/ Radda Barnen wants to give information about the conditions of Street Children With Disabilities, what they do, how they feel and how they are treated.

By telling about this group of children we hope that adults will start reflecting on their own attitudes and behaviors towards the children. the shameless treatment and the negative attitudes they are often exposed to are a greater problem for them than the disability itself. The problem lies within ourselves and we have to confront our own attitudes. By changing our attitudes the life of these children could be brightened up.

Lena Hulterstrom

Resident Representative

Save the Children
Sweden.

From the Desk of the Executive Director

It is a great pleasure for me to announce the publication of “Street Children With Disabilities”. CSID as change agent in the field of disability feels honored to be involved in such a study, which is expected to be a fruitful document for the planners and development practitioners involved in empowering people with disabilities.

This is the first time, a comprehensive document has been published reflecting the situation of Street Children With Disabilities who are visible in the human crowd but invisible in development interventions. The silence of the development initiators in responding to the needs of the Street Children With Disabilities might be a result of a lack of proper reflection and analysis of the situation. This document will definitely create a window to look at the vulnerable situation of the Street Children With Disabilities and allow the development planners to design and implement systematic and viable development initiatives.

CSID is sincerely grateful to the Save the Children Sweden for financial support and guidance in this endeavor. The contribution of ACTIONAID Bangladesh (AAB) and Centre for Disability in Development (CDD) is noteworthy. Their technical input and guidance made this study more comprehensive.

CSID deeply recognizes the sincere dedication and challenging hardship of the researcher and the data collection team members for successful completion of the study.

Finally CSID would like to thank the respondents and other input providers for their sincere cooperation to the whole intervention.

Khandaker Jahurul Alam

Executive Director

Centre for Services and Information on Disability (CSID)

Introduction to CSID

Centre for Services and Information On Disability (CSID) is a Non-Government Organization, a registered trust involved in providing support services to the development organizations and the communities with a view to facilitate activities directed towards improving the lives of PWDs in the country.

The broad objectives of CSID are:

- Assimilate and disseminate need-based information on disability issues.
- Facilitate development agencies to design and implement appropriate programs for people with disabilities.
- Facilitate equalization of people with disabilities in terms of services, benefits, rights and authorities, empowerment and participation in nation building interventions and programs.
- Facilitate access and integration of people with disabilities in mainstream development interventions with emphasis on income generation.

Current programs of CSID:

The CSID has set down the following programs to reach the said objectives:

- Study, research, data collection and materials development on Disability issues.
- Pilot programs on “Community Approaches to Handicap and Disability”.
- Disability information Dissemination.
- Early intervention on problems of Children with disabilities.

Introduction to the Study

Bangladesh and Perspective of Disability

Bangladesh is considered as one of the least developed countries in the world as measured in terms of average income, calories consumed per person; high infant mortality rate; and low literacy rates, especially among women. The situation of People With Disabilities (PWDs) in Bangladesh is competitively far below the average of any section of people. In Bangladesh PWDs are excluded from most governmental and non-governmental programs. PWDs are neglected in Bangladesh, as they are in most other developing countries.

Current statistics indicate that there are more than 12,000,000 PWDs living in communities throughout Bangladesh who currently receive little or no assistance, of these about 6 - 8 % are children. In nearly all the cases their families and communities leave them out from the general development process. This has resulted in excluding them from Government and NGO programs. The neglect is compounded by the lack of available services to provide assistance to PWDs so that they can participate in the main stream development activities.

A recent example of the exclusion of PWDs from development programs could be gathered from the flood relief and rehabilitation programs of August 1998, that PWDs were often the last to be reached by food-aid schemes. Due to limitations, PWDs (especially the children) were virtually out of reach of all relief assistance provided by the government and the NGOs. Their inability to join and stand in long relief queues often resulted in exclusion to facilities for families. Access to relief shelters was also a problem for the PWDs, as these still remain “not user friendly” for them.

During the last few years, Disability, as a development issue is gradually gaining some recognition. The United Nations declaration of Decade of Disabled Persons 1983-1992 is an example of that. While evaluating the achievement of world decade activities in 1992 it was observed that, the Asian & the Pacific region were far behind to achieve the target plans, which subsequently led to another decade declaration for the Asian & the Pacific countries. As a signatory country, Bangladesh is committed to achieve the target of agenda for action of the said Asian & the Pacific Decade of Disabled Persons, 1993-2002. The major focus of the agenda of the decade is to enable people with disability to achieve equal opportunity so that they can participate in nation building activities.

It can be mentioned that many organizations, both government and NGOs, are now considering the inclusion of disability components in their programs. However, it is noteworthy that disability issues are not very much familiar to most of the development planners and the implementers, which result in acting as a barrier for taking up disability programs by the organization. Even the disability organizations do not have adequate information and documents to update their programs and activities to reach the desired level. The reasons for such limitation have been identified as a lack of adequate information and supportive documents and also a lack of easy availability of such materials. Besides, disability issues demand a wide range of program coverage including all common types of disability in the community, which also requires easy availability of support materials and documents on different types and issues to develop plans and activities.

Objectives

The Broad Objective of the Study

The broad objective of the study is to find out the current socio-economic status of the Street Children With Disabilities, the special issues affecting their lives and to suggest appropriate and feasible interventions to upgrade the status of the Street Children With Disabilities.

The Specific Objectives of the Study

The project will develop a study report with detail findings on the following areas:

- Current status and situation of Street Children With Disabilities
- Factors for their current status and situation
- Views of the society towards the Street Children With Disabilities
- Feasible development interventions for Street Children With Disabilities
- Barriers, threats, limitations and resources for rehabilitation of Street Children With Disabilities.
- Possible areas of sharing and dissemination of study and research findings

Rationale

A large percent of the city's population live in the slums scattered all over the city. These slums are full of problems and offer a degrading living condition. The children being a vulnerable group is widely affected by this sub-human living environment. Among these children are a percentage of Street Children With Disabilities. Many of these children are not identified nor do they get adequate and appropriate rehabilitation services.

Many of the street children with disability are being used as beggars as their disability creates sympathy and attracts people's sentiment. Some groups of people and families even capitalize on the disability of their children as a means of income. There is no statistics or assessment on the situation of Street Children With Disabilities up to now. It is encouraging that there are initiatives for services and rehabilitation of non-Street Children With Disabilities in many cities and town areas, but no such

notable development interventions were taken for Street Children With Disabilities. The fundamental reason of interventions not being focused on Street Children With Disabilities can be attributed to a lack of information and concept of appropriate rehabilitation needed by Street Children With Disabilities.

Gathering appropriate information on the status and needs of the Street Children With Disabilities would contribute to uphold the rights of the Street Children With Disabilities. Findings of the study will also help both government and the community development organizations to undertake appropriate and need based interventions for rehabilitation of the Street Children With Disabilities. The study was the first venture on the Street Children With Disabilities of Bangladesh. The outcome of the study can be used widely within the country as well as in the South Asian countries to raise awareness on specific issues and undertake development programs.

Study Management

The project was implemented under direct care of a Project Director. One Researcher was appointed for 10 months to carryout the project activities.

Action Aid Bangladesh has been involved in monitoring the research activities while Centre for Disability in Development (CDD) provided necessary technical assistant to carryout the study.

Two data collectors were involved in the study for a period of 10 months. They were also involved in focus group discussions along with the researcher.

Methodology

Information collection:

Two ethnographic qualitative research techniques were used for collecting data for the project:

- i. Open-ended Questionnaire.
- ii. Discussion.

Discussions were carried out in two distinct forms. The first was focus group discussion and the second was in formal interaction that was similar to conversation. Individual discussions were also held.

A total of 120 Street Children With Disabilities were interviewed through an Open-ended questionnaire out of which 83 were boys and 37 girls. The questionnaire was broadened with auxiliary questions and probes where further clarifications were necessary. For this study all categories of disabled children were considered. The focus age group was up to 15 years but in few cases higher age was also considered. Children with Disabilities that spend majority of their living time on the streets have been identified as Street Children With Disabilities in the study.

Discussions were held with the community people based on different broad themes and within the thematic framework. Five focus group discussions were held with different groups for information from different areas.

Training of Personnel:

Two CSID staff members have been involved in data collection under the guidance of the researcher. The data collectors had disability orientation training before and had been provided with training on critical areas of their assignment like objectives of the study, the technique and methods of interviews and filling the questionnaire, preparation of case studies etc. External resource persons having skills and knowledge on both disability and research methodologies conducted the training.

Study area and respondents:

The respondents were selected randomly based on available Street Children With Disabilities in five predefined areas in Dhaka City. These five areas were defined considering different nature of habilitation like industrial areas, commercial areas, tourist areas, common market places etc. The respondents were within the age group of 0-18 years.

Study Period

| Phase | Period |
|--------------------------|---------------------|
| Planning and development | January- March 1999 |
| Data Collection | April-July 1999 |

| | |
|------------------|-----------------------|
| Data compilation | August-September 1999 |
| Draft report | October-November 1999 |
| Final report | December 1999 |

Limitations and Barriers

The major limitations and barriers of the study were:

- The respondents of the study were selected randomly from the workplace and were difficult to have adequate time to get answer.
- It was difficult to have follow-up information due to the floating and scattered living style of identified respondents.
- Some critical issues like extreme negative attitude of the family members, sexual abuse, etc. has not been reflected properly and adequately because of social conservative attitude and hiding tendency of people who participated in focus group discussions.
- Adequate discussion with the professional group experienced in dealing disability issues has not been done due to time constraint.
- In many cases, discussions have been made with the caregivers or the heads of families. In such cases, it was found difficult to have a proper reflection of attitude of the family and community neighbors towards disabled people.

Objective Based Findings

Current status and situation of Street Children With Disabilities

- **Disability Percentage:**
Physical (51.76%), Speech and Hearing (15.00%), Visual (20.00%), Intellectual (9.17%) and Multiple (4.17%)
- **Age group classification:**
0 to 5 years (1.67%), 6 to 10 years (38.33%), 11 to 15 years (53.33%) and 16 years and above (6.67%)
- **Situation at home**
At a large scale neglected and deprived of equal share.
Considered as burden and obligation/liability.
Many families consider their disability to be fate, curse, will of God, etc.
Often kept out of social activities of the families.
At times both physically and emotionally abused.
Their disabilities are in most cases exploited for profitable purposes.
Principle caregivers are women, specially mothers and sisters.
- **Situation at outside**
Affected by misconceptions and negative attitude.
Kept out of social integration and development process.
Deprived of normal wages and other benefits.
At time physically, emotionally and sexually abused.
- **Interventions taken by family**
Families initially take medical interventions in quest for 'Magical Cure' for their disability.
Extremely limited rehabilitation interventions taken.
Limited development intervention taken.
- **Education**
Pre-school (0.83%), NFPE (20.83%), Government (7.5%), others (7.5%) and None (63.33%)

- **Profession**
Street beggar (46.67%), Vendor (0.83%), Laborer (2.50%), Shop Keeper (5.83%) House Servant (0.83%) and None (43.33%)
- **Income**
None (43.33%), Not notable (10%), Upto Tk 500 (9.16%), Tk 501 to Tk 1000 (15%), Tk 1001 to Tk 2000 (11.67%) and Tk 2000 and above (10.83%)
- **Contributions to family**
None (46.67%), Not notable (15%), Upto Tk 500 (13.33%), Tk 501 to Tk 1000 (9.17%), Tk 1001 to Tk 2000 (12.05%) and Tk 2000 and above (3.33%)
- **Current Skills**
No information (53.33%), Handicraft (4.17%), Mechanics (5.83%), Shop Assistance (11.67%), Business (0.83%), Painting (1.67%), Education (0.83%) and others (7.5%)

Factors for current status and situation

Negative attitude of family and society.
Lack of awareness of family and society.
Bitter experience of the family.
Financial limitations of families.
Lack of scopes and opportunities.
Limited program interventions

Views of the society towards the Street Children With Disabilities

Symbol of divine punishment.
Treated as burden the society and family.
Are helpless and unproductive.

Feasible development interventions for Street Children With Disabilities

Inclusion in mainstream education
Development of vocational skills
Linkage with micro credit for creating access to income generation
Advocacy for job placement for selected children with disability
Community counseling and motivation for creation of positive attitude

Barriers, threats and limitations for rehabilitation of Street Children With Disabilities .

- Scattered and isolated living style of the street children.
- Categorizing the disabled children for rehabilitation following a common strategy.
- Lack of positive attitude and support service environment.
- Establishment of proper monitoring mechanism
- Financial limitations and poverty situation

Possible partners for sharing and dissemination of study and research findings

- Government departments dealing with child development program
- UN Organization concerned with child issues
- Non government organization working in city and urban areas
- Research organization
- Disability service providing agencies/organization
- Mass communication media

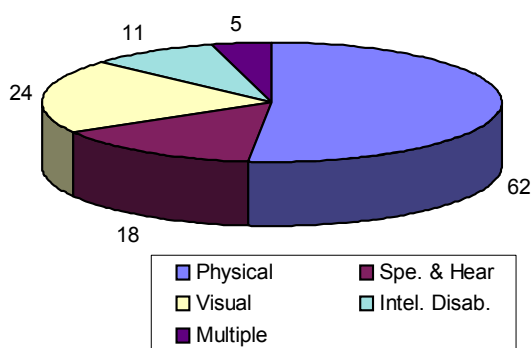
Tabular Analysis

Table – 01: Nature of Respondents

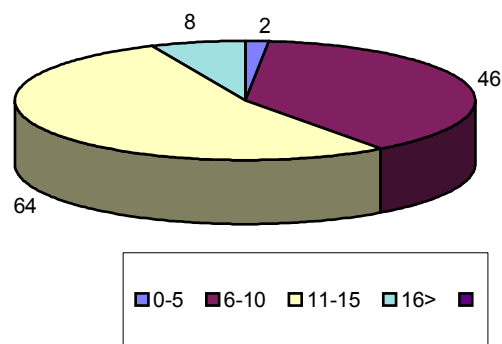
| Age group | Physical | | | Speech & Hearing | | | Visual | | | Intellectual Disability | | | Multiple | | | All Disability | | |
|-----------|----------|---|---|------------------|---|---|--------|---|---|-------------------------|---|---|----------|---|---|----------------|----|-------|
| | M | F | S | M | F | S | M | F | S | M | F | S | M | F | S | M | F | TOTAL |
| 0~5 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 6~1 | 1 | 6 | 2 | 5 | 3 | 8 | 5 | 6 | 1 | 1 | 0 | 1 | 3 | 1 | 4 | 30 | 16 | 46 |

| | | | | | | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|
| 0 | 6 | | 2 | | | | | | 1 | | | | | | | | | |
| 11~ | 2 | 7 | 3 | 5 | 2 | 7 | 7 | 5 | 1 | 8 | 2 | 1 | 0 | 1 | 1 | 47 | 17 | 64 |
| 15 | 7 | | 4 | | | | | | 2 | | | 0 | | | | | | |
| 16> | 4 | 2 | 6 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 8 |
| Tota | 4 | 1 | 6 | 1 | 6 | 1 | 1 | 1 | 2 | 9 | 2 | 1 | 3 | 2 | 5 | 83 | 37 | 120 |
| I | 7 | 5 | 2 | 2 | | 8 | 2 | 2 | 4 | | | 1 | | | | | | |

Disability wise Classification



Age wise Classification



51.66% of Children With Disabilities (CWDs) that were identified as street children are Physically disabled. Most of the surveyed Street Children With Disabilities (SDC) are in the age group of 11 to 15 years (53.33%). This age group is considered as the earning capacity age group. As such they are out on the streets, mostly as per the desire of the family, in quest for their livelihood. In the age group of 0 to 5 years there were only 2 Street Children With Disabilities (1.66%). Most of the disabled children of this age group normally stay indoor or very near their homes and not so much on the streets, as such, although this age group represent a high percentage of Children With Disabilities (CWDs) they were not found on the streets and thus not surveyed.

The male : female ratio in a community or locality is nearly 1:1. This ration is also presumed to be applicable for People With Disabilities (PWDs). But the study reflect the male and female ratio of the surveyed Street Children With Disabilities to be 2:1 (69.22% male, 30.78% female). This proportion is approximately the same for Physical, Speech & Hearing and Intellectual disability. The different reasons could be that families have the tendency of hiding female child with disabilities in fear of social factors and negative consequences. Besides on the streets they are also susceptible to abuse and exploitations. As a protective measure families might be keeping

female Street Children With Disabilities mostly at homes. But in the case of Street Children With Disabilities with visual impairments we find an opposite picture where the male and female ratio stands at exactly 1:1.

Table ~ 02: Reason for Migration

| S L | Reason for Migration | Responde nts | Percenta ge |
|----------------|-----------------------------|-------------------------|------------------------|
| 1 | Poverty | 101 | 84.16 |
| 2 | Marriage | 2 | 1.66 |
| 3 | Treatment | 2 | 1.66 |
| 4 | Family Problem | 2 | 1.66 |
| 5 | For job | 1 | 0.83 |
| 6 | River erosion | 2 | 1.66 |
| 7 | For better life | 2 | 1.66 |
| 8 | Not applicable | 6 | 5.00 |
| 9 | No particular reason | 2 | 1.66 |
| Total | | 120 | 100 |

95% of the Street Children With Disabilities have migrated to Dhaka with their families. This is a very high rate of migration. The principle reason is poverty (84.16%). Their main objective is to be involved in income generating ventures. It is reflected in table 14 that 68 Street Children With Disabilities (56.67%) are engaged in economic activities. Though Dhaka is equipped with the country's best facilities for treatment, only 2 Street Children With Disabilities (1.66%) have migrated for treatment. However according to table 09 almost all the Street Children With Disabilities have received some form of treatment as a result of them being disabled.

Table ~ 03: Relationship of Informant with Respondent

| S L | Relationship with respondent | Responde nts | Percenta ge |
|----------------|---|-------------------------|------------------------|
| 1 | Father | 15 | 12.50 |
| 2 | Mother | 60 | 50.00 |
| 3 | Sister | 6 | 5.00 |
| 4 | Brother | 6 | 5.00 |

| | | | |
|--------------|-------------|-----|-------|
| 5 | Aunt | 3 | 2.50 |
| 6 | Grandmother | 3 | 2.50 |
| 7 | Uncle | 5 | 4.16 |
| 8 | Friend | 2 | 1.66 |
| 9 | Self | 20 | 16.66 |
| Total | | 120 | 100 |

50% (66) of the informants who provided information on the Street Children With Disabilities are mothers. In a recent survey completed by CSID in the coastal belts of Bangladesh reflected that only 16% of the informants were mothers. The reason for this low percentage of responses from mothers was attributed to coastal belt communities being religious minded and conservative (The survey was conducted in the field by male surveyors). Another reason was that during the course of the survey the male members/head of households were present at the time of survey. As such they responded to answer on behalf of the PWDs although their principal care-givers are mothers (According to Centre for Disability in Development (CDD) monitoring report of 1998, 58% care-givers are mothers). The reasons why mothers responded in higher numbers in this study are that in Dhaka city the people are far less conservative, the survey was also conducted by female members and at the time of the interviews the male members were out in different economic engagements. Besides the mothers, fathers provided for 15 (12.50%) and 20 (16.66%) Street Children With Disabilities provided information by themselves.

Table 04: Type of Physical Disability

| SL | Type of physical disability | Responses | Respondent Percentage |
|----|-----------------------------|-----------|-----------------------|
| 1 | Club foot | 4 | 6.45 |
| 2 | Cerebral Palsy | 13 | 20.97 |
| 3 | Hydrocephalus | 1 | 1.61 |
| 4 | Missing Limb | 5 | 8.06 |
| 5 | Paralysis | 2 | 3.23 |
| 6 | Dislocation | 3 | 4.84 |
| 7 | Polio | 31 | 50.00 |
| 8 | Deformity | 1 | 1.61 |
| 9 | Burns | 3 | 4.84 |
| 10 | Epilepsy | 1 | 3.23 |

| | | | |
|--------------|--------|-----------|------|
| 11 | Others | 2 | 3.23 |
| Total | | 66 | |

(Responses are higher than the number of respondents as a respondent may have one or more of the above impairments/disabilities)

Table 05: Type of Speech & Hearing Disability

| S L | Type of Speech & Hearing Disability | Responses | Respondent Percentage |
|----------------|--|------------------|------------------------------|
| 1 | Speech problem | 9 | 50.00 |
| 2 | Both hearing & Speech problem | 9 | 50.00 |
| 3 | Can hear only loud sound | 3 | 16.67 |
| 4 | No hearing at all | 1 | 5.56 |
| 5 | Conductive hearing problem | 2 | 11.11 |
| Total | | 24 | |

(Responses are higher than the number of respondents as a respondent may have one or more of the above impairments/disabilities)

Table 06: Type of Visual disability

| S L | Type of Visual disability | Responses | Respondent Percentage |
|----------------|----------------------------------|------------------|------------------------------|
| 1 | Low vision both eye | 7 | 29.17 |
| 2 | Cataracts | 1 | 4.17 |
| 3 | No vision one eye | 4 | 16.67 |
| 4 | No vision both eye | 12 | 50.00 |
| Total | | 24 | |

(Responses are higher than the number of respondents as a respondent may have one or more of the above impairments/disabilities)

Table 07: Type of Intellectual Disability

| S L | Type of Intellectual Disability | Responses | Respondent Percentage |
|----------------|--|------------------|------------------------------|
| 1 | General | 8 | 72.73 |

| | | | |
|--------------|------------------|-----------|-------|
| 2 | Behavior problem | 1 | 9.09 |
| 3 | Slow development | 7 | 63.64 |
| Total | | 16 | |

(Responses are higher than the number of respondents as a respondent may have one or more of the above impairments/disabilities)

Tables 04 to 07 provide information on the different types of impairments/disabilities of Street Children With Disabilities surveyed. One of the striking points to note is that 50% of all physically Street Children With Disabilities are polio affected. The immunization and polio vaccination program have been termed successful in Bangladesh. And it is anticipated that the rate of polio among children would be very minimal. However the rate of polio among adults could be comparatively higher as they may have been out of the vaccination and immunization programs as it was not so strong or extensive in the past. One of the reasons of higher number of polio affected Street Children With Disabilities might be that they are simply more on the streets as they have better range of mobility.

Table 08: Cause of Impairment

| S | Cause of Impairment | Responses | Respondent Percentage |
|--------------|-----------------------------|------------------|------------------------------|
| 1 | Congenital or birth problem | 45 | 38 |
| 2 | Malnutrition | 1 | 1 |
| 3 | Disease | 50 | 42 |
| 4 | Accident | 12 | 10 |
| 5 | Unknown cause | 6 | 5 |
| 6 | Burn injury | 3 | 3 |
| 7 | Wrong treatment | 2 | 2 |
| 8 | Other | 1 | 1 |
| Total | | 120 | 100 |

The two principle causes of impairments/disabilities are congenital or problems related to birth (38%) and diseases (42%). As many of these causes are preventable, adequate interventions can minimize the high rate of disabilities resulting from these two causes. Awareness activities along with extension of health services are essential to facilitate these interventions. As it was mentioned earlier that 95% of all the Street Children With Disabilities have migrated to Dhaka. This naturally implies

that they were born outside Dhaka. This emphasizes the need of interventions at the community level. The local Government agencies along with Non-government organizations can take steps in this regard. Necessary information should be transferred to the community, preventive measures taken and early detection & intervention activities implemented through trained and skilled personnel. The traditional birth attendants could play a vital role in this regard. They could be trained on necessary pregnancy care and safe delivery skills to prevent disabilities from occurring.

Table 09: Previous Treatment source

| S L | Previous Treatment source | Responses | Respondent Percentage |
|----------------|----------------------------------|------------------|------------------------------|
| 1 | Doctor | 95 | 79.16 |
| 2 | Social worker | 2 | 1.66 |
| 3 | Traditional Healer | 69 | 57.50 |
| 4 | Religious Healer | 39 | 32.50 |
| 5 | Hospital | 55 | 45.83 |
| 6 | Others | 27 | 22.50 |
| Total | | 287 | |

(Responses are higher than the number of respondents as a respondent may have gone to one or more of the above sources for treatment)

The table provides interesting views on the beliefs of the families towards modern and other forms of treatments. 79.16% of the Street Children With Disabilities had treatment prescribed by the doctors. 57.50% and 32.50% had treatment from traditional and religious healers respectively. This suggests that efforts have been taken by families to render scopes of treatment to their PWD family member. Families try desperately with in their scopes and limitations to find treatment for CWDs with the hope of finding cure for their disability. But in many cases, families after some time do not continue with the effort. This is mainly due to exhaustion of their resources and also frustration from lack of positive results (Table 12 shows that for 104 Street Children With Disabilities (86.67%) treatments brought no change or had negative effects). In many of the cases the PWDs would have benefited more if the families had accepted the members' disability and concentrated more on his/her rehabilitation and development needs

rather than running after magical cure. The misconceptions related to disability deter many families from addressing the developmental needs of the PWDs. There are fundamentally two distinct types of reactions from families towards their PWD members. Most families are either over protective towards their disabled member or are exploiting the disabilities of the members for profitable purposes. Table 14 reflects that 68 Street Children With Disabilities (120-52) have some form of economic engagement. Out of these children 56 (82.35%) are earning as street-beggars. Where as table 24 portrays that only 8 head of households (6.67%) are on the streets as beggars. This contrast should be seen with importance. This comparison strengthens the aforesaid analysis. Though the head of households are engaged in different trades they are involving their children mostly to a degraded profession of begging.

Table 10: Kinds of Treatment Received

| S L | Kinds of Treatment Received | Responses | Respondent Percentage |
|----------------|------------------------------------|------------------|------------------------------|
| 1 | Oral medicine | 84 | 70.00 |
| 2 | Injection | 32 | 26.67 |
| 3 | Surgery | 7 | 5.83 |
| 4 | Physiotherapy | 7 | 5.83 |
| 5 | Others | 69 | 57.5 |
| Total | | 199 | |

(Responses are higher than the number of respondents as a respondent may have received one or more of the above treatments)

Only 5.83% of the Street Children With Disabilities had received physiotherapy as treatment though the need can be presumed to be much greater. Most of the families are not adequately aware of the essential need of physiotherapy. Even if they are aware scopes are limited and expensive in Dhaka City. 57.50% Street Children With Disabilities indicated 'Others' as treatment. This is mainly religious treatment in the forms of 'Pani-Pora', 'Tabiz', etc.

Table 11: Treatment cost paid by

| S L | Treatment cost paid by | Respon ses | Respondent Percentage |
|----------------|-------------------------------|-----------------------|----------------------------------|
| 1 | Development organization | 9 | 7.50 |
| 2 | Government | 28 | 23.33 |
| 3 | Family | 109 | 90.83 |
| 4 | Community | 1 | 0.83 |
| 5 | Others | 3 | 2.50 |
| Total | | 150 | |

(Responses are higher than the number of respondents as a respondent may have treatment cost paid by one or more of the above sources)

The eagerness of families in finding cure for the disabled member is further reflected here. 90.83% of costs of treatment are covered by families. The question that strikes is that if the families are willing to pay for treatment why are they not willing to ensure rehabilitation services and meet the developmental needs of the disabled member. As mentioned earlier, financial resources could be exhausted and frustrations become high from lack of positive result from treatments already done. Besides the families may not be informed on the possible rehabilitation and development interventions and the sources of its availability. Many ignorantly considering rehabilitation and development interventions to be highly expensive and in presumption that no positive results can be achieved may be reluctant to find such services. Again the tendency to receive such services on a charity basis could be a reason. Another point to consider is that many of the Street Children With Disabilities are already engaged in different professions and are contributing to family income. If the Street Children With Disabilities are involved with the development and rehabilitation process, they may not be able to contribute to the family at the level they have been before. This may be a reason as to why most of the Street Children With Disabilities are away from rehabilitation and development.

A disappointing point to note in this table is the level of contributions from the community. The community is covering only 0.83% of the treatment costs. This is mainly due to the fact that a large part of communities consider disability to be the problem of an individual family and not the community's. Besides the factor of poverty also plays a part. The question commonly raised by communities is "How can we contribute when we can not properly look after our own families?"

Table 12: Result of Treatment

| S L | Result of Treatment | Respon ses | Respondent Percentage |
|----------------|----------------------------|-----------------------|----------------------------------|
| 1 | Great improvement | 2 | 1.66 |
| 2 | Some Improvement | 14 | 11.66 |
| 3 | No change | 76 | 63.33 |
| 4 | No change possible | 9 | 7.50 |
| 5 | Got Worse | 19 | 15.83 |
| Total | | 120 | 100 |

Improvement in situation was recorded for only 16 (13.32%) Street Children With Disabilities, although all had received treatment. For 104 (86.68%) no change was possible or the situation deteriorated. Rehabilitation therapy is extremely essential for this 86.68% of Street Children With Disabilities. The rest of the Street Children With Disabilities may also require it. Without this services (which also include assistive devices and equipment) the condition of the Street Children With Disabilities may severely deteriorate bringing in further pain and sufferings.

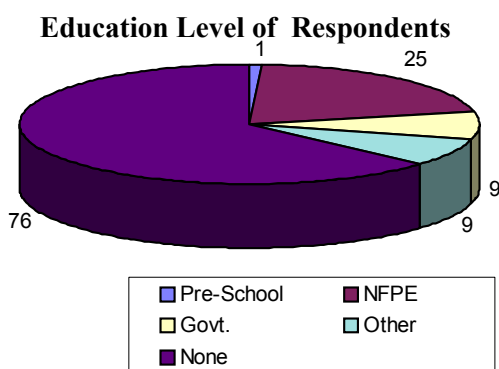
Table 13 A: Education level of respondents (Disability Wise)

| EDUCA TION | PHYSICAL | | | SP & H | | | VISUAL | | | INTELECT | | | MULTIPLE | | | TOTAL | | |
|-----------------------|-----------------|-----------|-----------|-------------------|----------|-----------|---------------|-----------|-----------|-----------------|----------|-----------|-----------------|----------|-----------|--------------|-----------|------------|
| | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST |
| PRE- SCHOOL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| NFPE | 9 | 4 | 13 | 3 | 2 | 5 | 1 | 4 | 5 | 1 | 1 | 2 | 0 | 0 | 0 | 14 | 11 | 25 |
| GOVT | 6 | 0 | 6 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 8 | 1 | 9 |
| OTHER | 3 | 1 | 4 | 1 | 0 | 1 | 3 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 9 |
| NONE | 29 | 10 | 39 | 8 | 4 | 12 | 7 | 7 | 14 | 6 | 1 | 7 | 3 | 1 | 4 | 53 | 23 | 76 |
| TOTAL | 47 | 15 | 62 | 12 | 6 | 18 | 12 | 12 | 24 | 9 | 2 | 11 | 3 | 2 | 5 | 83 | 37 | 120 |

Table 13 B: Education level of respondents (Age Wise)

| 0 to 5 years | 6 to 10 years | 11 to 15 years | 16 years and above | TOTAL |
|-------------------------|--------------------------|---------------------------|-------------------------------|--------------|
|-------------------------|--------------------------|---------------------------|-------------------------------|--------------|

| EDUCATION LEVEL | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST |
|-----------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|-----------|-----------|------------|
| PRE-SCHOOL | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| NFPE | 1 | 0 | 1 | 6 | 6 | 12 | 7 | 5 | 12 | 0 | 0 | 0 | 14 | 11 | 25 |
| GOVT | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 7 | 2 | 0 | 2 | 8 | 1 | 9 |
| OTHER | 0 | 0 | 0 | 3 | 1 | 4 | 3 | 1 | 4 | 1 | 0 | 1 | 7 | 2 | 9 |
| NONE | 1 | 0 | 1 | 20 | 10 | 30 | 31 | 9 | 40 | 1 | 4 | 5 | 53 | 23 | 76 |
| TOTAL | 2 | 0 | 2 | 29 | 17 | 46 | 48 | 16 | 64 | 4 | 4 | 8 | 83 | 37 | 120 |



(41.66%) visual impaired Street Children With Disabilities had some sort of education, followed by the physically disabled (37.09%), Intellectual disabled (36.66%), speech and hearing (33.33%) and finally multiple disabled (20%). 76 (63.33%) of the Street Children With Disabilities have no education. 30 male Street Children With Disabilities

(36.14%) have education while for female the number is 14 (37.83%). Out of the 44 (120-76) that have or is receiving education, 25 (56.81%) have received education from NFPE while 9 (20.45%) from government institutions. 34.78% of Street Children With Disabilities in the age group of 6 to 10 years have education, while for the age groups of 11 to 15 years and 16 years and above it is 37.5% each.

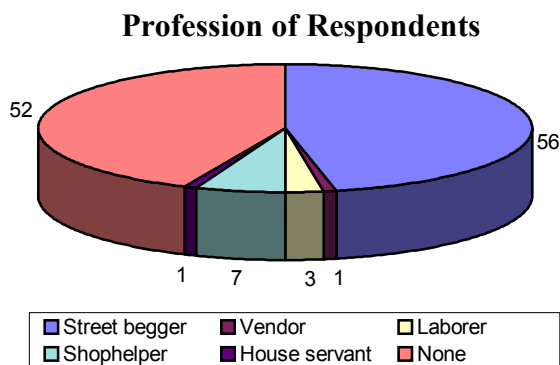
36.67% of Street Children With Disabilities have been able to study in regular educational institutions. This is an important indicator stating that CWDs can be included with the regular stream of education system (Though the study was not designed to focus on this area, the findings here throws light in this regard). If some interventions are taken in terms of raising awareness and enhancing the skill levels of the teachers, more Street Children With Disabilities can be included with mainstream education of Bangladesh.

Table 14 A: Profession of respondents (Disability Wise)

| PROFESSION | PHYSICAL | | | SP & H | | | VISUAL | | | INTELECTUAL | | | MULTIPLE | | | TOTAL | | |
|---------------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-------------|----------|-----------|----------|----------|----------|-----------|-----------|------------|
| | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST |
| STREET BEGGR | 31 | 9 | 40 | 3 | 1 | 4 | 5 | 2 | 7 | 3 | 1 | 4 | 0 | 1 | 1 | 42 | 14 | 56 |
| VENDOR | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| LABORER | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 |
| SHOPHELPER | 3 | 0 | 3 | 2 | 0 | 2 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 7 |
| HOUSE SERVANT | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| NONE | 11 | 5 | 16 | 7 | 4 | 11 | 6 | 8 | 14 | 6 | 1 | 7 | 3 | 1 | 4 | 33 | 19 | 52 |
| TOTAL | 47 | 15 | 62 | 12 | 6 | 18 | 12 | 12 | 24 | 9 | 2 | 11 | 3 | 2 | 5 | 83 | 37 | 120 |

Table 14 B: Profession of respondents (Age Wise)

| PROFESSION | 0 to 5 years | | | 6 to 10 years | | | 11 to 15 years | | | 16 years and above | | | TOTAL | | |
|---------------|--------------|----------|----------|---------------|-----------|-----------|----------------|-----------|-----------|--------------------|----------|----------|-----------|-----------|------------|
| | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | T |
| STREET BEGGR | 0 | 0 | 0 | 6 | 6 | 12 | 33 | 7 | 40 | 3 | 1 | 4 | 42 | 14 | 56 |
| VENDOR | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| LABORER | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 1 | 1 | 1 | 2 | 3 |
| SHOPHELPER | 0 | 0 | 0 | 3 | 1 | 4 | 3 | 0 | 3 | 0 | 0 | 0 | 6 | 1 | 7 |
| HOUSE SERVANT | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| NONE | 2 | 0 | 2 | 20 | 9 | 29 | 10 | 8 | 18 | 1 | 2 | 3 | 33 | 19 | 52 |
| TOTAL | 2 | 0 | 2 | 29 | 17 | 46 | 48 | 16 | 64 | 4 | 4 | 8 | 83 | 37 | 120 |



68 (56.67%) out of 120 Street Children With Disabilities are engaged in income generating activities. The physically Street Children With Disabilities are the most engaged (74.19%), followed by visually impaired (41.66%), speech and hearing impaired (38.88%),

intellectually disabled (36.36%) and finally multiple disabled (20%). 50 (60.24%) out of 83 male Street Children With Disabilities are engaged while for female Street Children With Disabilities it is 18 (48.65%). The most engaged age group is between 11 to 15 years (71.88%). 52 (43.33%) of the Street Children With Disabilities are not engaged with any profession. There were on the streets with no purposeful objectives.

56 (82.35%) out of 68 engaged Street Children With Disabilities are earning as street beggars. The most are from the physically disabled group (86.95% of engaged Street Children With Disabilities) and the age group of 11 to 15 years (86.95% of engaged Street Children With Disabilities). This is an alarming rate of Street Children With Disabilities being beggars. This also strengthens the common understanding of disability being unproductive and being dependent on others. It is imperative to change the common attribution of disability to begging. For it to materialize Street Children With Disabilities require to be involved in other respectable and productive ventures. Besides their current age is the time to acquire education. The Street Children With Disabilities with their education could simultaneously be trained on vocational skills for income generating scopes. This call for a lot of motivational work to change the frame of mind of the families, the Street Children With Disabilities as well as the development activists.

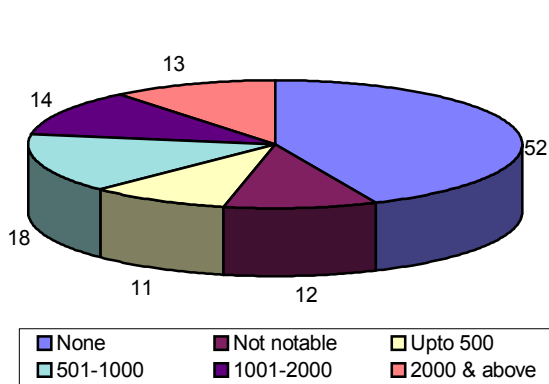
Table 15 A: Income Level of Respondents (Disability Wise)

| INCOME(TK) | PHYSICAL | | | SP & H | | | VISUAL | | | INTELECT | | | MULTIPLE | | | TOTAL | | |
|-------------|----------|---|----|--------|---|----|--------|---|----|----------|---|----|----------|---|----|-------|----|----|
| | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | ST |
| NONE | 11 | 5 | 16 | 7 | 4 | 11 | 6 | 8 | 14 | 6 | 1 | 7 | 3 | 1 | 4 | 33 | 19 | 52 |

| | | | | | | | | | | | | | | | | | | |
|---------------------------|-----------|-----------|-----------|----------|----------|-----------|----------|-----------|-----------|----------|----------|-----------|----------|----------|----------|-----------|-----------|------------|
| NOT NOTABLE | 5 | 1 | 6 | 2 | 0 | 2 | 0 | 1 | 1 | 2 | 0 | 2 | 0 | 1 | 1 | 9 | 3 | 12 |
| UP TO 500\$ | 4 | 2 | 6 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 7 | 4 | 11 |
| 501\$~1000\$ | 12 | 2 | 14 | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 14 | 4 | 18 |
| 1001\$~2000\$ | 6 | 4 | 10 | 1 | 0 | 1 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 6 | 14 |
| 2000\$ & above | 9 | 1 | 10 | 0 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 1 | 13 |
| TOTAL | 47 | 15 | 62 | 1 | 6 | 18 | 1 | 12 | 24 | 9 | 2 | 11 | 3 | 2 | 5 | 83 | 37 | 120 |

Table 15 B: Income level of respondents (Age Wise)

| INCOME (TK) | 0 to 5 years | | | 6 to 10 years | | | 11 to 15 years | | | 16 years and above | | | TOTAL | | |
|----------------------|---------------------|----------|-----------|----------------------|-----------|-----------|-----------------------|-----------|-----------|---------------------------|----------|-----------|--------------|-----------|------------|
| | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | T |
| NONE | 2 | 0 | 2 | 20 | 9 | 29 | 10 | 8 | 18 | 1 | 2 | 3 | 33 | 19 | 52 |
| NOT NOTABLE | 0 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 6 | 0 | 0 | 0 | 9 | 3 | 12 |
| UP TO 500\$ | 0 | 0 | 0 | 0 | 1 | 1 | 7 | 3 | 10 | 0 | 0 | 0 | 7 | 4 | 11 |
| 501\$~1000\$ | 0 | 0 | 0 | 2 | 1 | 3 | 11 | 2 | 13 | 1 | 1 | 2 | 14 | 4 | 18 |
| 1001\$~2000\$ | 0 | 0 | 0 | 3 | 2 | 5 | 4 | 3 | 7 | 1 | 1 | 2 | 8 | 6 | 14 |
| Above 2000\$ | 0 | 0 | 0 | 1 | 1 | 2 | 10 | 0 | 10 | 1 | 0 | 1 | 12 | 1 | 13 |
| TOTAL | 2 | 0 | 2 | 29 | 17 | 46 | 48 | 16 | 64 | 4 | 4 | 8 | 83 | 37 | 120 |



Income Level of Participants
 The above tables give inputs on to the level of income of the financially engaged Street Children With Disabilities. Out of the engaged Street Children With Disabilities 19.12% are earning above Tk 2000 per month, 20.58% Taka 1001 to 2000 and 26.47% Taka 501 to 1000. With in the engaged speech and hearing group 30.0% are earning

above Taka 2000, followed by physically disabled 21.74%. Out of the 64 Street Children With Disabilities in the age group of 11 to 15 years, 46 (71.86%) is engaged, followed by 6 to 10 years (36.96%).

Though the involvement rate of Street Children With Disabilities with income generating activities appears to be moderate, one needs to question as to the type of their involvement. Virtually all of the engaged Street Children With Disabilities (82.35%) are involved with begging. The remaining are involved in professions which earn limited amount for the Street Children With Disabilities. As such the Street Children With Disabilities along with their families finding begging to be easier and more profitable, engage the Street Children With Disabilities in the profession.

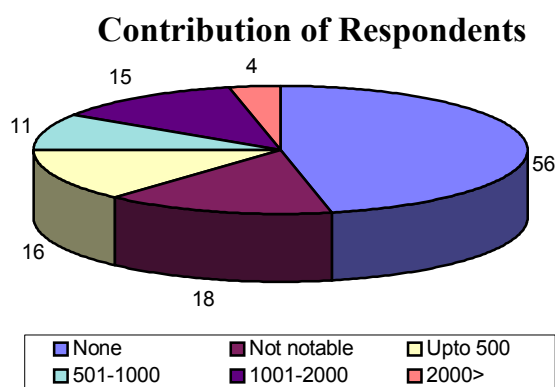
Table 16 A: Contribution of Respondents to Family Per Month (Disability Wise)

| CONTRIBUTION | PHYSICAL | | | SP & H | | | VISUAL | | | INTELECT | | | MULTIPLE | | | TOTAL | | |
|--------------------|----------------|----------------|-----------|----------------|----------|-----------|-----------|----------------|-----------|----------|----------|-----------|----------|----------|----------|-----------|-----------|------------|
| | M | F | ST | M | F | ST | M | F | S T | M | F | ST | M | F | ST | M | F | ST |
| NONE | 1 1 | 5 | 16 | 7 | 5 | 12 | 6 | 8 | 14 | 7 | 2 | 9 | 3 | 2 | 5 | 34 | 22 | 56 |
| NOT NOTABLE | 8 | 3 | 11 | 3 | 0 | 3 | 1 | 1 | 2 | 2 | 0 | 2 | 0 | 0 | 0 | 14 | 4 | 18 |
| UPTO 500 | 1 1 | 2 | 13 | 1 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 4 | 16 |
| 500~1000 | 8 | 1 | 9 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 1 | 11 |
| 1000~2000 | 6 | 4 | 10 | 1 | 0 | 1 | 2 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 6 | 15 |
| 2000> | 3 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 4 |
| TOTAL | 4 7 | 1 5 | 62 | 1 2 | 6 | 18 | 12 | 1 2 | 24 | 9 | 2 | 11 | 3 | 2 | 5 | 83 | 37 | 120 |

Table 16 B: Contribution of Respondents to Family Per Month (Age Wise)

| 0~5 | 6~10 | 11~15 | 16> | TOTAL |
|-----|------|-------|-----|-------|
|-----|------|-------|-----|-------|

| CONTRIBUTIO N | M | F | ST | M | F | ST | M | F | ST | M | F | ST | M | F | T |
|------------------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|-----------|-----------|------------|
| NONE | 2 | 0 | 2 | 21 | 10 | 31 | 10 | 10 | 20 | 1 | 2 | 3 | 34 | 22 | 56 |
| NOT NOTABLE | 0 | 0 | 0 | 2 | 3 | 5 | 11 | 1 | 12 | 1 | 0 | 1 | 14 | 4 | 18 |
| UPTO 500 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 2 | 14 | 0 | 2 | 2 | 12 | 4 | 16 |
| 501~1000 | 0 | 0 | 0 | 3 | 0 | 3 | 7 | 1 | 8 | 0 | 0 | 0 | 10 | 1 | 11 |
| 1001~2000 | 0 | 0 | 0 | 3 | 4 | 7 | 4 | 2 | 6 | 2 | 0 | 2 | 9 | 6 | 15 |
| ABOVE 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | 4 |
| TOTAL | 2 | 0 | 2 | 29 | 17 | 46 | 48 | 16 | 64 | 4 | 4 | 8 | 83 | 37 | 120 |



94.12% of the earning Street Children With Disabilities are contributing to their families. But the point to contemplate is the application of these contributions. In many cases the PWDs are the last ones to receive fundamental necessities in a family. PWDs have very little role in a family. The situation is even worse for children with disabilities. These children if not made aware and prepared for the future will suffer at an enhanced intensity in times to come.

Table 17: Existing Skills and Abilities of Respondents

| S L | Skills and abilities of respondents | Responses | Respondent Percentage |
|----------------|--|------------------|------------------------------|
| 1 | No information | 77 | 64 |
| 2 | Handicraft | 6 | 5 |
| 3 | Mechanical | 8 | 7 |
| 4 | Shop helper | 14 | 14 |
| 5 | Business | 1 | 1 |
| 6 | Painting | 2 | 2 |
| 7 | Education | 1 | 1 |
| 8 | Other | 11 | 9 |
| Total | | 120 | 100 |

Table 18: Alternative Skills and Abilities of Respondents

| S L | Alternative Skills and abilities of respondents | Responses | Respondent Percentage |
|----------------|--|------------------|------------------------------|
| 1 | No information | 61 | 51 |
| 2 | Handicraft | 5 | 4 |
| 3 | Mechanical | 9 | 8 |
| 4 | Shop helper | 10 | 8 |
| 5 | Small Business | 7 | 6 |
| 6 | Painting | 2 | 2 |
| 7 | Education | 19 | 16 |
| 8 | Other | 7 | 6 |
| Total | | 120 | 100 |

Table 19: Expected assistance of respondents

| S L | Expected assistance of respondents | Responses | Respondent Percentage |
|----------------|---|------------------|------------------------------|
| 1 | No information | 15 | 13 |
| 2 | Handicraft | 7 | 6 |
| 3 | Technical work | 10 | 8 |
| 4 | Small Business | 33 | 28 |

| | | | |
|-------|-----------|------------|------------|
| 5 | Painting | 1 | 1 |
| 6 | Education | 35 | 29 |
| 7 | Other | 19 | 16 |
| Total | | 120 | 100 |

Table 17, 18 and 19 provide information on the existing and alternative skills of the respondents as well as their expected assistance. 64.16% Street Children With Disabilities could provide no information on their existing skills. But when asked for expected assistance only 12.5% could provide no information. What is encouraging is that though only 0.83% Street Children With Disabilities identified education as an area of skills, 29.16% Street Children With Disabilities expressed their eagerness to develop their skills on education. What is extremely interesting is that the areas of skills identified and areas of expected assistance do not widely match with the Street Children With Disabilities current professions.

Table 19 states that 105 Street Children With Disabilities (120-15) or 87.5% Street Children With Disabilities have the willingness to develop their skills in different areas of skills and be involved with various respectable professions. This eagerness has to be capitalized by development agencies with appropriate interventions if Street Children With Disabilities are to be facilitated to lead a life of respect and security.

Table 20: Family size of Respondents

| S | Family size of respondents | Responses | Respondent Percentage |
|----------|-----------------------------------|------------------|------------------------------|
| 1 | One | 1 | 1 |
| 2 | Two | 7 | 6 |
| 3 | Three | 8 | 7 |
| 4 | Four | 15 | 13 |
| 5 | Five | 27 | 23 |
| 6 | Six | 23 | 19 |
| 7 | Seven | 20 | 17 |
| 8 | Eight and Above | 19 | 16 |
| Total | | 120 | 100 |

62 Street Children With Disabilities (51.67%) live in families of six or more members. 42 Street Children With Disabilities (35.0%) live in families of four to five members. 17 Street Children With Disabilities (14.16%) reside in families with members of two to three. Only one Street Children With Disabilities were found who lives alone.

It may be difficult for a small family to provide continuous care to the Street Children With Disabilities as there are limited members and many of them may be engaged in economic ventures. Where as in the case of a large family the financial situation may not be strong to adequately support the daily and developmental needs of the Street Children With Disabilities.

Table 21: Housing type of respondents

| S L | Housing type of respondents | Responses | Respondent Percentage |
|----------------|------------------------------------|------------------|------------------------------|
| 1 | Shelter | 1 | 0.83 |
| 2 | Bamboo | 87 | 72.5 |
| 3 | Mud | 3 | 2.50 |
| 4 | Cl sheet | 26 | 21.66 |
| 5 | Brick | 17 | 14.16 |
| 6 | Floating | 12 | 10.0 |
| Total | | 146 | |

72.5% of Street Children With Disabilities reside in housing structures made of bamboo. The most common form of material used for construction of houses by the vast majority in Bangladesh. Only 14.16% of the houses use brick as a form of material. An important finding from the above table is that 10% Street Children With Disabilities are floating and moving around Dhaka City.

Table 22: Housing Arrangement of Respondents

| S L | Housing arrangement of respondents | Responses | Respondent Percentage |
|----------------|---|------------------|------------------------------|
| 1 | Owned | 8 | 6.67 |
| 2 | Rented | 61 | 50.83 |
| 3 | None | 3 | 2.5 |

| | | | |
|-------|----------------|------------|------------|
| 4 | Not applicable | 6 | 5.0 |
| 5 | Other | 42 | 35.0 |
| Total | | 120 | 100 |

Only 6.67% of Street Children With Disabilities are living in own housing. The rest 93.33% have the possibility of moving from their existing residential location. If these Street Children With Disabilities are brought under any development plans this factor has to be considered. Even if they shift from their location efforts must be taken and plans made for their continuous development.

Table 23: Gender of Head of Respondents Households

| S L | Gender of head of respondents households | Responses | Respondent Percentage |
|----------------|---|------------------|----------------------------------|
| 1 | Male | 88 | 73.33 |
| 2 | Female | 32 | 26.67 |
| Total | | 120 | 100 |

73.33% of the heads of households where Street Children With Disabilities reside are headed by a male member while 26.67% are headed by a female member. The female heads of households encounter more problems. They at the same time serve as the caregiver of the Street Children With Disabilities and at the same time act as the principal bread earner.

Table 24: Profession of Respondents Households

| S L | Profession of respondents households | Responses | Respondent Percentage |
|----------------|---|------------------|----------------------------------|
| 1 | Laborer | 29 | 24 |
| 2 | Craftsman | 1 | 1 |
| 3 | Transport worker | 20 | 17 |
| 4 | Small business | 26 | 22 |
| 5 | Beggar | 8 | 7 |
| 6 | Jobless | 3 | 3 |
| 7 | Other | 33 | 28 |
| Total | | 120 | 100 |

The above table gives us an insight into the range of economic engagements of the head of households. Not many of them could be considered to be earning at a level to even moderately support their

families. As discussed earlier presumptions of rehabilitation and development for disabled children to be expensive may have been restraining the families from acquiring these services. Another important factor to consider is lack of knowledge and appropriate information on the disabled children's rehabilitation and development needs and its availability scopes and sources. Besides, these street children being contributive to family income may deter families from withdrawing them from such engagements to involve them with the development process. Development planners and agencies when undertaking programs for Street Children With Disabilities must consider these factors with great emphasis.

Analysis of Focus Group and Individual discussion Findings

Introduction:

As a part of the study, a total of 5 Focus Group Discussions have been organized. Discussions have been made through facilitation by an experienced trainer/facilitator along with research associates. These discussions were participated by a total of 79 respondents.

| SL No. | Type of participants | No. of participants | | |
|--------|---------------------------------------|---------------------|-----------|-----------|
| | | Male | Female | Total |
| 1 | Street Children With Disabilities | 9 | 3 | 12 |
| 2 | Members of community integrated group | 3 | 12 | 15 |
| 3 | Member of integrated children group | 10 | 12 | 22 |
| 4 | Members of community integrated group | 2 | 13 | 15 |
| 5 | Member of child brigade group | 10 | 5 | 15 |
| Total | | 34 | 45 | 79 |

Concept and awareness on disability:

Effects of disability directly or indirectly influence a considerable percentage of the community people. They are associated with the problems of having disabled children/people either in their own families or within close relatives or neighbor's families. Yet most of the slum community people have a little or minimum level of awareness on disability issues. Almost all are sympathetic towards disabled people/children but at the same time consider them to be family's and society's burden and obligations/ liabilities.

In response to the question on the causes of disability, most of the community people identified valid causes like disease, congenital, accident, nutrition deficiency, high fever etc. but yet, a very high percentage of people still believed disabilities to be results of spiritual influence, fate and fortune. Women are still blamed for giving birth of disabled children or for careless nursing of children at home. The

superstition in the society still exists that family fortune depends on the women.

People are to some extent aware on disability preventive measures like immunization, pregnancy care, etc. but a very few have awareness on remedial and other essential interventions like Medicare, rehabilitation, social integration etc. Many of them still seek indigenous treatment by traditional and religious healers rather than specialized services. Even though many have suffered by going to traditional and religious healers they still prefer to approach them for services as they are easy to find and comparatively less expensive. In some cases, wrong treatment and negligence by the medical practitioners have created mistrust among community people and indirectly influenced them to be more depended on traditional and spiritual healers.

Disability awareness among the children especially the street children both non-disabled and disabled are very negligible. The disabled children mostly accepted their disability and limitations as their fate and adjusted with the neglect and negative attitude of other children and people. They have heard about disability from few development workers of different agencies or witnessed a few TV programs or mass media coverage but these did not have any notable impact.

Attitudes Towards People With Disabilities(PWDs):

The common attitude towards PWDs and disability issues seemed very positive when it was shared with a mixed group of community people in the focus group discussions. People normally feel embarrassed to openly express negative feelings towards a sensitive issue like disability. As such most of the people expressed positive attitude when the prevailing attitude of community people towards PWDs were shared. A completely different opinion was expressed by a group of children with disability especially street children. Almost every day of the year, most of these Street Children With Disabilities have to battle against the negative attitudes of the society. These children are seldom addressed by their actual names, rather they are called by their disability in its rudest and cruelest interpretation. Very often they are mistreated and teased for their impairment and disability. If they are employed they receive a very low rate of wages. They are also excluded from entertainment, games, collective events etc. Most of the Street Children With Disabilities reported that they have been either refused or

discouraged to get access to any recreational events like cinema, theater, children parks etc. These children have in fact been left out of the process of social interactions and mainstream development.

Situation of Street Children With Disabilities in the family:

Most of the Street Children With Disabilities live with their families in the city slums or are scattered in different areas of the city. In most cases, the disabled children were extremely neglected and treated as a burden of the family. Poverty has been considered as one of the major factors for such situation. But at the same time the negative attitude and sentiment of the people also have immense influence in creating such handicapping environment with in their families and societies. In most cases, fathers do not take much care of the disabled child. Mothers seem to be more sympathetic towards the child and take a lot of care. Sisters seem to be more cooperative while brothers the opposite. In many cases, their brothers have physically abused them at home. One of the major causes of the growing rate of Street Children With Disabilities is the inconvenient environment and neglect attitude of the family members towards their disabled child. A percentage of the disabled children, as reported, have been virtually abandoned by their parents. In such cases, the grandmother and sisters were much more positive and took the responsibility of taking care of them. The situation of disabled girl in the family has been reported as most vulnerable. Their existence caused threefold-handicapping environment for both themselves and their families ie their impairment, absolute dependency and gender sensitivity. Sexual abuse of disabled girl is also a big threat to the family environment.

Abuse of Street Children With Disabilities:

Abuse may be discussed in the following three versions of maltreatment, such as, physical, emotional and sexual. Physical abuse like beating, physical punishment, etc have been reported as most common among the Street Children With Disabilities. Their father and brothers in their families primarily enacted these incidences. They also fell victims to such situation at the hands of other community people, their non-disabled friends at workplace and streets as well. The dependency of the disabled children particularly the disabled girl is one of the factors for such sad events.

These children had opined emotional abuses in the forms of being degradedly called by names based on their respective disabilities and the overall-humiliating attitude to be much more painful than direct physical abuse. Sexual abuse of the disabled girl particularly the adolescent have been identified as one of the most vulnerable situations for disabled children.

Almost all the disabled girls have revealed the incidents of sexual abuse in their individual discussions. Sexual abuse varied from indirect abuse to even rape. In most of the cases of disabled girls with whom the issue was individually discussed, have informed of repeated and continuous disturbance by street boys even elderly people who proposed, used words to stimulate them sexually, offered money for mutual sex etc. There has also been a case of sexual harassment by a traditional healer when he had more close access and interaction with the disabled girl in the name of treatment.

All these make families feel anxious and insecure. All these result in multiple barriers for the disabled girl. She is disabled because of her impairment and even more being a girl with disability.

Feelings and Realization of Being Disabled:

Children with disability especially the street children are different in terms of ego and personnel sentiment. Most of the children suffer from frustration and have inferiority complex because of their limitations as an effect of their disability. The deprivation and isolation from equal opportunities and services in comparison to other children make them different. These some times make them reactive and act differently. They become extremely frustrated when they are teased and rudely behaved for their disability. Most of the Street Children With Disabilities expressed their frustration at their deprivation from equal treatment at home. There is less consideration for their development and nursing in comparison to other fellow children at home. There is an attitude of neglect for their schooling, food and clothing are unequally shared, they are also isolated from participating in recreational and entertainment events etc.

Most of them have adjusted with the prevailing negative environment as they have identified themselves as inferior to others. Some has chosen begging as their principal profession as they can attract people capitalizing their disabilities. Many of the Street Children With Disabilities prefer to be in the streets to avoid negative attitude and humiliating environment at home. Many of the families put pressure on the disabled children to be in the streets for earning money. Many families have exploited them and their disabilities as a source of income. In many cases the Street Children With Disabilities are contributing significantly to their families but have limited or no access to use the income for their own development.

Confidence and Ability of Street Children With Disabilities:

Most of the Street Children With Disabilities, including the severely disabled like absolute visual impaired or physical impaired, expressed their firm confidence and ability to be involved with education. A good percentage of respondents have certain level of skills and involvement in specific work assignments. They are willing and are confident to upgrade their level of skill through undertaking vocational training. The preferred trades and areas of such skills are mainly repairing of rickshaws and bicycle, repairing of electronics equipment, tailoring, handicraft products, etc. Many of the respondents have strong confidence to run small shops or vender business if they are provided with financial assistance on credit basis. Many of them responded with the option of getting jobs in the workshops and industries.

Scope of rehabilitation of Street Children With Disabilities:

While discussing possible rehabilitation of Street Children With Disabilities , few options were discussed by the adult focus group and professional group. Inclusion of Street Children With Disabilities in mainstream education run by government and NGOs is one of the possibilities to provide proper education. A good number can be linked with the existing micro credit to run small business through offering membership to their caregivers. Vocational training can be provided to some disabled children through linking with the existing centers or creating new scopes on vocational skills like repairing of electrical and electronic equipment, tailoring, handicraft products etc. Medical rehabilitation may be initiated on case basis by linking and facilitation with service providers like orthopedic clinics/hospitals, visual aid services, ENT services etc. Job placement initiative may also be taken for the disabled youth for creation of employment in industries or factories where feasible.

Priority should be given to social rehabilitation by emphasizing on creating positive environment and attitude of the common masses to recognize the disabled people as contributive partners of the society. This can be addressed by counseling and motivating the community people through initiating systematic awareness raising campaigns. NGOs saving group meetings, parents group meetings of NFPE learners, community meetings of other development initiatives, mass media campaign etc. may be the options of counseling and motivation on disability issues.

Barriers and Risk for Rehabilitation of Street Children With Disabilities:

The fundamental barrier for rehabilitation of Street Children With Disabilities is lack of awareness and prevailing negative attitude of common masses towards disabled children. There is still apprehension and suspects on the ability of disabled people. These make every one reluctant to undertake any involvement with disabled people. Teachers are reluctant to include disabled children in mainstream

education, employers do not have confidence on their ability, and development agencies do not have adequate awareness on dealing with disabled people. These are results of people not wanting to have additional burden by including disabled people/children in any activities.

The Street Children With Disabilities are to a large extent scattered and floating. Most of the identified children have families in the city slum or scattered elsewhere. They do not have a permanent residence as like as other village community. This creates hindrance to the implementation of systematic and sustainable development initiatives.

The level of awareness of community people and the disabled families including caregivers on disability issues do not allow them to overcome the existing superstitions and wrong beliefs on disability. This creates barrier for proper medical rehabilitation, social integration and development interventions for disabled children.

The inadequate institutional and community based services for development interventions, medical rehabilitation, assistive devices, mobility aids etc. are the major limitations. There are lacks of adequate information on availability of such services. The cost of the existing services are in most cases beyond the affording level of the families of Street Children With Disabilities.

Conclusions

Children of the streets have been a neglected group of Bangladesh. This is an area on which information still lacks. The case of Street Children With Disabilities is in further darkness. On one hand they are disabled and on the other they are children of the streets. They may be a vulnerable and neglected group but they too possess the same feelings like other children and their needs for development would be higher if not equal. But till now no study have been done focussing on Street Children With Disabilities. This had prevented development planner from designing and implementing effective and appropriate program. This study efforts to meet this requirement and visions a better future for Street Children With Disabilities.

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