

Situation of Working Slum Children in Dhaka City

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Abstract

Background: Rapid urbanisation in the 20th century has been accompanied by the development of slums. Nearly one-third of the world's population and more than 60% of urban population in the least developed countries live in slums, including hundreds of millions of children. Slums are areas of broad social and health disadvantage to children and their families due to extreme poverty, overcrowding, poor water and sanitation, substandard housing, limited access to basic health and education services. **Objective:** To assess the demographic and nutritional situation of working slum children in Dhaka city. **Materials and method:** This descriptive cross sectional study was conducted at Moghbazar slum situated in Dhaka city from July to December, 2015. **Results:** Out of 200 slum children, 57 (28.5%) were in the age group of 12-14 years, among them 110 (55.0%) were male. Regarding educational background, more than fifty percent never attended any kind of school. Forty five percent respondents lived with their parents. About 26% of the slum children were engaged in beggary, 23% were van/rickshaw puller, 22% were tokai, and 10% were cooli. Near about 75% respondents did medium type of work and 80% did 5-8 hour work per day and most of their income was 500-800 Tk. per month. One third respondents were severe under nourished, 50 (25%) were normal and 30 (15%) respondents were obese. **Conclusion:** Increasing numbers of slums constitute a major challenge to development. Therefore, health related programmes should focus to improve the overall wellbeing of the working slum children. **Keywords:** Nutritional status; slum children; occupation.

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Introduction

Children are the heart of social development and their wellbeing transform into the development of a nation. Children constitute a large segment of the world's population and, therefore, form a significant component of all human societies.¹ There is a general tendency in society to view slum children as criminals, victims, or as free

spirits but a significant portion of disadvantaged children live in the slums on account of acute impoverishment which is caused by social deprivation.² Many find work; like collecting the waste papers, cleaning cars or working as shoe shiners. Some engage in begging, pick-pocketing or sex pervert while others end up as drug addicts.

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Many of them use cheap and easy accessed inhalants which cause irreversible brain damage. Furthermore, they have less access to basic amenities such as health, education or food.³ Bangladesh is a country of South Asia with 1,47,570 sq. km of geographical area and 146.6 million people which makes it world's seventh most densely populated country.⁴

Dhaka is the capital city of Bangladesh and one of the most densely populated and rapidly expanding mega-cities in the world. Unfortunately the expansion and growth are not well planned. It is estimated that every year 300,000 to 400,000 new migrants come to city from different parts of the country. As a result, every ten years the population of Dhaka is doubling. Many slum dwellers are illiterate, live in unhygienic conditions, eat unhealthy food and drink unsafe water. These conditions create many health problems. Overcrowding and unsanitary conditions facilitate the transmission of disease – including pneumonia and diarrhoea, the two leading killers of children younger than 5 worldwide. Outbreaks of measles, tuberculosis and other vaccine-preventable diseases are also more frequent in these areas, where population density is high and immunization levels are low.⁵ It has been recognized that infants, children and women of the reproductive age constitute the most vulnerable group from the stand point of nutrition. Malnutrition is the outcome of many complex biological and social processes. The roots of malnutrition run deep into its social soil and it is a matter of thought that malnutrition has not been changed significantly during the last two decades.⁶ Since children have the rights to survival, adequate health care and a standard of living that supports their full development, research on urban slum dwellers, specially, on nutrition is very relevant and deserve in depth studies. This could help to explain many of the interrelated variables which come into play in explaining the prevailing situation amongst the urban slum dwellers. The purpose of the study was to assess the

demographic and nutritional situation of working slum children in slum environment at Dhaka city.

Materials and method

This descriptive cross sectional study was conducted at Moghbazar slum situated near the Dhaka Community Medical College Hospital. The study duration was six months from July to December, 2015 to assess the situation of working slum children in Dhaka city. The study subjects were the working slum children aged 6 to 18 years and voluntarily agreed to participate in the study. A house to house survey was conducted and a total of 200 respondents were enrolled using purposive sampling technique. Only interested dwellers were interviewed and information regarding the age, education, occupation, monthly family working conditions and nutritional status were collected. The child who was not willing to participate was excluded from the study. Informed consent was taken by explaining the purpose of the study. Assurance had been given that the confidentiality concerning their information would be maintained strictly. The measurements were taken under supervision using a standardised weighing machine, height measurement scale and measuring tape. Body mass index (BMI) was calculated using the formula $\text{weight (in kilogram)}/\text{height}^2$ (in meter), given by World Health Organization (WHO) criteria. Data collection was done using a checklist and a questionnaire. The primary data has been collected through household survey by face to face interview. Data were processed and analysed using SPSS, version 17. All analyzed data were presented in the form of frequency and percentages.

Results

Out of 200 slum children, 57 (28.5%) were in the age group of 12-14 years, 45 (22.5%) in 6-8 years and 42 (21.0%) were in 15-17 years. Among them

110 (55.0%) were male and the rest female. More than 50% children never attended in any kinds of school. Forty five percent respondents lived with their parents and majority of respondents lived with 3-5 family members.

Table I: Socio-demographic characteristics of slum children (N=200)

Characteristics	Frequency	Percentage
Age (years)		
6-8	45	22.5
9-11	40	20.0
12-14	57	28.5
15-17	42	21.0
>17	16	8.0
Sex		
Male	110	55.0
Female	90	45.0
Education		
Never attended any school	80	57.0
Primary incomplete	15	33.0
Primary complete	03	4.0
Secondary incomplete	02	6.0
Living with		
Both Parents	90	45.0
Father Only	02	1.0
Mother Only	54	27.0
Alone	44	22.0
Others	10	5.0
Family members		
<3	14	7.0
3-5	166	83.0
>5	20	10.0

The slum children were found to be engaged in a wide range of activities, which include tokai, van/rickshaw puller, beggar, cooli, etc. The study revealed that about 52 (26%) of the slum children were engaged in beggary, 46 (23%) were van/rickshaw puller, 44 (22%) were tokai, 10 percent were 'cooli' who worked at the railway station or 'launch ghat' to assist the passengers in carrying their luggage. About 150 (75%) did medium type of work and 160 (80%) of them did 5-8 hours work per day and most of their income was 500-800 Tk per month.

Table II: Work related information of children (N=200)

Characteristics	Frequency	Percentage
Occupation		
Beggary	52	26.0
Domestic help	15	7.5
Pick and sell (Tokai)	44	22.0
Day labour	15	7.5
Sex work	08	4.0
Rickshaw/van-pulling	46	23.0
Transport work/help(Cooli)	20	10.0
Type of work		
Normal	34	17.0
Medium	150	75.0
Heavy	16	8.0
Working time		
5-8 hour	160	80.0
> 8 hour	40	20.0
Personal income		
<500 Tk	60	30.0
500-800 Tk	120	60.0
>800 Tk	20	10.0

In this study 67 (33.5%) respondents were severely under nourished, 50 (25%) were normal and 30 (15%) respondents were obese.

Discussion

Growth of urban population is always accompanied by the growth of population in urban slums, which poses threat to the health of urban population, particularly, the health of the children.⁷ A study conducted by Ahmad in Dhaka city reported similar age distribution as that of our study.⁸

The present study demonstrated that >50% never attended in any kinds of formal education, 33.0% had incomplete primary education. Khatun et al.² conducted a study in Khulna city where one-fourth (25%) of the children were illiterate, a large number of children (57%) completed up to G-III and only a very small number (3%) of the children completed up to G-VIII. Forty five percent respondents of this study lived with their parents and only 1.0% lived with their fathers. These findings are consistent with the findings of "The

Chetona Bikash Kendra (CBK)” considered as an Urban Information Resource Centre (UIRC) for poor children in Dhaka city where 45 percent live with parents, 18 percent maintained contact with parents and 24 percent had no contact with parents.⁸ Majority of respondents lived with 3-5 family members with average family member being 5 which is supported by reports of some other authorities.⁹ Conception goes that population explosion rate is high in slum. But the study found they prefer to have small-family like other non-city slum dwellers for better living. UNICEF estimates that around 16% of children aged 5-14 years in developing countries are involved in child labour.¹⁰ ILO estimates that throughout the world, around 215 million children under 18 works; many of them being full-time. In Sub-Saharan Africa 1 in 4 children aged 5-17 works, compared to 1 in 8 in Asia-Pacific and 1 in 10 in Latin America.¹¹ Although aggregate numbers suggest that more boys than girls are involved in child labour, many of the types of work served by girls are invisible. It is estimated that roughly 90% of children involved in domestic labour are girls.¹⁰ Even though the prevalence of child labour is falling in recent years everywhere apart from Sub-Saharan Africa where it is actually increasing with regard to children aged 5-14, it continues to harm the physical and mental development of children and adolescents and interfere with their education.¹⁰

The slum children were found to be engaged in a wide range of activities, which include tokai 44 (22%), van/rickshaw puller 46 (23%), beggar 52 (26%), cooli 20 (10%), etc. Working children are involved in many different types of work, often for little (or no) pay. Some children work within their own homes, engaged in domestic chores and small family businesses. Others work outside their homes, in small shops, factories, restaurants, tanneries, waste-dumps and on the streets. Most working children are employed for an average 8 to 12 hours a day. Many occupations involve working in hazardous conditions that endanger the child's physical or mental health and moral development through unsafe environments, dangerous duties or overly-long working hours.¹¹

About 75% children did medium type of work and 160 (80%) did 5-8 hour work per day and most of their income was 500-800 Tk per month which is in line with the results of Khatun et al.² Malnutrition makes a central contribution, up to 56%, to child mortality worldwide and is a recognised problem in informal settlements.¹² In the present study, 67 (33.5%) respondents were severely under-nourished, 50 (25%) were normal and 30 (15%) respondents were obese. Compared with their urban counterparts, children in slums are more likely to be undernourished and stunted which might be due to prolonged or recurrent episodes of hunger or specific nutritional deficiencies (e.g., caloric, protein, micronutrient), and also to persistent or recurrent ill-health.¹³⁻¹⁵ In countries where a large proportion of the urban landscape is covered with slums the rates of malnutrition and mortality amongst children are high, particularly in sub-Saharan Africa and South Asia. This is clearly linked to inequalities in access to shelter, health care, employment and education. In most of the developing countries, 2 out of 5 slum children are malnourished, a ratio that is twenty times higher than that of developed countries.¹⁶

The findings of this cross-sectional study presented a gloomy picture (in terms of demographic and nutritional status) of working children in a selected slum within Dhaka city. A large-scale study addressing the variables of interest is desirable for gaining further insight.

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