

2007

Child Welfare Services in Bangladesh: A Comparative Study on Sarkary Shishu Sodan and SOS Children's Village, Rajshahi

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**Child Welfare Services in Bangladesh: A Comparative
Study on Sarkary Shishu Sodan and SOS Children's Village,
Rajshahi**



thesis
*submitted to the Department of Population Science and Human
Resource Development, University of Rajshahi,*
as a Partial fulfillment for the Degree of
Master of Philosophy
in Social Work

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December 2007



CERTIFICATE

I have the pleasure to certify that the thesis entitled "Child Welfare Services in Bangladesh: A Comparative Study on Sarkary Shishu Sodan and SOS Children's Village, Rajshahi", is an original research work completed by Sharifa Parvin under my direct supervision as a partial fulfillment for the degree of Master of Philosophy in Social Work. The Fellow was registered during session January 2001 in the department of Population Science and Human Resource Development, University of Rajshahi, Bangladesh.

I further certify that this thesis has not been submitted anywhere for any other degree or diploma.


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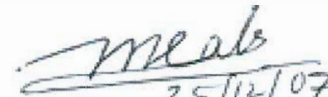


বাংলাদেশ ইসলামী বিশ্ববিদ্যালয়
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CERTIFICATE

This is to certify that the thesis entitled "Child Welfare Services in Bangladesh: A Comparative Study on Sarkary Shishu Sodan and SOS Children's Village, Rajshahi" is a record of original research work, for the degree of Master of Philosophy in Child Welfare Services done by my research fellow Shorifa Parvin, Department of Population Science and Human Resource Development, University of Rajshaih, Bangladesh. I further certify that the research work has not previously been published or submitted elsewhere for any other degree or diploma.


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CERTIFICATE

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DECLARATION

I do hereby declare that the thesis "Child Welfare Services in Bangladesh: A Comparative Study on Sarkary Shishu Sodan and SOS Children's Village, Rajshahi" submitted to the Department of Population Science and Human Resource Development, University of Rajshahi, Rajshahi, Bangladesh for the award of the Degree of Master of Philosophy in Social Work is a record of original and independent research work as done by me under the supervision of Professor Abubakr Siddique Bhuiya, Department of Social Work, University of Rajshahi, Professor Dr. M. Korban Ali, Vice-Chancellor, Bangladesh Islami University, Dhaka and Md. Golam Mostofa, Assistant Professor, Department of Population Science and Human Resource Development, University of Rajshahi, Bangladesh.

This has not been submitted elsewhere for any other degree or diploma.

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Abstract

Children of today will lead the country tomorrow. A large number of government and non-government organizations are working for ensuring the rights of orphan and destitute children in our country. The purpose of this study is to compare the welfare services of the inmates between government (Sarkary Shishu Sodan, Rajshahi) and non-government (SOS Children's Village, Rajshahi). Data were collected from the 5 to 18 year old inmates in both the institutions. 98 inmates in Sarkary Shishu Sodan and 65 inmates in SOS Children's Village, Rajshahi, were interviewed in terms of socio-demographic characteristics as well as child welfare facilities. It was not necessary to apply any sampling technique in this study because the data were collected from almost total population. The univariate, bivariate and multivariate (logistic regression, path) statistical analytical procedures were applied to analyze these data.

This study focused on facilities interrelated with the economy such as physical, logistical, health related, food, clothing, education, rehabilitation, etc. which were better in SOS children's Village than that of Sarkary Shishu Sodan. With increasing the age, educational progression and duration of living of the inmates at the same time increased their knowledge about HIV/AIDS, child rights and EPI for both the institutions'; but the knowledge about HIV/AIDS, child rights and EPI of the inmates of SOS Children's Village was at higher percentage than that of the inmates in Sarkary Shishu Sodan, Rajshahi.

Logistic regression analysis revealed that the inmates in SOS Children's Village gathered higher knowledge about HIV/AIDS than those in Sarkary Shishu Sodan with respect to increased living period and better awareness facilities (e.g; awareness program of HIV/AIDS in the institution, printing and electronic media facilities etc. available in SOS Children's Village) of HIV/AIDS in the institution. The BMI was strictly related to the age and food value of the inmates for both the institutions, while food value showed better effect on BMI through age for the inmates in SOS children's village due to better fooding than in Sarkary Shishu Sodan, Rajshahi. So Government should give more attention to proper manipulation of logistical, physical facilities, offer more facilities to take different types of awareness program and improvement of food for proper growth and development as well as for getting rid of malnutrition problems among the inmates. In want of proper rehabilitation program Sarkary Shishu Sodan, Rajshahi has to return the inmates at the age of 18 years; but it is alarming as to what is going to happen to the parentless destitute children in their future life. Hence, Govt. should carry out the all development programs successfully and the oversight mechanism should be strengthened.

LISTS OF CONTENTS

List of Contents	Page No.
ACKNOWLEDGEMENT	I
ABSTRACT	II
LISTS OF CONTENTS	III-VI
LISTS OF TABLES	VII-VIII
LISTS OF FIGURES	IX
CHAPTER - 1: PERSPECTIVES OF THE STUDY	1-10
1.1 Introduction	1
1.2 Child Protection	1
1.3 Building a Protective Environment for Children	2
1.4 Children without Parental Care	3
1.5 HIV/AIDS	5
1.6 Child Rights	6
1.7 Expanded Program on Immunization (EPI)	8
1.8 Body Mass Index (BMI)	8
1.9 Objectives of the Study	9
1.10 Organization	9
CHAPTER - 2: SCENARIOS OF SARKARY SHISHU SODAN	11-25
2.1 Sarkary Shishu Sodan	11
2.2 Historical Background of Sarkary Shishu Sodan	11
2.3 Mission and Vision of the Sarkary Shishu Sodan	13
2.4 Sharkary Shishu Sodan, Rajshahi	14
2.5 Assets of Sharkary Shishu Sodan, Rajshahi	15
2.6 Buildings of Sharkary Shishu Sodan, Rajshahi	15
2.7 Number of Seats in Sharkary Shishu Sodan, Rajshahi	15
2.8 Number of Plants in Sharkary Shishu Sodan, Rajshahi	15
2.9 Administrative Framework in Sharkary Shishu Sodan,	16

	Rajshahi	
2.10	Post in Pre-Technical Training Center of Sharkary Shishu Sodan, Rajshahi	16
2.11	Duties and Responsibilities of the Staffs in Sharkary Shishu Sodah, Rajshahi	17
2.12	Admission Procedure to Sarkary Shishu Sodan, Rajshahi	20
2.13	Duty of Mess Committee	21
2.14	Residence and Maintenance Budget of the Inmates in Sarkary Shishu Sodan, Rajshahi	21
2.15	Daily Routine of the Inmates	22
2.16	List of Food in Sarkary Shishu Sodan	22
2.17	Training and Rehabilitation Programs in Sarkary Shishu Sodan, Rajshahi	23
2.18	Case Study of an Inmate in Sarkary Shishu Sodan, Rajshahi	24

CHAPTER - 3: SCENARIOS OF SOS CHILDREN'S VILLAGE 26-45

3.1	Founder of SOS Children's Villages	26
3.2	SOS Children's Village	26
3.3	Supporting Facilities of SOS Children's Village	27
3.4	National Office of SOS Children's Village	27
3.5	SOS Promoting Associations	27
3.6	SOS Children's Villages Becoming Active in a New Country	27
3.7	Statistic of Facilities and Beneficiaries by SOS Children's Village	28
3.8	History of SOS Children's Village	28
3.9	Mission of SOS Children's Village	30
3.10	Vision of SOS Children's Village	31
3.11	Values of SOS Children's Village	31
3.12	SOS Children in Bangladesh	32
3.13	Statistics on the inmates of SOS Children's Village in Bangladesh	34
3.14	SOS Children's Village Rajshahi	34
3.15	Lands in SOS Children's Village Rajshahi	35
3.16	Building in SOS Children's Village Rajshahi	35
3.17	Animals in SOS Children's Village Rajshahi	35
3.18	Number of Seats in SOS Children's Village Rajshahi	35

3.19	Number of Plants in SOS Children's Village Rajshahi	36
3.20	Administrative Framework in SOS Children's Village Rajshahi	36
3.21	Duties and Responsibilities of the Staffs in SOS Children's Village Rajshahi	36
3.22	Admission Procedure to SOS Children's Village Rajshahi	42
3.23	Daily Routine of the Inmates	42
3.24	Average Daily List of Food in SOS Children's Village Rajshahi	43
3.25	Monthly Maintenance Budget of the Inmates in SOS Children's Village Rajshahi	43
3.26	Training and Rehabilitation Programs in SOS Children's Village Rajshahi	43
3.27	Case Study of an Inmate in SOS Children's Village Rajshahi	44
CHAPTER - 4: REVIEW OF LITERATURE		46-55
CHAPTER - 5: METHODOLOGY OF THE STUDY		56-59
5.1	Introduction	56
5.2	Source of Data	56
5.2.1	Sarkary Sishu Sodan, Rajshahi	57
5.2.2	SOS Children's Village Rajshahi	57
5.3	Sampling Procedure and Techniques	57
5.4	Questionnaire	57
5.5	Data Collection	58
5.6	Data Processing and Analysis	58
5.7	Analytical Methodology	59
CHAPTER - 6: BACKGROUND CHARACTERISTICS		60-68
6.1	Introduction	60
6.2	Univariate Distribution	60
6.3	Physical, Logistical, Health Facilities and Scio-economic Background of the Inmates	61

CHAPTER - 7: DIFFERENTIAL PATTERNS OF KNOWLEDGE AND AWARENESS ABOUT SOME SELECTED FACTORS	69-82
7.1 Introduction	69
7.2 Contingency Analysis	69
7.3 Test of Association	69
7.4 Results and Discussion	71
CHAPTER - 8: KNOWLEDGE ABOUT HIV/AIDS, CHILD RIGHTS AND EPI	83-94
8.1 Introduction	83
8.2 Linear Logistic Regression Model	83
8.3 Variable Selection and Analysis	87
8.3.1 Results and Discussion	89
CHAPTER - 9: DIRECT AND INDIRECT EFFECTS OF SOME SELECTED FACTORS ON BODY MASS INDEX OF THE INMATES	95-106
9.1 Introduction	95
9.2 Path Analysis	96
9.2.1 Method and Model Specification for Path Analysis	97
9.2.2 Results and Discussion on BMI through Endogenous Variables	100
CHAPTER - 10: SUMMARY AND DISCUSSION	107-113
10.1 Introduction	107
10.2 Major Findings and Discussion	107
10.3 Recommendations	112
BIBLIOGRAPHY	114-115

LIST OF TABLES

Table No.	Title	Page No.
6.1	Distribution of Physical facilities of the inmates	61
6.2	Distribution of Logistical facilities of the inmates	62
6.3	Distribution of Health Services and Economic the inmates	63
6.4	Socio-economic background of the inmates	65
6.5	Percentage distribution of the inmates according to their age, educational level, educational result and aim of life	67
7.1	Mean, bivariate and contingency distribution of inmates according to knowledge about HIV/ AIDS characteristics	72
7.2	Mean, bivariate and contingency distribution of inmates according to knowledge about Child Rights characteristics	76
7.3	Mean, bivariate and contingency distribution of inmates according to EPI characteristics	80
8.1	Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about HIV/AIDS as the dependent variable	90
8.2	Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about Child Rights as the dependent variable	91
8.3	Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about	94

EPI as the dependent variable

9.0	Variables and their measurement used in the path analysis	97
9.1A	Table 7.1 A: Zero order correlation coefficients among the selected variables for the inmates in Sarkary Shishu Sodan, Rajshahi	101
9.1B	Zero order correlation coefficients among the selected variables for the inmates in SOS Children's Village, Rajshahi	101
9.1	Analysis of the selected factors of BMI through endogenous variables (Sarkary Shishu Sodan, Rajshahi)	104
9.2	Percentage of the total absolute effect on BMI through endogenous variables of the inmates in Sarkary Shishu Sodan, Rajshahi	104
9.3	Analysis of the selected factors of BMI through endogenous variable (SOS Children's Village, Rajshahi)	105
9.4	Percentage of the total absolute effect on BMI through endogenous variables of the inmates in SOS Children's Village, Rajshahi	105

LIST OF FIGURES

Figure No.	Title	Page No.
9.0	A Causal Model for Factors Affecting BMI	98
9.1	Path Diagram of the BMI and others selected characteristics for the Inmates in Sarkary Shishu Sodan, Rajshahi	102
9.2	Path Diagram of the BMI and others selected characteristics for the Inmates in SOS Children's Village, Rajshahi	103

CHAPTER - 1

PERSPECTIVE OF THE STUDY

1.1 Introduction

Children are the future of the country. Children of today will lead the country tomorrow. So, the welfare and progress of the country depend upon all kinds of their development.

Family plays an important role in of child development. In Bangladesh, a large number of children are not becoming good citizen due to the lack of parental care as well as proper guardian, suitable shelter, wealth and education. In all aspects they are being neglected and are deprived of facilities as needed for them. For the purpose of their shelter, education, training, rehabilitation and self-dependence both government and non-government organizations should come forward so extend facilities for those children so that they can be play an effective role in the society.

1.2 Child Protection

UNICEF uses the term 'child protection' to refer to preventing from and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage. UNICEF's child protection programs have also target children who are uniquely vulnerable to these abuses, when living without parental care. Violation of the child's right takes place in every country and are massive, under-recognized and under-reported barriers to child survival and development, in addition to being human rights violations. Children subjected to violence, exploitation, abuse and neglect are at risk of death because of poor physical and mental health, HIV/AIDS infection, etc.

Facts and Figures:

- Approximately 126 millions children aged 5-17 are believed to be engaged in hazardous work, excluding child domestic labour in the world
- Law enforcement officials detain more than 1 million children worldwide
- It is estimated that more than 130 millions women and girls alive today have undergone some form of female genital mutilation/cutting (UNICEF, 2006)

1.3 Building a Protective Environment for Children

Building a protective environment for children that will help to prevent from and respond to violence, abuse and exploitation involves eight essential components: Strengthening **government commitment** and **capacity** to fulfill children's right to protection; promoting the establishment and **enforcement** of adequate **legislation**; addressing harmful **attitudes, customs and practices**; encouraging **open discussion** of child protection issues that includes media and civil society partners; developing **children's life skills, knowledge and participation**; building **capacity of families and communities**; providing **essential services for prevention; recovery and reintegration** including basic health, education and protection; and establishing and implementing ongoing and effective **monitoring, reporting and oversight**.

Strategies to Strengthen the Protective Environment for Children:

The work of UNICEF and its partner's include-

- International advocacy, often with the use of international human rights mechanism

- National advocacy and initiating dialogue at all levels – from government to communities, families and children themselves – in order to promote attitudes and practices protecting children
- Inclusion of child protection issues in national development plans
- Law-based approaches, emphasizing the importance of knowing, understanding, accepting and enforcing legal standards in child protection
- Community-based approaches that promote and strengthen the capacity of families and communities to address child protection issues
- Partnerships with governments, non-governmental and faith-based organizations, other United Nations organizations, professional associations, children and youth, and the media

1.4 Children without Parental Care

Children may be without parental care for a variety of reasons (ISS & UNICEF, 2004). However, groups of children living without parental care include:

- Children who have lost one or both parents as a result of HIV/AIDS, conflict, illness or other causes
- Children living in child headed households
- Children who have been separated from parents, usually in the context of armed conflict or natural disaster
- Children living in residential institutions (including those children who have been abandoned by their parents, for economic or other reasons)
- Children who have been placed in an alternative care setting as a result of an administrative decision (by a welfare or protection body) or a court ruling that removal from parental care is in the child's best interests
- Unaccompanied children who arrive in another country seeking asylum or immigration, or as a victim of trafficking

- Children who are left without care for the majority of the day/night for different reasons (including: parents illness, disability or alcoholism; parents away for working long hours; parents imprisonment)
- Children who live and work away from their home (e.g. child domestic workers)
- Children associated with armed forces
- Children who leave their family home, including runaways and children living on the streets

All available evidences present an alarming picture regarding the increasing scale of children's care needs across the globe, particularly as a result of the growing HIV/AIDS pandemic (UNAIS/UNICEF/USAID, 2004). **Millions of children around the world live in out-of-home care settings or are otherwise separated from their parents, including:**

- 143 millions orphans across Sub-Saharan Africa, Asia, Latin America and the Caribbean (by end 2003)
- 1.5 millions children in out-of-home care settings in Central and Eastern Europe and the CIS, including 900,000 in residential facilities. The majority are NOT orphans and children with disabilities are over-represented in this group
- Every year thousands of unaccompanied minors arrive as potential immigrants or asylum seekers in the industrialized countries.

Children in out of home care situations are at increased risk of facing different forms of discrimination, abuse and exploitation, including trafficking and sexual exploitation (1.2 millions children are trafficked every year, 5.7 millions children work in difficult circumstances, including bonded labour and 2 million children work in the commercial sex industry).

1.5 HIV/AIDS

The nation's HIV/AIDS prevention program was established in 1985 under the aegis of the National AIDS Committee chaired by the Minister of Health and Family Welfare. The National AIDS and STDs Program is the government body charged with coordinating policy and programs in the country. A national policy on HIV/AIDS and sexually transmitted diseases was then formulated to ensure oversight of HIV/AIDS prevention and control efforts, to coordinate an overall national response, and to provide technical and operational support as well as behavior change strategies. A new National Strategic Plan (2004–2010) has just been approved. These national HIV policies and strategies are based on Bangladesh's successful family planning programs and now include participation from schools as well as religious and community organizations. The government also works with the World Bank on the \$20 million HIV/AIDS Prevention Project aimed at preventing HIV from gaining a larger foothold within high-risk populations and at limiting its spread into the general population. Primary objectives include the rapid scale-up of successful non-governmental organization (NGO) programs that focus on high-risk populations to raise awareness and expand advocacy among the general population, policymakers, and vulnerable populations; and to strengthen government capacity to respond to HIV/AIDS in blood safety, project management, and surveillance.

Bangladesh maintains a well-established second-generation surveillance system, including a sero-surveillance component implemented by the International Centre for Diarrhoeal Disease Research/Bangladesh (ICDDR/B), using funding from the World Bank and United Kingdom Department for International Development; and a behavioral surveillance component, implemented by Family Health International (FHI) and funded by the United States Agency for International Development (USAID).

In addition to voicing support of AIDS awareness at the highest level, including a speech by the Minister of Health at the 2001 United Nations General Assembly Special Session on HIV/AIDS, the government advocates and implements various HIV education efforts, with a recent focus on journalists and schoolchildren. In 2003, a national youth policy was established on reproductive health, including HIV awareness. Starting in 2006, students in 21,000 secondary and upper-secondary schools will be taught about HIV/AIDS issues. The program will introduce a "life skills" curriculum, including a chapter on HIV/AIDS drafted with assistance from the United Nations Children Fund.

1.6 Child Rights

Since its adoption in 1989 after more than 60 years of advocacy, the Convention on the Rights of the Child (CRC) has been ratified more quickly and by more governments (all except Somalia and the US) than any other human rights instrument. Its basic premise is that children are born with fundamental freedoms and the inherent rights as human beings. Many governments have gone even further, enacting legislation, creating mechanisms and putting into place a range of creative measures to ensure the protection and realisation of the rights of those under the age of 18. Nevertheless, as UN Secretary-General Kofi Annan (former), said: "The principle of 'all children, all rights' is still much too far from being a reality."

Guiding Principles of the CRC:

Definition of the child: The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child (see below), the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18 year.

Non-discrimination: The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where the children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any of this basis.

Best interests of the child: The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This is particularly applicable to budget, policy and lawmakers.

Right to life, survival and development: Children have the right to live. Governments should ensure that children survive and develop healthily.

Respect for the views of the child: When adults are making decisions that affect children, children have the right to say what they think and their opinions to be taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making - not give children authority over adults. An article (CRC) does not interfere with parents' right and responsibility to express their views on matters affecting their children.

Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers' greater weight than those of a preschooler, whether in family, legal or administrative decisions.

1.7 Expanded Program on Immunization (EPI)

The World Health Organization (WHO) launched the Expanded Program on Immunization (EPI) in 1974. The program focused on tackling major childhood diseases: measles, tuberculosis, pertussis (whooping-cough), diphtheria, tetanus and poliomyelitis, aimed at universal immunization of children against all the above-mentioned diseases by 1990. Under the EPI, a child is likely to receive one dose of BCG for protection against tuberculosis, three doses of DPT (diphtheria, pertussis and tetanus), three doses of OPV for poliomyelitis protection and one dose of measles vaccine by his/her first birthday.

1.8 Body Mass Index (BMI)

It is a number that shows body weight adjust for height. BMI is calculated by dividing a person's weight in kg by the square of his/her height in meters.

$$\text{BMI} = \frac{\text{Weight in kg}}{(\text{Height in meters})^2}$$

BMI is the indicator of body fitness that indicates under weight, normal weight, over weight and obesity. National Heart, Lungs and Blood Institution and Federal Government of USA (1998) assembles growth specification though BMI that can be exposed as follows:

Under weight	→	<18.5 BMI (kg/m ²)
Normal weight	→	18.5-24.9 BMI (kg/m ²)
Over weight	→	25-29.9 BMI (kg/m ²)
Obesity-1	→	30-34.9 BMI (kg/m ²)
Obesity-2	→	35-39.5 BMI (kg/m ²)
Extreme obesity	→	40.0 BMI (kg/m ²)

1.9 Objectives of the Study

To accomplish every study the researcher has to undertake a plan with one or more objectives. This study is not an exception. The objective of the study is to provide information and to make a comparative analysis of social welfare services provided by the SOS Children's Village and Sarkary Shishu Sodan, Rajshahi. However the specific objectives of the study are as follows:

- To examine the physical, economic and health care facilities available for the inmates of both the institutions.
- To investigate the socio-economical background of the inmates.
- To show the extent of programs for the rehabilitation of the institutes.
- To compare the inmates' educational and mental progress.
- To investigate and compare different types of awareness among the inmate of both the institutions.
- To investigate and compare the inmates' health care facilities

1.10 Organization of the Study

In order to furnish a meaningful representation of the study, the dissertation presented the information into ten chapters. The first chapter represents the perspective of the study with objectives. Chapter 2 and 3 show the scenarios of Sarkary Shishu Sodan and SOS Children's Village respectively. Chapter 4 shows a brief review of literature. Chapter 5 discusses a description of source of data, sampling procedure and technique, questionnaire, data collection, data processing and analysis and finally analytical methodology. Chapter 6 represents the background characteristics of the study. Chapter 7 shows differential patterns of knowledge and awareness about HIV/AIDS, Child Rights and EPI. Chapter 8 examines a multivariate analysis (logistic regression analysis) of knowledge about HIV/AIDS, Child Rights and EPI among the inmates.

The most important part of the present study is given in chapter 9, which dealt with the multivariate analysis named path. Path analysis was included direct, indirect and joint effects of selected factors on Body Mass Index (BMI). The last chapter contains discussion of the major findings, policy implications and recommendation. Bibliography is given at the end of the dissertation.

CHAPTER - 2

SCENARIOS OF SHARKARY SHISHU SODAN

2.1 Sarkary Shishu Sodan

The present name of the previous Govt. 'Orphanage' (Child Home) is renamed as Sarkary Shishu Sodan. This is under the child welfare program run by the Department of social service under social welfare ministry. The term Government Child Home implies an institute where six to eighteen years old helpless orphan children (without father or without both father and mother) are given shelter with food, clothing, education, training and rehabilitation.

2.2 Historical Background of Sarkary Shishu Sodan

The children are the future leader of the country. Their dormant intellect can only be expressed by providing all kinds of amenities and facilities to the children. So the end prosperity of the nation depends upon the welfare of the children. So, in all countries of the world and at all times special importance has been given to the welfare of the children. Offering assistance to the poor, orphan and lame children of the society has been considered by all societies as an ethical duty. Being encouraged from religious point of view, people of this country have been practicing different types of social welfare services for the benefit of the poor and the orphans. Consequently, for the purpose of looking after and rehabilitating the orphan children, a law named 'Bengal Orphanage and Widow's Home Act, 1944' was passed during the British period. Under this law many orphanages and poor widow's homes were established in the Indian Sub-continent. At that time four government orphanages were established in East Bengal (Now Bangladesh) under the Ministry of Education. Later on all the government orphanages were brought under the social welfare ministry.

After independence the social welfare ministry established some more orphanages & Distressed women's Homes raising the number to 19. For

maintaining those ministry had to face multifarious problems. In order to solve these problems government took up a project under the social welfare ministry. Through that project Center for Protection and Care (CPC) was established in each district and sub-divisional cities of the country. The enlarged name of CPC was "Center for Care, Protection, Training, Education and Rehabilitation for orphans and destitute women. The orphans and the poor women residing in these centers were given education, training, safety and care, and later on they were to return to their relatives.

In 1974, the social welfare Directorate changed Government Orphanage and Poor Women's Homes and renamed as Sarkary Shishu Sodan. Thus in 1982, Sarkary Shishu Sodans and CPCs were looked after separately before the formation of "ENUM Committee".

Then "ENUM committee" was formed and it observed that the activities of Sarkary Shishu Sodans and the CPCs were similar. So, on the basis of the report of the committee, the two establishments were united and named Sarkary Shishu Sodan. As a result the CPCs of many sub-division cities were abandoned and 70 Sarkary Shishu Sodans remain working for the orphan children throughout Bangladesh. Later on three more Sarkary Shishu Sodans were established in the hilly districts. Due to the lack of suitable environment for mental and physical development of the orphans in the traditional management of these Government Child Homes, a plan was taken up to modify these Child Homes to children family for their benefit in 1985. At present 23 child homes have been converted to children family. Now-a-days, 73 Sarkary Shishu Sodans are at work. Among them, 53 are with 100 seats, 16 are with 200 seats and 4 are with 450 seats. In these institutions there are arrangements for taking care of 9400 orphan and poor children.

2.3 Mission and Vision of the Sarkary Shishu Sodan

Mission

The principal mission of the programs of Sarkary Shishu Sodan as declared in September 2002, are given below:

- To rear up the orphan children (inmates) with love and affection, with education, technical training and other amenities & facilities in order to develop them as learned/well educated resourceful efficient workers and good citizens.
- To encourage and help the inmates improve their physical, mental and normal development.
- To arrange their employment and working facilities for the socio-economic rehabilitation and self-dependence of the inmates.
- To make the inmates conscious about the "Child Right Act" and their interests involved.

The Sarkary Shishu Sodan, Rajshahi is also working to achieve the above-mentioned mission goals.

Vision

The vision of the Sarkary Shishu Sodan can specifically be mentioned as follows:

- To look after the orphan and poor children in a familial environment with love and affection.
- To arrange general education for the inmates.
- To give them some technical education so that they can be self-dependent after coming out from the Sarkary Shishu Sodan.
- To keep them away from offences and to create consciousness among them.
- To rehabilitate the inmates socio-economically.

- To develop the physical and mental efficiency in order to blossom the dormant talents of the inmates.
- To make the orphan as human resources.
- To make necessary arrangements for recreation of the inmates.
- To take necessary measures for medical treatments of the inmates.
- To create reciprocity, sense of responsibility and disciplines among the inmates.

2.4 Sarkary Shishu Sodan, Rajshahi

The Sarkary Shishu Sodan, Rajshahi is located at a place named Baya Paulpara under Poba Upazila of Rajshahi district. This is situated by the side of Rajshahi-Naogaon Highway at a distance of 12 km in the north of Rajshahi City. The main building of the child home is two-storeyed. The offices of the Supervisor (Asst. Director), Asst. Supervisor and the relevant teachers are at the ground floor of the building. In addition to these, there are eight residential rooms for the inmates of the child home, dinning room and kitchen. In front of the main building there is a playground. The primary school building is in the western side. The mosque is located in the east and the 'Save Home Complex' is situated in the south of the campus.

On April 25, 1958 the Govt. Child Home, Rajshahi was established for the purpose of taking care, giving education and offering rehabilitation to the helpless poor orphan children without father or without both the parents under the Bengal Orphanage and Widows Home Act, 1944 under the control of Education Ministry of the then Govt. of Pakistan. In the beginning it was known as Government Orphanage, Rajshahi. At present, it has been renamed as Sarkary Shishu Sodan, Rajshahi.

2.5 Assets of Sharkary Shishu Sodan, Rajshahi

Description	Quantity (in Bigha)
Shodan Building	3
Shanti Nibash	4
Ponds	5
Cultivable Lands	3
Play Ground	5
Fruit Gardens	8
Vocational Building	2
Total	30

2.6 Buildings of Sharkary Shishu Sodan, Rajshahi

Description	Number
Inmates' Resident	01
Vocational Bhaban	01
Mosques	01
Tinshed Semi-paka Bhaban	01

2.7 Number of Seats in Sharkary Shishu Sodan, Rajshahi

Description	Number
No. of approved seats	450
No. of sanctioned seats	200 (Carrying capacity 150 only)
No. of present inmates	102

2.8 Number of Plants in Sharkary Shishu Sodan, Rajshahi

Name of Plants	Number
Coconut	90
Mahogany	69
Sishu	46
Mango	10
Jack Fruit	08
Guava	02
Plum	05
Palmyra Palm	02
Wood Apple	02
Kadam	05
Tamarind	01
Amra	03
Black Berry	24
Kamranga	01
Shimool	03
Areca (Babla)	11
Krisna Chura	02
Kory	01
Pomelo (Batabi Labu)	02
Pomegranate	01
Mulberry	300
Total	588

2.9 Administrative Framework in Sharkary Shishu Sodan, Rajshahi

Name of Posts	No. of Approved Posts	No. of Posts Appointed
Assistant Director	01	01
Asst. Supervisor	01	01
Senior Asst. cum Accountant	01	01
Graduate Teachers	05	05
Asst. Teachers	04	04
Matron cum Nurse	02	02
Compounder	01	01
Office Asst. cum Typist	01	00
Part time Physician	01	01
MLSS	07	03
Total	24	19

2.10 Post in Pre-Technical Training Center of Sharkary Shishu Sodan, Rajshahi

Name of Posts	No. of Approved Posts	No. of Posts Appointed
Instructor for Trade Course	02	01
Office Asst. cum Typist	01	01
MLSS	01	00
Total	04	02

The Sharkary Shishu Sodan, Rajshahi is headed by an Assistant Director. There is an Assistant Supervisor for assisting him. At the office level, there are one Senior Assistant and one Office Assistant-cum-Typist. At the school level, there are five graduate teachers and four assistant teachers. For looking after the inmates there are one full time matron cum nurse and one full time compounder. At the lowest level there are three MLSS. Moreover there is one Instructor for giving welding training to the inmates, and one Deputed Instructor is in services for giving training on electric and electronic courses. There is one Office Assistant-cum-Typist appointed in the pre-technical Center. He services on deputation from the Paba Upozilla office. The MLSS post is lying vacant. At present Sharkary Shishu Shodan, Rajshahi is being looked after by 19 staffs out of a total post of 28.

2.11 Duties and Responsibilities of the Staffs in Sharkary Shishu Sodah, Rajshahi

Assistant Director (Supervisor):

The Assistant Director has to perform different types of duties and responsibility in connection with inmates' education, food, clothing and rehabilitation. His responsibilities are as follows:

1. To remain responsible for all matters as the Head of the institution.
2. Supervising power over all employees of the institution.
3. To assign the duties to all the employees of the institution. To check the attendance of the regular employees and the inmates, and countersign the attendances register.
4. To ensure proper utilization of the sanctioned money and to maintain account and expenditure according to the financial rules.
5. To look after the place of the inmates' residence, kitchen, toilet, school, training program and storehouse in the morning. To find out the problem and to take initiative for solving those, in consultation with the inmates whenever necessary. To give special attention to the individual cleanliness and the cleanliness of the center as a whole.
6. To observe directly the food materials and the standard of the cooked food, and to take proper measures for improvement if necessary. To see whether the supplied of materials are given according to the contracts made with the contractors.
7. To take actions in against violation of rules by the employees, and also to send recommendation to the higher authorities for further necessary actions.
8. To take decisions through discussion with the people concerned on matters of proficiency in technical and professional training, and to offer facilities to the efficient candidates for higher training.
9. To arrange the matrimony of the girls and to rehabilitate the eligible inmates on the basis of the opinions of the employees concerned. To

take active co-operation of the guardians and the inmates in connection with the matrimony of the girls.

10. To supervise the construction and repairing works of the institution, and to maintain the accounts of the movable-immovable properties.
11. To call at least one meeting of all the employees of the institution and to send the proceedings to the district social service office.
12. To compel the employees and the inmates to be obliged to the rules & regulations and discipline of the institution.
13. To contact the guardians about their inmates if and when necessary.
14. To distribute the duties of the Apa (Sister) / Vai (Brothers) and others so that they can be present in the institution during the days and at nights by rotation.
15. To offer prizes to the inmates on the basis of yearly results as well as good behaviors so that they get encouraged in their education. To maintain their examination results with care.
16. To arrange for Annual Sports and cultural competition in the institution every year.
17. To call meetings of the managing committee, tender committee and all other committees in schedule time, and to implement the decision of the meetings.
18. To give training to the subordinate employees and to write down their ACR.
19. To fulfill other responsibilities as assigned by the higher authorities.

Assistant Supervisor:

1. In absence of the Assistant Director, he will remain in charge of the office.
2. To co-operate the Assistant Director in the administrative work of the institute and to supervise the subordinates.

3. To maintain the Storehouse, to receive the goods, to record those in the Stock Book, to distribute the goods properly.
4. To receive the daily goods and food / materials from the supplying contractors according to the schedule. To prepare the indent properly according to the list of foods. To offer co-operation to the intutional officer in making the list of foods keeping an eye on the nutritive value of foods.
5. To supervise the collective activities of the inmates.
6. To take classes according to the particular routine.
7. To supervise the casework and case records of the inmates and to maintain / preserve all the records.
8. To help the Assistant Director in connection with the discipline and safety of the institute.
9. To perform any other responsibility as assigned to him by the authority.

Teachers:

1. To prepare class routine for the students of each and every class and to hang it in the notice board after recommendation of the authority.
2. To collect necessary academic materials for general education and to make contact with other academic establishments for the interest of the inmates.
3. To take classes regularly according to the class routine and give attention to education, physical exercise of the student.
4. To help the students in studies and after special coaching even after the school hours.
5. To advise the inmates for keeping their moral character.
6. To respond to other responsibilities as directed by the authority.

4th Class Employees:

1. MLSS / Night Guards and others of the institution will have to do other work as directed by the authority.
2. To remain alert for maintaining regulations, peace-discipline and reputation of the institute.

2.12 Admission Procedure to Sarkary Shishu Sodan, Rajshahi

Poor orphan children aged between 6 to 9 years are eligible for admission in the Sarkary Shishu Sodan, Rajshahi. Orphan child means those who are either fatherless or parentless. The children who have their recognized father are not considered as orphans. The guardians of the poor orphans willing to get admission have to collect requisite forms from the Sodan and submit those to the office of U.C.D or RSS officers after properly filling and with recommendations from the ward commissions of the city or from the chairman of the Union Council of the rural areas. The Social Service officer recommends the case paper enquiry. The form has to be submitted to the office of the Supervisor of the Sodan. Then the Supervisor keeps records of the applications in the register according and fixes up the date of admission on consultation with the admission committee. The applying children with their guardians are informed to be present in the Shishu Sodan on that date. At the time of selecting the children for admission, the following points are specially considered:

- Whether the child is fatherless or parentless.
- Whether the age of the child is within 6 to 9 years or not.
- Whether there is any physical illness / contagious disease or not.

On the basis of the above-mentioned points the selected children are admitted to the Shishu Sodan.

The maximum period of staying of the inmates in the Sodan is 18 years or up to H.S.C. examination. The age range may be increased up to 6 months in special cases.

2.13 Duty of Mess Committee

At present the food and other necessary materials are purchased for Shishu Sodan through the contractors. In special circumstances, the food and other interrelated materials may be purchased through the mess committee as a temporary arrangement. The money sanctioned for the purchase of food and other relevant materials may be withdrawn with the permission of the Finance Ministry.

The structure of the mess committee is as follows:

- i) Assistant Supervisor - Convenor.
- ii) Big Brother / Khalamma / Teacher - Member.
- iii) Two representatives as nominated by the inmates - Member.

2.14 Residence and Maintenance Budget of the Inmates in Sarkary Shishu Sodan, Rajshahi

Sharkary Shishu Sodan, Rajshahi is a Governmental Institute. Here, the poor orphans are developed as ideal citizens through nursing, education and training. Since it is a governmental organization, all the maintenance costs of the inmates is carried out by the government. The monthly amount of money as sanctioned per head of the inmates is as follows:

Expenditure head	Amount of monthly expenditure (in Taka)
Food & Fuel	559.00
Education & Training	64.50
Clothing	96.75
Treatment	16.13
Oil & Soap	37.62
Total	774.00

2.15 Daily Routine of the Inmates

The Sharkary Shishu Sodan carry out different programs in order to develop the inmates as ideal man and good citizens. Among these programs, the most significant is the daily routine work. Through the daily routine work efforts are made to blossom the children's collective life, proper sociability, merit and creative power. The daily program of work is divided into two parts. One is winter program and another is summer program as given below:

Program	Summer	Winter
Getup from bed	5.00 min - 5.30 min	6.00 min - 6.30 min
Fazar Prayer	5.30 min - 5.45 min	6.30 min - 6.45 min
Physical Exercise	5.45 min - 6.15 min	6.45 min - 7.15 min
Cleaning of Rooms	6.15 min - 6.30 min	7.15 min - 7.30 min
Breakfast	6.30 min - 6.45 min	7.30 min - 7.45 min
Study in the Room	6.45 min - 9.00 min	7.45 min - 9.45 min
School / Training	9.30 min - 1.15 min	10.15 min - 1.15 min
Lunch and Prayer	1.15 min - 2.00 min	1.15 min - 2.00 min
School / Training	2.00 min - 4.30 min	2.00 min - 4.00 min
Break & Ashar Prayer	4.30 min - 5.00 min	4.00 min - 4.30 min
Play & Magrib Prayer	5.00 min - 7.00 min	4.30 min - 5.30 min
Dinner	7.30 min - 8.00 min	7.00 min - 7.30 min
Study in the Room	8.00 min - 10.00 min	6.00 min - 9.30 min
Taking bed & sleep	10.00 min - 5.00 min	9.30 min - 5.30 min

2.16 List of Food in Sarkary Shishu Sodan

There is a weekly list of foods for the inmates in the Sarkary Shishu Sodan, Rajshahi. According to this list different foods are given to the inmates in different days of the week.

Weekly list of food of the Sarkary Shishu Sodan, Rajshahi is given:

Day	Morning	Noon	Evening	Night
Friday	Flour - 150 gm Semai - 25 gm Sugar -25 gm Milk - 80 gm Oil -1.50 gms	Rice medium -180 gms Fish (Big) - 60 gm Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Saturday	Flour - 150 gm Vegetables - 100 gms Oil -1.5 gms	Rice medium -180 gms Mutton -100 gms Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms Milk - 80 gms Sugar - 10 gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Sunday	Khchuri - 120 gms Vegetables - 50 gms Oil - 2 gms Lentil - 8 gms	Rice medium -180 gms Fish - 60 gms Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms Milk - 80 gms Sugar - 10 gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Monday	Flour - 150 gm Suji - 25 gm Sugar -25 gm Milk - 80 gm	Rice medium -180 gms Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Tuesday	Khchuri - 120 gms Vegetables - 50 gms Oil - 2 gms Lentil - 8 gms	Rice medium -180 gms Beef - 100 gms Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms Milk - 80 gms Sugar - 10 gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Wednesday	Flour - 150 gm Vegetables - 100 gms Oil -1.5 gms	Rice medium -180 gms Fish - 60 gms Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms Milk - 80 gms Sugar - 10 gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms
Thursday	Khchuri - 120 gms Vegetables - 50 gms Oil - 2 gms Lentil - 8 gms	Rice medium -180 gms Egg - 1 piece Vegetables - 100 gm Lentil - 8 gms	Muri - 25gms Milk - 80 gms Sugar - 10 gms	Rice - 150 gms Vegetables - 150 gms Lentil - 8 gms

2.17 Training and Rehabilitation Programs in Sarkary Shishu Sodan, Rajshahi

Rehabilitation is one of the programs that Sarkary Shishu Sodan supervises for the orphans to be established as ideal citizens of the country. The orphan children aged 6 years are admitted and are given general, technical and professional education according to their eligibility. Among the inmates of Sharkary Shishu Sodan, those who are of relatively low calibre are given electric & electronics trade course in the Sodan for making them self-

dependant. At the age of 18+ the following steps are taken for their rehabilitation:

- To return the inmates to their guardians and relatives.
- To give back the refundable capital in matters of appointment in their working fields.
- To rehabilitate through appointment as far as possible.

Besides, these the Sharkary Shishu Sodan is continuing different kinds of programs in connection with the rehabilitation of the poor orphan children.

2.18 Case Study of an Inmate in Sarkary Shishu Sodan, Rajshahi

(a) Personal information

1. Name: Md. Usuf Ali
2. Age: 15
3. Sex: Male
4. School Name: Sarkary Primary School, Biaya, Rajshahi
5. Class reading: VII
6. Marks obtained in the Annual Examination of the Previous Class: 450

(b) Family Background

1. Family Head: Maternal Grand Father.
2. Type of Family: Joint Family.
3. Profession of Family Head: Farmer.
4. Family Head Monthly Income: 1500.00 Tk/Month.
5. Condition of the House: Kacha.
6. Residential Position: Own Land.
7. Source of Drinking Water: Tubewel.
8. Amount of Land: 02 Katta.
9. Mother's Educational Qualification: Illiterate.
10. Age of Mother at the Time of Giving Children in the Institution: 30 years.
11. Delivery Place of the Children: Own Home.

12. Total No. of Children of the Mother: 03.

13. Reasons behind Bringing to the Institution: Very Poor.

14. Admission Age: 08 years.

(c) Have the knowledge about Child Right? Ans: Yes.

(d) Express your own ideas about your life: Ans: Express Good.

(e) What do you want to be in future? Ans: Govt. Officer.

(f) Knowledge about HIV/AIDS

1. Do you know about AIDS? Ans: No.
2. If yes, what is AIDS?
3. How does it spread?
4. What measurement are there to prevent it?

(g) Health information

1. Do you know about the 6 diseases (EPI)? Ans: Yes.
2. Body weight: 38 kg.
3. Height: 150 cm.
4. Diameters of waist: 57 cm.
5. Arm's Diameters: 23 cm.

(h) Work at Leisure Time: Play

(i) Comments: Active Habit

CHAPTER - 3

SCENARIOS OF SOS CHILDREN'S VILLAGE

3.1 Founder of SOS Children's Villages

Hermann Gmeiner, a native Austrian, founded the first Austrian SOS (Save Our Soul) Children's Villages association in 1949. For Hermann Gmeiner, the original goal was, after the devastation of the Second World War, to provide orphans and abandoned children with a family, a house, and a village in which they feel at home. The first SOS Children's Village was built in Imst in the Austrian province of Tyrol in the same year.

The very first house in the village was named "House of Peace". Imst has become the model for SOS Children's Villages all over the world; an adaptable, internationally practicable and all-embracing child-care concept.

3.2 SOS Children's Village

Every SOS Children's Village offers a permanent home in a family-style environment to children who have lost their parents or can no longer live with them. Four to ten boys and girls of different ages live together with their SOS mother in a family house, and eight to fifteen SOS Children's Village families constitute a village community.

The so-called "four principles" - the SOS mother, the sisters and brothers, the family house and the SOS Children's Village - form the basis and the framework of the concept of our work at the SOS Children's Villages. The foremost of these principles is the mother, or mother-centred care.

3.3 Supporting Facilities of SOS Children's Village

The supporting facilities are all the facilities that are based around the SOS Children's Village itself. These can be kindergartens, SOS Hermann Gmeiner Schools, vocational training centres, social centres, medical centres etc. Supporting facilities are not only open to SOS Children's Village children and youths, but also to the local community.

3.4 National Office of SOS Children's Village

Each SOS Children's Villages association establishes a National Office to coordinate the activities of all SOS Children's Villages facilities in the respective country. The National Offices are there to carry out necessary tasks (e.g. accounting, liaison with other organisations and government authorities, sponsorship services etc.) in most efficient and economic way.

3.5 SOS Promoting Associations

SOS Promoting Associations are independent national SOS Children's Villages associations in accordance with the relevant national legislation and the statutes of SOS-Kinderdorf International, and members of SOS-Kinderdorf International.

SOS Promoting Associations make a major contribution to the funding of SOS Children's Village activities all over the world. They provide financial resources where the national associations are not able to meet the total funding requirements locally. Several SOS Promoting Associations even run their own SOS Children's Villages facilities in their countries.

3.6 SOS Children's Villages Becoming Active in a New Country

The first initiative may come from a government, embassy, or individual with a special connection to the country in question and in-depth knowledge of the

social situation, particularly when it concerns to children. In some cases, an SOS Children's Villages co-worker might bring the special plight in a particular country to the organisation's attention.

A sudden emergency, such as war, natural disaster, or famine might also lead to SOS-Kinderdorf International offering help, usually by way of an SOS Emergency Relief Program. Such temporary program might, in many cases, lead to SOS Children's Villages and/or other permanent facilities being established in the country.

3.7 Statistic of Facilities and Beneficiaries by SOS Children's Village

1,766 facilities in 132 countries and territories

Type of facility	Number	Beneficiaries
SOS Children's Villages	458	48,315
SOS Youth Facilities	359	12,380
SOS Kindergartens	228	24,330
SOS Hermann Gmeiner Schools	179	97,980
SOS Vocational Training Centers	60	14,265
SOS Social Centers	414	230,155
SOS Medical Centers	56	384,245
SOS Emergency Relief Programs	12	210,745
Total	1,766	1,022,415

As per December 2006

3.8 History of SOS Children's Village

- **1949** First SOS Children's Villages association founded in Austria and , Austria, by **Hermann**.
- **1955** First SOS Youth House built in Innsbruck, Austria. SOS Children's Villages associations established it .
- **1960** SOS-Kinderdorf International established as the umbrella organisation for all SOS Children's Villages associations. First activities in (Uruguay).

- **1963** SOS Children's Villages began its work in (South Korea and India).
- **1970** built in Côte d'Ivoire. Further SOS Children's Villages projects in Ghana, Kenya and Sierra Leone.
- **1981** Opening of the Hermann Gmeiner Academy in Innsbruck as a training centre for SOS staff from all over the world.
- **1991** SOS Children's Villages in Czechoslovakia re-activated. First SOS Children's Villages in Poland and the Soviet Union, new projects in Bulgaria and Romania. Foundation of the first SOS Children's Village in the USA.
- **1995** SOS-Kinderdorf International classified as an "NGO with consultative status (category II) with the Economic and Social Council of the United Nations".
- **2002** SOS-Kinderdorf International awarded the Conrad N. Hilton Humanitarian Prize, the world renowned humanitarian award, for extraordinary contributions towards alleviating human suffering.
- **2005** Following the tsunami disaster in Asia, SOS Children's Villages provided emergency assistance (food, medicine, start-up grants and temporary shelter) as well as long-term support (reconstruction of family houses, family strengthening programmes, community centres and SOS facilities) in India, Sri Lanka, Indonesia and Thailand.
- **2007** The 100th European SOS Children's Village opens in Valmiera, Latvia. The organisation helps victims of natural disasters in Bolivia, Indonesia, Peru and Uruguay, as well as those displaced in the crisis-torn regions of Sudan, Chad and Somalia. SOS Children's Villages wins the OPEC Fund Award for Development. In four years, family strengthening programmes have assisted more than 80,000 children and families.

3.9 Mission of SOS Children's Village

SOS Children's Village takes action for children as an independent non-governmental social development organisation. SOS respects varying religions and cultures, and work in countries and communities where the mission can contribute to development. It works in the spirit of the United Nations Convention on the Rights of the Child and promotes these rights around the world.

SOS builds families for children in need

SOS works for children who are orphaned, abandoned or whose families are unable to care for them. SOS gives these children the opportunity to build lasting relationships within a family.

The family approach in the SOS Children's Village is based on four principles: Each child needs a *mother*, and grows up most naturally with *brothers and sisters*, in their own *house*, within a creative *village* environment.

SOS helps them shape their own futures

SOS enable children to live according to their own culture and religion, and to be active members of the community.

SOS helps children to recognise and express their individual abilities, interests and talents.

SOS ensures that children receive the education and skills training so that they become successful and contributing members of society.

SOS shares in the development of their communities

SOS shares in community life and respond to the social development needs of society's most vulnerable children and youths.

SOS establishes facilities and programmes that aim to strengthen families and prevent the abandonment of children.

SOS joins hands with community members to provide education and health care, and respond to emergencies.

3.10 Vision of SOS Children's Village

Every child belongs to a family

Family is the heart of society. Within a family each child is protected and enjoys a sense of belonging. Here, children learn values, share responsibilities and form life-long relationships. A family environment gives them a solid foundation on which to build their lives.

Every child grows with love

Through love and acceptance, emotional wounds are healed and confidence is built. Children learn to trust and believe in themselves and others. With this self-assurance each child can recognise and fulfil his or her potential.

Every child grows with respect

Each child's voice is heard and taken seriously. Children participate in making decisions that affect their lives and are guided to take a leading role in their own development. The child grows with respect and dignity as a cherished member of his or her family and society.

Every child grows with security

Children are protected from abuse, neglect and exploitation and are kept safe during natural disaster and war. Children have shelter, food, health care and education. These are the basic requirements for the sound development of all children.

3.11 Values of SOS Children's Village

What keeps SOS strong

Courage: SOS takes action

Commitment: SOS keeps their promise

Trust: SOS believe in each other

Accountability: SOS is a reliable partner

These are the core beliefs and attitudes on which SOS organisation has been built, and they are the cornerstones of SOS success. These enduring values

guide SOS actions, decisions and relationships as SOS works towards fulfilling its mission.

Courage: SOS takes action

SOS has challenged traditional methods of orphan care and continue to pioneer innovative child-care approaches. It helps children who have no one else to turn to. With a sensitive yet confident approach SOS is determined to question, learn and take action for children around the world.

Commitment: SOS keeps our promises

SOS is dedicated to helping generations of children to have a better life. SOS dose this by nurturing lasting relationships with their donors, co-workers and the communities in which SOS is rooted. SOS believe that by making a long-term commitment they have a meaningful and sustainable impact.

Trust: SOS believes in each other

SOS believes in each other's abilities and potential. SOS supports and respects one another, and build an environment where SOS can approach the responsibilities with confidence. In an atmosphere of trust SOS is inspired to share their experiences and learn from each other.

Accountability: SOS is a reliable partner

Since 1949 SOS have built a foundation of trust with donors, governments, and other partners who support their in their mission. The greatest responsibility is guaranteeing the well-being of children by ensuring high standards of care. In doing this SOS is committed to using all funds and resources wisely, with respect and accountability.

3.12 SOS Children in Bangladesh

Bangladesh is one of the most densely populated countries in the world. Poverty is widespread and the number of abandoned children is extremely high due to years of political unrest and natural disasters such as hurricanes and

floods, which are a frequent occurrence. A third of children never attend school and the illiteracy rate is around 62 per cent.

The first community built by our charity opened in **Dhaka** in 1973. It has 15 family houses and two youth houses, as well as a nursery and a social center, which provides community education. A small mosque has been built, as most of the children are Muslims. Primary and secondary education is provided by the SOS school, which is ranked among the top schools in Bangladesh, taking in over 1000 pupils from the local community.

The SOS Children community **Rajshahi** is close to the Indian border in western Bangladesh. Many of the children are severely undernourished when they come here, and need special care at the village's medical center before joining their new SOS families. The village has fifteen family houses and eight youth houses. An SOS Vocational Training Center provides agricultural training for 32 young people.

SOS Children **Khulna** site is in the Ganges Delta. The village has sixteen family houses and two youth houses, as well as a nursery and a school providing both primary and secondary education. Both are open to children from the local community, who are also helped by the SOS clinic and day-care center, which provides medical treatment and a safe place for local mothers on low incomes to leave their children while they work.

Severe flooding in 1986, in which over 50,000 people died, led to our charity constructing a fourth community in **Chittagong**, the second largest city in Bangladesh. Virtually in the city center, the village also has a primary school and kindergarten as well as a social center and clinic. The center and clinic provide medical care and a feeding program for local people, as well as day care facilities for working mothers. After the cyclone in 1991, part of the social center was adapted as a cyclone shelter for local people and the SOS Children families.

The charity's **Bogra** Village opened in 1996. About 225 km west of Dhaka, it is close to the historically famous site of Mahastangarh. The village has ten family houses and a youth house, as well as a nursery and primary/secondary school. A social center and clinic provide day care facilities and medical treatment for local people.

3.13 Statistics on the inmates of SOS Children's Village in Bangladesh

District	Types of facility	Quantity	No. of inmates
Dhaka	SOS Children's Village	01	150
Dhaka	SOS Youth facilities	01	20
Rajshahi	SOS Children's Village	01	150
Rajshahi	SOS Youth facilities	01	20
Khulna	SOS Children's Village	01	150
Khulna	SOS Youth facilities	01	20
Bogra	SOS Children's Village	01	150
Bogra	SOS Youth facilities	01	20
Chittagong	SOS Children's Village	01	150
Chittagong	SOS Youth facilities	01	20

3.14 SOS Children's Village Rajshahi

The second SOS Children's Village of Bangladesh was opened at Rajshahi in December 1979, during the "International Year of the Child". Rajshahi is located in the North-West of the country, close to the Indian border. The SOS Children's Village is situated in the new satellite northern part of the town. The official inauguration took place in 1982 in presence of Hermann Gmeiner, the former president of SOS Children's Village. SOS Children's Village Rajshahi consists of 15 family houses, the village doctor's house, an aunts' (family helpers') house, an SOS Kindergarten, a communal building, an administration area and a building with a village shop and a library.

An SOS Youth Facility is also a part of the Village. It is the residence of the grown-up boys who are still undergoing vocational training and are preparing to become independent. In 1989, an SOS Social Center was set up on the site of the Children's Village. At this center, mothers and children from the

neighborhood are given medical aid and advice; sewing and embroidery classes are held for the local women, and regular vaccination programs are carried out in co-operation with the local authorities.

3.15 Lands in SOS Children's Village Rajshahi

Description	Quantity (in Square Feet)
Family House	30315
Community Center	3240
Community House	2249
Social Center	1950
Play Ground	45240
Cow Shed	984
Dear Shed	400
Project Director House	1122
Kinder Garten	2209
Youth Corner	4078
Girl's Club	1122

3.16 Building in SOS Children's Village Rajshahi

Description	Number
Family House	15
Community Center	1
Community House	1
Social Center	1
Play Ground	1
Cow Shed	1
Dear Shed	1
Project Director House	1
Kinder Garten	1
Youth Corner	1
Girl's Club	1

3.17 Animals in SOS Children's Village Rajshahi

Name of Animal	Number
Cow	8
Dear	6

3.18 Number of Seats in SOS Children's Village Rajshahi

Description	Number
No. of Approved Seats	150
No. of Present Inmates	115

3.19 Number of Plants in SOS Children's Village Rajshahi

Name of Plants	Number
Coconut	66
Mahogany	30
Mango	40
Jack Fruit	11
Guava	06
Tamarind	02
Amra	03
Black Berry	08
Wood Nut	02
Litchi	08
Sofeda	03
Lemon	25
Total	204

3.20 Administrative Framework in SOS Children's Village Rajshahi

Name of Posts	No. of Posts Appointed
Project Director	01
Assistant Village Director	01
Program Officer	01
Social Worker	01
Youth Editor	02
Accountant	01
Nurse	01
Staff Nurse	01
Mother	15
Aunt	05
Part time Doctor	02
Supporting Staff	04
Total	34

3.21 Duties and Responsibilities of the Staffs in SOS Children's Village Rajshahi

Project Director

All the staffs of the SOS works do their duties with the instruction of the Project Director. Hence the Projector Director is responsible for all kinds of responsibilities. His responsibilities are given below:

1. To remain responsible for all matters as the Head of the institution.

2. To remain in charge of supervising to the employees of the institution.
3. To assign the duties to all the employees of the institution.
4. To confirm the proper use of the sanctioned money in the relevant field.
5. To look after the institute including the place of the inmates' residence, kitchen, toilet, school, training program etc. To find out the problems and to take initiative for solving them, in consultation with the inmates whenever necessary. To give special attention of the individual cleanliness and the cleanliness of the center as a whole.
6. To observe directly the food materials and the standard of the cooked food, and to take proper measures for improvement if necessary. To see whether the supplies of materials are supplied according to the contract schedule.
7. To take actions in accordance with the rules if not satisfied with the performance of the employees, and send recommendation to the higher authorities for further necessary action.
8. To arrange the matrimony of the girls and to rehabilitate the eligible inmates on the basis of the opinions of the guardians. To take active co-operation of the guardians and the inmates in connection with the matrimony of the girls.
9. To supervise the construction and repairing works of the institution, and to look after of the movable-immovable properties.
10. To call meeting of all the employees of the institution.
11. To compel the employees and the inmates to be obliged to the rules regulations and discipline of the institution.
12. To contact the guardians about their inmates if and whenever necessary.
13. To offer prizes to the inmates on the basis of yearly results as well as good behaviors so that they feel encouraged in their education. To maintain their examination results with care.
14. To arrange for Annual Sports and cultural competition in the institution every year.

15. To call meetings of the managing committee, tender committee and all other committees in schedule time, and to implement the decision of the meetings.
16. To fulfill other responsibilities as assigned by the higher authorities.

Assistant Village Director

1. To support the Village Director in the development of the SOS Children's Village and its families.
2. Strong support to the Village Director in education and career planning for children in consultation with SOS Mother, child development co-worker / youth leader and / participation of child.
3. Assist the Village Director in coordinating the planning and reviewing process for the development of the SOS Children's Village and its ancillary facilities.
4. Assists and ensure the high quality of the child and youth development process.
5. Ensure that supportive services for SOS Families.
6. Assure implementation of effective administrative system.
7. To assist Village Director plan for future needs of children, mothers, coworkers and Children's Village.
8. To build an environment for teamwork, motivation, high moral and ethical values in the Children's Village.
9. Ensure that Village Community and child admission committee function properly.
10. Participate in children's activities in the Children's Village and community.
11. Support mothers in proper utilization of family accounts.
12. To visit one family home every day to discuss with the Mother of the situations.

13. Observe and implement Child Protection Policy and other policies of the SOS.
14. Support to Village Director in the area of Administration and Management of the SOS Children's Village.
15. Ensure timely action and system to follow up.
16. Co-ordination with National Office/Project Office.
17. Liaison with the State Government, Social Welfare Board and Local Authorities.
18. To play a key role in building partnership with other NGOs and other Agencies.
19. Supporting Publicity.
20. Guide the Village Secretary on sponsorship works and ensure timely sending of reports to sponsors.

Youth Educator

1. Support youth in building reliable and long-term relationship. The youth care co-worker demonstrates a non-discriminatory sense of mutual respect through his own relationships and communication as an adult.
2. Provides a secure and safe environment for each youth where they do not need to fear punitive, damaging punishment.
3. Monitor scholastic performance/academic excellence and attendance of all school children/youths, and provide proper feedback to SOS mothers, Social Workers and Village Director.
4. Regularly update and promptly submit children's school records and monthly highlights of activities to the Village Director.
5. Participate actively in the transition process of the youth from the SOS Children's Villages into the SOS Youth Facility.
6. Supports the training of household skills to enable the youth to autonomously keep a safe, hygienic and homely living environment.

7. Encourages and assists each youth in getting involved in the community to maintain social networks which are appropriate to their age and capacity.
8. Demonstrates initiative in order to maximize each youth's achievement potential.
9. Encourages the young people in taking on responsibility for their decisions, life and career.
10. Takes an active participative interest in each youth's school life and extracurricular activities.
11. Prepares and trains the youth for finding a job autonomously.
12. Encourages the youth to develop and maintain a secure financial situation.
13. Responsible for academic performance of youth living in the Youth Facility.
14. Preparing annual development plan for each youth in consultation and discussion with the Village Director, Mother and youth.
15. Organize programs for the youth like personality development, living skills, sex education, sports, library, morning exercises etc.
16. Observe and implement Child Protection Policy and other policies of SOS.

SOS Mother

1. Create a Home - Develop the SOS family house given her into a warm, loving and secure home for the children entrusted to her care; creates a family from a group of children coming from different backgrounds; bring order to the home by introducing routine and structure; understand her children's role in making the house a home.

2. Lead Her SOS Family - The leader of her SOS family; and the central figure of her children's lives. Family ties are maintained when the child grows to adulthood and leaves his SOS mother's care.
3. Ensure the Well Being of the Child through Parenting - Promote the development of children by creating a natural family environment that supports the physical, emotional, intellectual, social and spiritual well-being.
4. Develop Own Well Being - Take responsibility for her own well-being, good health and fitness; maintain a balanced life; keep herself mentally and emotionally alert and healthy; maintain spiritual and social well being and intellectual development.
5. Perform Household Task - Responsible for the management of her own home and the necessary domestic activities; work with a monthly budget, run her household economically and ensures the proper care of household furnishings and equipment.
6. Guide the Children to Take Responsibility - Provide for a child's needs and create opportunities for the child to become more independent and responsible. She appropriately guides children of varying ages.
7. Interact with and Contribute to the Community - Encourage her children to interact with children from other SOS Families and the community; ensure that she and her family live as an integral and contributing part of the community.
8. Observe and implement Child Protection Policy and other policies of SOS.

Supporting Staffs

1. Supporting Staffs of the institution will have to do other work as directed by the authority.
2. To remain alert for maintaining the regulations, discipline and reputation of the institute.

3.22 Admission Procedure to SOS Children's Village Rajshahi

Poor orphan, parentless and destitute children aged between 0 to 4 years are eligible for admission in the SOS Children's Village Rajshahi. At the time of selecting the children for admission, the following points are specially considered:

- Whether the child is fatherless or parentless.
- Whether the age of the child is within 0 to 4 years or not.
- Whether there is any physical illness / contagious disease or not.

3.23 Daily Routine of the Inmates

The SOS Children's Village carries out different programs in order to develop the inmates as ideal man and good citizens. Among these programs, the most significant is the daily routine work. Through the daily routine work efforts are made to blossom the children's collective life, proper sociability, merit and creative power. The daily program of work is divided into two parts. One is winter program and another is summer program as given below:

Program	Summer	Winter
Getup from bed	5.00 min - 5.30 min	6.00 min - 6.30 min
Fazar Prayer	5.30 min - 5.45 min	6.30 min - 6.45 min
Physical Exercise	5.45 min - 6.15 min	6.45 min - 7.15 min
Cleaning of Rooms	6.15 min - 6.30 min	7.15 min - 7.30 min
Breakfast	6.30 min - 6.45 min	7.30 min - 7.45 min
Study in the Room	6.45 min - 9.00 min	7.45 min - 9.45 min
School / Training	9.30 min - 1.15 min	10.15 min - 1.15 min
Lunch and Prayer	1.15 min - 2.00 min	1.15 min - 2.00 min
School / Training	2.00 min - 4.30 min	2.00 min - 4.00 min
Break & Ashar Prayer	4.30 min - 5.00 min	4.00 min - 4.30 min
Play & Magrib Prayer	5.00 min - 7.00 min	4.30 min - 5.30 min
Dinner	7.30 min - 8.00 min	7.00 min - 7.30 min
Study in the Room	8.00 min - 10.00 min	6.00 min - 9.30 min
Taking bed & sleep	10.00 min - 5.00 min	9.30 min - 5.30 min

3.24 Average Daily List of Food in SOS Children's Village Rajshahi

List of foods varies from family to family. The average daily list of foods for the inmates in the SOS Children's Village Rajshahi is given below:

	Morning	Noon	Night
Menu	(Bread, Egg, Milk) / (Khichuri, Egg, Smashed Potato, Prickles)	Rice, (Meat/Fish), Vegetables, Dal, Salad	Rice, Meat, Vegetables, Dal, Salad
Every Friday: Polao, (Chicken/Meat), Vegetables, Salad			

3.25 Monthly Maintenance Budget of the Inmates in SOS Children's Village Rajshahi

SOS Children's Village Rajshahi is a Non-Governmental Institute. Here, the inmates are developed as ideal citizens through nursing, education and training.. The monthly amount of money as sanctioned per head of the inmates ia as follows:

Expenditure head	Amount of monthly expenditure (in Taka)
Food	900.00
Clothing	450.00
Others	200.00
Total	1550.00

3.26 Training and Rehabilitation Programs in SOS Children's Village Rajshahi

The name of the rehabilitation program is Independent Living Assistance (ILA). When the inmates reach at the age of 23 years, they can choose any one of the following facilities:

Marriage

If the inmates are able to live their independent life they allowed for matrimony.

Job

There is a job bank at Dhaka office. They search different types of job according to the SOS inmates' qualifications.

Vocational Training Center (VTC)

If the inmates are willing to get vocational training, they are sent to VTC at Dhaka.

Agro-based Farm Project

When the inmates like to do any agro-based work, they referred to the project in Bagerhat, Khulna.

Loan

For rehabilitations of the inmates the SOS gives them loan according to their needs.

3.27 Case Study of an Inmate in SOS Children's Village Rajshahi

(a) Personal information

1. Name: Fouzia Abida
2. Age: 9 years
3. Sex: Female
4. School Name: Rajshahi PN Girls School
5. Class reading: III
6. Marks/GPA obtained in the Annual Examination of the Previous Class:
"A"

(b) Family Background

1. Family Head: No.
2. Type of Family: Not Applicable
3. Profession of Family Head: Not Applicable.
4. Family Head Monthly Income: Not Applicable.
5. Condition of the House: Not Applicable.
6. Residential Position: Not Applicable.

7. Source of Drinking Water: Not Applicable.
8. Amount of Land: Not Applicable.
9. Mother's Educational Qualification: Not Applicable.
10. Age of Mother at the Time of Giving Children in the Institution: Not Applicable.
11. Delivery Place of the Children: Medical College Hospital, Rajshahi
12. Total No. of Children of the Mother: Not Applicable.
13. Reasons behind Bringing to the Institution: Destitute Children
14. Admission Age: 02 days.

(c) Have the knowledge about Child Right?

Ans: No

(d) Express your own ideas about your life:

Ans: Express good.

(e) What do you want to be in future?

Ans: Doctor.

(f) Knowledge about HIV/AIDS

1. Do you know about AIDS? : Ans: No
2. If yes, what is AIDS?
3. How does it spread?
4. What measurement are there to prevent it?

(g) Health information

1. Do you know about the 6 diseases (EPI)? Ans: No
2. Body weight: 25kg
3. Height: 131 cm
4. Diameters of waist: 63 cm
5. Arm's Diameters: 17 cm

(h) Work at Leisure Time: Play

(i) Comments: Behavior Good and Good Student.

CHAPTER - 4

REVIEW OF LITERATURE

The state signatory to the Convention on the Rights of the Child (CRC) is committed to fulfill and establish the rights of children with their respective territory; in this point of view the Government of Bangladesh is also committed to fulfill the Articles of CRC. The national and international organizations have been implementing various projects and programs for the welfare of the children. A good number of research organizations are working in this field and publishes their reports. We reviewed some research articles and thesis in this field. Those reports explain various aspects of the children such as present social condition, educational status, health status, mental health condition, different types of limitations, obstacles to implement the CRC and recommendations to remove these barriers, etc. Some of them are summarize below:

In 2006, UNICEF published **“CHILD PROTECTION INFORMATION SHEETS”**. These information sheets give us different types of information about the child protection such as, what is child protection, violence against children, children affected by HIV/AIDS, birth registration, child marriage, child labour, children without parental care etc. UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and abuse against children-including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital multination/cutting and child marriage. UNICEF’s child protection programs also target children who are uniquely vulnerable to these abuses, such as when living without parental care, in conflict with the law and armed conflict. Violations of the child’s right to protection take place in every country and are massive, under-recognized and under-reported barriers to child survival and development, in addition to being human rights violations. Children subjected to violence, exploitation, abuse and negligence are at risk of death, poor

physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, vagrancy and poor parenting skills later in life. CHILD PROTECTION INFORMATION SHEET: Children without Parental Care give much information. Millions of children around the world are growing up without one or both of their parents. Many more are at risk of separation, due to the impact of poverty, disability and HIV/AIDS or such crises as natural disaster and armed conflict. Children without parental care find themselves at a higher risk of discrimination, inadequate care, abuse and exploitation, and their well being is often insufficiently monitored. Many children are placed unnecessarily and for too long in institutions, where they receive less of the stimulation and individual attention needed to grow to their full potential. Inadequate care environments can impair children's emotional and social development and leave them vulnerable to exploitation, sexual abuse and physical violence.

Claire O'Kane et al. in November 2006 published a report **"Child Rights Situation Analysis: Rights Situation Analysis of Children without Parental Care and at risk of losing their Parental Care- Global Literature Scan"**. This analysis provides an overview of key rights based analysis from a global scan identifying global and regional trends concerning children without parental care and/or at risk of family breakdown (with attention to differing socio-political, cultural context). Key analyses of right violations for this target group, the root causes as well as targeting strategies are desired. Identification of key duty bearers (at a range of levels) including their responsibilities are also outlined, with a particular focus on obstacles preventing the fulfillment of children's rights by State government. Key strategies of UN and INGOs agencies are described, as well as efforts to develop international guidelines for children without parental care. Furthermore, a range of prevention and out of home care options is described.

The report on **"Bangladesh-e-Shishu Odhikar Sanad Bastabayaner Agragati Parjalochona"** (The Latest Review of the implementation of the CRC in

Bangladesh.) published by the Save the Children, UK in March 2004 in Bangla version.

The report is prepared by the committee on the “Rights of the Child” constituted by the government of Bangladesh. Bangladesh is one of the 22 States that signed the convention and ratified it. The report was prepared in accordance with the principles proclaimed in the charter. The charter proclaims that State parties shall respect and ensure the rights set forth in this convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s parent’s or legal guardian’s race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members and so on. The review reports were prepared in accordance with theses principles. The committee reviewed the latest situation of the implementation. The Government of Bangladesh has taken various initiatives for the well being of children including legal protection. The Government has also taken various projects and for the improvement of living conditions and protection of their rights. The report also made observations on which the Government has not taken any steps. Various difficulties and obstacles have also been discussed in the report. These included the articles of the CRC in its last part. The report is the Government document and it is submitted to the committee on children of the UN.

“The Government of the Bangladesh: National Plan for Action for Children 1997-2002” in 1999, Ministry of Women and Children Affairs, the Government of Bangladesh published a National Plan for Action for the children 1997-2002 on behalf of the Government of Bangladesh. It seeks to respond to international and regional conventions regarding children and their

rights. It presents a policy review of the situation of children in Bangladesh in the light of regional and international declarations with proposed program interventions in a number of fields. This includes provision for their wholesome living opportunities and schooling, elimination of all forms of trafficking and abuse and the strict enforcement of current child labor laws. Through this a perception of the child as a distinct personality in his/her own right will be developed. It is narrated in the National Plan for Action that Bangladesh has ratified: CRC (ratified (1990)), world Declaration on Survival, Protection, Development and Participation of children from the world summit for children (1990), Rawalpindi Resolution of SAARC (1996) and National Children Policy 1994.

In this report a 'child' is regarded as a person below 18 years of age in line with the CRC. In 1997, 49.67% (6.175 corer) of Bangladesh's population of 12.43 crores people fitted into this category. Statistics reveal that 66 luckhs despite 1.183 corers are unemployed adults. 300 types of work have been recorded, 47% of these deemed as highly hazardous. 5% are in the informal economy, with the vast majority in the informal economy. It is argued that child labor has increased due to an increase in the country's population, a persistently impoverishing situation in rural areas and migration from rural to urban areas due to poverty, erosion of land, inheritance laws and the break up of families, working children in Bangladesh are exposed to violence and other abuses. It is also argued that child labor is both an economic and social problem. In the Action plan, the government sets goals for the elimination of children engaged in hazardous occupations by 2000, and elimination of all forms of child labor by 2010. To achieve the goals, the government has taken various strategies which include: to encourage the establishment of day-care centre for children of working mothers, increased provision of education with an improvement in school conditions, create greater awareness about child labor issues, poverty alleviation as poverty is the main reason for the high

incidence of child labor, reducing vulnerabilities, encourage NGOs to open up employment credit and skill training facilities for the parents of vulnerable children.

The National Plan for Action looks good, paying hip-service to international and regional conventions that promote the best interest of the child. Strategies and goals are varied, some realistic, others quite unrealistic and unattainable. But it is possible to begin to evaluate the success of these policies.

“Achievement of Specified Targets Fixed at the World Summit on Children: National Report 2000”, in 2000, the government of Bangladesh has submitted a report on the situation of children of the country to the UNICEF. This report was prepared in accordance with the specified targets, which were set at in the World Summit on Child held in 1990. In the summit, a number of issues were fixed which should be addressed by the State party for the well being of children of the country. Accordingly, the government of Bangladesh has taken various initiatives and project to achieve the goals. The report has been divided into six chapters, excluding graphs, table and references. In the first chapter, the background of Bangladesh and World Summit on Child has been discussed as well as the achievement of the first-five years also discussed. In the second chapter, the achievements of last decade in this regard are discussed. In the chapter three, the initiatives taken at national and international level have been discussed. In the chapter four, the initiatives taken for the protection of the rights of the children and their growth have been discussed. In the chapter five, the attained experiences gathered during, the implementing period at different times have been discussed. Finally, in the report in the last chapter, the issues what should be done in future are discussed. In the chapter, a 7- point issue has been discussed for the well being of children. It is a government official document in the sector of children. It reveals that Bangladesh has achieved remarkable improvements in respect of developing the condition of women and children particularly in education, health and

sanitation, nutrition, water supply etc. with the help of NGOs and donor organizations.

The report **“Children’s Rights and Children’s Work in Bangladesh: A Scoping Study”** is written by Crawford Sheena of Edinburgh University, UK. The study is carried out for DFID-B in September and October 1999.

The study reveals that 90% of the workforce in Bangladesh is employed in the informal sector and over 90% of children who work do so informally; without the benefit of any structure for their protection in work and often at considerable risk of abuse from those forces who are supposed to protect them. It is observed that child work can have a positive effect on children’s rights; for example, increasing household income, improving nutrition and access to health care. It can also have a negative effect such as- damaging education opportunities, development, health and well being. The study also reveals that there are an estimated 50,000 boys and girls working as prostitutes in Bangladesh. Child sex work is caused by a number of factors like extreme poverty, family break down, being ‘born into’ the profession and sexual abuse. The study further found that about 20% of child prostitutes die before, or when just reaching adulthood.

The researcher has recommended that although mainstreaming children’s rights into practice may have highest and long-term impact on children’s lives, there is a pronounced need to work towards immediate impact in some areas of rights violations or ignorance. This is particularly in relation to aspects of work, protection and participation. The researcher also says there are numerous ways on which work in support of the CRC could be taken forward in Bangladesh. It is further noted that the priority should be to enhance protection for children and to encourage them in ethical and appropriate participation for their own development and towards alternative livelihood strategies for productive citizenship.

“Jutisangha Shishu Sanad O Bangladesher Shishu” (United Nations Child Charter and Children of Bangladesh) is written by Rana Aminul and published from Bangla Academy, Dhaka in 1997.

It is a work on UN convention on the rights of the child and the situation of children in Bangladesh. He has discussed the government initiatives taken for the well being of children in the country. The government of Bangladesh has taken various projects and programs in accordance with the CRC for the protection of rights of children. The government has set up various institutions for the children so that they can get the facilities, which are needed for their future potential life. The writer also discussed the various programs taken by the non-government organizations (NGOs) for the well being of children in the country.

The writer noted that in Bangladesh about 50 % of total population are children. The government has taken operating different types of programs for their physical and mental well being to make them good citizen. He has also discussed the UN child charter elaborately.

Hossain Tofazzal has been described in details about child issues in his book **“Children: World and Bangladesh Perspective (1989)”**. He has been discussed about children issues into three perspectives in his book such as, World perspective, South Asian perspective and Bangladesh perspective, and the Book has been divided into three chapters. First chapter contains a number of issues such as definition of child age, awareness of child rights, urban-rural discrimination, health, disabled child etc. Education, special target group, role of non-government sector, law issues, water and cleanness, slum child labor, drug addiction, early marriage, recreation and sports, social awareness, nutrition of mother, breast-feeding, convention on child rights, etc are included in the second chapter.

In the last chapter- Bangladesh perspective-a number of issues have also been described. The issues are urbanization, birth rate, life expectancy, conditions of children, malnutrition, education, formal education, destitute child, orphan child, street child, child labor, survey, disabled child, child-care perspective and future commitment. In this chapter, the writer has narrated about destitute children. He says on an average almost all children of Bangladesh are to face different types of obstacles such as poverty, malnutrition, health related problems and access to education. Family, the lowest unit of society, tries to provide all sorts of facilities for children. But beyond the social security, a large number of children remain far from such facilities. These are orphan and street children who are identified as “*tokai*” in the media even among the elite group people. These children come from displaced/floating family and in many cases from one family. Besides, there are a number of disabled children. These children live beyond the social security.

He mentions that poverty and health-related problems have pushed the children into this position. In addition, natural disaster like flood, drought, and cyclone are also responsible to make them vulnerable in spite of their miserable conditions. He noted that various types of short-term relief activities, in many cases, become blessing for them but for the lack of long-term initiatives, the rehabilitation problems persist. In Bangladesh, there are some social-welfare structures to deal with for these destitute children and women. Finally, it may be noted that this book contains a holistic scenario of children.

UNICEF Bangladesh published a report on “*Bangladesher Shishu O Tader Odhikar*” (Children of Bangladesh and Their Rights, 1977). The report has been divided into five chapters. Chapter one contains child rights charter covering general principles, execution of charter, observation of member-countries and awareness about charter. Chapter two described different type of health parameters of the children of Bangladesh such as, right to live, life protection of children, control of diseases, health and life protection of

pregnant women, health care nutrition and water and sanitation. Chapter three describes right to growth and contains the issues which involve growth of children in childhood, education and child labor, birth registration, female child, minor-ethnic child, physical and sexual abuses of children, displaced children and child trafficking. In chapter four, right to participation, respect to the opinion of children, disabled children and children's participation in the development process are discussed. This report shows the overall situation of children of Bangladesh has been explored in light to the CRC. The positive and negative aspects on children issues have also been narrated in the report. The findings of the report reveal that people from all walks of life should participate in the execution and observation process to implement the charter in the life of children in Bangladesh.

“The Child Trafficking: The Underlying Dynamics” is a survey report conducted by Shamim *et al.* The survey was conducted through Fads and interviews with key informants of communities Jessore and Satkhira, interviews with families that have had experience of trafficking and traffickers.

The Study was conducted to assess the child trafficking and to explore the strategies for the prevention of trafficking. The findings of the study reveal that the central concern point of trafficking is poverty, the inferior status of women and girls and increasing trend of sexual exploitation on a local and global scale. It is argued that the main cause for trafficking is poverty, which inevitably affects women and children most severely leading to exploitation in the wake of rural-urban migration; the poor are particularly vulnerable to the lure of traffickers. The findings also reveal that the traffickers maintain a lot of mechanisms for trapping children. These include: the allurements of better jobs, an affair with a Lover, the promise of marriage, false marriage, tourism and kidnapping. Some of the major trafficking routes and sites are outlined in the report. It happened through organized gangs work maintaining a network of agents. The study noted that NGOs are increasingly working on the issue of

trafficking, some through advocacy and other through rescuing, rehabilitation and repatriation. Details of their activities are provided in the study.

The researchers recommended tackling endemic poverty, set up a national database of vulnerable children and their exploiters provide support to local NGOs, community groups and development partners to assist them in their initiatives to combat trafficking.

CHAPTER - 5

DATA AND METHODOLOGY

5.1 Introduction

In applied research data play vital roles. Unless the data are reliable, the findings become unacceptable. Generally, most of the data for statistical investigation are collected on sampling survey basis. Reliability of data is related to the mode of information as collected. If the aim is to acquire knowledge about some unknown events, then the accuracy of information becomes more vital than the mode of collecting information.

Research methodology is the philosophy of research to systematically solve the problem. In this research work we have applied various steps that are generally adopted by a researcher in studying his/her research problem along with the logic behind them. Methodology is a must for every kind of research problem and execution of research work.

5.2 Source of Data

This research is a comparative study. Data of this study were collected from the inmates of Sarkary Shishu Sodan and SOS Children's Village, Rajshahi following interview technique. We had to consider that the inmates of 5 to 18 years aged, because according to the law of Bangladesh Government children under 5 years are not allowed to get admission into Sarkary Shishu Sodan and when the inmates' are aged over 18 years they are to get back to their guardians. Two sets of questionnaires were framed, one for institutional head and another for the inmates of the institution. To get logistical, physical and economic information about the institution the institutional head questioner was used and to get the information about the inmates another set of questionnaire was used as stated above.

5.2.1 Sarkary Shishu Sodan, Rajshahi

At present 102 inmates aged from 5 to 18 years live in Sarkary Shishu Sodan, Rajshahi. A total number of 98 inmates were available during the data collection. Therefore, almost total numbers of 98 inmates were interviewed in this study.

5.2.2 SOS Children's Village Rajshahi

There were 115 inmates living in SOS children's village, Rajshahi. Their age ranged from 0 to 18 years or over. Out of the 115 inmates 68 inmates were aged between 5 to 18 years. When the data were collected, 3 inmates were not available there. So the total numbers of 65 inmates were successfully interviewed.

5.3 Sampling Procedure and Technique

For statistical analysis, it is important to know the sampling frame and sampling technique involved in it, because the entire analysis is dependent on them and the use of inappropriate technique might result in wrong and misleading conclusion. A variety of sampling techniques were used in statistical practice. In this study the data were collected from almost total population. So, it is not necessary to apply any sampling technique.

5.4 Questionnaire

A questionnaire is a set of questions regarding a specific research study. A good research depends on a good form of questionnaire. So, a questionnaire is a keystone of the survey. Language of the questionnaire was made simple. In these questionnaires, every question was relevant to the objective of the survey.

These questionnaires were designed in such a way that maximum information could be obtained within a short time by covering objectives of this study. The questionnaires were designed considering the following issues:

- (i) Limited questions.
- (ii) Respondents were assured that his/her identification will not be revealed and the information will not go against them.
- (iii) Long and confusing questions were avoided.

5.5 Data Collection

The data were collected keeping in view the objectives of the survey. The edition of the completed questionnaires helped in amending and recording errors or eliminating data that were erroneous and inconsistent. All kinds of mistakes were removed and answers were observed carefully.

5.6 Data Processing and Analyzing

The easiest procedure of analyzing the data is to use computer program. In order to analyze the data quickly, easily and correctly a suitable computer program was followed for data entry. For the data processing and analysis following stages were followed:

(1) Editing: Editing of data is a process of examining the collected raw data, to detect errors and omissions and to correct those when possible. After day-to-day collection of data, it was checked. The data were edited rigorously to make correction and to minimize the non-sampling error of the study. It was edited in order to compile complete, consistent, accurate and homogeneous data.

(2) Coding: Coding refers to the process of assigning numerals or other symbols to answer so that responses can be put into a limited number of categories or classes.

(3) Computerization: Edited and coded data were than processed in a computer. At first, entry of each data was given in the worksheet. Entire computerization of data was performed by a computer package named SPSS for windows version 11.5, the most convenient program for data analysis for

social science. Microsoft Excel and Microsoft Word were also used for completing the research. To analyze the data, all the qualitative variables were transferred by suitable numeric values.

5.7 Analytical Methodology

In applied research, methodology plays a vital role. All methodologies are not suitable for analyzing every set of data. Matching of an appropriate methodology for graduating as well as analyzing a set of data is a difficult task for researchers. For this reason, researchers apply appropriate methodology to graduate and analyze a set of data. Various statistical procedures have been applied to analyze the data in this study. Such procedures included univariate, bivariate and multivariate (logistic regression, path) analysis.

CHAPTER - 6

BACKGROUND CHARACTERISTICS

6.1 Introduction

In every research, it is important to know the background characteristics of the study or target population or nature of data. It is essential for the interpretation of the study results and examination of any casual effect relationship among the study variables. This is also essential because these characteristics are supposed to influence the norms, values and beliefs, expectations and aspirations of the people and consequently their family building (Saksena, 1973). Moreover this assessment helps in comparing the findings with similar characteristics of other independent survey findings. In order to study the background characteristics of different variables, it is important to focus on the frequency distribution of the considered variables. Frequency distribution (univariate distribution) shows the pattern of distribution and observations in different groups. Thus important preliminary step of this study is to examine the frequency distribution of some considered variables.

6.2 Univariate Distribution

When the observations, discrete or continuous are available on a single characteristic of a large number of individuals, often it becomes necessary to condense the data as far as possible without any information of interest. In the identification of individuals about whom particular information is taken is not relevant, nor the order in which the particular information is taken is not relevant, nor the order in which the observations arise, then the first real step of condensation is to divide the observed range of variable into a suitable number of class intervals and to record the number of observations in each class. Such a table showing the distribution of the frequencies into different classes is called a frequency table and the manner in which the class frequencies are distributed

over the class interval is called the grouped frequency distribution, simple distribution of the variable.

6.3 Physical, Logistical, Health Facilities and Socio-Economic Background of the Inmates

Following tables show the brief picture of social and economical facilities, which are able to the inmates of the two institutions.

Table 6.1: Distribution of Physical facilities of the inmates

Facilities	Sarkary Shishu Sadon	SOS Children's Village
No. of inmates		
Age group: 5 to 18 years	102	65
Other	0	50
Total	102	115
No. of Families	0	15
No. of Rooms		
For the inmates	8	$15 \times 5 = 75$
Other	16	$10 \times 5 = 50$
Total	24	125
Latrine for the inmates	12	15
Bed facilities	Not available	Available
Source of Drinking Water	Tub-well	Tube-well
Library	0	1
Primary School	1	0

From Table 6.1 it is observed that in case of Sarkary Shishu Sodan, Rajshahi out of 102 inmates total inmate are aged between 5 to 18 years and in case of SOS children's Village out of 113 inmates 65 inmates have age range 5 to 18 years and rest of the inmates have age range 0 to 4 years and over 18 years. The living system of Sarkary Shishu Sodan is mess base care and there are 15 families in SOS Children's Village because their living system is family base care. There are 8 living rooms for the inmates and 16 rooms for official use in Sarkary Shishu Sodan. On the other hand, 15 families use $15 \times 5 = 75$ rooms for the inmates' living purpose and $10 \times 5 = 50$ rooms are used for official purpose. Total number of latrine for the inmates in Sarkary Shishu Sodan and SOS

Children's Village is 12 and 15 respectively. Bed facilities of the inmates in Sarkary Shishu Sodan are not so good but the facilities of SOS Children's Village are suitable. Source of drinking water for both the institutions' inmates are same (Tube-well). There is a library in SOS Children's Village and there is no library in Sarkary Shishu Sodan, but there is a primary school in Sarkary Shishu Sodan, Rajshahi.

Table 6.2: Distribution of Logistical facilities of the inmates

Facilities	Sarkary Shishu Sodan	SOS Children's Village
Official Staffs	4	6
Primary Teacher	5	0
Trainer	6	0
Matron cum Nurse	2	0
House Parent come	1	0
Teacher	1	0
Elder brother	1	1
Compounder	0	15
Paid Mother	0	15
Helper of the paid mother	0	6
Private Tutor	2	3
Area Guard/Peon		
Recreation facilities	Not so good	Good
Awareness Program about HIV/AIDS, Child Right and EPI	Not so Good	Good

Table 6.2 shows the distribution of logistical facilities of the inmates for the two institutions. Out of the 22 staffs 4 staffs are official, 5 are primary teachers and 6 are trainers in Sarkary Shishu Sodan (Table 6.2). On the other hand, there are 6 official staffs in SOS Children's Village, but there is no primary teacher and trainer in that institute (Table 6.2). No matron cum nurse but there are house parent cum teacher and elder brother in SOS Children's Village, and a full time compounder in that institute. On the other hand, 2 matrons cum nurses, 1 house parent cum teacher, 1 elder brother and 1 compounder in Sarkary Shishu Sodan. There are no paid mother, helper of the mother and

private tutor in Sarkary Shishu Sodan but there are 15 paid mothers, 15 helpers of the mothers and 6 private tutors in SOS Children's Village. So it is observed that only 22 persons give the services to the inmates in Sarkary Shishu Sodan and most of them do their duty during the official time only and it is unusual that there is no permanent cook in Sarkary Shishu Sodan due to lack of governmental staff appointed system. But 15 persons give the services to the inmates in SOS Children's Village; most of them give full time services. Paid mother (15) is the family (15) head in SOS Children's Village and her service pattern is like a real mother in a normal family. The helper of the mother ("Khala") works as like as full time maidservant in a family. Paid mothers with the help of the "Khala" also take care of their children, look after inmates' food, clothing, education etc. as like as real mother. Recreation facilities and awareness programs about HIV/AIDS, Child Rights and EPI are not so good in Sarkary Shishu Sodan, but these programs are far better in SOS Children's Village, Rajshahi.

From the above discussion it is obvious that all kinds of logistics are better in SOS Children's Village than those of the Sarkary Shishu Sodan, Rajshahi.

Table 6.3: Distribution of Health and Economic services for the inmates

Facilities	Sarkary Shishu Sodan	SOS Children's Village
No. of Part-time Doctor	1	2
Doctor's Service	2 days/week 2 hours/ day	6 days/week 6 hours/days
Medicine	Not Sufficient	Sufficient
Fooding	Tk.760/month (Not Sufficient)	Sufficient
Clothing	Tk.96.75 /year (Not Sufficient)	Sufficient
Education	Tk.64.50 /month (Not Sufficient)	Sufficient
Rehabilitation	No allocation	Sufficient allocation

Table 6.3 shows that the doctors and medicinal facilities are sufficient for the inmates of the SOS Children's Village, but those facilities are not sufficient for

the inmates of the Sarkary Shishu Sodan, Rajshahi. Food, clothing and educational facilities are sufficient for the inmates in SOS Children's Village, but these facilities are not so good in Sarkary Shishu Sodan. There is no sufficient allocation of fund for rehabilitation program for the inmates in Sarkary Shishu Sodan, but there is sufficient and enough fund for rehabilitation program for the inmates in SOS Children's Village. Therefore, it can be concluded that due to the lack of funding and proper monitoring for the inmates in Sarkary Shishu Sodan, it cannot progress well, and that is why this type of governmental institute cannot reach their goal. On the other hand, the SOS Children's Village has ample facilities to reach their goal, to take up the proper planning and proper utilization of all kinds of facilities.

Table 6.4 shows the socioeconomic background of the inmates of both institutions. Of the total number of inmates who are living in Sarkary Shishu Sodan, 80.6% comes from nuclear family and only 19.4% comes from joint family. It is noted that 3 inmates came from baby home (they were abandoned children), they were included in nuclear family. On the other hand, of the inmates who are living in SOS Children's Village, 52.3% come from nuclear family and 47.69% come from joint family, and good number abandoned children came to live in SOS Children Village. Since 18 years old inmates cannot live in Sarkary Shishu Sodan, what will be happen in future life of those children? It is alarming! On the other hand, there are many rehabilitation programs for inmates of SOS Children's Village.

Table 6.4: Socio-economic background of the inmates

Background Characteristics	Institutions of the inmates			
	Sarkary Shishu Sodan		SOS Children's Village	
	Frequency	Percentage	Frequency	Percentage
Types of family				
Nuclear	79	80.6	34	52.31
Joint	19	19.4	31	47.69
Total	98	100.0	65	100.0
Family income				
Less than 500	6	6.1	14	21.5
500-1000	46	46.9	20	30.8
1000-1500	46	46.9	31	47.7
Total	98	100.0	65	100.0
Place of living house				
Own land	36	36.7	23	35.38
Govt. land	39	39.8	37	56.92
Others	23	23.5	5	7.69
Total	98	100.0	65	100.0
Housing condition				
Half pacca	14	14.3	5	7.69
Khacha	38	38.8	17	26.2
Tin shed	4	4.1	6	9.23
Bamboo made	20	20.4	7	10.8
Made with muddy wall	9	9.2	10	15.4
Made with khar	11	11.2	18	27.7
Homeless	2	2.0	3	4.62
Total	98	100.0	65	100.0
Mother's age				
15-19 years	1	1.0	7	10.8
20-24 years	3	3.1	13	20.0
25-29 years	26	26.5	23	35.4
30-34 years	34	34.7	9	13.8
35-39 years	23	23.5	8	12.3
40+ years	11	11.2	5	7.69
Total	98	100.0	65	100.0
Mother's education				
Illiterate	45	45.9	57	87.7
Literate	53	54.1	8	12.3
Total	98	100.0	65	100.0
Delivery place				
Home	48	49.0	25	38.5
Govt. Hospital	6	6.1	10	15.4
Clinic	1	1.0	2	3.08
Other places	43	43.9	28	43.1
Total	98	100.0	65	100.0
Causes of admission				
Family's disability	95	97.0	59	90.1
Others	3	3.0	7	10.0
Total	98	100.0	65	100.0

In both the institutions, the income of the families from which the inmates came was not more than Tk.1500/- per month (Table 6.4). In case of Sarkary Shishu Sodan, only 36.7% inmates had their real parents' home built up on their own land and rest of the inmates had their real parents homes built up on government land or on other places or they were homeless, and their housing condition was not so good. In case of SOS Children's Village, only 35.38% inmates had their real parents' home built up on their own land and rest of the inmates had their real parents homes built up on government land or on other places or were homeless, and their housing condition was not good. Here we considered the age ranges of the inmates' mothers from 15-19, 20-24, 25-29, 30-34, 35-39 and 40+ years, when they came to the institutions. The respective groups of the percentages of the mothers were 1.0, 3.1, 26.5, 34.7, 23.5 and 11.2 when the inmates came to the Sarkary Shishu Sodan. On the other hand, the respective groups of the percentages of the mothers were 10.8, 20.0, 35.4, 13.8, 12.3 and 7.62 when the inmates came to the SOS Children's Village. In case of Sarkary Shishu Sodan 54% inmates' mothers were literate and maximum literate mother's educational qualification was up to primary level. On the other hand, in case of SOS Children's Village 88% inmates' mothers were illiterate. Delivery place of the inmates in Sarkary Shishu Sodan were their parental home (49%), Govt. hospital (6%), clinic (1%), and other place (44%). On the other hand, delivery place of the inmates in SOS Children's Village were their parental home (38.5%), Govt. hospital 9 (15.4%), clinic (3%), and other place (43%). 97% inmates' (in Sarkary Shishu Sodan) real parents had no ability to take care of their children, so they sent them to the Sarkary Shishu Sodan, Rajshahi. Only 3% inmates' parents in Sarkary Shishu Sodan sent their children for other causes. On the other hand, 90% inmates' (in SOS Children's Village) parents sent their children to SOS Children's Village for their disability and 10% parents sent their children to that institution for other causes.

From the above discussion, it may be concluded that the socioeconomic background of the inmates in the two institutions are not well and

comparatively the average socioeconomic background of the inmates in Sarkary Shishu Sodan is good than that of SOS Children's Village.

Table 6.5: Percentage distribution of the inmates according to their age, educational level, educational result and aim of life.

Characteristics	Sarkary Shishu Sodan		SOS Children's Village	
	Frequency	Percentage	Frequency	Percentage
Age group				
5-9 years	27	27.6	23	35.4
10-13 years	47	48.0	24	36.9
14-18 years	24	24.5	18	27.7
Total	98	100.0	65	100.0
Educational level				
Primary	66	67.35	43	66.15
Secondary	32	32.65	21	32.31
Higher secondary	0	0.0	1	1.54
Total	98	100.0	65	100.0
Result in grade				
A+	2	2.04	2	3.03
A	12	12.24	9	13.63
A-	8	8.16	4	6.06
B	31	31.63	29	45.45
C	27	27.55	16	24.24
D	16	16.32	5	7.57
F	2	2.04	0	0
Total	98	100.00	65	100.00
Aim of life				
Officer (Doctor, Engineer, Gazetted officer)	8	8.16	36	55.4
School teacher	19	19.4	18	27.7
Nurse	0	0	4	6.15
Player	5	5.1	7	10.8
Others	66	67.3	0	0.0
Total	98	100.0	65	100.0

Table 6.5 shows the percentage distribution of the inmates according to their age, educational level, results of education and aim of their life. In age groups 5–9, 10-13, and 14-18 years there are respectively 27.6%, 48.0% and 24.5% inmates live in Sarkary Shishu Sodan and in the same age group respectively 35.4%, 36.9% and 27.7% inmates live in SOS Children's Village. In Sarkary Shishu Sodan of the inmates read in 67% primary level and 33% in secondary level. On the other hand, in SOS Children's Village 66% of the inmates read in primary level, 32% in secondary level and 2% in higher secondary level. The educational results of the inmates in Sarkary Shishu Sodan are grade 'A+' 2%,

grade 'A' 12%, grade 'A-' 8%, grade 'B' 32%, grade 'C' 28%, grade 'D' 16% and 2% failed, while the educational results of the inmates in SOS Children's Village are grade 'A+' 3%, grade 'A' 14%, grade 'A-' 6%, grade 'B' 45%, grade 'C' 24%, grade and 'D' 8%. So it is observed that the average educational results of the inmates in SOS Children's Village are better than those of the inmates of Sarkary Shishu Sodan, Rajshahi. In Sarkary Shishu Sodan, the inmates' aim of life of 8% is to become officers (Doctors, Engineers and other administrative or gazetted officers), 19% is schoolteachers, 5% is players and 67% likes to go to other professions (equivalent to 3rd or 4th grade office staff or no aim in life). Whereas, in SOS Children's Village the inmates' aim of life 55% is officers (Doctors, Engineers and other administrative or gazetted officers), 28% is schoolteachers, 6% is nurses and 11% is players.

From the above discussion, it is concluded that the inmates of SOS Children's Village has better thinking about their future life than that of Sarkary Shishu Sodan due to the better institutional facilities and educational environment.

CHAPTER - 7

DIFFERENTIAL PATTERNS OF KNOWLEDGE AND AWARENESS ABOUT SOME SELECTED FACTORS

7.1 Introduction

The contingency analysis investigates the degree of association together with the dependency criterion between the selected variables. Examination of association is performed by means of contingency table. Here we will discuss the associations between dependent and independent variables.

7.2 Contingency Analysis

To test the association between two variables $r \times c$ contingency table is used. This is represented as below:

Contingency Table

X \ Y	Y₁	Y₂	Y₃	Y_c	Total
X₁	O ₁₁	O ₁₂	O ₁₃	O _{1c}	
X₂	O ₂₁	O ₂₂	O ₂₃	O _{2c}	
X₃	O ₃₁	O ₃₂	O ₃₃	O _{3c}	
·						
·						
X_r	O _{r1}	O _{r2}	O _{r3}	O _{rc}	
Total						

Here $X_1, X_2, X_3, \dots, X_r$ are the r -category of the attribute X and $Y_1, Y_2, Y_3, \dots, Y_c$ are the c -category of the attribute Y . O_{ij} and E_{ij} be the observed and expected frequency of i th row & j th column respectively. N be the grand total. To test the homogeneity between two attributes the following hypothesis is used.

Null hypothesis, H_0 : There is no association between two attributes X and Y .

Alternative, H_1 : H_0 is not true.

To test the homogeneity the following statistics is used:

$$\chi^2 = \sum \sum (O_{ij} - E_{ij})^2 / E_{ij} \approx \chi^2_{(r-1)(c-1)}$$

At $\alpha\%$ level of significance and $(r-1)(c-1)$ d.f compare the tabulated value with the calculated value of χ^2 and comment about the two attributes may be associated or not.

7.3 Test of Association

For making our cross tabulation more clear in conception, we have selected dependent variables as knowledge and awareness about HIV/AIDS, Child Right and EPI. Again for the sake of our analysis we have categorized our selected independent variables in a category as Socio-Demographic related variables. The different dependent and independent variables worked out in this study and those are mentioned in the following table:

Dependent Variable	Independent Variable (Socio-Demographic Variables)
Knowledge about HIV/AIDS: Category: 1. Yes 2. No	i) Age (Inmate's age) Category: 1. 6-9 year, 2. 10-13 year, 3. 14-17 year ii) Education (Educational progression of the inmate) Category: 1. Class: I-III, 2. Class: IV-VI, 3. Class: VII-IX, 4. Class: X to above iii) Duration of living (How long time the inmate was living in the institution in year) Category: 1. 0-4 year, 2. 5-9 year, 3. 10-14 year, 4. 15+ year
Knowledge about Child Right Category: 1. Yes 2. No	i) Age (Inmate's age) Category: 1. 6-9 year, 2. 10-13 year, 3. 14-17 year ii) Education (Educational progression of the inmate) Category: 1. Class: I-III, 2. Class: IV-VI, 3. Class: VII-IX, 4. Class: X to above iii) Admission Age (At which age the inmate was admitted in the institution in year) Category: 1. 0-2 year, 2. 3-4 year, 3. 5-6 year. iv) Duration of living (How long time the inmate was living in the institution in year) Category: 1. 0-4 year, 2. 5-9 year, 3. 10-14 year, 4. 15+ year
Knowledge about EPI Category: 1. Yes 2. No	i) Age (Inmate's age) Category: 1. 6-9 year, 2. 10-13 year, 3. 14-17 year ii) Education (Educational progression of the inmate) Category: 1. Class: I-III, 2. Class: IV-VI, 3. Class: VII-IX, 4. Class: X to above iii) Admission Age (At which age the inmate was admitted in the institution in year) Category: 1. 0-2 year, 2. 3-4 year, 3. 5-6 year. iv) Duration of living (How long time the inmate was living in the institution in year) Category: 1. 0-4 year, 2. 5-9 year, 3. 10-14 year, 4. 15+ year

Now as we want to test the whether there is any association between dependent and corresponding independent variables. So the following hypothesis:

H_0 : There is no association between dependent and independent variable (Socio-demographic variables).

H_1 : H_0 is not true.

The test statistics is, $\chi^2 = \sum \sum (O_{ij} - E_{ij})^2 / E_{ij}$.

7.4 Results and Discussion

The following Tables show the results of association of different attributes with their corresponding cross tabulation, calculated chi-square value with the corresponding d.f, p-value and finally the mean value of each group to enclose the average number of respondents in each group to enclose the average number of respondents in each of the groups for the different independent variables.

Table 7.1 shows the association between the dependent variable knowledge about HIV/AIDS and corresponding Socio-Demographic variables such as age, education and duration of living.

From Table 7.1 it is observed that at age group 14-18, 87.5% inmates of Sarkary Shishu Sodan have the knowledge about HIV/AIDS which refers that out of 98 inmates 21 inmates at age group 14-18 have the knowledge about HIV/AIDS and the corresponding age group's mean value is 0.875 that also suggested that the inmates at age group 14-18 have the sufficient knowledge store as far as about HIV/AIDS related knowledge is concerned. At age group 10-13, 42.6% inmates have the knowledge about HIV/AIDS and rest of the inmates have no knowledge about HIV/AIDS at the same age group. At age group 6-9, 100% inmates have no knowledge about HIV/AIDS of Sarkary Shishu Sodan, Rajshahi. On the other hand, at age group 14-18, total inmates

(100%) of SOS Children's Village have the knowledge about HIV/AIDS which refers that out of 65 inmates 18 inmates at age group 14-18 have the knowledge about HIV/AIDS and the corresponding age group's mean value is 1.00.

Table 7.1: Mean, bivariate and contingency distribution of inmates according to knowledge about HIV/ AIDS characteristics

Covariates	HIV/AIDS (Sarkary Shishu Sodan)				HIV/AIDS (SOS Children's Village)			
	No	Yes	Mean value	χ^2 - Value, df, ρ -value	No	Yes	Mean value	χ^2 - Value, df, ρ -value
Age group								
6-9	27(100.0)	0(0.0)	.000	$\chi^2=39.99$ df= 2 $\rho=0.00$	22(95.7)	1(4.3)	0.043	$\chi^2=37.21$ df= 2 $\rho=0.00$
10-13	27(57.4)	20(42.6)	.425		12(50.0)	12(50.0)	.500	
14-18	3(12.5)	21(87.5)	.875		0(0.0)	18(0.0)	1.000	
Total	57(58.2)	41(41.8)	.418		34(52.3)	31(47.7)	.476	
Education								
Class I-III	41(93.2)	3(6.8)	0.068	$\chi^2=47.39$ df= 2 $\rho=0.00$	26(86.7)	4(13.3)	.133	$\chi^2=45.14$ df= 9 $\rho=0.00$
Class IV-VI	15(42.9)	20(57.1)	.571		8(47.1)	9(52.9)	.529	
Class VII-IX	1(5.3)	18(94.7)	.947		0(0.0)	10(100.0)	1.000	
X to above	0(0.0)	0(0.0)	0.00		0(0.0)	8(100.0)	1.000	
Total	57(58.2)	41(41.8)	.418		34(52.3)	31(47.7)	.476	
Admission age								
0-3	0(0.0)	0(0.0)	0.0	$\chi^2=0.01$ df= 1 $\rho=0.97$	9(34.6)	17(65.4)	.653	$\chi^2=7.60$ df= 2 $\rho=0.02$
4-5	29(58.0)	21(42.0)	.420		17(73.9)	6(26.1)	.260	
6+	28(58.3)	20(41.7)	.416		8(50.0)	8(50.0)	.500	
Total	57(58.2)	41(41.8)	.418		34(52.3)	31(47.7)	.476	
Duration of living								
0-4	0(0.0)	0(0.0)	0.0	$\chi^2=25.72$ df= 2 $\rho=0.00$	17(100.0)	0(0.0)	.000	$\chi^2=41.63$ df= 3 $\rho=0.00$
5-9	48(77.4)	14(22.6)	.225		16(69.6)	7(30.4)	.304	
10+	9(25.0)	27(75.0)	.750		1(4.0)	24(96.0)	.956	
Total	57(58.2)	41(41.8)	.418		34(52.3)	31(47.7)	.476	

It is also suggested that total inmates at age group 14-18 have sufficient knowledge store about HIV/AIDS related knowledge are concerned. At age group 10-13, 50% the inmates have the knowledge about HIV/AIDS and at age group 6-9, 95.7% inmates have no knowledge about HIV/AIDS of SOS Children's Village, Rajshahi. Further we observed that in case of both the

institutions for testing the association between “Age group” and “Knowledge about HIV/AIDS” the p-values are equal to 0.00. Hence there are significant associations between “Age group” and “Knowledge about HIV/AIDS” for the inmates of Sarkary Shishu Sodan and SOS Children’s Village, Rajshahi at 0% level of significance.

From Table 7.1 it is obvious that 94.7% inmates of Sarkary Shishu Sodan who read in class VII to IX have the knowledge about HIV/AIDS which refers that out of 98 inmates 18 inmates who read in class VII to IX have the knowledge about HIV/AIDS and the corresponding age class range mean value is 0.947. This also suggested that the inmates who read in class VII to IX have sufficient knowledge store about HIV/AIDS related knowledge is concerned. Again 57.1% inmates who read in class IV to VI have the knowledge about HIV/AIDS and rest of the inmates has no knowledge about HIV/AIDS at the same class inmates and 100% inmates who read in class I to III have no knowledge about HIV/AIDS of Sarkary Shishu Sodan, Rajshahi. On the other hand, at educational progression ranging from class VII to IX and class X to above total inmates (100%) of SOS Children’s Village have the knowledge about HIV/AIDS which refers that out of 65 inmates 10 inmates read in class VII to IX and 8 inmates read in class X to above have the knowledge about HIV/AIDS and the corresponding educational progression range mean value is equal to 1.00 that also suggested that total inmates at educational progression ranges class VII to IX and class X to above have the most rich knowledge store about HIV/AIDS related knowledge is concerned. At educational progression range class IV to VI, 52.9% inmates have the knowledge about HIV/AIDS and at the same educational progression range group, 47.1% inmates have no knowledge about HIV/AIDS. Few percentage inmates who read in class I-III have knowledge about HIV/AIDS and rest of the inmates have no knowledge about HIV/AIDS of SOS Children’s Village, Rajshahi. Further we observed that in case of both the institutions Sarkary Shishu Sodan and SOS Children’s

Village, Rajshahi for testing the association between “Education” and “Knowledge about HIV/AIDS” the p-values are equal to 0.00. Hence there are significant associations between “Educational progression” and “Knowledge about HIV/AIDS” for the inmates of Sarkary Shishu Sodan and SOS Children’s Village, Rajshahi at 0% level of significance.

Again from Table 7.1 it is observed that 75% inmates who are living more than 10 years in Sarkary Shishu Sodan have the knowledge about HIV/AIDS which refers that out of 98 inmates 27 inmates who are living more than 10 years in the institute have the knowledge about HIV/AIDS and the corresponding inmates mean value is 0.75 that also suggested that the inmates who are living more than 10 years in the institute have the most rich knowledge store about HIV/AIDS related knowledge are concerned. Again 77.4% inmates who are living 5 to 9 years in the institute have no knowledge about HIV/AIDS and rest of the inmates has knowledge about HIV/AIDS at the same class inmates in Sarkary Shishu Sodan, Rajshahi. On the other hand, 96% inmates who are living more than 10 years in SOS Children’s Village have the knowledge about HIV/AIDS which refers that out of 65 inmates 24 inmates who are living more than 10 years in the institute have the knowledge about HIV/AIDS and the corresponding inmates means value are equal to 0.957 that also suggested that the inmates who are living more than 10 years in the institute have the most rich knowledge store about HIV/AIDS related knowledge are concerned. 69.6% inmates have who are living 5 to 9 years in the institute have no knowledge about HIV/AIDS and rest of the inmates have knowledge about HIV/AIDS at the same class’s inmates in SOS Children’s Village, Rajshahi. Further we observed that in case of both the institutions Sarkary Shishu Sodan and SOS Children’s Village, Rajshahi for testing the association between “Duration of living” and “Knowledge about HIV/AIDS” the p-values are equal to 0.00. Hence there are significant associations between “Duration of living”

and “Knowledge about HIV/AIDS” for the inmates in Sarkary Shishu Sodan and SOS Children’s Village, Rajshahi.

Finally the conclusion can be drawn from Table 7.1 that the percentage number of inmates’ knowledge as well as awareness about HIV/AIDS of SOS Children’s Village is higher than the percentage number of inmates’ knowledge as well as awareness about HIV/AIDS of Sarkary Shishu Sodan, Rajshahi with respect to grownup their age, educational progression and duration of living, and the association between knowledge as well as awareness about HIV/AIDS and the corresponding independent variables are highly significant.

Table 7.2 shows the association between the dependent variable knowledge about child right and corresponding Socio-Demographic variables such as age, education, admission age and duration of living.

From Table 7.2 it is clear that at age group 14-18, 91.7% inmates in Sarkary Shishu Sodan have the knowledge about child right which refers that out of 98 inmates 22 inmates at age group 14-18 have the knowledge about child rights and the corresponding age group’s mean value is 0.7083 that also suggested that the inmates at age group 14-18 have the most rich knowledge store as far as about child rights related knowledge is concerned. At age group 10-13, 63.8% inmates have the knowledge about child rights and rest of the inmates have no knowledge about child rights at the same age group. At age group 6-9, only one inmate has knowledge about child rights and rest 26 (96.3%) inmates have no knowledge about child rights of the same age group of Sarkary Shishu Sodan, Rajshahi. On the other hand, at age group 14-18, total inmates (100%) in SOS Children’s Village have the knowledge about child rights which refers that out of 65 inmates 18 inmates at age group 14-18 have the knowledge about child rights and the corresponding age group’s mean value is 1.00. It also suggested that total inmates at age group 14-18 have sufficient knowledge about child rights related knowledge is concerned. At age group 10-13, 75% inmates have the knowledge about child rights and at age group 6-9, 100%

inmates have no knowledge about child rights in SOS Children's Village, Rajshahi. Further we observed that in case of both the institutions Sarkary Shishu Sodan and SOS Children's Village, Rajshahi for testing the association between "Age group" and "Knowledge about Child Rights" the p-values are equal to 0.00. Hence there are significant associations between "Age group" and "Knowledge about Child Rights" for the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi.

Table 7.2: Mean, bivariate and contingency distribution of inmates according to knowledge about Child Rights characteristics

Covariates	Child Rights (Sarkary Shishu Sodan)				Child Rights (SOS Children's Village)			
	No	Yes	Mean value	χ^2 - Value, df, ρ -value	No	Yes	Mean value	χ^2 - Value, df, ρ -value
Age group								
6-9	26(96.3)	1(3.7)	.333	$\chi^2=43.04$ df= 2 $\rho=0.00$	23(100.0)	0(0.0)	.000	$\chi^2=46.79$ df= 2 $\rho=0.00$
10-13	17(36.2)	30(63.8)	.702		6(25.0)	18(75.0)	.666	
14-18	2(8.3)	22(91.7)	.708		0(0.0)	18(100.0)	1.000	
Total	45(45.9)	53(54.1)	.602		29(44.6)	36(55.4)	.523	
Education								
Class I-III	44(100.0)	0(0.0)	.386	$\chi^2=86.47$ df= 2 $\rho=0.00$	30(100.0)	0(0.0)	.000	$\chi^2=61.22$ df= 3 $\rho=0.00$
Class IV-VI	2(5.7)	33(94.3)	.771		1(5.9)	16(94.1)	.941	
Class VII-IX	0(0.0)	19(100.0)	.789		0(0.0)	10(100.0)	1.000	
X to above	0(0.0)	0(0.0)	0.0		0(0.0)	8(100.0)	1.000	
Total	46(46.9)	52(53.1)	.602		29(44.6)	36(55.4)	.523	
Admission age								
0-3	0(0.0)	0(0.0)	0.0	$\chi^2=0.18$ df= 1 $\rho=0.67$	10(38.5)	16(61.5)	.615	$\chi^2=4.38$ df= 2 $\rho=0.11$
4-5	24(48.0)	26(52.0)	.520		15(65.2)	8(34.8)	.347	
6+	21(43.8)	27(56.3)	.562		6(37.5)	10(62.5)	.625	
Total	45(45.9)	53(54.1)	.540		31(47.7)	34(52.3)	.523	
Duration of living								
0-4	0(0.0)	0(0.0)	0.0	$\chi^2=3.43$ df= 2 $\rho=0.06$	16(94.1.7)	1(5.9)	0.052	$\chi^2=31.19$ df= 2 $\rho=0.00$
5-9	29(46.8)	33(53.2)	.225		13(56.5)	10(43.5)	.434	
10+	10(27.8)	26(72.2)	.742		2(8.0)	23(92.0)	.913	
Total	39(39.8)	59(60.2)	.602		31(47.7)	34(52.3)	.523	

From Table 7.2 it can be observed that 100% inmates who read in class VII to IX in Sarkary Shishu Sodan have the knowledge about child rights which refers that out of 98 inmates 19 inmates who read in class VII to IX have the knowledge about child rights and the corresponding age class range mean value is 0.789 that also suggested that the inmates who read in class VII to IX have sufficient knowledge store as far as about child rights related knowledge is concerned. Again 94.3% inmates who read in class IV to VI have the knowledge about child rights and rest of the inmates has no knowledge about child rights at the same class inmates and 100% inmates who read in class I to III have no knowledge about child rights in Sarkary Shishu Sodan, Rajshahi. On the other hand, at educational progression ranges class VII to IX and class X to above total inmates (100%) in SOS Children's Village have the knowledge about child rights which refers that out of 65 inmates 10 inmates read in class VII to IX and 8 inmates read in class X to above have the knowledge about child rights and the corresponding educational progression ranges means value are equal to 1.00. It also suggested that total inmates at educational progression ranges class VII to IX and class X to above have sufficient knowledge store about child rights related knowledge is concerned. At educational progression range class IV to VI, 94.1% inmates have the knowledge about child rights and at the same educational progression range group, only one inmate has no knowledge about child right. The inmates who read in class I-III have no knowledge about child rights in SOS Children's Village, Rajshahi. Further we observed that in case of both the institutions for testing the association between "Education" and "Knowledge about Child Rights" the p-values are equal to 0.00. Hence there are significant associations between "Educational progression" and "Knowledge about Child Rights" for the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi.

There are insignificant associations between admission age and child rights for both the institutions of Sarkary Shishu Sodan and SOS Children's Village, Rajshahi shown as in Table 7.2.

Table 7.2 shows that 72.2% inmates who have been living more than 10 years in the Sarkary Shishu Sodan have the knowledge about child rights which refers that out of 98 inmates 26 inmates who are living for more than 10 years in the institute have the knowledge about child rights and the corresponding inmates mean value is 0.74. This also suggested that the inmates who are living for more than 10 years in the institute have the most rich knowledge store as far as about child rights related knowledge are concerned. Again 53.2% inmates who are living 5 to 9 years in the institute have the knowledge about child rights and rest of the inmates have no knowledge about child rights at the same class's inmates in Sarkary Shishu Sodan, Rajshahi. On the other hand, 92% inmates who are living for more than 10 years of SOS Children's Village have the knowledge about child rights which refers that out of 65 inmates 23 inmates who are living more than 10 years in the institute have the knowledge about child rights and the corresponding inmates means value are equal to 0.91 that also suggested that the inmates who are living more than 10 years of the institute have the most rich knowledge store about child rights related knowledge are concerned. 56.5% inmates who are living 5 to 9 years of the institute have no knowledge about child rights and rest of the inmates have knowledge about child rights at the same class inmates of SOS Children's Village, Rajshahi. It is further observed that in case of Sarkary Shishu Sodan, Rajshahi to test the association between 'Duration of living' and 'Knowledge about Child Rights' the p-value is 0.06, so there is significant association between 'Duration of living' and 'Knowledge about Child Rights' at 6% level of significance, and in the case of SOS Children's Village, Rajshahi for testing the association between "Duration of living" and "Knowledge about Child

Rights” the p-value is equal to 0.00, hence there is significant associations between “Duration of living” and “Knowledge about child Rights”.

Finally conclusion can be drawn from Table 7.2 that the percentage number of inmates’ knowledge about child rights of SOS Children’s Village is higher than the percentage number of inmates’ knowledge about child rights of Sarkary Shishu Sodan, Rajshahi with respect to growing up of their age, educational progression and duration of living, and the association between knowledge about child rights and the corresponding independent variables are significant.

Table 7.3 shows the association between the dependent variable knowledge about EPI and corresponding Socio-Demographic variables such as age, education, admission age and duration of living.

It also shows that the insignificant association between knowledge about EPI and age of the inmates in Sarkary Shishu Sodan, Rajshahi and the significant association between knowledge about EPI and age of the inmates in SOS Children’s Village, Rajshahi at 0% level of significance. At age group 14-18, 94.4% inmates in SOS Children’s Village have the knowledge about EPI which refers that out of 65 inmates 17 inmates at age group 14-18 have the knowledge about EPI and the corresponding age group’s mean value is 0.94 that also suggested that total inmates at age group 14-18 have the knowledge store about EPI related knowledge is concerned. At age group 10-13, 79.2% inmates have the knowledge about EPI and at age group 6-9, more than 50% inmates have no knowledge about EPI of SOS Children’s Village, Rajshahi. From Table 5.3 observed that 84% inmates who read in class VII to IX of Sarkary Shishu Sodan have the knowledge about EPI, which refers that out of 98 inmates 16 inmates who read in class VII to IX have the knowledge about EPI. Again 85.7% inmates who read in class IV to VI have the knowledge about EPI and the corresponding class range mean value is 0.86.

Table 7.3: Mean, bivariate and contingency distribution of inmates according to EPI characteristics

Covariates	EPI (Sarkary Shishu Sodan)				EPI (SOS Children's Village)			
	No	Yes	Mean value	χ^2 - Value, df, ρ -value	No	Yes	Mean value	χ^2 - Value, df, ρ -value
Age group								
6-9	10(37.0)	17(63.0)	.629	$\chi^2=2.16$ df= 2 $\rho=.34$	12(52.2)	11(47.8)	.478	$\chi^2=11.85$ df= 2 $\rho=0.00$
10-13	11(23.4)	36(76.6)	.766		5(20.8)	19(79.2)	.791	
14-18	5(20.8)	19(79.2)	.791		1(5.6)	17(94.4)	.944	
Total	26(26.5)	72(73.5)	.734		18(27.7)	47(72.3)	.723	
Education								
Class I-III	18(40.9)	26(59.1)	.590	$\chi^2=8.48$ df= 2 $\rho=0.01$	12(40.0)	18(60.0)	.600	$\chi^2=7.05$ df= 3 $\rho=0.07$
Class IV-VI	5(14.3)	30(85.7)	.857		5(29.4)	12(70.6)	.705	
Class VII-IX	3(15.8)	16(84.2)	.842		0(0.0)	10(100.0)	1.000	
X to above	0(0.0)	0(0.0)	0.00		1(12.5)	7(87.5)	.875	
Total	26(26.5)	72(73.5)	.734		18(27.7)	47(72.3)	.723	
Admission age								
0-3	0(0.0)	0(0.0)	0.0	$\chi^2=0.11$ df= 1 $\rho=0.73$	4(15.4)	22(84.6)	.846	$\chi^2=3.57$ df= 2 $\rho=0.17$
4-5	14(28.0)	36(72.0)	.720		9(39.1)	14(60.9)	.608	
6+	12(25.0)	36(75.0)	.750		5(31.3)	11(68.8)	.687	
Total	26(26.5)	72(73.5)	.734		18(27.7)	47(72.3)	.723	
Duration of living								
0-4	0(0.0)	0(0.0)	0.00		10(58.8)	7(41.2)	.411	
5-9	16(25.8)	46(74.2)	.741	$\chi^2=0.45$ df= 2 $\rho=0.79$	6(26.1)	17(73.9)	.739	$\chi^2=13.10$ df= 3 $\rho=0.01$
10+	10(27.8)	26(72.2)	.714		2(8.0)	23(92.0)	.913	
Total	26(26.5)	72(73.5)	.734		18(27.7)	47(72.3)	.723	
Total	26(26.5)	72(73.5)	.734		18(27.7)	47(72.3)	.723	

It also suggested that the inmates who read in class IV to VI has the knowledge store about child rights related knowledge is concerned. 59.1% inmates who read in class I to III have the knowledge about EPI of Sarkary Shishu Sodan, Rajshahi. On the other, hand at educational progression range class VII to IX total inmates (100%) of SOS Children's Village have the knowledge about EPI which refers that out of 65 inmates 10 inmates read in class VII to IX and have the knowledge about EPI and the corresponding educational progression ranges

mean value is equal to 1.00 that also suggested that total inmates at educational progression ranges class VII to IX have the knowledge store about EPI related knowledge. At educational progression range class IV to VI, 70.6% inmates have the knowledge about EPI. 60% inmates who read in class I-III have the knowledge about EPI of SOS Children's Village, Rajshahi. Further it appeared that for testing the association between "Education" and "Knowledge about EPI", there are significant associations between "Educational progression" and "Knowledge about EPI" of the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi.

There are insignificant associations between admission age and EPI for both the institutions of Sarkary Shishu Sodan and SOS Children's Village, Rajshahi shown as in Table 7.3. The insignificant association between knowledge about EPI and duration of living of the inmates in Sarkary Shishu Sodan, Rajshahi and the significant association between knowledge about EPI and duration of living of the inmates in SOS Children's Village, Rajshahi at 0% level of significance. 92% inmates who are living for more than 10 years of SOS Children's Village have the knowledge about EPI which refers that out of 65 inmates 23 inmates who are living for more than 10 years in the institute have the knowledge about EPI and the corresponding inmates mean value is equal to 0.91. It also suggested that the inmates who are living for more than 10 years of the institute have the knowledge store about EPI related knowledge is concerned. 73.9% inmates who are living for 5 to 9 years in the institute have the knowledge about EPI and rest of the inmates have no knowledge about EPI at the same class inmates in SOS Children's Village, Rajshahi.

From the above discussion it is obvious that the knowledge about HIV/AIDS and child rights play the role as dependent variables whereas age, educational progression and duration of living of the inmates play the role as independent variables. there are significant associations between dependent and independent

variables for the inmates in both the institutions. But when EPI plays the role as dependent variable, the age, educational progression and duration of living of the inmates play the role as independent variables. There are significant associations between dependent and independent variables for the inmates in the SOS Children's Village, Rajshahi and only one independent variable education make significant association with EPI for the inmates in Sarkary Shishu Sodan, Rajshahi. Further it is observed that for increasing the age, educational progression and duration of living of the inmates at the same time increase their knowledge about HIV/AIDS, child rights and EPI for both the institutions' inmates, but the knowledge about HIV/AIDS, child rights and EPI of the inmates of SOS Children's Village is at higher percentage than that of the inmates in Sarkary Shishu Sodan, Rajshahi.

CHAPTER - 8

KNOWLEDGE ABOUT HIV/AIDS, CHILD RIGHTS AND EPI AMONG THE INMATES

8.1 Introduction

The logistic regression analysis is one of the most important methods for the successful application to epidemiological research. This method is very useful for identifying various risk factors in case of qualitative (dichotomous) outcome variables. For binary data, regression methods are used as the logistic regression model. Cox (1970) has first developed the logistic regression model and its further development made by Anderson (1979,83). Prentice (1976) provided a very important discussion about logistic model often used when the response variable is binary in nature. The parameters of this model are estimated by the maximum likelihood method and the confidence interval is generally estimated from the inverse of the information matrix.

8.2 Linear Logistic Regression Model

Cox (1958) is the pioneer of logistic regression model. Subsequently, this model illustrated by Wailker and Duncun (1967) and Cox himself (1970). More recently Lee (1980) and Fox (1984) have further illustrated the Cox's model. Logistic regression is part of statistical models called generalized linear models. An excellent treatment of generalized models is presented in Agresti (1996). That logistic regression model can be used not only to identify risk factors but also to predict the probability of success. Though bivariates analysis is a useful first step in studying the relationship between two variables, it does not allow for qualification or testing of that relationship. When we examine each independent variable individually, it can only provide us a preliminary

idea of how important each variable is by itself. Therefore the relative importance of the entire variable has to be examined simultaneously by some multivariate method. Various alternative multivariate statistical techniques exist that can be used to predict a binary dependent variable from a set of independent variable. Multiple regression analysis and Discriminant Analysis are two related techniques, but these techniques are applicable only when the dependent and independent variables are measured in interval scale. In addition to the bivariate analysis of differentials of infant, child and under-5 mortality, this paper uses Linear Logistic Regression to determine the relative effects of each independent variable on infant, child and under-5 mortality.

A very interesting and successfully applicable method that can be used to predict a binary dependent variable from a set of independent variables and that does not require any distributional assumptions concerning explanatory variable is the Cox's Linear Logistic Regression Model. This model can be successfully used in the field of discriminant Analysis. The logistic regression model can be used not only to identify risk of prognostic factors but also to predict the probability of success. The general logistic model expresses a qualitative dependent variable as a function of several independent variables, both qualitative and quantitative.

Suppose that there are n individuals, to some of whom the infant mortality related events occurred. They are called the "success", and the others are the "failure".

Let $Y_i=1$, if the i -th individual is success, and

$Y_i=0$, if the i -th individual is a failure.

Suppose that for each of the individuals there are k independent variables X_{i1} , X_{i2} , X_{ik} . To overcome the problem of relating the independent variables X_{i1} , X_{i2} ,....., X_{ik} to the dichotomous dependent variable Y_i in logistic regression model, it is assumed that Y_i s are normally distributed with mean P_i and variance σ^2 , where P_i is the probability of success i.e., P_i is defined as

$$P_i = \Pr(y_i = 1)$$

and

$$Q_i = 1 - P_i = \Pr(y_i = 0); i = 1, 2, \dots, n \quad \dots\dots\dots (i)$$

The model can be written

$$P_i = \beta_0 + \sum_{j=1}^k \beta_j X_{ij} \quad \dots\dots\dots (ii)$$

The least square technique is applied to estimate the co-efficient β_j

Consequently, for a new individual, P_i can be estimated by substituting the X_{ij} s value into equation (ii). The method, treating dichotomous dependent variable as if it is qualitative, has several limitations. Since y_i s will in general be fully efficient, another limitation is that it is possible or the least square estimates obtained from model (ii) to lead to a fitted value that does not satisfy the condition $0 \leq P_i \leq 1$, could be used; however, computations become very complicated.

Because of the above limitations, equation (ii) is not an appropriate model for dichotomous or binary dependent variables. The linear logistic model

suggested by Cox is much more appropriate. In this model, the dependence of the probability of success on independent variable is assumed to be,

$$P_i = \frac{\exp(\beta_0 + \sum_{j=1}^k \beta_j X_{ij})}{1 + \exp(\beta_0 + \sum_{j=1}^k \beta_j X_{ij})} \dots\dots\dots (iii)$$

$$Q_i = 1 - P_i = \frac{1}{1 + \exp(\beta_0 + \sum_{j=1}^k \beta_j X_{ij})} \dots\dots\dots (iv)$$

Where β_j s are the unknown co-efficient

Estimation of the parameters from equations (iii) and (iv) seems to be very complicated. However, the logit transformation of P_i turns out to be a simple liner function of X_{ij} s, that is

$$\text{logit}(P_i) = \log_e(P_i / (1 - P_i)) = \sum_{j=1}^k \beta_j X_{ij} \dots\dots\dots (v)$$

Which express the log odds of occurrence of an event as a liner function of the independent variables. Thus, logarithm of the values of “success” (P_i) to “failure” ($1 - P_i$) and relating it to the independent variables, the logistic parameters can easily be interpreted in items of odds and odds ratios. Related odds can be estimated for the categories of each independent categorical variable or combination of such variables.

In logistic regression, the parameters of the models are estimated by using maximum likelihood method. That is, the co-efficient that make our observed results most likely are selected. The contribution of individual variable in logistic regression depends on the other independent variables and the interpretation is difficult when they are highly correlated. A statistic that is

used to look at the partial correlation between the dependent variable and each of the independent variable is the “R” statistic. The independent variables are fitted to the logistic model at a time by stepwise selection procedure. The process continues to add new variable to the regression equation at each step until the regression is satisfactory.

8.3 Variable Selection and Analysis

To analyze the logistic regression model, we have selected dependent and corresponding socio-demographic variables as independent variables. Again for the sake of our analysis we have categorized our dependent and independent (Socio-demographic) variables. The different dependent and corresponding independent variables worked out in this study and those are mentioned in the following table:

Dependent Variable (Y)	Independent (Socio-demographic) Variables (X)	Model No.
Knowledge about HIV/AIDS Category: Y = 1, if the inmates have knowledge about HIV/AIDS and Y = 0, otherwise.	1) Age of the inmates Category: X = 0, if the inmates age under 10 years and X = 1, otherwise. 2) Educational progression Category: X = 0, if the inmates educational progression under class IV and X = 1, otherwise. 3) Admission age of the inmates in year Category: X = 0, if the inmates age less than 6 year and X = 1, otherwise. 4) Duration of living (How long time the inmates live in the institution in year) Category: X = 0, if the inmates live in the institution under 10 years and X = 1, otherwise.	Model-I
Knowledge about Child Rights Category: Y = 1, if the inmates have knowledge about Child Rights and Y = 0, otherwise.	1) Age of the inmates Category: X = 0, if the inmates age under 10 years and X = 1, otherwise. 2) Educational progression Category: X = 0, if the inmates educational progression under class IV and X = 1, otherwise. 3) Admission age of the inmates in year Category: X = 0, if the inmates age less than 6 year and X = 1, otherwise. 4) Duration of living (How long time the inmates live in the institution in year) Category: X = 0, if the inmates live in the institution under 10 years and X = 1, otherwise.	Model-II
Knowledge about Child Rights Category: Y = 1, if the inmates have knowledge about Child Rights and Y = 0, otherwise.	1) Age of the inmates Category: X = 0, if the inmates age under 10 years and X = 1, otherwise. 2) Educational progression Category: X = 0, if the inmates educational progression under class IV and X = 1, otherwise. 3) Children ever born of the inmates' mother Category: X = 0, if the inmates' mother have less than 2 children and X = 1, otherwise. 4) Admission age of the inmates in year Category: X = 0, if the inmates age less than 6 year and X = 1, otherwise. 5) Duration of living (How long time the inmates live in the institution in year) Category: X = 0, if the inmates live in the institution under 10 years and X = 1, otherwise.	Model-III

The specific form of the logistic regression model is disclosed below:

$$E(Y) = \frac{e^{\beta_0 + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_k x_k}}{1 + e^{\beta_0 + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_k x_k}}$$

Where,

Y = Dependent variable

X = Independent variable

Logistic regression analysis can go some way towards identify those variables, which are truly related to the knowledge about HIV/AIDS, Child Rights and EPI. The category with the relative odds of 1.00 represents the reference category for the categorical variables.

8.3.1 Results and Discussion

The following Tables present the estimate of logistic coefficients, chi-square significant probability and relative odds calculated for each of the category of the socio-demographic variables.

The coefficients of educational progression group class IV+ of the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 1.34 and 2.04 respectively, which implies which implies that the inmates educational progression group class IV+ has significant positive effect on the knowledge about HIV/AIDS. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 3.84 and 7.70 times higher knowledge about HIV/AIDS than that of the inmates' educational progression group less than class IV as reference category, and also reveals that the inmates in SOS Children's Village gather higher knowledge about HIV/AIDS than that of the inmates in Sarkary Shishu Sodan with respect to the educational progression.

Admission age range 6 years+ has not significant effect on the knowledge about HIV/AIDS for both the institutions' inmates (Table 5.1) but the

respective group inmates in Sarkary Shishu Sodan and SOS Children's Village have respectively 1.76 and 1.36 times higher knowledge about HIV/AIDS than that of the inmates' admission age less than 6 years as reference category.

Table-8.1 Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about HIV/AIDS as the dependent variable

Covariates	Sarkary Shishu Sodan		SOS Children Village	
	Coefficients of β	Odds Ratio [Exp(β)]	Coefficients of β	Odds Ratio [Exp(β)]
Age of the inmates				
<10 year (rc)	...	1.00	...	1.00
10 year +	3.00*	20.17	2.82*	16.86
Education as progression				
<Class IV (rc)	...	1.00	...	1.00
Class IV+	1.34**	3.84	2.04**	7.70
Admission age of the inmates in year				
< 6 year (rc)	...	1.00	...	1.00
6 year +	0.56	1.76	0.30	1.36
Duration of living				
<10 year (rc)	...	1.00	...	1.00
10 year +	0.37*	1.44	0.85*	2.34
Constant	-1.57		-0.69	

Note: ** Significant at 5% level, * Significant at 10% level.

Again in Table 8.1 it is observed that the regression coefficients of duration of living 10 years+ inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 0.37 and 0.85 respectively, which implies the inmates' duration of living range 10 years+ has positively significant effect on the knowledge about HIV/AIDS. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 1.45 and 2.35 times higher knowledge about HIV/AIDS than that of the inmates' duration of living range under 10 years as reference category, and this also reveals that the inmates in SOS Children's Village gather higher knowledge about HIV/AIDS than that of the inmates in Sarkary Shishu Sodan with respect to increase the living period in the institution.

Actually, the above discussion focuses that age range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have positively significant effect on knowledge about HIV/AIDS for both the institutions, but admission age range 10 years+ falls positively insignificant effect on knowledge about HIV/AIDS. The knowledge about HIV/AIDS of the inmates in SOS Children's village have more increase than that of the inmates in Sarkary Shishu Sodan due to the better awareness facilities (e.g; awareness program of HIV/AIDS in the institution, printing and electronic media facilities etc.) of HIV/AIDS.

Table-8.2 Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about Child Rights as the dependent variable

Covariates \ Child rights	Sarkary Shishu Sodan		SOS Children Village	
	Coefficients of β	Odds Ratio [Exp(β)]	Coefficients of β	Odds Ratio [Exp(β)]
Age of the inmates				
<10 year (rc)	...	1.00	...	1.00
10 year +	1.07*	2.91	1.42**	4.17
Education as progression				
<Class IV (rc)	...	1.00	...	1.00
Class IV+	0.95**	2.09	0.66**	1.94
Admission age of the inmates in year				
< 6 year (rc)	...	1.00	...	1.00
6 year +	0.28	1.32	-0.66	0.51
Duration of living				
<10 year (rc)	...	1.00	...	1.00
10 year +	0.67**	1.16	0.14*	1.15
Constant	-0.08		1.69	

Note: ** Significant at 5% level, * Significant at 10% level.

Table 8.2 shows that the regression coefficients of 10 years+ aged inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 1.07 and 1.42 respectively, which implies the inmates aged 10 years+ has significant positive effect on the knowledge about Child Right. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively

2.91 and 4.17 times higher knowledge about Child Rights than that of the inmates of the age range under 10 years as reference category.

The coefficients of educational progression group class IV+ of the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 0.95 and 0.66 respectively, which implies that the inmates' educational progression group class IV+ has significant positive effect on the knowledge about Child Rights. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 2.09 and 1.94 times higher knowledge about Child Rights than that of the inmates' educational progression group less than class IV as reference category.

Admission age range 6 years+ has not significant effect on the knowledge about Child Rights for both the institutions' inmates (Table 6.2), but the respective group inmates in Sarkary Shishu Sodan have 1.32 times higher knowledge about Child Rights than that of the inmates' admission age less than 6 years as reference category.

Again in Table 8.2 it is observed that the regression coefficients of duration of living 10 years+ inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 0.67 and 0.14 respectively, which implies the inmates' duration of living range 10 years+ has positively significant effect on the knowledge about Child Rights. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 1.16 and 1.15 times higher knowledge about HIV/AIDS than that of the inmates' duration of living range under 10 years as reference category.

From the above discussion it is focused that age range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have almost equal positively significant effect on knowledge about Child Rights for both

the institutions but admission age range 10 years+ falls positively insignificant effect on knowledge about Child Rights.

From Table 8.3 it is clear that the regression coefficients of 10 years+ aged inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 0.37 and 3.47 respectively, which implies the inmates aged 10 years+ has significant positive effect on the knowledge about EPI. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 1.45 and 32.20 times higher knowledge about EPI than that of the inmates of the age range under 10 years as reference category.

The coefficients of educational progression group class IV+ of the inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 1.85 and 1.56 respectively, which implies which implies that the inmates educational progression group class IV+ has significant positive effect on the knowledge about EPI. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 6.36 and 4.77 times higher knowledge about EPI than that of the inmates' educational progression group less than class IV as reference category.

Admission age and also child ever born of the inmates' mother highlight insignificant results on the knowledge about EPI for both the institutions' inmates (Table 8.3) but the higher groups (admission age and children ever born) of Sarkary Shishu Sodan and SOS Children's Village have higher knowledge about EPI than that of the inmates' admission age less than reference category.

Again from Table 8.3 it is observed that the regression coefficients of duration of living 10 years+ inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi are 0.63 and 0.40 respectively. These imply the inmates' duration of living range 10 years+ has positively significant effect on the

knowledge about EPI. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 1.88 and 1.49 times higher knowledge about EPI than that of the inmates' duration of living range under 10 years as reference category.

Table-8.3 Logistic regression estimation for the effect of some selected socio-demographic variables with knowledge about EPI as the dependent variable

EPI Covariates	Sarkary Shishu Sodan		SOS Children Village	
	Coefficients of β	Odds Ratio [Exp(β)]	Coefficients of β	Odds Ratio [Exp(β)]
Age of the inmates				
<10 year (rc)	...	1.00	...	1.00
10 year +	0.37	1.45	3.47*	32.20
Education as progression				
< Class IV (rc)	...	1.00	...	1.00
Class IV+	1.85*	6.36	1.56**	4.77
Children ever born				
<2 children (rc)	...	1.00	...	1.00
2 children+	0.31	1.37	0.66	1.94
Admission age of children				
< 6 year (rc)	...	1.00	...	1.00
6 year +	0.00	1.00	0.64	1.89
Duration of living				
<10 year (rc)	...	1.00	...	1.00
10 year +	0.63*	1.88	0.40*	1.49
Constant	0.46		1.00	

Note: ** Significant at 5% level, * Significant at 10% level.

However, the above discussions focus that the age range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have positively significant effect on knowledge about EPI for both the institutions, but admission age range 10 years+ and children ever born of the inmates' mother show positively insignificant effect on knowledge about EPI.

CHAPTER - 9

DIRECT AND INDIRECT EFFECTS OF SOME SELECTED FACTORS ON BODY MASS INDEX

9.1 Introduction

Studies have shown that in some developing countries like Bangladesh, there is a very high prevalence of severe grades of under-nutrition and ill health leading to high death rates in various vulnerable segments of the population namely infants, toddlers, school age children and women of child bearing age. There are many indicators directly or indirectly associated with health and nutritional status of the population. There have been many anthropometric measurements and indices suggested for the assessment of the nutritional status. There was a variation in the prevalence of malnutrition based on a measurement or any other index used. Best combination of measurements found useful for the assessment of the growth status of infant, preschool and school age children and adolescents was high (%) with weight or weight for height or weight/weight² that is BMI (RAO, 1996).

In this study, we observed that when the children came to these institutions they were suffering in malnutrition problems and assuming that anthropometric measurement BMI of the inmates are interrelated to some selected factors such as their age, food value, age at which they were admitted in those institutions named admission age, how long they were living in those institutions named duration of living, their birth order and their mother's ages.

The aim of this chapter is to study the direct, indirect and joint contributions of the selected factors influencing BMI by using multivariate techniques named path analysis.

9.2 Path Analysis

A path analysis is one of such technique for showing Causal linkages among the interrelated variables. The technique of path analysis, which was developed during 1920s by Sewall Wright as an aid to the quantitative development of genetics, gained popularity in social science studies with further expositions. Recently its application has gained popularity in demography (Leobner and Driver, 1973; Kendall and O' Muirheartiagh, 1977; Sivamurthy and Ahmed, 1979; Balakrishnan et al. 1980; Ahmed 1980; Rob and Kabir, 1988).

Path analysis presumes the existence of Causal framework interlinking different predictor variables with the response variables. Such representation of the Causal variables is called as a path model and it is both stochastic and explanatory and it is said to be an extension of the multiple regression model (Rutherford and Choe, 1990; Hermalian 1975). It helps in estimating the magnitude of the linkages between interrelated variables and provides information about the underlying Causal processes. This technique explores a chain of relationship among the variables by using standardized regression coefficients of a set of regression equations. The fundamental to the path analysis is the path diagram, which is the outcome of a set of linearly interrelated variables and the assumed Causal relationship among them. In the path diagram the principles are as follows: (1) the variables are arranged from left in such a way that all the endogenous variables are to the right of their exogenous variables (ii) the unidirectional straight arrows called henceforth as Causal paths that go from left to right represents the endogenous variables and (iii) the two-headed curvilinear arrows represent the non-Causal (correlated) relationship among the exogenous variables. This study employs a recursive path model relating to BMI and some of its determinants.

9.2.1 Method and Model Specification for Path Analysis

Path analysis is a straightforward extension of multiple regressions. Its aim is to provide estimates of the magnitude and significance of hypothesized Causal connections between sets of variables. This analysis disentangles the specific mechanisms between sets of variables. Path analysis provides a theoretical model specified as a system of simultaneous regression equations, which are linear, additive and usually recursive (Boyle, 1970: 461-480). This is best explained by considering a path diagram.

From the data sheets we select seven variables are selected in order to construct a path analysis. Table 7.0 gives the detailed description of the variables. The Causal interrelationships among the explanatory variables, predetermined variables and dependent variables are presented in Figure 7.0.

Table 9.0 Variables and their measurement used in the path analysis

Variable	Measurement
X_1 or Y_1 = Admission age	Age at which inmate was admitted in institution in year.
X_2 or Y_2 = Duration of living in the institution	How long the inmate was living in institution in year.
X_3 or Y_3 = Order of birth of the inmate	Inmate's birth order; 1=1 st birth order, 2=2 nd birth order, 3=3 rd birth order and so on.
X_4 or Y_4 = Mother's age	Age of inmate's mother in year.
X_5 or Y_5 = Inmate's age	Inmate's age in year.
X_6 or Y_6 = Food value	Inmate's food value in calorie per day
X_7 or Y_7 = BMI	Body mass index calculated by BMI calculator (from internet).

Note: X_i 's for Sorkary Shishu Sodan and Y_i 's for SOS Children's Village, Rajshahi.

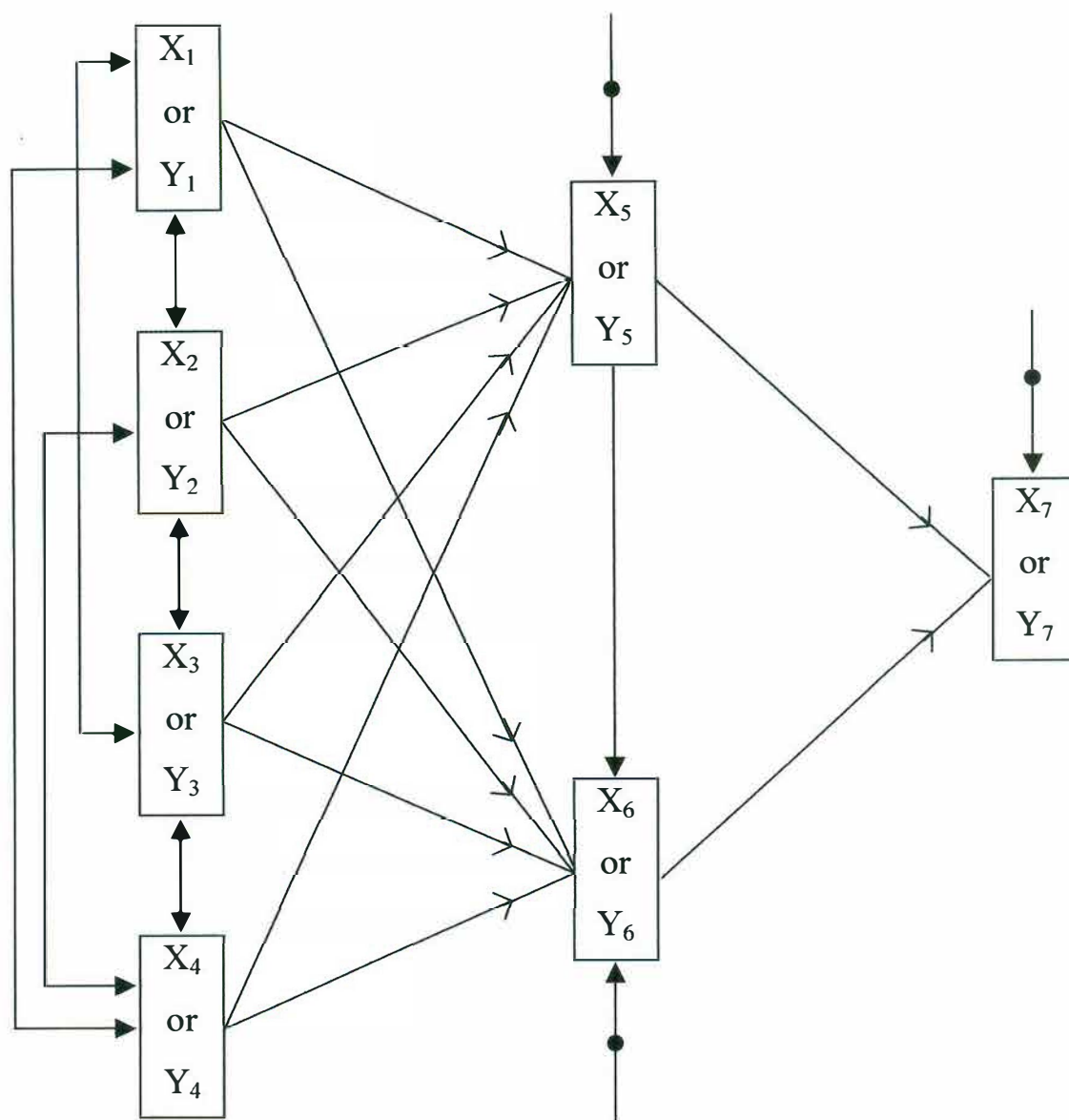


Figure 9.0: A Causal Model for Factors Affecting BMI

Note: X_i for Sarkary Shishu Sadon and Y_i for SOS Children Village, Rajshahi. $i = 1, 2, 3, \dots, 7$

Path coefficients are standardized regression coefficients in a system of linear regression equations, usually denoted P_{ij} , where the first subscript shows the dependent variable and the second subscript indicates to the variable whose direct effect on the dependent variable is measured. In other hands, P_{ij} are path coefficients representing the direct effect of j on variable i . A path coefficient gives the proportion of the standard deviation of the dependent variable for which the independent variable is directly responsible. In other words,

$$P_{ij} = \sigma_j / \sigma_i$$

Where, σ_j and σ_i denote the standard deviation of the dependent and independent variables respectively (Chandrasekaran and Hermalin, 1975).

The path estimation equations are useful (i) in deriving path coefficients, (ii) in deriving the direct, indirect and residual or joint effects and (iii) in preceding the implied correlation. The path estimation equations are derived from the structural equations by applying the basic theorem of the path analysis. Thus, it is to be noticed that structural equations are different from the path estimation equations. According to the Causal ordering of variables, the selected set of variables may be divided into three groups that are given below:

Exogenous Variable	{X ₁ , X ₂ , X ₃ , and X ₄ } or {Y ₁ , Y ₂ , Y ₃ , and Y ₄ }
Endogenous variable	{X ₅ , and X ₆ } or {Y ₅ , and Y ₆ }
Dependent variable	X ₇ or Y ₇

Note: X_i for Sorkary Shishu Sodan and Y_i for SOS Children's Village, Rajshahi.

This model is a recursive path model in which each variable is assumed to be dependent upon all prior Causal variables. The system of equation for the model can be written as:

$$X_5 = p_{51}X_1 + p_{52}X_2 + p_{53}X_3 + p_{54}X_4 + e_{5x}$$

or

$$Y_5 = q_{51}Y_1 + q_{52}Y_2 + q_{53}Y_3 + q_{54}Y_4 + e_{5y}$$

$$X_6 = p_{61}X_1 + p_{62}X_2 + p_{63}X_3 + p_{64}X_4 + p_{65}X_5 + e_{6x}$$

or

$$Y_6 = q_{61}Y_1 + q_{62}Y_2 + q_{63}Y_3 + q_{64}Y_4 + q_{65}Y_5 + e_{6y}$$

$$X_7 = p_{71}X_1 + p_{72}X_2 + p_{73}X_3 + p_{74}X_4 + p_{75}X_5 + p_{76}X_6 + e_{7x}$$

or

$$Y_7 = q_{71}Y_1 + q_{72}Y_2 + q_{73}Y_3 + q_{74}Y_4 + q_{75}Y_5 + q_{76}Y_6 + e_{7y}$$

(Note: X_i 's for Sarkary Shishu Sadon and Y_i 's for SOS Children's Village, Rajshahi.)

Where p_{ij} (or q_{ij}) are the path coefficients and e_{ix} (or e_{iy}) are random disturbance terms. All the random disturbance terms are mutually independent and are independent of their corresponding explanatory variables. These systems of equations are known as structural equation, which gives the estimates of path coefficients and helps in understanding the important links between various variables considered in the Causal model. Then multiple regression method is applied for each Causal relationship. The residual of path coefficients can also be estimated with case from the regression equation as square root of $(1 - R^2)$, where, R^2 (unadjusted) is the multiple correlation coefficients (square) of the regression equation. From the path analysis the direct effects, indirect effects, joint effects, implied effects and total effects of each selected explanatory variables on BMI are obtained separately in Sorkary Shishu Sodan and SOS Children's Village, Rajshahi.

9.2.2 Results and Discussion on BMI through endogenous variables

The different types of effects are presented in Table 9.1 and Table 9.3 for percentage of the total absolute effect on BMI through endogenous variables of the inmates are presented in Tables 9.2 and 9.4. Table 9.1A and Table 9.2B presented the zero order correlation coefficients among the selected variables

for the inmates in Sarkary Shishu Sadon and SOS Children's Village respectively.

Table 9.1 A: Zero order correlation coefficients among the selected variables for the inmates in Sarkary Shishu Sodan, Rajshahi

Variable	X ₁	X ₂	X ₃	X ₄	X ₅	X ₆	X ₇
X ₁	1.00	-0.580**	-0.43	-0.080	-0.126	-0.163	-0.210*
X ₂		1.00	0.057	0.036	0.630**	0.422**	0.317**
X ₃			1.00	0.095	0.225*	0.143	0.137
X ₄				1.00	0.077	0.026	0.200*
X ₅					1.00	0.429**	0.413**
X ₆						1.00	0.774**
X ₇							1.00

** Correlation is significant at the 1% levels.

* Correlation is significant at the 5% levels.

Table 9.1 B: Zero order correlation coefficients among the selected variables for the inmates in SOS Children's Village, Rajshahi

Variable	Y ₁	Y ₂	Y ₃	Y ₄	Y ₅	Y ₆	Y ₇
Y ₁	1.00	-0.601**	0.145	0.259*	-0.192	-0.112	-0.206*
Y ₂		1.00	-0.105	-0.156	0.882**	0.531**	0.525**
Y ₃			1.00	0.434**	-0.009	0.095	-0.153
Y ₄				1.00	-0.050	0.141	0.074
Y ₅					1.00	0.603**	0.503**
Y ₆						1.00	0.576**
Y ₇							1.00

** Correlation is significant at the 1% levels

* Correlation is significant at the 5% levels.

We observed that from Tables 9.1A and 9.2B for the inmates of both the institutions, there are negative significant relation between BMI (X₇ or Y₇) & admission age (X₁ or Y₁), positive significant relation between BMI (X₇ or Y₇) & age (X₅ or Y₅) and positive significant relation between BMI (X₇ or Y₇) & food value (X₆ or Y₆). In case of the inmates in Sarkary Shishu Sodan, we observed the positive significant relation between BMI (X₇) & Mother's age (Y₄).

From the path analysis, direct, indirect and implied effects and various path coefficients of each of the explanatory variables are obtained. According to Figures 9.2 and .9.3, we observed that 7 paths out of 11 hypothesized paths are statistically significant for both the institutions. In our study we have to mention about the significant path coefficients only. Using the individual t- test we deduce whether the path coefficients are significant or not.

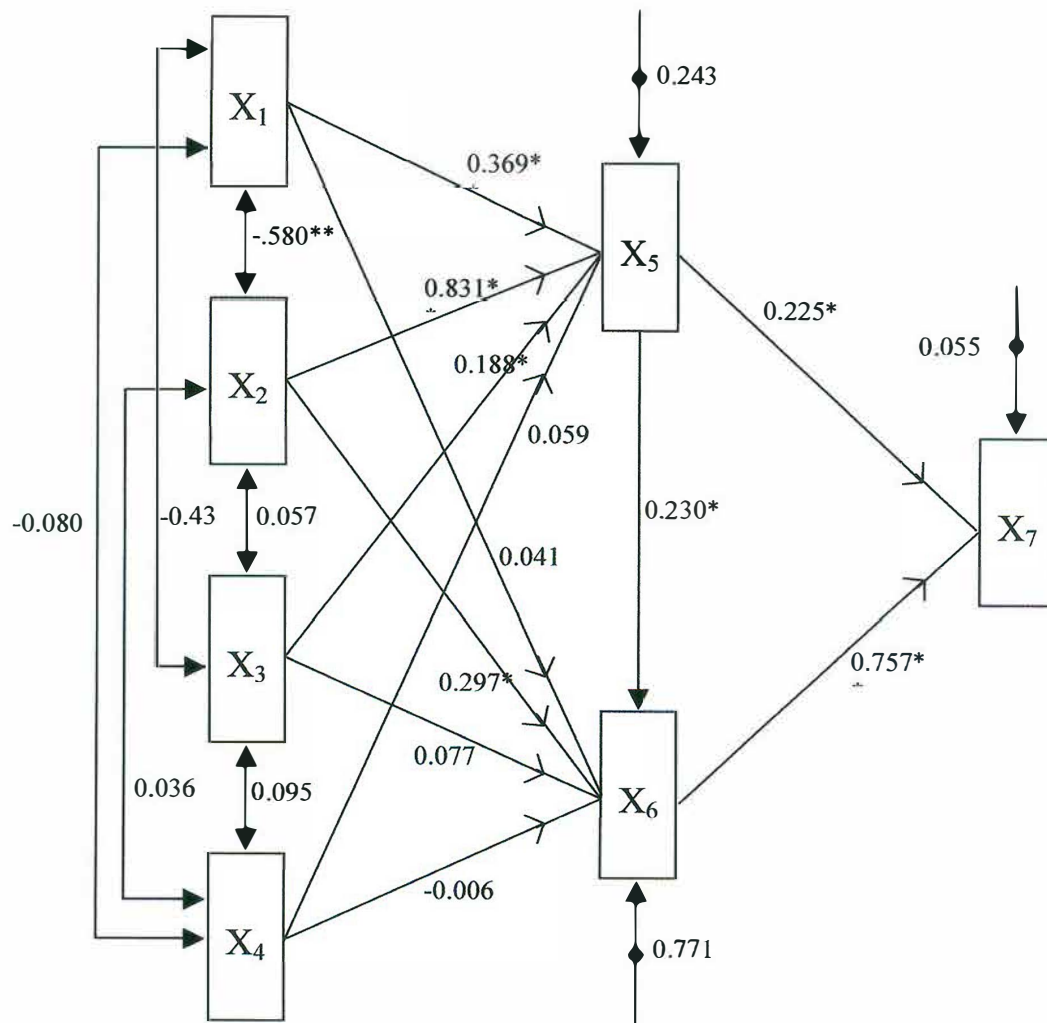


Figure 9.1: Path Diagram of the BMI and others selected characteristics for the Inmates in Sarkary Shishu Sodan, Rajshahi

Note: ** indicates at 5% level of significance and * indicates at 10% level of significance.

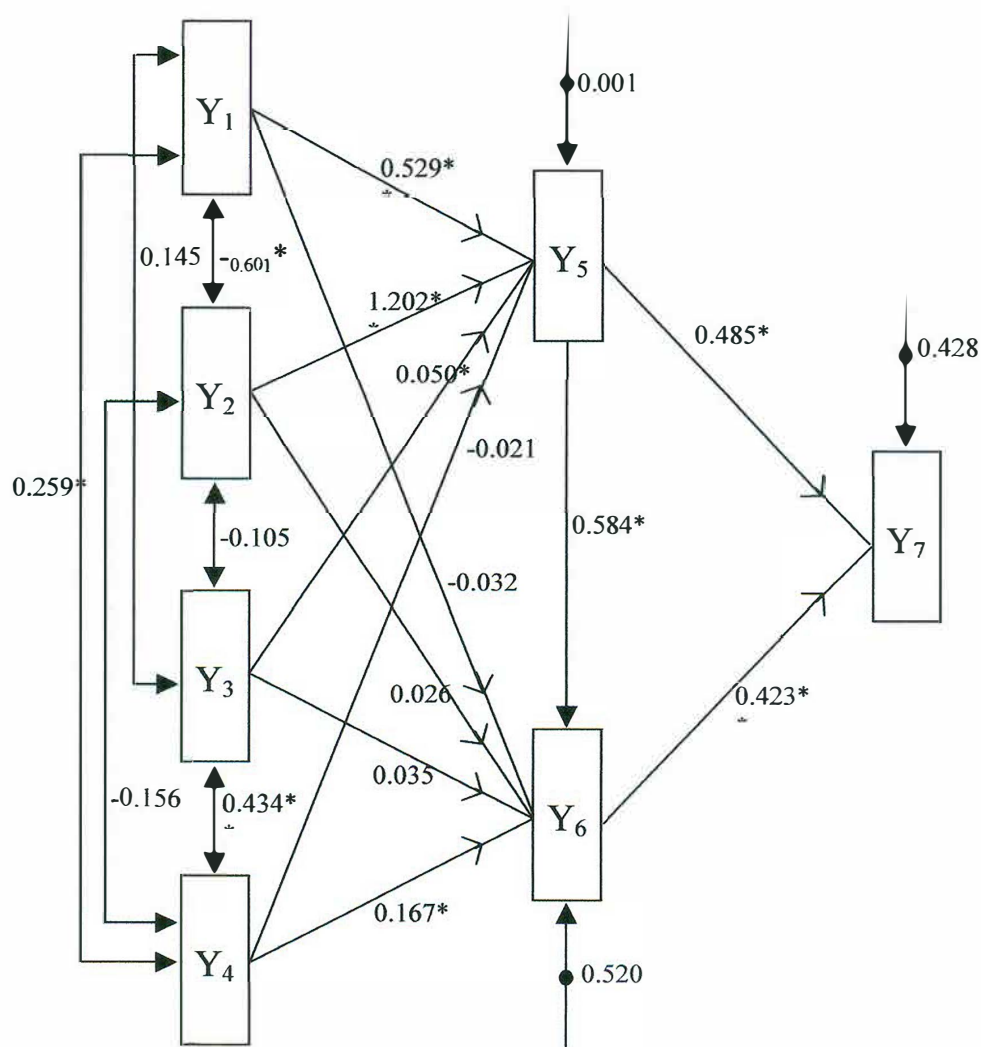


Figure 9.2: Path Diagram of the BMI and others selected characteristics for the Inmates in SOS Children's Village, Rajshahi

Note: ** indicates at 5% level of significance and
* indicates at 10% level of significance.

In Figure 9.1 out of 6 variables 2 are found to have significant direct effects on the BMI for the inmates in Sarkary Shishu Sodan, Rajshahi. On the other hand, in Figure 9.2 out of 6 variables, 2 are found to have significant direct effects on BMI for the inmates in SOS Children's Village, Rajshahi. Among them age of the inmates (X_5) and food value of the inmates (X_6) have direct significant positive effects on BMI (X_7).

Table: 9.1: Analysis of the selected factors of BMI through endogenous variables (Sarkary Shishu Sodan, Rajshahi)

Dependent Variable	Exogenous Variable	Total Association	Non Effect *	Total Effect	Indirect Effect		Other Variables (Implied Effect)	Direct Effect
					X_5	X_6		
X_7	X_1	-0.210*	0.420	0.210	0.369**	0.041	-0.200*	
	X_2	0.317**	0.546	0.863	0.831**	0.291*	-0.265*	
	X_3	0.137	0.097	0.234	0.188**	0.077	-0.031	
	X_4	0.200*	0.012	0.212	0.059	-0.006	0.159*	
	X_5	0.413**	0.042	0.455	-	0.230*	-	0.225*
	X_6	0.774**	-0.017	0.757	-	-	-	0.757**

* Non Causal Effect = Total Effect - Total Association.

Table 9.2 Percentage of the total absolute effect on BMI through endogenous variables of the inmates in Sarkary Shishu Sodan, Rajshahi

Dependent Variable	Exogenous Variable	Percentage of Indirect Effect Through		Other Variables (Implied effect)	Direct Effect
		X_5	X_6		
X_7	X_1	60.49	6.72	32.78	
	X_2	59.66	21.32	19.02	
	X_3	63.52	26.01	10.47	
	X_4	26.34	2.68	70.98	
	X_5	-	50.55	-	49.45
	X_6	-	-	-	100.00

In the case of the inmates in Sarkary Shishu Sodan, Rajshahi, we observed that from Table 9.1 the total effect of admission age (X_1) duration of living (X_2), order of birth (X_3) and mother's age (X_4) on BMI (X_7) are positive. Total effect of admission age of the inmates (X_1) on BMI (X_7) is 0.210 of which about 60.5% is transmitted through the age of the inmates (X_5) and about 33% is

transmitted through its implied effect in the opposite direction then about 7% acts through food value (Y_6) [Table 9.2]. Total effect of duration of living of the inmates (X_2) on BMI is 0.863 of which about 59.66% is transmitted through the age of the inmates (X_5) and about 19% is transmitted through its implied effect in the opposite direction, then about 21% acts through food value (X_6) in the same direction [Table 9.2]. Total effect of birth order of the inmates (X_3) on BMI is 0.234 of which about 63.50% is transmitted through the age of the inmates (X_5) and about 10.5% is transmitted through its implied effect in the opposite direction then about 26% acts through food value (X_6) in the same direction [Table 9.3]. Total effect of mother's age of the inmates (X_4) and BMI is 0.212 of which about 26% is transmitted through its implied effect in the same direction then about 2.50% acts through food value (X_6) in the same direction [Table 9.2].

Table: 9.3: Analysis of the selected factors of BMI through endogenous variable (SOS Children's Village, Rajshahi)

Dependent Variable	Exogenous Variable	Total Association	Non Effect *	Total Effect	Indirect Effect		Other Variables (Implied Effect)	Direct Effect
					X_5	X_6		
Y_7	Y_1	-0.206	0.983	0.777	0.529**	-0.031	0.279	
	Y_2	0.525**	1.600	2.125	1.202**	0.026	0.897*	
	Y_3	-0.153	0.030	-0.123	0.050*	0.167*	-0.208*	
	Y_4	-0.074	0.031	0.105	-0.21	0.584*	0.148	
	Y_5	0.503**	-0.404	0.099				+0.485*
	Y_6	0.576**	-6.153	0.423				0.423**

* Non Causal Effect = Total Effect - Total Association.

Table 9.4 Percentage of the total absolute effect on BMI through endogenous variables of the inmates in SOS Children's Village, Rajshahi

Dependent Variable	Exogenous Variable	Percentage of Indirect Effect Through		Other Variables (Implied effect)	Direct Effect
		Y_5	Y_6		
Y_7	Y_1	63.05	3.69	33.25	
	Y_2	56.56	1.22	42.21	
	Y_3	1.71	11.95	70.99	
	Y_4	40.00	31.81	28.19	
	Y_5	-	54.63	-	45.37
	Y_6	-	-	-	100.00

In the case of the inmates in SOS Children's Village, Rajshahi it was observed that from Table 9.3 the total effect of admission age (Y_1), duration of living (Y_2) and mother's age (Y_4) are positive on BMI (Y_7) while the order of birth is negative. Total effect of admission age of the inmates (Y_1) on BMI (Y_7) is 0.777 of which about 63% is transmitted through the age of the inmates (Y_5) and about 33% is transmitted through its implied effect in the same direction then about 7% acts through food value (Y_6) in the opposite direction [Table 9.4]. Total effect of duration of living of the inmates (Y_2) on BMI (Y_7) is 2.125 of which about 56.5% is transmitted through the age of the inmates (Y_5) and about 42% is transmitted through its implied effect in the same direction then about 1.25% acts through food value (Y_6) in the same direction [Table 9.4]. Total effect of birth orders of the inmates (Y_3) on BMI (Y_7) is -0.123 of which about 1.7% is transmitted through the age of inmates (Y_5) and about 71% is transmitted through its implied effect in the same direction (both are negative) then about 12% acts through food value (Y_6) in the opposite direction [Table 7.4]. Total effect of mother's age of the inmates (Y_4) on BMI (Y_7) is 0.105 of which 40% is transmitted through the age of the inmates (Y_5) in the opposite direction and about 28% is transmitted through its implied effect in the same direction then about 32% acts through food value (Y_6) in the same direction [Table 9.4].

From Tables 9.2 and 7.4, we observed that the effect of the age of the inmates on BMI through food value for the inmates of the SOS children's village (55%) is higher than that of the inmates of the Sarkary Shishu Sodan (50.5%), Rajshahi.

From the above analysis, it may be concluded that the BMI is strictly related to the age and food value of the inmates for both the institutions but food value shows better effect on BMI through age for the inmates in SOS Children's Village due to the cause of better fooding than Sarkary Shishu Sodan, Rajshahi.

CHAPTER- 10

SUMMARY AND DISCUSSION

10.1 Introduction

A large number of government and non-government institutions are working for ensuring the rights of orphan and destitute children within the country. They have undertaken various types of programs/measures to give the welfare services between the orphan and destitute children. Of the non-government organizations some are operated by Christian Missionary and some are also run by voluntary leaders and social organizations. These institutions are providing education, food, clothing, training, recreation and rehabilitation with their accommodation facilities. The Sarkary Shishu Sodan, Rajshahi is a government institution for the orphan children, which provide education, food, clothing, training and recreation with accommodation facilities. The SOS children's Village, Rajshahi is a non-governmental institution for the orphan and destitute children that runs with the support of international donaragencies. The SOS children's Village provides education, food, clothing, training, recreation and rehabilitation together with accommodation facilities.

10.2 Major Findings and Discussion

We interviewed 98 out of 102 inmates in Sarkary Shishu Sodan, Rajshahi and 65 inmates in SOS Children's Village, Rajshahi in terms of various family background characteristics, socio-demographic characteristics as well as child welfare facilities. For both the institutions, we considered the age range of the inmates from 5 to 18 years due to the law of Sarkary Shishu Sodan, Rajshahi and this study was a comparative one. Total inmates in Sarkary Shishu Sodan were with age range from 5 to 18 years and out of 115 inmates in SOS Children's Village, Rajshahi 65 inmates' age range were 5 to 18 years and 50 inmates' age range were beyond that age range. The living system of the inmates in Sarkary Shishu Sodan is mess based care and that of the inmates in

SOS Children's Village is family based care. The numbers of living room, bed, latrine etc (living physical facilities) are sufficient and better in SOS Children's Village than those of Sarkary Shishu Sodan, Rajshahi. At the same time all kinds of logistical facilities are better in SOS Children's Village as observed in this study. The health service, medicine, food, clothing, education and rehabilitation facilities are sufficient and well in SOS Children's Village, whereas there are no such sufficient facilities in Sarkary Shishu Sodan.

The Sarkary Shishu Sodan, Rajshahi is a govt. organization and SOS Children's Village is a private organization. The infrastructure and organogram in the two institutions are different. All the staff of the Sarkary Shishu Sodan, Rajshahi are more or less averse due to their job security. But the staffs of the SOS Children's Village Rajshahi do their duties more eagerly. So their performance is more satisfactory. The family head named Mother in SOS Children's Village do her duties in co-operation with other staff. Ultimately all the credits go to the Mothers. Moreover, the Mothers of SOS Children's Village has job security but the others staffs do not have. As a consequence the mothers are gradually becoming averse to their duties. Mothers should be more educated and more trained with sincerity and mindfulness in order to get rid of their reluctance. The mothers who are more conscious and sincere, their children will be ambitious and performed better in future. So the family based service is far better compared to mess based care of Sarkary Shishu Sodan.

80.6% inmates in Sarkary Shishu Sodan and 52.31% inmates in SOS Children's Village came from nuclear family. On the other hand, 19.4% inmates in Sarkary Shishu Sodan and near about 50% inmates in SOS Children's Village came from joint family. Inmates who arrived in Sarkary Shishu Sodan having family income less than 500 Tk. (6.1%), 500 to 1000 Tk. (46.9%) and 1000 to 1500 Tk. (46.9%). The family income of the inmates in SOS Children's Village less than 500 Tk. (21.5%), 500 to 1000 Tk. (30.8%) and

1000 to 1500 Tk. (47.7%). The real parents' housing conditions of the inmates in SOS Children's Village were not so good as compared to those of the inmates in Sarkary Shishu Sodan, Rajshahi. In case of SOS Children's Village the real mother's age, education, delivery place of their children were not better in terms of socio-demographic characteristics than those of Sarkary Shishu Sodan, Rajshahi. From the above observation, it can be concluded that the socio-economic and socio-demographic background of the inmates in both the institutions were not well and comparatively the average socio-economic and socio-demographic backgrounds of the inmates in Sarkary Shishu Sodan was good than those of SOS Children's Village, Rajshahi. The educational results and aims of the future life of the inmates in SOS Children's Village, Rajshahi is better than that of Sarkary Shishu sodan, Rajshahi.

From the above scenario, it is understood that the facilities, which are interrelated with the economy such as physical, logistical, health related, food, clothing, education, rehabilitation etc. were better in SOS Children's Village than those of Sarkary Shishu Sodan, Rajshahi. The SOS Children's Village, Rajshahi runs under the economic support from the international donors. The management authorities of the SOS Children's Village make proper program to attract the donors in order to give welfare services to the orphan and destitute children. So the SOS Children's Village makes and utilizes proper plan to reach the target. The inmates of SOS Children's Village has better thinking about their future life than that of Sarkary Shishu Sodan due to better institutional facilities and educational environment.

From the bivariate analysis it is observed that the knowledge about HIV/AIDS and child rights play the role as dependent variables whereas age, educational progression and duration of living of the inmates play the role as independent variables, there are significant associations between dependent and independent variables for the inmates in both the institutions of Sarkary Shishu Sodan and

SOS Children's Village, Rajshahi. But when EPI plays the role as dependent variable whereas age, educational progression and duration of living of the inmates play the role as independent variables, there are significant associations between dependent and independent variables for the inmates in the SOS Children's Village, Rajshahi and only one independent variable education make significant association with EPI for the inmates in Sarkary Shishu Sodan, Rajshahi. Further it is observed that for increasing the age, educational progression and duration of living of the inmates at the same time increase their knowledge about HIV/AIDS, child rights and EPI for both the two institutions' inmates in Sarkary Shishu Sodan and SOS Children's Village, Rajshahi but the knowledge about HIV/AIDS, child rights and EPI of the inmates of SOS Children's Village is higher than that of the inmates in Sarkary Shishu Sodan, Rajshahi.

Logistic regression analysis can go some way towards identifying those variables, which are truly related to the knowledge about HIV/AIDS, Child Rights and EPI. The category with the relative odds of 1.00 represents the reference category for the categorical variables. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 3.84 and 7.70 times higher knowledge about HIV/AIDS than that of the inmates' educational progression group less than class IV as reference category. The inmates in Sarkary Shishu Sodan and SOS Children's Village of the respective group have respectively 1.45 and 2.35 times higher knowledge about HIV/AIDS than that of the inmates' duration of living range under 10 years as reference category. This also reveals that the inmates in SOS Children's Village gather higher knowledge about HIV/AIDS than that of the inmates in Sarkary Shishu Sodan with respect to increase of living period and better awareness facilities (e.g; awareness program of HIV/AIDS in the institution, printing and electronic media facilities etc. available in SOS Children's Village) of HIV/AIDS in the institution. This study shows that age

range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have positively significant effect on knowledge about HIV/AIDS for both the institutions, but admission age range 10 years+ falls positively insignificant effect on knowledge the about HIV/AIDS.

Age range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have almost equal positively significant effects on the knowledge about Child Rights for both the institutions, but admission age range 10 years+ falls positively insignificant effect on knowledge about Child Rights.

Finally the logistic regression analysis shows that age range 10 years+, educational progression range class IV+ and duration of living range 10 years+ have positively significant effect on knowledge about EPI for both the institutions but admission age range 10 years+ and Children ever born of the inmates' mother show positively insignificant effect on knowledge about EPI.

When the children came to these institutions they were suffering in malnutrition problems and assuming that anthropometric measurement BMI of the inmates are interrelated to some selected factors such as their age, food value, age at which they were admitted in those institutions named admission age, how long they were living in those institutions named duration of living, their birth order and their mother's ages. Multivariate techniques named path analysis decomposed the direct, indirect and joint contributions of the selected factors influencing BMI. The path analysis highlights the effect of the age of the inmates on BMI through food value for the inmates of the SOS Children's Village (55%) is higher than that of the inmates of the Sarkary Shishu Sodan (50.5%), Rajshahi. The BMI is strictly related to the age and food value of the inmates for both the institutions, but food value shows better effect on BMI

through age for the inmates in SOS children's village due to the cause of better fooding than Sarkary Shishu Sodan, Rajshahi.

10.3 Recommendations

It is evident from this research work that in the SOS Children's Village both logistical and physical facilities as given to the inmates are no doubt better than those of the Sarkary Shishu Sodan, Rajshahi. It is worth noting that though in both the institutions so many amenities and facilities including health service, education, food, clothing, lodging, recreation, awareness programs etc. are given, these are not being implanted properly in Sarkary Shishu Sodan. So government should give more attention to the following recommendations:

- i) Proper utilization of the logistical and physical facilities.
- ii) Offer better health services.
- iii) Initiation of better rehabilitation programs for the inmates.
- iv) Improvement of clothing facilities.
- v) The inmates of the Govt. institutions like Sarkary Shishu Sodan, Rajshahi should be made more conscious and aware for the future aim of life.
- vi) Govt. organization (Sarkary Shishu Sodan) must improve different programs for HIV/AIDS, Child Rights and EPI with the help of mass media and/or other services available.
- vii) Should take more care for nutrition for proper growth and development as well as for getting rid of malnutrition problems among the inmates of the Govt. organizations as Sarkary Shishu Sodan, Rajshahi.

If the above-mentioned recommendations are materialized and properly implemented, it is expected that the utilization of budget and initiation of proper programs that are needed will be possible. Further socio-demographic research like this will understand the problem of Sarkary Shishu Sodan in Bangladesh.

There is some concealed information regarding a few parentless destitute children in both the institutions. For want of proper rehabilitation program the inmates of have to go back home at the Sarkary Shishu Sodan age of 18. But it is alarming as to what is going to happen to these parentless destitute children in their future life. Under the given circumstances, the Government as well as the policy makers and the social workers should come forward to address their needs and problems.

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