The Role of the Family's Awareness about ECD in Street-Connected Children's (Aged 0-8 Years) Holistic Development

By
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A thesis submitted to Brac Institute of Educational Development in partial fulfillment of the requirements for the degree of
Master of Science in Early Childhood Development

Brac Institute of Educational Development
Brac University
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Declaration

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2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
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of SUMMER, 2023 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Master of Science in Early Childhood Development in September, 2025

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Ethics Statement

Title of Thesis Topic: The Role of the Family's Awareness about ECD in Street-Connected Children (Aged 0-8 Years) Holistic Development

Student name: Fatema Tuj Zohra

1. Source of population

Parents of street-connected children (aged 0-8 years) living in slums

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2. Does the study involve (yes, or no)

a) Physical risk to the subjects (no)
b) Social risk (no)
c) Psychological risk to subjects (no)
d) discomfort to subjects (no)
e) Invasion of privacy (no)

3. Will subjects be clearly informed about (yes or no)

a) Nature and purpose of the study (yes)
b) Procedures to be followed (yes)
c) Physical risk (no)
d) Sensitive questions (no)
e) Benefits to be derived (no)
f) Right to refuse to participate or to withdraw from the study (yes)
g) Confidential handling of data (yes)
h) Compensation and/or treatment where there are risks or privacy is involved (n/a)

4. Will Signed verbal consent for be required (yes or no)

a) from study participants (yes)
b) from parents or guardian (yes)
c) Will precautions be taken to protect anonymity of subjects? (yes)

5. Check documents being submitted herewith to Committee:

a) Proposal (yes)
b) Consent Form (yes)
c) Questionnaire or interview schedule (yes)

Ethical Review Committee:

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Abstract

This study explores the role of family awareness in supporting Early Childhood Development (ECD) among street-connected children aged 0–8 years in Bangladesh. Families play a critical role in ensuring children's well-being, yet most parents interviewed had little to no formal knowledge of ECD. Despite this, some unknowingly practiced ECD-supportive behaviors, such as interactive communication, play, and emotional bonding with their children. The study highlights how even limited parental awareness has a direct influence on the physical, cognitive, and emotional development of street-connected children. It also identifies key challenges families face, including poverty, malnutrition, lack of access to health and education services, unhygienic environment, insecure shelter, and limited support from stakeholders. These barriers hinder consistent ECD practices. Nevertheless, families demonstrate resilience through informal strategies to meet their children's needs. The findings underscore the urgent need for awareness programs and multi-sectoral collaboration to empower families and ensure holistic development for marginalized children in early childhood.

Keywords: Street-connected children; Family of Street-connected children; Early Childhood Development; Awareness; ECD practice; Challenges

Dedication

The person who stood beside me in the most difficult part of my life is my mother. Thank you, Maa, for everything.

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List of Acronyms

ECD	Early Childhood Development
CSC	Consortium for Street Children
UNICEF	United Nations Children's Fund
BIDS	Bangladesh Institute of Developmental Studies
LMICS	Low and Middle Income Countries
WHO	World Health Organization
SDG	Sustainable Development Goals
HIV	Human Immunodeficiency Virus
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
MoWCA	Ministry of Women and Children Affairs

Chapter I: Introduction & Background

Introduction

Street-connected children are those who depend on the streets to live and/or work, or who regularly spend significant time in public spaces, whether they return home or not. (Consortium for Street Children, 2020). In her 2002 review, Panter-Brick criticizes the term “street children” as stigmatizing and notes a shift in the literature towards more nuanced terminology and categories that reflect children’s connections with the street rather than defining them entirely by it. (Panter-Brick, 2002). So, the term "street-connected children" is used in this research. Here, we’re only considering the street-connected children who have a family.

Observing the lives of street-connected children raises concerns about their lack of holistic development in the early years. At first glance, this may seem to be caused by parental negligence or a lack of awareness about early childhood development (ECD). However, findings from my research suggest that the issue is less about negligence and more about a lack of access to resources and opportunities to practice ECD effectively.

The motivation for this research stems from a real-life encounter that left a lasting impact. Speaking with two young boys aged 5-6 years, Abu Bakar and Abdullah (pseudonyms), in the crowded streets of Uttara, Dhaka, revealed a heartbreaking glimpse into the everyday reality of street-connected children. Both boys appeared malnourished and wore torn, unclean clothes. They moved from person to person, hoping for pity and a few coins. When offered some simple food, bread, and eggs, they sat down willingly and began to talk.

They had no sandals and had not bathed in days, as evidenced by the odor and the discomfort expressed by the people around them. Their bodies were marked with scratches on their knees and elbows, likely from rough living conditions. During the meal, they shared their

lives. They live with their mother, the sole wage earner, who works in others' homes. Their father had abandoned them long ago, and they no longer remember him. After moving from their village to Dhaka, the family ended up living on the streets.

When asked why they were begging, despite their mother having a job, they explained that she had sent them to do so, to help cover food expenses. This conversation revealed not only their economic hardship but also a lack of understanding on the mother's part about the harmful effects of such exposure on her young children. They also described how they got hurt getting on and off crowded buses, where children are especially vulnerable to injury, exploitation, or even abduction.

This experience was a turning point. It highlighted the urgent need to explore not just what families know or don't know about ECD**,** but also the real-life barriers they face in providing care and safety for their children. Therefore, the aim of this research is twofold:

1. To examine the level of awareness among families of street-connected children regarding early childhood development.
2. To identify the challenges and barriers these families face in practicing ECD in their daily lives.

This study explores how families of street-connected children (aged 0–8) perceive and understand Early Childhood Development (ECD), identifies areas of misunderstanding, examines their ECD practices, and investigates the challenges they face in implementing them.

The research was conducted in the Uttara, Diabari, Balumath slum area with participants being parents of street-connected children. Their responses reflect both their awareness of ECD and the obstacles they encounter in practicing it.

The study aims to highlight the gaps in understanding and practicing ECD among these families, so that targeted interventions can be developed. Addressing these challenges may help improve ECD outcomes for street-connected children and support their overall development.

Statement of the Problem

Family plays a foundational role in Early Childhood Development (ECD). However, when parents lack awareness of ECD or are deprived of essential resources, their children, particularly those who are street-connected, face serious developmental risks. This study highlights how multiple socio-economic and health-related factors linked to family background severely impact the development of street-connected children aged 0–8 years.

Exposure to toxic substances during pregnancy can also damage a child's developing brain. Homeless mothers with young children have been shown to engage in substance abuse (Slesnick & Erdem, 2013).

Globally, the psychological and emotional well-being of street-connected children is often overlooked. Although trauma and mental health issues are frequently mentioned in the literature regarding street children, many studies are descriptive and use non-standardised measures, meaning these topics are not always analyzed in depth (Cumber & Tsoka-Gwegweni, 2015). According to Savarkar & Das (2019), many studies suggest that a significant proportion of street-connected children suffer from depression, anxiety, or other psychological disorders.

Nutritional deprivation is another major challenge. Hakim (2016) Health and Nutritional Condition of Street Children of Dhaka City' reports about 65% underweight and notes ~73% with chronic malnutrition in the Dhaka sample. Street-connected children often face poor

nutrition, limited hygiene, and unsafe living conditions (Hakim & Rahman, 2016; Talukder et al., 2015). The 2012 ‘State of the World’s Mothers: Nutrition in the First 1,000 Days’ report by Save the Children discusses that poor nutrition during pregnancy and the first two years of life (first 1,000 days) is a critical period. Again, it notes that many children are not breastfed optimally, that complementary feeding is often delayed or not of adequate quality, and that cultural beliefs, lack of knowledge, misinformation, and poor awareness are among the reasons. (Save the Children, 2012)

Illness and injury are also widespread among street-connected children in Bangladesh (Chowdhury et al., 2017), consistent with global patterns (Cumber & Tsoka-Gwegweni, 2015). Poor hygiene, environmental pollution, lack of healthcare access, and exposure to abuse all contribute to disease (Abdullah et al., 2014). The study notes that Bangladesh has low national HIV prevalence (<1%) but argues that street-connected children are at higher risk given their living conditions and behaviours. (Uddin et al., 2014). Health literacy among street-connected children in Dhaka is low, with many lacking knowledge about HIV transmission and prevention. Their engagement in high-risk behaviors increases their vulnerability to HIV (Uddin et al., 2014). Although UNICEF is working on improving vaccination coverage, many children miss out due to their mothers' limited awareness of immunization schedules (Deressa et al., 2020). Additionally, the study highlights that peer influence plays a significant role in the initiation of substance use among street-connected children. (Masud et al., 2018). Parental supervision could reduce the problem.

Street-connected children frequently lack emotional support and proper developmental care, resulting in low self-esteem, poor growth, and delayed development (Ribeiro & Trench Ciampone, 2001). These outcomes often stem from both a lack of ECD knowledge among families and a severe shortage of basic facilities. Begging is another consequence of

deprivation, with about 34.15% of street-connected children forced into begging, sometimes by their own parents (Kamruzzaman & Hakim, 2017). Literature describes these children as "severely deprived," with a large portion relying on begging for survival (Badiuzzaman et al., 2009).

Poverty and lack of awareness also lead many parents to send their children into industrial labor. According to UNICEF (2024), 6.8% of children aged 5–17 in Bangladesh are engaged in child labour, with 8% involved in hazardous work. Street-connected children are particularly vulnerable to such conditions, often facing exploitation and abuse. Additionally, approximately 3.4 million children in Bangladesh lack birth certificates, highlighting a significant gap in civil registration (UNICEF Bangladesh, 2024). Parental unawareness of its importance can be one of the main reasons that leaves children excluded from basic services and legal protections.

Purpose of the study

The purpose of this study is to explore the awareness, understanding, and practices of Early Childhood Development (ECD) among families of street-connected children aged 0–8 years in selected slum areas of Dhaka, Bangladesh. Street-connected children represent one of the most vulnerable groups in society, and the role of the family is crucial in shaping their developmental outcomes. Despite this, limited research exists on how families in urban slums perceive and implement ECD practices. This study aims to examine existing knowledge levels, everyday caregiving practices, and the barriers these families encounter in supporting their children’s holistic development.

By identifying these gaps and challenges, the research seeks to propose targeted interventions that can empower families to facilitate ECD better. The findings are expected to inform

policy formulation, improve the design of early childhood programs, and guide awareness campaigns tailored to the needs of marginalized communities. Ultimately, the study aims to contribute to more inclusive and practical approaches—whether community-based or government-led—that support the developmental rights and well-being of street-connected children.

Significance of the study

This research aligns with Sustainable Development Goals (SDGs) 3, 4, and 8.7. SDG 3 promotes good health and well-being, SDG 4 emphasizes inclusive, equitable, and quality education, and SDG 8, specifically target 8.7, calls for the eradication of child labor (Consortium for Street Children, n.d.), including street-connected children. By raising awareness of Early Childhood Development (ECD) among families of street-connected children, this study aims to contribute to achieving these global goals, particularly for children in their formative early years.

While extensive research exists on children living entirely on the streets with no family ties, there is a notable gap in studies focusing on children who maintain family connections but still spend significant time on the streets. Most literature centers around the survival needs of street-connected children, with limited emphasis on the family's role in supporting ECD. This study addresses that gap by exploring how family awareness and involvement can influence the developmental outcomes of street-connected children aged 0–8.

Street-connected children are often exposed to neglect, abuse, malnutrition, and a lack of access to healthcare and education. Increasing parental awareness of ECD can mitigate many of these risks by promoting nurturing, responsive caregiving and ensuring that children's developmental needs are adequately met (UNICEF, 2017). Empowering caregivers with

knowledge about child development can lead to better parenting practices, positive discipline, stronger emotional bonds, and protection from harmful environments such as substance use and violence (Britto et al., 2017; Embleton et al., 2016). This awareness also helps parents understand how to advocate for their children's rights and collaborate with relevant stakeholders.

The findings of this study will be valuable for policymakers, practitioners, and researchers. Understanding the specific barriers and challenges families face in supporting ECD will allow for more targeted, evidence-based interventions that build family capacity and promote long-term well-being for street-connected children (Shonkoff & Garner, 2012). The research also provides critical insights for health professionals and ECD practitioners, helping to identify current research gaps and inform future programming. Ultimately, this study supports the principle that access to nurturing care is a fundamental right of every child and promotes social justice by ensuring marginalized families are not excluded from early development initiatives (WHO, UNICEF, & World Bank Group, 2018)

Research Questions

Key Question 1:

- Are families of street-connected children (aged 0-8 years) aware of ECD practice? How do they practice it?

Key Question 2:

- What are the key challenges and barriers they face in ensuring ECD?

Operational Definition

Family of street-connected children: Understanding the family context of street-connected children is crucial, as their familial environments often significantly influence their development and life circumstances. The families of these children may include biological or stepparents, relatives, or other caregivers.

Chapter II: Literature Review

Family is a child's first and most influential environment for learning and development. For street-connected children, caregivers often lack awareness of education about the importance of Early Childhood Development (ECD) and face significant barriers in ensuring it. Enhancing parental awareness and addressing basic rights and needs through targeted interventions can greatly improve developmental outcomes for these children.

The Role of Family to support ECD with children:

Reflection from Theories: Lack of support and knowledge about ECD can often lead to traumatic early experiences that shape the child's development. Bessel van der Kolk (2014) argues that early traumatic experiences shape a child's brain and future identity. It emphasizes the lifelong impact of early neglect and trauma.

To further understand the impact of early relationships, attachment theory provides important insight. Attachment theory, introduced by Bowlby (1978), explains that secure attachment between a child and primary caregiver forms the basis for a child's emotional security and worldview. It further states that from the first three months through the first three years, infants are unable to manage stress on their own. Instead, caregivers must serve as stress regulators. If not, the child's development can be permanently harmed. Daniel Siegel (1999) and Allan Schore (2001) also highlight the value of caregiver-child bonding in brain development and emotional well-being.

Then, Bronfenbrenner's ecological systems theory (1979) helps us understand how broader environmental factors influence a child's development. According to this model, children's development is shaped by multiple layers of environmental systems. Children benefit from strong attachments and stimulation (from family) at the microsystem level, which fosters

prosocial behavior (Burchinal & Cryer, 2003). At the exosystem level, access to adequate health services help caregivers (family) provide better care with their children. At the macrosystem level, culture and values (of family) influence children's ability to be kind and cooperative (Gamble & Modry-Mandell, 2008).

Again, the Study highlights how negative parent-child relationships, such as abuse, can lead to aggression (Grogan-Kaylor, 2005). Abusive experience is common among street-connected children (Sharmila & Kaur, 2014). The study examines how parent-child interactions influence peer acceptance, aligning with attachment theory's principles. A model explains how children process social cues, leading to aggressive responses, which can be influenced by harsh discipline. (Dodge & Price, 1994). Trawick-Smith's book focuses on early childhood development from a multicultural perspective, including the effects of various parenting styles. (Trawick-Smith, 1992). Theories further emphasize the need for supportive relationships to promote learning, autonomy, and a sense of competence.

The context of street-connected children and family: Children who spend their days on the streets but return home to their families at night constitute a significant portion of the street-connected child population in urban areas of low- and middle-income countries (LMICs). While Alem & Laha (2016) discuss the livelihoods and challenges of street children, other studies indicate that such children make up approximately 80% to 90% of the street-connected child population in these regions.

A study conducted in Zambian slums revealed that family composition plays a significant role in a child’s risk of becoming street-connected. Children are more likely to engage in street life if the male head of the household is in poor health. Conversely, the presence of supportive extended family members—such as maternal grandparents or the male head of household’s

sisters—helps reduce this risk, highlighting the crucial protective role of extended family in preventing street involvement (Strobbe, Olivetti, & Jacobson, 2013).

Research indicates that street-connected children often maintain ties with their families, even if they spend significant time living or working on the streets. These family relationships and backgrounds profoundly influence their emotional and psychological well-being. Understanding their family context is essential for developing comprehensive and effective support interventions. For instance, studies have shown that street-connected children frequently suffer from depression, anxiety, and trauma, which can lead to substance abuse and a risk of suicide. The stigma and social exclusion they face negatively impact their mental well-being. (Obimakinde, 2023)

When family members are unable to fulfill their expected roles, it can result in family dysfunction, negatively impacting the well-being of the children. Indeed, both mothers and fathers have essential roles in a child's well-being, and neither role can be overlooked or replaced (Härkönen et al., 2017).

Dutta (2018) finds that children who live with their parents have more access to health care facilities than those who live without them. So, the family plays a role in their receiving facilities.

The social model views disability as a socially created problem rather than an individual limitation (Shakespeare, 2017). A study in Kenya focusing on street-connected children with communication disabilities revealed the difficulties faced by their caregivers and called for inclusive approaches grounded in the social model of disability. However, the study stressed the importance of creating responsive and supportive environments rather than relying solely

on clinical diagnoses, highlighting the need for adequate stimulation to support proper development in children with disabilities. (Taylor et al., 2019)

Parental practice of ECD with street-connected children:

Despite difficulties in life, breastfeeding is a foundation of welfare for mother and child, and mother–child attachment (AWHONN, 2015; Edwards et al., 2017; Gibbs et al., 2018; Spatz, 2020). Breastfeeding rates are lower among less educated mothers of street-connected children. Their sociocultural norms and beliefs also influence it. (Frenoy et al., 2021)

According to a study by McAlpine, Henley, and Mueller (2010), family cohesion and emotional support significantly reduce psychological distress in street-connected children. The study emphasized that even one caring adult can help build resilience and improve coping mechanisms, enabling children to maintain better mental health despite harsh environments.
According to the World Health Organization (2017), family engagement and education are essential components of HIV prevention strategies.
In Ethiopia, a study, Vaccination Status and Associated Factors among Street Children 9–24 Months Old in Sidama Region, found that about 24.3% of street children aged 9–24 months were not vaccinated (Deressa et al., 2020). Other research (e.g., in Kenya) has shown a significant burden of preventable infectious disease mortality among street-connected children, and various studies report elevated prevalence of hepatitis (B and/or C) among street children in countries such as Iran (Nasiri, Kostoulas, et al., 2023). One of the main barriers can be vaccination in these populations is poor parental (especially maternal) education.

According to the International Labour Organization and UNICEF (2021), child labour often stems from household poverty, limited education, and a lack of awareness. UNESCO (2022) further suggests that parental involvement and awareness are essential in ensuring that children access and remain in school.

Parental practices are central to promoting children's Early Childhood Development (ECD)**.** However, for street-connected children, caregiving practices are deeply influenced by poverty, social exclusion, and precarious living conditions. These circumstances often restrict caregivers' ability to provide consistent nutrition, responsive caregiving, early learning opportunities, and protection from violence or exploitation among their children (UNICEF, 2017).

Yet, Conticini (2005) found that street-connected families in Dhaka developed survival-oriented practices such as informal community networks and shared caregiving arrangements to protect children.

Similarly, evidence suggests that when caregivers are empowered with knowledge, psychosocial support, and access to basic services, they can significantly enhance children's developmental outcomes even under highly adverse conditions (Engle et al., 2011). These findings highlight that parental practices among street-connected families are not only constrained by structural inequities but are also characterized by resilience, adaptability, and agency in the face of adversity.

Collaboration between Family and Stakeholders:

Effective partnerships between families and Early Childhood Development (ECD) stakeholders are essential to support the overall development of children. For instance, Grameen Shikkha has provided support to families through its ECD program (Grameen Shikkha, 2017). If parents can identify developmental delays and health issues, it allows for timely interventions. Programs like 'Positive Parenting for Children' by the BRAC Institute of Educational Development (2023) offer parents guidance on child development and introduce non-violent, constructive parenting strategies. These initiatives help caregivers better understand developmental domains and apply supportive practices in daily life.

Interventions focused on parenting education, psychosocial support, and community outreach have been found to improve caregiving and child outcomes (Britto et al., 2017).

As legal identity is necessary to access basic services, projects like the APC initiative by UNICEF and MoWCA aim to increase registration rates and promote children's rights (UNICEF Bangladesh, 2024).

While families play a crucial role in safeguarding the rights of disabled street children, they often require targeted assistance to fulfill this responsibility effectively (UNICEF, 2021).

Comparing and Contrasting Previous Research with the Current Study:

Several studies have examined the lives of street-connected children in Bangladesh, with a primary focus on urban settings and older age groups, often neglecting the perspective of families with younger children.

Hai (2014) explored the survival challenges faced by floating street-connected children from impoverished, landless families in Dhaka. His study focused on children aged 5 to 18, most of whom were without parental support and primarily from Muslim backgrounds. In contrast, my study concentrates on children aged 0–8 who live with their families, without considering religious background.

Afrose et al. (2018) discussed risk behaviors and the health-related vulnerabilities of street-connected children in Dhaka, highlighting the lack of access to healthcare services—a concern also reflected in my research.

Similarly, Rahman (2012) and Rahman & Chowdhury (2006) addressed the lifestyle and nutritional deficiencies among street-connected children and young children under five, respectively. Hakim and Kamruzzaman (2015) assessed nutrition and hygiene in street children

in Tangail. However, unlike these studies, my research focuses on family awareness and the challenges they face in ensuring proper nutrition for children aged 0–8.

Talukdar et al. (2015) analyzed malnutrition through BMI in the Shahbagh area, while Atkinson (2017) discussed the broader situation of street-connected children in Dhaka, including their involvement in criminal activities. My study also concerns substance use and negative peer influence, but explores them through the lens of family supervision and caregiving.

Chowdhury et al. (2017) investigated the socio-economic conditions of parents of street-connected children, focusing on income, health, and education. In comparison, my study is specifically focused on parental knowledge of Early Childhood Development (ECD). Nawaz (2011) examined the legal and educational vulnerabilities of street-connected children. Similarly, my research aims to inform policymakers on how to support families in protecting child rights.

Mia and M. Islam (2021) categorized street-connected children and discussed various national and international legal frameworks as well as barriers to early education. My research extends this by identifying the specific challenges families face in providing early education to their children.

Lastly, Uddin et al. (2014) investigated how street-connected children are affected by sexually transmitted diseases, especially HIV. While that study focused on health risks among older children, my research addresses health concerns from the family's perspective for children aged 0–8, including preventive care and access to services.

Research Gap:

Previous studies on street-connected children in Bangladesh, such as those by Hai (2014),

Afrose et al. (2018), and Rahman (2012), have largely focused on urban contexts and older children, many of whom are disconnected from their families. These studies emphasize survival challenges, health vulnerabilities, malnutrition, risky behaviors, and legal issues, but offer limited insight into children who remain connected to their families.

Very few studies, if any, have specifically explored the awareness, beliefs, and practices of families with street-connected children aged 0–8 years. Existing research has not examined how these families understand and support Early Childhood Development (ECD), including practices like monitoring growth, responding to illness or developmental delays, providing stimulation, breastfeeding, vaccination, or birth registration. This study addresses the gaps by focusing on family-connected street children aged 0–8, and the challenges their caregivers face in ensuring health, education, safety, and child rights through the lens of ECD.

Chapter III: Methodology

Research Approach and Design

This study employed a qualitative research approach to explore the perceptions, awareness, and practices related to Early Childhood Development (ECD) among parents of street-connected children. I conducted a total of six in-depth interviews (IDIs) using purposive sampling to ensure participants could provide rich, relevant insights into the research topic. The sample included four mothers—selected due to their role as primary caregivers—and two fathers to incorporate both maternal and paternal perspectives. The qualitative design allowed for an open-ended, flexible exploration of participants' experiences, beliefs, and strategies in promoting ECD under highly constrained living conditions.

The primary objective of the research was to understand how street-connected families perceive and practice ECD, as well as the challenges they encounter in doing so. I served open-ended interview questions as the main data collection tool, enabling participants to speak freely about their understanding of child development, their caregiving routines, and the structural barriers they face, including poverty, inadequate shelter, and limited access to services. The qualitative method was particularly suited to this context, as it allowed for a nuanced, empathetic understanding of the participants lived realities without imposing predefined assumptions.

By directly engaging with parents of children aged 0–8 years and grounding the research in their voices, this approach aimed to produce context-sensitive insights that could inform practical interventions. The purposive selection of participants ensured that the data collected was specific, relevant, and actionable in addressing the developmental needs of street-connected children. Ultimately, this research aims to contribute to the development of more

inclusive and effective policies and programs focused on the development of some of the most marginalized children in urban Bangladesh.

Research Site

The research was conducted in the Dhaka, Uttara, Diabari, Balumath Slum Area, an abandoned and neglected settlement located slightly away from the main town of Uttara. The area lacks modern infrastructure—broken roads, an unhygienic environment, and no free schools or free healthcare facilities nearby. A large open dustbin dominates the space, contributing to the area's extremely filthy and dusty environment. Broken roads and an overall absence of proper sanitation reflect the severe infrastructural neglect.

Balumath appears to serve as a refuge for underprivileged, street-connected families. Despite being home to thousands of people, residents often live without access to basic human rights, including permanent shelter, employment, free education, and free healthcare. Interviews with parents and direct observation revealed critical insights into their struggles and shed light on essential steps required to support the holistic development of street-connected children living in such marginalized conditions.

Research Participants

In-Depth Interview Parents' Demographic Details:

Participant	Age	Occupation	Number of children	Age of the targeted child	Gender of the targeted child
#1 (mother)	31 years	Domestic helper	2	7 years	male
#2 (disable mother)	33 years	Work in a tea stall	2	8 years	male
#3 (mother)	39 years	Domestic helper	7	8 years	male
#4 (single mother)	23 years	Sanitation worker	1	6 years	female
#5 (father)	35 years	Daily labor	2	8 years	male
#6 (father)	40 years	Daily labor	3	5 years	male

The research focused on six parents of street-connected children aged between 0 and 8 years residing in Uttara, Diabari, Balumath Slum Area of Dhaka city. The participants included four mothers and two fathers, representing diverse backgrounds in terms of family structure, employment, and caregiving roles. All families lived in temporary shelters beside the streets, and their children were frequently observed playing or roaming around. These parents were selected for their proximity to the issue and their direct role in caregiving, offering valuable insight into the realities of raising young children in marginalized, street-connected contexts.

The rationale behind selecting both mothers and fathers was to gain a comprehensive understanding of parental awareness, attitudes, and practices related to Early Childhood Development (ECD). Mothers were prioritized in the interviews due to their role as primary caregivers, while fathers provided complementary perspectives on caregiving and livelihood challenges. Through these interviews, the study aimed to explore not only parental perceptions of ECD but also the practical barriers they face in promoting their children's holistic development. By capturing these voices, the research contributes to a more nuanced understanding of the lived experiences of street-connected families and aims to inform policies, educational interventions, and stakeholder initiatives tailored to their specific needs.

Sampling Procedure/Participants Selection Procedure

The study involved six parents of street-connected children aged between 0 and 8 years, selected through purposive sampling. A total of six individual In-Depth Interviews (IDIs) were conducted with these participants. The target group comprised parents whose children reside in slums or on the streets, specifically in Uttara, Diabari, Balumath Slum Area of Dhaka city. I chose these parents because of their direct and indirect influence on the overall development of their children.

The sampling followed specific inclusion criteria: (1) participants had to be parents or caregivers of street-connected children; (2) the children had to be between 0 and 8 years of age; (3) families lacked permanent housing and lived in makeshift shelters within the slum area beside the street; and (4) the children spent the majority of their time on the streets, exposing them to high vulnerability. This focused sampling ensured that the participants lived experiences aligned closely with the research objectives, allowing for an in-depth understanding of the challenges and realities faced by street-connected families.

Data Collection Tool

I collect information for this research through In-Depth Interviews (IDIs), using a qualitative, phenomenological approach. I conduct a total of six in-person interviews with parents of street-connected children. I used open-ended, topic-relevant questions to deeply explore the research objectives. I prepared and shared an initial draft of the questionnaire with expert reviewers, and I had it checked by my supervisor. Based on their feedback, I made a revised and standardized version of the questionnaire that was finalized and used as the main tool for conducting the IDIs. Additionally, I conduct a small pilot study to check the validity and clarity of the IDI guidelines before implementing them in the main data collection phase.

Data Collection Method and Procedure

The study involved six parents of street-connected children aged between 0 and 8 years, selected through purposive sampling. A total of six individual In-Depth Interviews (IDIs) were conducted with these participants. The target group comprised parents whose children reside in slums or on the streets, specifically in Uttara, Diabari, Balumath Slum Area of Dhaka city. I chose these parents because of their direct and indirect influence on the overall development of their children.

To ensure a comfortable and safe environment for participants, I gave special attention to creating a supportive and respectful interview setting. Each interview lasted approximately 30–40 minutes. With the participants' permission, I audio-recorded all interviews to allow for accurate transcription and analysis. During the interviews, I noted non-verbal cues, emotional responses, and other relevant observations in the form of memos. These memos helped me capture the deeper essence of participants' experiences and supported the phenomenological framework by integrating both spoken and unspoken elements of communication. I take observational notes to provide context and to ensure authenticity in interpreting participants lived realities.

I combine verbal narratives with environmental and emotional cues, as the research aimed to produce rich, reliable, and ethically grounded findings that reflect the genuine experiences of marginalized families. I maintained participants' anonymity strictly throughout the process to protect their privacy and uphold ethical standards.

Data Management and Analysis

I collected data through In-Depth Interviews (IDIs) and analyzed them using a thematic analysis approach. The process began with familiarization, where I transcribed audio recordings into narrative form to gain a comprehensive understanding of each participant's experience. This allowed for an in-depth insight into the daily realities, perceptions, and practices of parents raising street-connected children.

From audio recordings, I created transcripts in Bangla and then translated them into English. I used an inductive coding scheme. That means codes come directly from the data, without pre-set categories. I then developed codes by meaningful segments from transcripts. I grouped similar codes into categories and then developed a theme. I develop themes based on the

research objectives and interview content, ensuring alignment with the key questions. For example, to assess parental understanding of Early Childhood Development (ECD), I created a theme titled “Awareness about ECD”. Thematic categories helped to systematically explore both the parents' levels of awareness and the challenges they face in providing care.

Interpretation focused on identifying common patterns across interviews, including the barriers to practicing ECD and the strategies parents use to support their children’s development despite hardship. I take observational notes alongside interview data to enrich the analysis. I compiled the findings into a final report that highlights the critical role of parental awareness, challenges faced, and recommendations for policy and program development.

Validity & Reliability

To ensure the validity and reliability of this qualitative study, I collect data through in-depth one-on-one interviews and direct observation. These methods effectively captured participants' understanding, perceptions, and practices related to Early Childhood Development (ECD), along with the barriers they face. As the participants were unfamiliar with the term “Early Childhood Development,” I used simplified language such as “child raising” and “child upbringing” in the interview questions to ensure clarity and relevance. The interview guide was piloted with one participant to confirm the appropriateness and effectiveness of the tool before full-scale data collection began.

While qualitative findings may vary based on time, place, and individual experiences, I made efforts to ensure consistency and trustworthiness. I record observations alongside interviews to document non-verbal cues, especially when participants were hesitant or uncomfortable. I applied data triangulation by incorporating interviews, field observations, and document

reviews to enrich the analysis and validate the findings. Additionally, I conduct member checking by sharing preliminary interpretations with selected participants to confirm accuracy. Their feedback helped refine the analysis and enhanced the credibility of the study.

Ethical Issues

Ethical integrity was a central concern throughout this study. I informed all participants about the purpose, methods, and potential benefits of the research, and that their participation was entirely voluntary. I obtained verbal consent before each interview, including specific permission for audio recording. I informed the participants that they could withdraw at any point without any consequence. Anonymity was strictly maintained, and no personal identifiers were used in the reporting process.

To ensure privacy and data security, I stored all information securely and gave access to only authorized individuals. I used the collected data solely for this study and did not share it for any other research or institutional use. I create a respectful and inclusive environment during the interviews to honor participants' diverse cultural and social backgrounds, allowing them to share their experiences openly and safely.

This research followed BRAC University's ethical guidelines and was submitted to the university's Ethics Review Board for approval. I tried to report the findings honestly and transparently, while minimizing bias and protecting the rights and well-being of all participants.

Limitations of the Study

One limitation of this study is that all interviews were conducted in urban settings, which do not capture the realities of children living in rural areas. Additionally, we were unable to reach children residing in extremely vulnerable conditions—such as those living without any

shelter—due to challenges in time, budget, access, and safety. A significant limitation is the exclusion of children without family support, particularly orphans, who constitute a large portion of the street-connected child population.

As a result, the study offers a partial view and may not fully reflect the experiences of all marginalized groups.

Chapter IV: Results/Findings & Discussion

Results/Findings

This section presents key insights derived from interviews with four mothers and two fathers, as well as direct observations. It highlights their understanding, practices, and challenges regarding Early Childhood Development (ECD).

Theme 1: Awareness about ECD

The parents interviewed did not know the term "Early Childhood Development." However, they unknowingly practiced some ECD-related activities. For example, one mother said, *"I took him to the park."* (IDI#1, 15 June 2025), showing their practice of safe play. And one mother does not know safe play, said, *"I don't understand anything about ECD. I don't know any benefits of safe play."* (IDI#3, 18 June 2025)"

A father emphasized the importance of talking with children to support language development and said, *"My son was born healthy. I fed him according to age, brought toys according to my abilities, talked so that he could learn speaking, took them for roaming whenever I got time."* (IDI#6, 30 June 2025). Again, another parent associated ECD solely with medical treatment and said, *"I don't know anything about ECD. Maybe medicine is necessary. Family has the duty to take him(child) to the doctor if sick."* (IDI#5, 25 June 2025), showing a narrow understanding of holistic development.

Theme 2: Practice of ECD and the Challenges Faced in Ensuring it:

Despite limited awareness, parents practice many ECD strategies. For example, all parents emphasized the importance of breastfeeding. One mother said, *"I breastfed him properly."* (IDI#1, 15 June 2025). All parents somehow managed complementary food for their children except one mother who was a single mother, and that's why financially unable to buy complementary food, said, *"I breastfed him but couldn't give complementary food."* (IDI#4, 20 June 2025), while others buy Lactogen 1 or 2. One mother said, *"I breastfed them (children) for 2 years and gave complementary milk Lactogen 1 and 2 also by buying."* (IDI#3, 18 June 2025). Also, another father demonstrated awareness of the significance and said, *"He (child) has been breastfed, I've also brought Lactogen 1."* (IDI#5, 25 June 2025).

Again, except for one mother, all parents ensured vaccination for their children by giving money. One mother said, *"I couldn't take vaccines, but my children have."* (IDI#3, 18 June 2025). One father said, *"We live in one place, and our native home is somewhere else, that's why we face difficulties in getting facilities like free vaccines. We got vaccination by giving money."* (IDI#6, 30 June 2025). Only one mother talked about free vaccination, *"Her(child) vaccination has been done free."* (IDI#5, 25 June 2025).

Only one mother reported avoiding unsafe water and trying to treat illnesses despite financial barriers and said, *"Though I'm poor, I don't use the supply water; rather, I bring water for 20tk."* (IDI#3, 18 June 2025). Others use supplied water.

All parents mentioned seeking medical care within their means. One father said, "*Sagittarius once infected him, and I took him to a doctor." (IDI#6, 30 June 2025).*

All mothers and fathers expressed affection and responsiveness. It also reflects appropriate parental practice. One mother comforted her child when he was upset, saying, *"If I see him*

sad, try to console him." (IDI#3, 18 June 2025) A father reported, *"If I see them sad, ask about the reasons."* (IDI#6, 30 June 2025). Another father said, *"I often play with him and give him time. I never raise my hand on my children."* (IDI#5, 25 June 2025).

They experience a range of challenges and barriers in securing adequate health and nutrition for their children. For example, due to poverty, families are often unable to adequately practice ECD, as it is closely linked with access to nutritious food. One mother said,*" My son is not fit. He can hardly remember things. He also struggles to convey his meaning to others. He doesn't get much healthy food. I can give him egg and milk once a month. He's very weak. When he was very little, he couldn't talk and only pointed at things."* (IDI#2, 15 June 2025). Another mother said, *"My daughter is malnourished."* (IDI#4, 20 June 2025). One mother said, *"We don't get proper healthy food."* (IDI#3, 18 June 2025).

Additionally, families resided in unhygienic areas near dustbins and shared toilets, which contributed to a high incidence of skin and respiratory diseases (Observation #4, 20 June 2025). One mother noted her daughter's skin condition led to expulsion from the Madrasa, saying, *"We must use one toilet. If she's sick, I buy medicine for her, nothing is free. She's suffering from skin disease, and because of that she has been expelled from Madrasa."* (IDI#4, 20 June 2025).

While parents value education, barriers persist. Parents did not involve their children in begging and expressed a desire for education. Only fathers talked about free Madrasas, while mothers informed them that there is no free school. One mother said, *"I had admitted them (children) to school, but now they don't go consecutively. His father is in jail, and I'm alone taking care of them; that's why I don't send them to school, as I won't be able to look after them. I don't send them for work or begging."* (IDI#3, 18 June 2025). One mother said, *"She(child) doesn't go to school. We don't have money. Her father left me."* (IDI#4, 20 June 2025). Alongside

education, one mother encourages her child to support her by helping with work, *"My son goes to school. He also works in a tea stall."* (IDI#2, 15 June 2025). Fathers are also aware of education. One father said, *"He reads in Madrasa."* (IDI#6, 30 June 2025). Another father, *"He goes to school for free, and I don't send him to work."* (IDI#5, 25 June 2025).

Safety was a major concern. For example, mothers struggled to ensure supervision due to work responsibilities. Children were often left with neighbors or unsupervised, leading to risky peer associations and behaviors like smoking. One mother said, *"When I do work, he gets mixed up with bad boys and I get a lot of complaints."* (IDI#2, 15 June 2025). While fathers took a more protective stance, limiting children's outdoor activity to avoid negative influences. Though protective, this also restricted children's opportunities for social interaction and growth. One father said, *"I don't let him mix with or go with anyone as it is insecure. Sometimes I take him to the park."* (IDI#5, 25 June 2025)

None of the parents had issued birth certificates for their children, mostly due to lack of knowledge, cost (approx. 500 BDT), and accessibility. One mother said, *"I didn't register them yet, but I've heard that it is necessary."* (IDI#3, 18 June 2025). One mother said, *"My son was born at home, so we didn't register him. But I'll register his birth certificate at my native home in Union Parished. They took 500 tk to do this."* (IDI#2, 15 June 2025)

Parents lacked secure housing and necessities. One mother reported that their shelters had been demolished and said, *"Rather than helping us (by the government), our house has been destroyed sometimes."* (IDI#3, 18 June 2025). A disabled mother described receiving occasional help from neighbors but no consistent support, saying, *"I'm sick and my husband does work if he gets any. We're not educated, that's why we have to face a lot of problems. My mother, who works in a home, sometimes gives me clothes and additional support. Besides, neighbors help us by seeing our condition."* (IDI#1, 15 June 2025).

Theme 3: Collaboration with Stakeholders

Collaboration with governmental and non-governmental organizations was minimal. All parents denied receiving any support or free services, except one mother. One mother said, *"I receive no help from any organization."* (IDI#3, 18 June 2025). *"Government doesn't give us any free facilities."* (IDI#4, 20 June 2025). One father said, *"We got no help from any GO or NGO, we never got that."* (IDI#6, 30 June 2025). But one mother reported receiving useful support and said, *"Once, a man came to us and gave us a volunteer card. It is used to see a doctor for 50-100 taka only (from Rokeya Medical). Though we need to buy medicine from outside. We got free treatment from Radical (Medical) on Friday only. When my younger son was little, we got free milk from Pakuria every month. They also told us how to take care of the baby. But now these facilities are not available. Sometimes women (field workers) came to us, they made camps and gave us knowledge that we didn't know. I think these facilities are necessary.* (IDI#2, 15 June 2025).

Fathers talked about free Madrasas, but parents didn't mention free quality schooling. Parents expressed strong aspirations for better facilities and support. Every parent interviewed desired free quality schooling as a citizen's right. One mother said, *"As a citizen of this country, we expect facilities like free education from the government."* (IDI#2, 15 June 2025).

Discussion

Studies consistently show that street-connected children face intertwined deficits in nutrition, sanitation/safe environments, and schooling access. Reviews and primary research have linked early malnutrition with lasting cognitive and school readiness harms, underscoring the emphasis on nutritious food as a first-order need (Ansuya et al., 2023), which aligns with my research.

The work by Md. Easin and Rajib Chandra Das (2025)**,** titled "Exploring the Educational and Health Condition of Street Children: A Case Study in Dhaka City, Bangladesh". This research examines the educational and health conditions of street-connected children aged six to seventeen in Dhaka, highlighting barriers such as a lack of documentation and financial constraints that hinder their access to mainstream education. My research findings also support schooling that is both free and adapted to meet children's real-life circumstances.

In my research findings, birth registration emerges as a significant barrier and policy gap in Bangladesh. Similarly, UNICEF has highlighted challenges related to birth registration in Bangladesh. A 2024 report notes that despite global progress, 150 million children under five remain unregistered, rendering them "invisible" to government systems. This underscores the need for inclusive registration systems to ensure all children, including those in street situations, have a legal identity.

A study (Obimakinde & Moosa Shabir, 2023) explored several aspects of family dynamics that affect Early Childhood Development (ECD), including structural challenges, limited resources, and weak parent-child relationships. Family structure issues such as broken homes, large family sizes, and uncertainty around polygamy were identified as subthemes. My research also highlights family structure and resource challenges impacting ECD among street-connected children, though there were differences regarding parent-child relationships. In contrast to the previous study, the families in my research, despite experiencing poverty and limited resources, did not display signs of neglect or selfishness in their parenting. Family resources in the referenced study encompassed economic hardship, lack of social support, educational difficulties, cultural ambiguity, and spiritual factors. However, my research did not find the presence of cultural superstitions as a contributing factor. In terms of family relationship patterns—such as poor adaptability, emotionally disconnected parenting, and low support for growth—my findings revealed economic hardship and underdevelopment, but not emotional

detachment or intentional neglect. The previous study described parents as being unable to afford even one meal a day, whereas families in my research, although food-insecure, were able to provide meals, albeit lacking in nutrition. This variation may explain the differing outcomes between the two studies. The study identified poverty, broken family structures, and inadequate social support as key factors pushing children toward street-connected lives. The influence of large family sizes and financial instability on poor childcare and child streetism was also a shared finding. However, a notable difference lies in the perspective on education: while the study in Ibadan, Nigeria, found that poorly educated parents deprioritized schooling in favor of street labor, my research revealed that parents, despite hardship, were actively trying to support their children's education. Overall, the study emphasizes the importance of family-based interventions to prevent the growing issue of street-connected children. My findings also support this, indicating the need for programs that strengthen families through resources, employment, ECD literacy, and awareness of child rights. Future research could further explore how targeted ECD support, increased awareness, and resource provision can improve outcomes for marginalized families.

One study's findings underscore profound deprivations among street-connected families in Bangladesh, particularly in the domains of nutrition, living conditions, and education. These results are consistent with broader evidence: nationwide, almost half of children under five experience stunted growth due to malnutrition (Save the Children, 2012), while street children in Dhaka's Shabagh area were found to have high levels of nutritional deficiency (Talukder et al., 2015). Importantly, caregivers in this study repeatedly reported being unable to provide even a single nutritious meal per day, citing unemployment and poverty as root causes—thus mirroring and adding qualitative depth to these documented nutritional crises. Equally alarming are the environmental hazards identified in my research. The observed proximity to garbage dumps, open drains, and unsafe water reflects the structural link

between environmental deprivation and undernutrition. National-level analyses confirm that poor housing materials, inadequate water sources, and lack of sanitation are significantly associated with stunting and underweight among children (Khan et al., 2024). My findings bring this issue into lived reality, evidencing how environmental neglect contributes to developmental risk in street-connected households.

UNICEF Bangladesh (2024) has highlighted similar challenges faced by street-connected children in accessing education. According to a UNICEF report, children in street situations often face barriers to education, including a lack of documentation and exclusion from social protection programs, which hinder their enrollment and participation in school. One result shows that school fees and documentation barriers block formal education access. UNICEF's survey similarly indicates widespread illiteracy among street children (UNICEF, 2023), reinforcing the urgency of inclusive educational initiatives. The need for free schooling is an important factor that came out in my research as well.

The deprivation is compounded by exclusion from essential services. Nearly 58% of street-connected children lack birth registration, a fundamental requirement for accessing education, healthcare, and legal protection (Caritas, 2025). Though overall immunization coverage in Bangladesh exceeds 90%, the integration of birth registration with immunization programs still fails many street-connected children. These overlaps in exclusion create a reinforcing cycle of marginalization (UNICEF, 2022). The result of my study shows that parents are unaware of the need for birth registration for street-connected children.

A particularly important contribution to my findings is the distinction between ECD awareness and structural resource limitations. Whereas much literature frames poor child development outcomes as resulting from parental ignorance about ECD practices, my study indicates that caregivers do recognize the importance of supporting their children's

development but lack the knowledge, means, and institutional support to do so effectively. This reframes the issue: not as neglect, but as systemic exclusion—a nuance that challenges deficit-based narratives and aligns with rights-based approaches.

In conclusion, my findings are deeply consonant with existing research while enriching it through grounded, qualitative insights. By foregrounding caregiver perceptions, the lived intersections of poverty, environmental risk, and educational exclusion, and the difference between awareness and actionable capacity, this study contributes a compelling, humanized dimension to the literature on street-connected children's needs in Bangladesh.

Conclusion

This research explored the lives of parents of street-connected children through the lens of Early Childhood Development (ECD) practices. The findings revealed the significant challenges and barriers these families face in ensuring holistic development for their children. Despite their willingness, their efforts are often constrained by poverty, lack of resources, limited education, and minimal access to social services. These challenges highlight the urgent need for practical, targeted interventions.

Importantly, the study also put forward actionable and realistic recommendations for policymakers, educators, and stakeholders. These include increasing awareness of ECD, improving access to healthcare, education, and social insurance, and offering community-based support programs. The research underscores that sustainable solutions must address both the immediate needs of children and the long-term socioeconomic struggles of their families.

The core objective of this study was to identify the barriers parents face in practicing ECD with their children, and that goal has been achieved. The findings highlight the specific areas where intervention is needed—from birth registration and clean-living environments to free education, daycare, and food assistance programs. These insights can inform inclusive policies and frameworks that support vulnerable children and break the cycle of poverty.

On a personal level, this research reshaped my perception of street-connected families. I found that, despite their lack of formal education, these parents deeply value their children's future. Many strongly advocate for free schooling because they recognize education as a path to a better life. While they may not know the formal terminology of ECD, they instinctively try to meet their children's developmental needs within their limited means. Their resilience and hope demonstrate the potential that lies within even the most marginalized communities, if given the right support.

Recommendations

To promote the healthy development of children from marginalized street-connected families-

- It is essential to implement comprehensive awareness programs on Early Childhood Development (ECD). These programs should educate parents and caregivers about holistic child development—encompassing nutrition, health, early learning, and early detection of developmental delays.
- Awareness should also include practical guidance on boiling water to prevent disease, stimulating language and cognitive growth, and providing complementary food and positive interaction. Free vaccinations for both mothers and children must be ensured,

alongside the provision of basic needs such as clothing, hygiene items, and nutritious food.

- Initiatives like the *"Shikhar Binimoy Khaddo"* (Exchange Food for Education), which incentivizes school attendance through food support, should be adapted to urban contexts. Additionally, *School Feeding Programs* that offer daily meals or tiffin can significantly improve enrollment, reduce dropout rates, and support learning by enhancing children's physical and mental well-being (Ahmed & Del Ninno, 2002; Billah, 2021).
- Access to free, quality education must be prioritized, with schools serving not just as learning centers but also as safe, caring spaces for children of working parents. The establishment of affordable daycare and after-school care services would further protect children from exploitation or negative influences.
- Moreover, ensuring clean and hygienic living environments—through access to safe water, waste management, and sufficient sanitation facilities—is critical.
- Free and accessible birth registration should be guaranteed, as it grants children access to essential services and legal identity.
- To support families more broadly, the government should expand social insurance schemes for those facing illness, disability, or unemployment.
- Programs like the housing initiative in Jhenidah and Sylhet, which provided homes to 1,563 families (Our Correspondent, 2018), should be scaled nationwide to improve living conditions.
- Grassroots outreach, public campaigns, and community-based volunteer initiatives should be strengthened to ensure services reach those in need.

- Caregivers (mothers, fathers, or guardians) should not just be passive recipients of services, but should be actively involved in planning, decision-making, and implementation of programs for their children.
- Bangladesh already has some successful government-NGO–NGO partnerships in ECD, which supports that multi-sector collaboration is the way forward. (Thrive/BRAC-led SB3; CE International overview).

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Appendix A.

In-Depth Interview (IDI) Guidelines (English):

Introduction

Interviewer Introduction

- Briefly introduce yourself and explain the purpose of the interview.
- Highlight the confidentiality of responses and seek verbal.

Ice-Breaker Questions

- Can you tell me about your children, who are currently in their early years?

Awareness about ECD :

- What do you understand about ‘early childhood development’?
- What do you do for attachment and stimulation for their development?
- What do you think is the importance of play in ECD? How do you promote his safe play?
- What is the family’s role if their children have any developmental delay?
- What difficulties do you face in raising your children?
- Have you experienced any misconceptions about ECD in society?

Practice of ECD, and challenges faced in ensuring it:

- Do you know the importance of breastfeeding? Do you practice it?

- Do you know the importance of vaccination? Have you vaccinated your child?
- How much do you know about nourishment? What do you do if your child is malnourished?
- What do you do if your child faces any trauma or toxic stress that hampers his/ her mental health? What do you do to save them from violence?
- How much are you aware of the disease in your child?
- Do your children go to school? If no, why?
- Are they involved in begging or labor? If yes, why?
- Do you know the importance of registering birth certificates? Have you registered your children's birth certificates? If no, why?
- How much access do you have to necessities such as healthy food, clothes, healthcare facilities, and others?
- What do you do to ensure the safety and security of your child?
- How well known are you to their peer group? What cautions do you take to save them from any misdeeds by peer groups?
- What do you do to control your children's behavior, for example, when they disobey you or show anger? How to manage it, in your opinion? What do you do to encourage positive behavior in them?

Collaboration with Stakeholders:

- What facilities can help encourage children's upbringing?
- Do you collaborate with stakeholders? Is it important? Do you feel stakeholders are doing enough to address ECD in children? What kind of support do you need from them?
- What type of support or information do you need from educators or health care providers to facilitate ECD more effectively?

- What changes would you like to see in your community or country to encourage ECD in children?

Wrap-Up Questions

- Is there anything else you would like to share about your thoughts on ECD?
- Do you have any thoughts about the role of family awareness in raising children?
- Do you have any questions for me?

Closing Remarks

- Give thanks to the participant for their time and valuable perception.
- Again, inform them how the information will be used (e.g., research).

Appendix B.

In-Depth Interview (IDI) Guidelines (Bengali):

মডারেটর গাইড

- সংক্ষিপ্ত স্বাগত এবং গবেষণার ভূমিকা উপস্থাপন
- গবেষণার উদ্দেশ্য ব্যাখ্যা করা হবে
- গোপনীয়তার নিশ্চয়তা প্রদান এবং অংশগ্রহনকারীদের অংশগ্রহণে সহায়তা প্রদান করা হবে

শিশুর প্রাথমিক শৈশব বিকাশ বলতে কি বুঝেন ?

স্তন্যপানের গুরুত্ব সম্বন্ধে জানেন? কিভাবে তা চর্চা করেন

আপনার ছেলে মেয়েরা কি স্কুলে যায়? কেন যায় না ?

আপনার ছেলে মেয়েরা কি ভিক্ষাবৃত্তি বা সমাজ শ্রমের সাথে জড়িত? কেন?

আপনি কি জন্ম নিবন্ধন এর গুরুত্ব সম্বন্ধে জানেন? আপনি কি তাদের জন্ম নিবন্ধন রেজিস্টার করেছেন? কেন করেননি?

মৌলিক প্রয়োজন কতটুকু ভোগ করতে পারেন যেমন- খাদ্য, পোশাক, টয়লেট, স্বাস্থ্যসেবা ?

শিশুর পুষ্টি সম্বন্ধে কি বোঝেন ? শিশু পুষ্টিহীনতায় ভুগলে কি করেন?

শিশুর বিকাশ এর জন্য তার সাথে সম্পর্ক স্থাপন এবং উদ্দীপনা জাগ্রত করতে কি করেন?

শিশু কোন মাসিক কষ্টে ভুগলে কি করেন? মানসিক অত্যাচার রোধে কি করেন ?

শিশুর ব্যবহার নিয়ন্ত্রণে কি করেন যদি সে অবাধ্য হয় বা রাগ দেখায় ? কিভাবে এ বিষয়টাকে ইতিবাচকভাবে নিয়ন্ত্রণ করা যায় বলে মনে করেন ? শিশুর আচরণ সুন্দর করতে কি পদ্ধতি অনুসরণ করেন?

আপনি কি টিকা করন সম্বন্ধে জানেন ? আপনি কি আপনার শিশুর টিকাকরণ করিয়াছেন?

আপনি শিশুর বন্ধুদের সম্বন্ধে কতটুক জানেন ?তাদের মাধ্যমে কোন অপকর্ম হওয়ার ক্ষেত্রে কতটুকু সচেতন থাকেন?

শিশু নিরাপত্তা নিশ্চিত করতে কি করে থাকেন?

শিশুর বিকাশ ও খেলাধুলায় ভূমিকা খেলাধুলার ভূমিকা কি আছে বলে মনে করেন ?

শিশু নিরাপদ খেলার ব্যবস্থা কিভাবে করেন?

শিশুর বিকাশে অর্জন কোন অসুবিধা সম্মুখীন হন ?

শিশুর বিকাশে কোন সমস্যা দেখা দিলে পরিবারের দায়িত্ব কি হতে পারে?

শিশুর বিকাশ বিষয়ে সমাজে কোন ভুল ধারণা সম্মুখীন হয়েছেন যদি হয়ে থাকেন বিস্তারিত আলোচনা করতে পারেন!

কোন সুবিধা সমূহ শিশুর বিকাশকে উৎসাহিত করতে সাহায্য করবে বলে আপনি মনে করেন?

সরকারি বা বেসরকারি সংস্থা সাথে আপনার কোন যোগাযোগ রয়েছে? এটি কি গুরুত্বপূর্ণ বলে মনে করেন ?আপনি কি মনে মনে করেন যে তারা ভাল কাজ করছে ?শিশুর প্রাথমিক বিকাশ আরো কার্যকর ভাবে করার জন্য আপনি প্রতিষ্ঠান কাছ থেকে কি কি সহায়তা চান ?

শিশুর বিকাশ কার্যকর করতে আপনার কি ধরনের তথ্য জানা দরকার?

শিশুর বিকাশ অর্জনে আপনার সমাজ ও রাষ্ট্র কি ধরনের পরিবর্তন দেখতে চান?

আপনার কি কোন অতিরিক্ত মন্তব্য আছে যা শিশু বিকাশে সাহায্য করতে পারে?

আপনি কি আমাদের কাছে কোন প্রশ্ন করতে চান?

সময় এবং মতামত দেয়ার জন্য ধন্যবাদ !

Appendix C.

Consent Form

Thesis Proposal Title: The role of the family awareness about ECD in street-connected children's (aged 0-8 years) well-being

Researcher: Fatema Tuj Zohra

Research Purpose

I am conducting this research as a part of my master's degree requirement from the Institute of Educational Development (IED) - BRAC University. This research aims to identify gaps in awareness, shortcomings in understanding Early Childhood Development (ECD), and the challenges and barriers to practicing ECD among the families of street-connected children in urban Dhaka.

Expectation

If you agree, you will be expected to share your perceptions, views, thoughts, and practices on the family's involvement in child-rearing practices. This will include your personal opinions on child development, child rearing, your regular interaction with your child, and some of your practical child-rearing practices. The interview may take 40 to 60 minutes, depending on your response.

Risks and benefits

There is no direct or indirect risk in participation. It may help parents, children, policy makers, and stakeholders in the future.

Anonymity

All information will be stored confidentially. You can contact me for any queries about the study.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the authority to decide whether you participate in this study. Denial to take part in the study will cost no price.

If you agree to my proposal of participating in my study, please indicate that by giving your signature in the specified space below.

Parent's name: **Researcher's name:**

Parent's signature: **Researcher's signature:**

Thank you for your cooperation. For any further queries, please contact me: 01794085524