



Study of substance abuse by street children of Jodhpur city

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ABSTRACT Globally, children who work and live on the streets are at higher risk of undesired behavioral health outcomes, including increased drug use and abuse. Study conducted with a qualitative as well as quantitative design, we conducted a survey of street children in Jodhpur in 2011-2015. Chewing tobacco was reported to be more in the children who had regular family contact as well as having irregular family contact and working as a rag pickers in the city whereas a unique kind of substance were used by the children having without family contact. The children of this category smell whitener for their addiction. It was using as substitute of alcohol and it was freely available at the shop of the stationary. Intervention and prevention programs dealing with drug use of street children in Jodhpur should include family and peers when addressing drug use by street children. Rehabilitation may also be used for the abandoned children.

KEYWORDS : street children, substance**Introduction:**

The Phenomenon of street children is a major concern of international community. (1) Problem of street children is a global one and exists in both the developed as well as the developing countries. (2) The United Nations Children's Fund (UNICEF) defines children living and working on the street in three categories: 'children of the street', 'children on the street' and 'children from street families' (3). Children on the street spend a proportion of their time on the street, working to provide an economic contribution to their family, but often return home at night, maintaining familial ties. Children of the street both work and sleep on the streets and have an absence of regular contact with family members. Children from street families live with their families in the street (3). The definition of street children is street-involved children and youth' refers to any child who spends a portion or majority of their time on the streets. These children and youth may have been defined in the literature as 'children on the street', 'children of the street', street children, working children, parking boys or market children. We utilized the Human Development Index (HDI) for restricting our review to resource-constrained countries. The HDI uses a combination of indicators to measure development and categorizes countries into very high, high, medium and low groups (4).

According to UN sources there are up to 150 million street children in the world today (United Nation report on human development) (5). Chased from home by violence, drug and alcohol abuse, the death of a parent, family breakdown, war, natural disaster or simply socio-economic collapse, many destitute children are forced to eke out a living on the streets, scavenging, begging, hawking in the slums and polluted cities of the developing world (UNESCO, 2007) (6). Globally, tens of millions of children spend a large portion of their lives on the streets, where they are exposed to all forms of abuse and exploitation (UNICEF, 2006) (7). An estimated 171 million children are working in hazardous conditions and with dangerous machinery, including in factories, mines and agriculture (UNICEF, 2006) (8).

The number of street children worldwide is almost impossible to know, although The World Health Organization (WHO) and UNICEF in the mid '90s estimated the number to be 100 million (1998) and it is increasing with world population (WHO, UNICEF, 1996) (9). According to UNICEF report on human rights 25 million street children in Asia and 10 million street children in India were reported in 1998 (10). In present situation 10.7 million orphans suffering from AIDS and number is continuously increasing (11). In 1996, according to inter-American development bank and UNICEF study out of 500 million population 40 million children work on South American street or lived on street. In Brazil, 7 million children were abandoned or neglected (WHO, 1994) (12).

India has the largest population of street children. UNICEF estimated that Bombay has a population of 100,000 street children, New Delhi has 110,000 street children, and Chennai has 40,000 street children (UNICEF 1988) (14). In India approximates 0.5 million children are living on street. According to Indian Social Welfare department study in 1992 total population of Kolkata were 10.9 million, out of total

population 75000 to 200000 populations were street children live on street. UNESCO estimated out of 10 children 6 children worked as rag pickers. Operational Research Group estimated 44 million child labour, out of them 11 million were found as street children in India (15).

WHO estimates that globally, 25% to 90% of street children indulge in substance use (5). According to UNICEF, there are more than 5,00,000 street children in India (16) who live and work in inhuman conditions (17) and are at high risk of substance use (18-20). Weaker socio-economic condition of the family, family disorganization is the main reason behind the street children phenomenon. As per the categorization done by UNICEF, we can classify children on the basis of their family contact, Children having family contact either having regular family contact or having irregular family contact and children having without family contact. Second category of children is on higher risk, they also called vulnerable children. Research on street children and their substance use habits has been very limited. Integrated study on substance use by street children has not been done yet. Region specific studies have been reported by different author of different region. Therefore it is very difficult to estimates prevalence of substance use among street children. Despite studies reporting prevalence within specific locations, there are no pooled data available on the prevalence and types of substances used by geographical region, the characteristics associated with street children's substance use and reasons for use. However, substance use and misuse Impact a serious threat to the short- and long-term health and wellbeing of millions of children around the world and affects their potential for rehabilitation.

Methodology:

Jodhpur is situated at Western part of Rajasthan, India. It consist total population more than 15 lacs (Census, 2011). Jodhpur is the second largest city of Rajasthan and also known as capital of Marwar. We carried out our study in different parts of Jodhpur city. A sociological and demographical survey carried out in different part of Jodhpur city to find out key factors responsible for street children from 2011-2014. All public places including road sides, railway station, bus stands, tea stall and small scale industries will be surveyed during the period of data collection. We categorized our street children on the basis of their family contact. 300 subjects from the different geographic areas of Jodhpur city were surveyed. Accidental sampling used for selection of respondent from the different study areas.

Quantitative as well as qualitative methods of data collection was used for primary data collection during the time of survey schedule and non-participatory observation were also be used as an instrument of quantitative methods of data collection. In-depth interview and Focus Group Discussion were also used as method of data collection. After collection of Primary and secondary data from street children and government offices all data entered in computer software for analysis.

Results

The incidence of drug abuse among children and adolescents is higher than the general population. This is notably because youth is a time for

experimentation and identity forming. Study carried out in Jodhpur city in the age group of 5-17 years. The study revealed that 69.0 percent of children were consumed the substance in which almost majority of children i.e. 94 percent used to chew tobacco at the time of survey whereas only 5.80 percent of children were used substance other than tobacco. They smelled whitener as drug. As per the categorization of the UNICEF the children having regular or irregular family contact used to chew the tobacco. It shows that family contact directly associated with the social control. However, children who used tobacco product, learnt either from family members or from the friends. Social environment including family and friends plays significance role in the development of children.

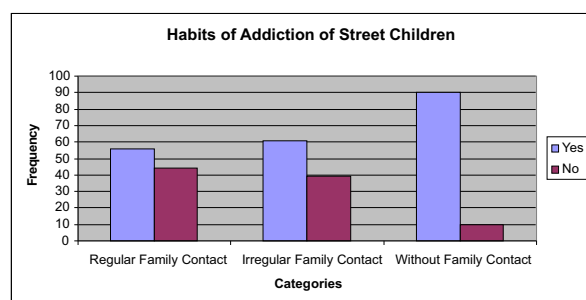
Table 1. Substance consume by street children

Habits of consumes substance abuse	Regular Family Contact	Irregular Family Contact	Without Family Contact	Total
Yes	56 (56.0%)	61 (61.0)	90 (90.0)	207 (69.0)
No	44 (44.0)	39 (39.0)	10 (10.0)	93 (31.0)
Total	100 (100.0)	100 (100.0)	100 (100.0)	300 (100.0)

Table 2. Type of Substance Consume by Street Children

Type of Substance	Regular Family Contact	Irregular Family Contact	Without Family Contact	Total
Chew Tobacco	56 (100.0)	61 (100.0)	78 (86.66)	195 (94.20)
Smell whitener	-	-	12 (13.44)	12 (5.80)
Total	56 (100.0)	61 (100.0)	90 (100.0)	207 (100.0)

Figure 1. Type of addiction by respondents



64.0 percent family members of the children were used substance for addiction. Highest 88.0 percent family members were reported from the regular family contact followed by 54.0 percent from irregular family contact and lowest 51.0 percent from children having no family contact or abandoned children. Minimum representation was found in the category of without family contact, as children did not able to reply the question whereas the highest representation was found from the category of regular family contact, as children used to brought these abuse for their family members. Multiple substance was used at time by family members as children reported that their parents consumed alcohol, smoking cigarette/biddi and simultaneously chew tobacco also. Only one reply has been coded for analysis. Therefore, Highest 51.81 percent parents from the regular family contact consumed alcohol followed by 38.66 percent chewing tobacco and 9.32 percent parents were smoking cigarette/Biddi.

12 percent of the children in the category of without family contact used whitener as substance/drug. These substances are cheap, accessible and readily available to children and adolescents. Solvent abuse is prevalent among street children and working kids. Teenagers start using solvents to gain entry into a gang, and occasionally as experimentation. Its use in a college student is unusual. But this may be a developing pattern indicating spread of the habit into middle class homes. Most adolescents are one-time or short-term users. Those who abuse inhalants persistently usually have conduct disorders. Most of the street children were inhaling whiteners daily, which is 300% more harmful than alcohol. It directly affects the nervous system and hampers functioning of lungs, brain, kidneys. A whitener is sold with a diluter that is an organic solvent (hydrocarbon) like toluene, trichloroethylene, methyl benzene, which are alcoholic. The organic solvents when deeply inhaled give a sudden kick. In the categorization of the UNICEF children having without family contact are more vulnerable as compared to children having regular family contact.

They used more toxic solvent as substance as compare to other two categories of children.

Table 3. Substance Consume by Family members of Street Children

Habits of consumes substance	Regular Family Contact	Irregular Family Contact	Without Family Contact	Total
Yes	88 (88.0)	54 (54.0)	51 (51.0)	193 (64.33)
No	12 (12.0)	46 (46.0)	49 (49.0)	107 (35.67)
Total	100 (100.0)	100 (100.0)	100 (100.0)	300 (100.0)

Table 4. Type of Substance Consume by Family members of Street Children

Type of Substance	Regular Family Contact	Irregular Family Contact	Without Family Contact	Total
Chew Tobacco	12 (13.63)	20 (37.04)	43 (84.31)	75 (38.66)
Smoking Cigarette/ Biddi	-	17 (31.48)	1 (16.27)	18 (9.32)
Drink Alcohol	76 (86.37)	17 (31.48)	7 (16.27)	100 (51.81)
NA	12 (12.0)	46 (46.0)	49 (49.0)	107 (35.67)
Total	100 (100.0)	100 (100.0)	100 (100.0)	300 (100.0)

Conclusion:

The results suggest that family contact plays an important role in the street children. Children having regular contact/ irregular family contact with their family members consumed substance having property of less toxic whereas children without family contact consumed more toxic solvent as substance. However, results shows that the most of the children from all categories were consumed a kind of substance which is harmful for their health. Therefore, there is a need of care and protection for these children to stop or to prevent them from these kinds of substances. Information will be helpful in formulation of planning towards rehabilitation and other programs for reintegrating children into communities.

References:

- Shakibi MR. Prevalence of opium addiction in Iranian drivers 2001-2003. J Med Sci (2004) 4(3):210-3. doi:10.3923/jms.2004.210.213
- World Health Organization (WHO); Dependence DoMHaS, editor. A Profile of Street Children. Geneva: World Health Organization; 2000. Working With Street Children: Module 1.
- United Nations Development Programme (UNDP) [accessed 5 September 2012]; Human Development Index. 2011 Available at: <http://hdr.undp.org/en/statistics/hdi/>
- Child Abuse and Neglect. WHO fact sheet, N151, 1997. www.who.int/inf-fs/en/fact151.html.
- Ministry of welfare, Government of India, New Delhi and UNICEF have organized a multi-centric study on situational analysis of street children in Calcutta, Madras, Bangalore, Hyderabad, Bombay and Kanpur in 1989.
- United Nations ESC Organization, statistics yearbook, 2007
- Francis A. Kombarakaran 2004. Street children of Bombay: their stresses and strategies of coping Adelphi University, School of Social Work, Garden NYC, 11530, USA
- United Nation report on human development
- United Nations Integrated Child Education Fund (UNICEF), The state of the world's children 1988 (Oxford: Oxford University Press, 1988), published for UNICEF
- United Nations Integrated Child Education Fund (UNICEF), Background paper prepared by the UNICEF, New Delhi, for national workshop on street children held on August 29-30, 1988, organized by Ministry of Welfare, Government of India and National Institute for Social Defense and sponsored by UNICEF, Regional office for South Central Asia, New Delhi.
- U.K. Committee for United Nations Integrated Child Education Fund (UNICEF), 1988
- UNDP Drug Demand reduction report
- Operational Research group
- UNESCO statistics yearbook, 1996
- UNICEF in India, 1999-2002. Challenges and opportunities. India Country office publication, New Delhi, 2001.
- Reducing risk behaviors related to HIV/AIDS, STDs and drug abuse among street children. National Report, Ministry of Social Welfare, UNDCP, UNICEF, WHO and NACO; 1996.
- Reddy N. Street children of Hyderabad: A situational analysis. Report of the National Labor Institute, 1992. p 7-15.
- Tripathi BM, Lal R. Substance abuse in children and adolescents. Indian J Pediatr 1999, 66: 569-575.