

Substance Abuse among Street Children in Reception home

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Abstract: *Substance abuse is common among street children. This study was conducted with the aim to know the prevalence of substance abuse among street children in reception unit. Reception unit is the one which provide food, shelter, clothing and education to the children under inquiry before the Child Welfare Committees. Descriptive research design was used. In this study the researcher adopted census method to collect data. At the time of data collection 23 respondents were available and all the 23 were taken for the study. The children were interviewed through a self prepared questionnaire. The findings showed that Mean Age of the respondents was 13.87 years. Minimum age of the respondent was 6 years and maximum age was 18 years. 21.7 percent of the respondents were 14 years old. 34 percent of the respondents were studying in 8th standard. 43.5 percent of the respondents parent were alcoholics. Nearly half (47.8%) of the respondents' have academic problems. More than half of the respondents (60.9%) fought physically with others. 43.5 percent of the respondents nature of substance abuse was solution. It can be concluded that street children abuse various substances. The social work intervention can be adopted to prevent, rehabilitate and modify their behaviour.*

Keywords: *Academic problems, Substance abuse, Street children and Reception unit*

I. Introduction

In the modern era young children are exposed to alcohol and drugs, it starts from home. Substance abuse is an increasing problem in our society and carries great social and economic burden through its impacts on crime and health. It affects their personal, professional and social activities. Street children are more vulnerable and at risk of substance abuse.

Under the scheme of "An Integrated Programme for Street Children without homes and family ties" NGOs are supported to run 24 hours shelters and provide food, clothing, shelter, non formal education, recreation, counselling, guidance and referral services for children. The other components of the scheme includes enrolment in schools, vocational training, occupational placement, mobilizing preventive health services and reducing the incidents of drug and substance abuse, HIV/AIDS etc ^[1]

The reception unit is governed by "Children in care and protection" under section 29 (1) of the Juvenile Justice (Care and Protection of Children) Act, 2000 as amended in 2006. The reception unit provides food, shelter, clothing and education to the children under inquiry before the Child Welfare Committees either by Government / Non-Governmental reception units. There are 23 reception units (Government - 9, Non-Governmental Organizations - 14) in Tamil Nadu. The capacity of an Reception Unit is 30 -50 Children. Non formal education is imparted along with Extra-Curricular Activities such as Art, Music, Dance and Sports.

According to UNICEF, there are more than 500,000 street children in India who live and work in inhuman conditions and are at high risk of substance use. ^[2] Merrill stipulated that the nature of continuous exposure to the street and its associated life-styles are vulnerable for street children to the use of psychoactive substances. Street children's drug use often commences with alcohol, tobacco and inhalants which are legal and easily accessible in most countries. World Health Organization estimates that globally, 25-90% of street children indulge in substance abuse. ^[3]

Children abuse various substances such as drugs, alcohol, and tobacco for varied and complicated reasons, but it is clear that our society pays a significant cost. The common drugs of abuse include alcohol, nicotine, cannabis, opioids, benzodiazepines and volatile solvents. Alcohol dependence is considered a public health problem because it affects people's health (physical, mental and spiritual), it is serious, it can be understood in terms of its causation and attempts can be made to prevent it. ^[4]

Praveen conducted a cross-sectional study among 174 children in observation homes in Hyderabad, India, to estimate the distribution of inhalant (whitener) use among this population. The result revealed that, about 61% of the children were boys and their mean age was 12.2 years (range 5-18 years). They found 35% of the children use Whitener along with concurrent use of other substances. They also highlighted peer pressure was the commonest cause for initiating substance use. ^[5]

Praharaj studied on Inhalant abuse among street children, used typewriter correction fluid abuse. In his findings, the inhalant abusers were boys of 10 to 17 years who were the school dropouts and also run away from

villages. The result revealed that two-third of children had domestic violence, conflict in their family, physical abuse by family members respectively and one-third was due to alcoholic fathers. They used typewriter correction fluid, as well as other substances. He concluded that there was a need to study systematically about the inhalant abuse in the street children in India. Since the street children are away from home, due to poverty, family dysfunction, abuse at home, ill-treatment of family members, forced work make them to run away from home. For their survival, these children join the clique of street children and exposed to various high risk behaviours such as substance abuse. Chemicals found in illegal substances can impair the thinking, health and even lead to dangerous situations. Despite of knowing the risks, due to peer pressure, environmental exposure, the easy availability and media push the children into substance abuse. Parental alcoholism was also one among the root causes for their children substance abuse. [6]

II. Material and Methods

This study focused on the prevalence of substance abuse of the street children in reception unit. Descriptive research design was used. The researcher adopted census method to collect data. At the time of data collection 23 respondents were available and all the 23 were taken for the study. The children were interviewed through a self prepared questionnaire.

Analysis and Interpretation

Table 1: Distribution of respondents based on their age

S.No	Age(in years)	N(%)
1	5- 10	3(13.0)
2	10 – 15	12(52.2)
3	>15	8(34.8)
	Total	23(100.0)

From the above table (Table 1) it was inferred that more than half of the respondents(52.2%)were in the age group of 10 to 15years, 34percent of the respondents were in the age group of above 15years and 13percent of the respondents were in the age group of 5 to 10 years.

The findings show that Mean Age of the respondents was 13.87 years. Minimum age of the respondent was 6 years and maximum age was 18 years.

Table 2: Distribution of respondents based on their education

S.No	Education	N(%)
1	1 st Standard	1(4.3)
2	4 th Standard	3(13.0)
3	5 th Standard	3(13.0)
4	6 th Standard	3(13.0)
5	7 th Standard	2(8.7)
6	8 th Standard	8(34.8)
7	10 th Standard	3(13.0)

The above table(Table 2)revealed that 34percent of the respondents have studied upto 8th standard, 13percent of the respondents have studied upto1st, 4th, 5th, 6th and 10threspectively.8.7 percent of the respondentshave studied upto7thstandard and 4.3percent of the respondents have studied upto1st standard.

Table 3: Distribution of respondents based on their domicile

S.No	Domicile	N(%)
1	Rural	14(60.9)
2	Urban	9(39.1)

The above table (Table 3) showed that morethan half (60.89%) of the respondents resided in rural areas and 39 percent of the respondents resided in urban areas.

Alcoholic parent

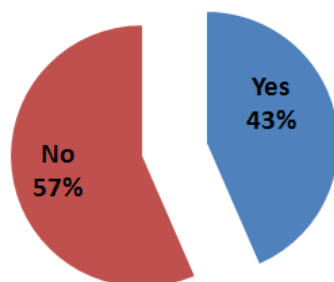


Figure 1: Distribution of respondents based on their alcoholic parent

The pie chart (Fig 1) showed that 43 percent of the respondents' parent were alcoholics and 57 percent of the respondents' parents were non alcoholics. Children were more prone to abuse when the elders or the parents were alcoholic.

Academic problem

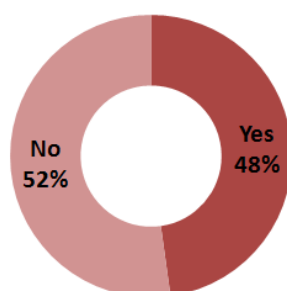


Figure 2: Distribution of respondents based on their academic problems

The pie chart (Fig 2) showed that nearly half (48%) of the respondents' had academic problems and 52 percent of the respondents' had no academic problems.

Fighting with others

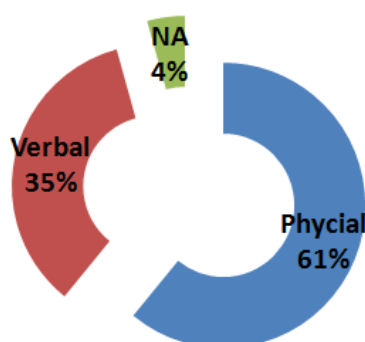


Figure 3: distribution of respondents based on their fight

The pie chart (Fig 3) showed that more than half of the respondents (60.9%) fought physically with others, 35 percent of the respondents fought verbally with others and 4 only percent did not fight. The reasons for their fighting with others were emotional and behaviour problems, neglect, anger towards others for their situation and for survival they fought with others.

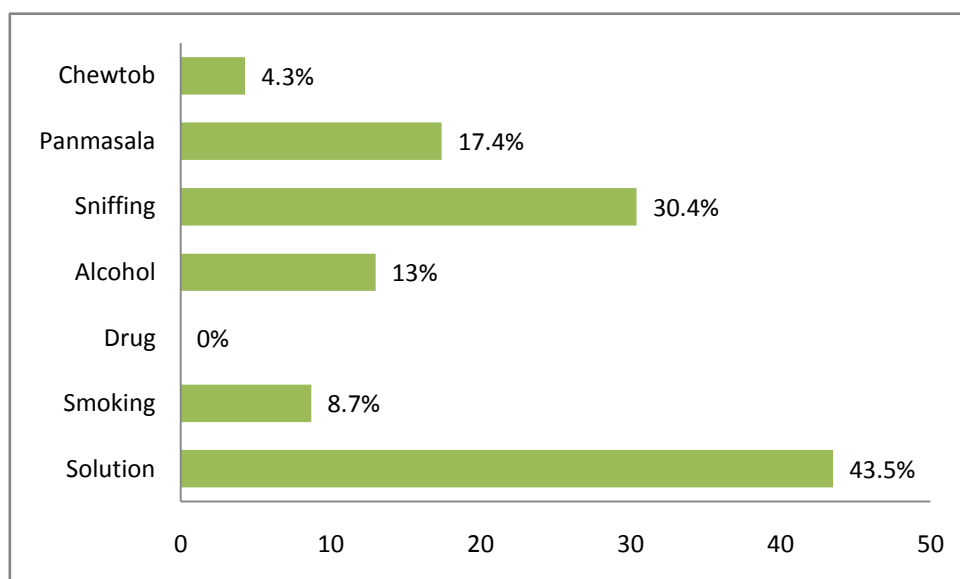


Figure 4: distribution of respondents based on their nature substance abuse

The bar chart showed the distribution of respondents according to nature of substance abuse. 43.5 percent of the respondents used solution, 30.4 percent used substance for sniffing, 17.5 percent of the respondents used panmasala, 8.7 percent of the respondents did smoke and 4.3 percent of the respondents chewed tobacco. Most of the street children use some of the easily available substances in a petti shop which is near to an education institute are ‘Ganesh tobacco’, ‘Shanthipaaku’, ‘tabi tablet’, ‘chocolate containing drug’ and ‘cigarette’.

Major findings

- The findings show that Mean Age of the respondents was 13.87 years.
- 21.7percent of the respondents were 14 years old.
- 34percent of the respondents were studying in 8th standard.
- More than half of the respondents (60.89%) resided in rural areas.
- 43.5percent of the respondents’ parent was alcoholics.
- Nearly half (47.8%) of the respondents’ had academic problems.
- More than half of the respondents (60.9%) fought physically with others.
- 43.5 percent of the respondents’ nature of substance use was solution

Case vignettes

Mr.A is 17 year’s old male studying 12th standard in a reputed school. He has one younger sister, father is a driver and mother is a daily wager. Father is an alcoholic. Mr.A started to use whitener in his tenth standard onwards. He used it with kerchief and started sniffing. He is below average in his studies. There is no future ambition. Feels lonely and sometimes enjoy with friends. Due to this problem he was sent to stay with his relative’s house, but still he continues that inhale whitener along with smoking kanja. Mr.B 16 years heard from his uncle a lorry driver, who has to wide awake during night travel, that the drugs help him to be active and prevent from drowsing off and avoid accidents.

Mr.C 6 years old get into the habit of taking substance and to have that he started begging and steal money from home. While roaming the police caught and handed over him to the reception home.

Social Work Intervention

As the street children are away from home and their parents, they do not have someone to give individual attention or guidance. It is the role of Social Worker to work with these vulnerable children using substances. Social case work helps the children in ventilating their personal problems and core issues.

Social group work is also more effective for street children. The ill effects of substances can be given in groups by using Presentations, role play and debate. Community organisation programme can be conducted on awareness about the substances, availability and dangers of consuming it.

The social work intervention can be administered to prevent, rehabilitate and modify their behaviour. The Life skills education, psychosocial intervention will help the children in their day today challenges, and also helps them to lead a healthy life

Suggestions

- The petti shops near the educational institute have to be monitored by the police and the school authorities.
- Parents have to aware about these substances.
- Parent- child relationship has to be enhanced.

III. Conclusion

The results reveal that 43.5 percent of the respondents used solution, 30.4 percent used substance by sniffing, 17.5 percent of the respondents used panmasala, 8.7percent of the respondents smoked and 4.3 percent of the respondents chewed tobacco. It can be concluded that substance abuse were prevalent in street children in reception unit. Social Work role is more vital in working with these children using substances and can intervene to prevent, rehabilitate and modify their behaviour.

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