Dimensions Enhancing the Vulnerability of Children in Slum Pockets for Substance Abuse

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Abstract

Substance abuse remains a critical problem in most countries and has several social and economic consequences. The United Nations Office on Drug and Crime (UNODUC) reported two million opiates users, 8.7 million cannabis users and 62.5 million alcohol users across the world. The study conducted by National Commission for Protection of Child Rights (2013) reported that 40 to 70% of street children in different Indian cities are vulnerable to substance abuse. About 22% of street children involve in substance abuse. It is documented that children are vulnerable group having a greater chance of engaging in substance use. The type of drugs they use with the influence of their family, media and peer group and others range from whitener, solution & fevicol bond, alcohol, cigarette, and cannabis.

This study was conducted on three slum pockets in Coimbatore city corporation limit. The primary objective of the study was to find out the socio economic profile of the slum children with substance abuse and assesses the risk and protective factors surrounding the substance abusing children. Descriptive research design was used in this study and snowball sampling method was adopted to identify and collect data. Thirty samples were collected in person and structured interview was used to collect the necessary data. The data was collected from children under the age of 18. The results indicate that 77% of the respondents school dropouts were using different forms of substance and less than half (44%) of the children were entered into petty

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offences. It is suggested that sensitizing among teachers and other stakehold-
ers in the community is the measure to curb the situation under control in
this pockets

Key words: Substance Abuse, Children, Slum

Introduction

India has a huge at-risk young population with 40% being below the age of
18 years. UN Convention Reports on Narcotic Drugs and Psychotropic Sub-
stances in 1961, 1971 and 1988, shows that, in India, by the time most boys
reach the ninth grade, about 50% of them have tried at least one of the gateway
drugs. Every year, about 55,000 children take up to smoking generally hailing
from low socio-economic strata with poor social support, broken homes and
victims of deprivation and discrimination. This risky behavior is often initi-
ated during childhood and adolescence, as more than 70% of adult smokers
report that they started smoking on a daily basis prior to age 18. Survival, pro-
tection, growth and development of children are fundamental for achieving
quality of life. Substance abuse stands as a hindrance for this. Protecting chil-
dren from substance abuse has to be considered the most essential and urgent
need for creating a 'World fit for Children' and for a meaningful achievement
of the 'Sustainable Development Goals'.

Dereje et al.,(2014) indicated that Tobacco use, in any form, is a deadly act.
Smoking kills one-third to one-half of all lifetime users, and smokers die an
average of 15 years earlier than non-smokers.

The World Health Organization (WHO) attributed approximately 5 mil-
lion deaths a year due to substance abuse. Recent trend indicate rise of prev-
alence of smoking among children and adolescents and age of initiation start
below seven years to 18 years.

UNICEF's State of the World's Children 2012 report states, "The children
living in around 49,000 slums in India are invisible". Half of these slums are
located across the five states of Maharashtra, Andhra Pradesh, West Bengal,
Tamil Nadu and Gujarat. Nearly one in every six urban Indian residents lives
in a slum. Around 41.2 million children in the age group of 0 to 6 live in urban
areas.

Research Methodology

The objective of the study was to find out the socio economic profile of the slum children with substance abuse and to assess the risk and protective factors surrounding the substance abuse children.

Descriptive research design is used in this study. Universe of the study was children living in slums in the age group of 10 to 18 years in slum pockets of Coimbatore corporation area. Data were collected from 30 respondents living in these slum pockets. The researcher adopted the snowball sampling method to select samples. After identifying the first contact point through child line, additional sample units were identified with the help and information gathered through them.

The researcher used a structured interview schedule for the purpose of colleting primary data from the respondents. The first part of the interview schedule consists of questions relating to the socio economic profile of the slum children with substance abuse. The second part deals with assessment of the risk and protective factors surrounding the substance abusing children. The third part deals with their physical and psychological problems. Since the respondents were slow to understand the researcher took more than 30 minutes to complete data collection from a single respondent. The researcher reviewed articles, books, magazines and journals for secondary source of data.

Results

Age distribution of the respondents: More than one forth (26.7%) of the respondents are at their 16 years and one fifth (20%) of the respondents are at the age of 18. Less than one fifth (16.7%) of the respondents are at14 years of age. Another one tenth (10%) of the respondents are an age groups 10 & 15. 60% (18) of the sample are at15 years of age or above.

All the respondents have started using substances before 15 years of their age. One third (33.3%) of the respondents initiated substance abuse at the age of 13. Another one third (30%) of the respondents initiated substance abuse at 14 years of age. 36.7 % (11) of the respondents initiated substance abuse an age of 12 or below.

Educational status of the respondents: 76.6% of the respondents are school dropout. 4 (13.3%) of the respondents are studying 1st - 5th class and

4 (13.3%) of the respondents are in 6th - 8th standard. One respondent is studying 9th - 10th class.

Table – 1: Age wise distribution of the respondents & Distribution of the respondents based on age of first initiation of substance abuse

Age (in years)	Age wise distribution of the respondents		Distribution of the respondents based on age of first initiation of substance abuse	
	Frequency	Percent	Frequency	Percent
10	3	10.0	3	10
12	2	6.7	8	26.7
13	2	6.7	10	33.3
14	5	16.7	9	30
15	3	10.0		
16	8	26.7		
17	1	3.3		
18	6	20.0		
Total	30	100.0	30	100.0

Types of Substances used by the children

Table 2: Distribution of the respondents based on types of substance

Types of substance	Frequency	Percent
Whitener, Solution & Fevi bond	10	33.3
Alcohol, Cigarette, Beedi & Cannabis	12	40.0
Hans, Chaini Khaini, Ganesh & Podi	5	16.7
Utilizing all the above	3	10.0
Total	30	100.0

Table 2 shows that children using Hans, Haini Khaini, Ganesh & Podi are only 5. Majority of the children use Whitener, Solution & Fevi bond; and Alcohol, Cigarette, Beedi & Cannabis. 10% (3) of the respondents are using all the types of substance. The analysis also gives the details of substances street children use.

Source of Learning Substance Abuse

In the study, 45% of the respondents learned habits of Substance Abuse from peer groups. Nearly one third (30%) of the respondents learned habits of substance abuse from family members. The respondents learned to use substance by the influence of media are less. 22% of the respondents learned habits of substance abuse by media . Only one respondent has learned habits of substance abuse from relatives. This shows the influence of primary groups ie family members and peer groups in this study have influenced the children most.

Most favorite of substance children abuse
Distribution of the respondents based on most favorite
of substance abuse

The study shows that 30% of the respondents use solution as their first favorite among the substance they abuse. Cigarette stands as the second favorite (for 20%). Alcohol, Fevibond and Whitener are the third favorite for 10% of the respondents. 5 respondents use Hans fifth favorite of substance abuse and one of the respondents using Chaini Khaini and Cannabis six favorite of substance abuse.

Physical Symptoms of Substance Abuse among Children

30% of the respondents have headache as a result of substance abuse. 27% of the respondents have chest pain. 6 (20%) of the respondents have vomiting. 17% of the respondents have stomach ache and 3 % of the respondents met with accidents. This shows that use of substances have negative impacts in the lives of the respondents.

Psychological Symptoms of Substance Abuse

8 (26.7%) respondents get Anger. 5 (16.7%) respondents have guilty feeling and hatred. More than one tenth (13.3%) of the respondents did not feel none of the above. Exactly one tenth (10%) of the respondents were laughing alone and isolated. Less than one tenth (3.3%) of the respondents have depression and aggression.

Respondents Residing with Family Members

10 (33%) of the respondents are living with 5 members in the family. 9 (30%) of the respondents living with 4 members in the family. 5 (16.7%) of the respondents are living with 3 members in the family. 2 (6.7%) each of the respondents are with 12 members and 2 members and one respondent is living with 7 members. Also there are 2 respondents stay with 2 members in the family.

Respondents Involved in Petty Offences

Majority (60%) of the respondents (18) are not involved in petty offences .Less than half (40%) of the respondents (12) entered into Petty Offences.

Correlation of variables: Age and Number of Years of Addiction

The table below shows the correlation test applied to examine the relationship of two variables namely, age of the respondents and the number of years of their addiction. The result shows that these variables are highly significant (p<0.007) ie. as the age increases the years of addiction increases.

Correlation Value	Standard Error	Statistical inference
.482	.162	.007
		Significant

Correlation of variables: **No. of members in the family and number of times respondents use drugs**

Correlation Value	Standard Error	Statistical inference
-.378	.156	.039 Significant

The correlation test was applied to examine the relationship of two variables namely, number of members in the family and the number of times taken per day. The result shows that these variables are significant (p<0.039) with negative correlation value (-.378) and therefore when the number of family members decreases then the number of times per day increases.

Correlation of variables: **expense for the drug and number of years of its use**

Correlation Value	Standard Error	Statistical inference
.427	.160	.019 Significant

Correlation test was applied to examine the relationship of two variables namely, expenses for the drug per day and the number of years of addiction. The result shows that these variables are significant (p<0.019) and therefore when expense for the drug increases then the number of years of addiction also increases.

Correlation of variables: **expense for drug and number of times per day use**

Correlation Value	Standard Error	Statistical inference
.399	.158	.029 Significant

The above table indicated that correlation test was applied to examine the relationship of two variables namely, expenses for the drug per day and the number of times taken per day. The result shows that these variables are significant (p<0.029) and therefore when expense for the drug increases then the number of times per day increases.

Table - 7
Summary of the findings on correlation between the variables

	age	Members	Number of times	Number of years	Expenses per day
Age	1.000				
Family Members	-.183	1.000			
Number of times	.156	-.378*	1.000		
Number of years	.482**	-.338	.239	1.000	
Expenses per day	.302	-.285	.399*	.427*	1.000

**. Correlation is significant at the 0.01 level (p<.01).
*. Correlation is significant at the 0.05 level (p<.05).

The above table gives the summary of the correlation between the different variables. The table reveals that there is a high level of correlation between the age and the years of addiction.

Suggestions and Recommendation

It needs to be stressed that knowledge on the extent of problem and socio-demographic risk factors is essential to devise effective preventive strategies against substance use among children. Accordingly school and community based intervention programmes need to be implemented.

Convergence of Government programmes for drug abuse prevention, education of children and care and support for children at risk under the various ministries, as well as the Governments departments in the states, is needed at the right earnest for children and adolescent – both studying and out-of-

school to save the onslaught of the substance abuse.

Sensitization of teachers and other important stakeholders in the community is the measure to bring the situation under control in these pockets. There is a need to sensitize the GOs and NGOs about the problem of substance abuse among children in the entire district.

Conclusion

Understanding the issue of substance abuse problem holistically and plan appropriate actions to intervene as early as possible is very crucial to create a 'fit world' for children and to restore their rights for protection from substance abuse. It is the primary duty of government, civil society and the general public collectively come forward in addressing the substance abuse among children.

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