

SUBSTANCE USE BY CHILD LABOURERS

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SUMMARY

The present study highlights substance use patterns of 300 child labourers from 6 slums in Surat city and identifies the microsocial and macrosocial stressors which initiate and perpetuate their substance use. It was observed that 135 (45%) of the child labourers had used some substance with a mean of 1.5 substances used per child. Tobacco smoking was the most common form of substance abuse followed by tobacco chewing, snuff, cannabis and opium. This study highlights an urgent need for the containment of substance abuse by these vulnerable early initiators.

INTRODUCTION

The recent years have witnessed a substance abuse epidemic with serious health, social, economic and political repercussions. Epidemiological data point to an increase in substance abuse, especially in the younger generation. Initially a problem of the developed countries, this has now assumed alarming dimensions for developing countries as well (Doll & Hill, 1964; WHO, 1979a & 1986; NIH, 1986; Ross et al, 1988; Gossop & Grant, 1990).

Most studies carried out so far in India have focussed on substance abuse by young adults and college students. Scant attention has been paid to the various psychosocial aspects of child and adolescent initiators who are increasingly using substances earlier, due to the changes caused by industrialization, urbanization and the resultant adverse effects in the microsocial and macrosocial environment (WHO, 1979b & 1986).

Among children, child labourers as a group are highly vulnerable and more at risk to substance use and subsequent abuse due to the complex operation of a number of predisposing factors caused by the aforesaid changes in the environment. Hubbard et al (1988) has reported that the younger initiator may be at even greater risk for regular, multiple, increased and problem related use. Many of these younger initiators may eventually end up as hardened criminals or asocial persons with mal-developed physical, mental and social standards and values of life (WHO, 1981a; Gossop & Grant, 1990). The scenario becomes more grim with the impending AIDS epidemic looming overhead. The 'maturation hypothesis' that young people grow out of their drug related problems as they grow older, needs to be revised (Gossop & Grant, 1990). India has 15 to 45 million child labourers at risk who are subject to rampant and unabated exploitation (ILO, 1989 & 1991). The aim of the present study was to identify the extent and causes of substance use in these child labourers.

MATERIALS AND METHODS

This study was carried out in Surat city which is a major industrial and commercial center in Gujarat State. Three hundred children (mostly migrants) were randomly studied from six slums. The aims and objectives of the study were explained to each child and he/she was assured that the information collected would remain confidential.

They were administered a pretested proforma by an interview. Information was collected about the consumption of tobacco cigarettes, smokeless tobacco, alcohol, cannabis and opium throughout their childhood and adolescence till the commencement of this study. Simultaneously, information was also collected about the various socio-cultural and economic variables, working and living conditions. Substance use was classified as never used, used once or twice, used sometimes (less than once a week) or used frequently (more than once a week), the period of enquiry being the lifetime of the child studied.

RESULTS

Three hundred children were studied who belonged to the age group of 5 to 15 years and were employed mainly in the 'informal sector' such as textile and jari units, tea and eating stalls, domestic servants, small scale industries and rag pickers. These comprised of 212 males (mean age 12.5 yrs.) and 88 females (mean age 12 years). Substance

Table 1
Sex specific frequency of Substance use

		Never used	Use once twice	Used sometimes	Use frequently
Tobacco	M	129 (60.8)	40 (18.9)	24 (11.3)	19 (9.0)
	F	79 (89.8)	8 (9.1)	1 (1.1)	0 (0.0)
Tobacco chewing	M	161 (75.9)	25 (11.8)	18 (8.5)	8 (3.8)
	F	70 (79.5)	13 (14.8)	5 (5.7)	0 (0.0)
Snuff	M	209 (98.6)	3 (1.4)	0 (0.0)	0 (0.0)
	F	80 (90.9)	6 (6.8)	2 (2.3)	0 (0.0)
Alcohol	M	194 (91.5)	14 (6.6)	4 (1.9)	0 (0.0)
	F	86 (97.6)	2 (2.3)	0 (0.0)	0 (0.0)
Cannabis	M	207 (97.6)	4 (1.9)	1 (0.5)	0 (0.0)
	F	87 (98.9)	1 (1.1)	0 (0.0)	0 (0.0)
Opium	M	210 (99.1)	2 (0.9)	0 (0.0)	0 (0.0)
	F	88 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)

Figures shown in parenthesis shows percentage

Table 2
Reasons for Substance use

Reason	Number (n=134)
Influenced by others	35 (26.1)
Curiosity/Experimental	46 (34.3)
Frustration/Deprivation/Unhappiness	21 (15.7)
No. Definite reason	32 (23.9)

Table 3
Patterns of substance use around child labourers

Aspect	Number (n=300)
Either Parents Smoke Tobacco	194 (64.7)
Either Parents Drink Alcohol	54 (18.0)
Either Parents use any other Substance	8 (2.7)
Substance use by Friends	172 (57.3)
Substance use by Relatives	140 (46.7)
Substance use by Neighbours	283 (94.3)
Substance use by Employers	51 (17.0)
Substance use at Workplace (coworkers & customers)	298 (99.3)

Table 4
Working Conditions

Aspect under Study	Present/Available (n=300)	Absent/Not available (n=300)
Fixed Weekly Interval	88 (29.3)	212 (70.7)
Spare Time	48 (16.0)	252 (84.0)
Fixed Rest Interval	154 (51.3)	146 (48.7)
Feeling of Work Security	57 (19.0)	243 (81.0)
Working Duration Above 8 hours per day	243 (81.0)	57 (19.0)
Medical Assistance During sickness	74 (24.7)	226 (75.3)
Physical/Mental Abuse at Workplace	257 (85.7)	43 (14.3)
Wages above Rs.200/- per month	25 (8.3)	275 (91.7)
Recreational Facility	36 (12.0)	264 (88.0)
Dissatisfaction with work	240 (80.0)	60 (20.0)
Multiple Job Switches	193 (64.3)	107 (35.7)

Figures shown in parentheses shows percentage

use was commoner in males (50.9%, mean age 3.2 yrs.) as compared to females being (30.7%, mean age 3.3 yrs.)

Table 1 shows the sex specific frequency of substance use. Table 2 shows the reasons for substance use, the commonest one being curiosity or experimentation. Table 3 shows rampant substance use patterns in the milieu where these children live and work. Table 4 shows the inhumane and highly deplorable working conditions of the child labourers.

79% of the children belonged to backward and scheduled castes and only 21% belonged to the forward castes. The majority of them were migrants who had come mainly from rural areas in search of work. 47.7% of them were illiterate and only 10.3% had passed middle school. Their residential environment and neighborhood was unhygienic in all cases with overcrowding, absence of privacy and no protection from pests and vectors of diseases.

DISCUSSION

This study shows that 135 (45%) child labourers had, at some point of time, once used some substance. Some children left it after the initial attempt, whereas others continued to take it at varying frequency. The various substance use attempters were 200; i.e. some children had used multiple substances (1.5 substances used per child). Swan et al (1990), D'Hondt & Vandewiele (1984) and Keyes & Block (1984) have reported a high frequency of substance use in adolescents. Tandon et al (1990) had reported 30.8% prevalence of smoking in medical students. Gupta et al (1987) have reported a high prevalence of drug abuse among non-student youth labour. Though our study shows lower rates, it must be viewed in the context of the lower age of these children, risk of graduation to harder drugs and the fact that in Gujarat, in addition to cannabis and opium, alcohol consumption is prohibited by law. Sharma and Sahai (1990), Satiya et al (1991) have also reported of graduation to harder drugs in addicts.

Since substance abuse is known to be a psychosocial problem of multifactorial etiology, it becomes imperative to consider the total environment in which a person lives, including the interpersonal characteristics of the individual (Gossop & Grant, 1990). In our study, the microsocial factors such as the stabilizing forces of traditional family life were observed to be eroded with family instability in addition to a more permissive atmosphere. The unfavorable psychosocial environmental factors observed were urbanization, abysmally low socio-economic living conditions, detachment from natural processes and resources, educational and recreational deprivation, emulation of adult life style, work overload (both quantitative and qualitative), migration, lack of job security and job satisfaction, hostile interpersonal relationships, physical and mental abuse, job stress, low pay and lack of career opportunities. These stressors via different body systems or psychological processes may alter the psychosocial environment itself to create a vicious cycle (WHO, 1979b). Hence, the smooth traditional transition from childhood to adolescence to youth may be disrupted. It has been well documented that substance use can potentiate and add to the hazards of occupational exposures. This results in a higher mortality and morbidity in child workers, which is further compounded by their poor nutritional status and various infectious diseases as a result of their unhygienic residential environment (WHO, 1981b).

The ringing proclamation made in 1959 by the U.N. general assembly that "Mankind owes to the child the best it can give" seems to be mere lip service and appears to be a mirage even today and in the foreseeable future. There is an urgent need to search for pragmatic and effective approaches to the containment of substance use by these young initiators so that they may not graduate to harder drugs. Every society owes a moral commitment with respect to its young and must ensure every effort to provide them with an environment which can protect, promote and sustain their health and well being.

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