

Smoking, Alcoholic and Drugs Habit of Street Children of Kathmandu Valley

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Abstract

Street children are those who always spend their time in the street. Being on the streets has various causes and effects. Smoking, drinking, and drug usage are more common among street children all across the world. The study's objective is to determine whether street children in the Kathmandu Valley smoke, drink, or use drugs. A total of 234 street children from the Kathmandu valley were purposefully chosen. The data was gathered using a mixed method. According to the report, more than 60% of street children smoke, drink, or use drugs on a regular basis. Both male and female street children were found to have a high prevalence of drug use. Because they had no one to look after them, it was exceedingly difficult to keep them from becoming drug addicts. In order for street children to feel comfortable and have a brighter future, the government should seek to reintegrate them with their families.

Keywords: Alcoholic, Children, Drugs, Kathmandu, Smoking, Street

Introduction

Drugs, alcohol, and smoking are the three silent killers of people. Because it is harmful to one's health, smoking, drinking alcohol, and using drugs are not socially acceptable habits. Drug use has existed from the beginning of time. Due to cultural traditions, people have always wanted to consume or drink drugs for relaxing, stimulating, or euphoric effects (Cause, 2015). Smoking, drinking, and drug usage are all quite prevalent among street kids all throughout the world.

Various previous study conducted in the different countries have explored the misuse of substances among the street children. A study conducted to assess the prevalence and factors associated with substance use among street children in Jimma town of Ethiopia showed that 122 people (39.1%) had used at least one substance throughout their lives. 77 (62.6 percent) used khat, 14 (11.5 percent) drank alcohol, 57 (46.7 percent) smoked cigarettes, and 56 (45.9%) used mastics. The most common causes for substance use were peer pressure (86.5 percent) and curiosity (38.5 percent) (Ayenew, Kabeta, & Woldemichael, 2020). Another study of the Gambia, West Africa revealed that Street children, like other children, abuse drugs primarily due to peer pressure, with the ultimate goal of getting high to relieve stress, get group recognition, and the need to be trusted by peers, among other things. Street children engaged in a variety of harmful antisocial behaviors, including romantic ones, and exposing them to a variety of diseases, including STIs and HIV/AIDS. The most widely abused drug was marijuana. Some street children had begun to experiment with cocaine/coke, hashish, and heroin (Bah, 2018). Similarly, a study conducted among 277 street children of Makassar, Indonesia also showed that 48 percent of street children have ever smoked and 37.2 percent had smoked in the previous 30 days (Amiruddin, Darmawangsa, Jumriani, Awaluddin, & Azizah, 2015).

Street children most commonly reported using cigarettes, inhalants, alcohol, and marijuana. Other substances included kola nut, coca paste, cocaine, amphetamines, and heroin (Towe, Hasan, Zafar, & Sherman, 2009) (Tiwari, 2007; Carvalho, et al., 2006; Morakinyo & Odejide, 2003; Jutkowitz, Spielmann, Koehler, Lohani, & Pande, 1997; Noto, Nappo, Galduroz, Mattei, & Carlini, 1997; Avila, et al., 1996; Raffaelli, et al., 1995; Campos, et al., 1994; Pinto, et al., 1994; Porto, et al., 1994). Injection drug use was generally more common in middle-income countries, among males, and among off-the-street versus on-the-street children **Invalid source specified..** The health effects of chronic ingestion of toluene, the main ingredient in most inhalants, include cardiotoxicity, neurotoxicity, hepatotoxicity, hematologic toxicity, glomerulopathy, and tubulopathies leading to both metabolic and renal tubular acidosis (Olgar, Dindar, Ertugrul, Omeroglu, & Aydogan, 2008; D'Abreu, Mullis, & Cook, 2001). One study has noted that it can be difficult to detect intoxication among street children who have built up tolerance for inhalants and suggested screening for inhalant use by detecting toluene metabolized to urine hippuric acid (Thiesen, Noto, & Barros, 2007).

In the Nepalese context, Tobacco, solvents, marijuana, and alcohol were the most often used and abused substances among street children in Kathmandu Valley (Greenwald, 2014). A previous study conducted among 180 street youngsters in 6 Nepalese cities with large populations of street children. In the poll, 160 boys and 20 girls were interviewed. In Nepal, alcohol usage has become widespread among all castes and ethnic groups, as well as among men and women of all ages. In Kathmandu, 16 percent of youngsters leave home due to parental alcoholism. The average age of first alcohol exposure was 11 years. Alcohol is viewed as a means of enjoyment (39 percent), forgetting sorrows (17 percent), food (10 percent), and

energy by youngsters at risk (10 percent). Domestic violence (35.6 percent), indebted (14.4 percent), negative relations with neighbors (14.4 percent), illness or death of a family member (3 percent), and reduction in social standing (2.3 percent) are among the effects of alcohol on children. Overall, 55 percent of children at risk had used cigarettes at some point in their lives, and 20.6 percent had used narcotics (Tuladhar, 2002). Similarly, another study conducted to identify the physical health problems among the street children of Dharan Municipality, Nepal showed that every single individual experienced at least one or more health issues. According to the findings, the majority of 87.5 percent smoked cigarettes, 50% drank alcohol, and 72.9 percent used drugs. The sole substance taken by the participants in this investigation was dendrite (glue sniffing) (Thapa, Ghatane, & Rimal, 2009). The study also reviewed one previous study conducted in Birjung Sub-metropolitan city and Kathmandu Metropolitan city, Kathmandu among the 168 street children found that alcohol consumed (43.6%) street children were found highly suffered from the disease than the non-consumed ones (34.4%) (Sharma M. K., 2020).

There are various types of negative effect of misuse of substance on human health. Children are the future of society and national development so they should be prevented from the negative effect of substances. Substance misuse causes harm to essential organs, resulting in respiratory, digestive, dental, facial, and cardiac disorders. Substance misuse had enormous social consequences such as HIV/AIDS, STIs, violence, and criminality (Sharma & Joshi, 2013). In this connection, there is need to study on the use of smoking, alcohol and drug among the street children of Kathmandu valley because there are very few studies conducted on substance abuse among the street children.

Objective of the Study

The study has revised the many national and international journal articles to explore the practice of taking smoking, alcohol and drugs in street children. Based on the ideas of previous studies, the study was conducted to identify the smoking, alcohol and drugs use practice among the street children of Kathmandu valley.

Materials & Methods

The study has adopted the mixed method during the data collection, analysis, and reporting. It had collected the quantitative data from structured survey and qualitative data from case study method. Mixed method was used considering the concept of Pragmatic philosophy. The pragmatic philosophy believed in the multiple reality of social problem. There was total 234 street children selected for this study from different location of Kathmandu valley. The instruments were pre-tested to ensure its reliability and validity. The study had adopted some ethical rules during the data collection in field. The study was conducted among the street children so researcher was aware on the privacy of information given by the children as well as researcher had ensured that there was no any harm for children from this study. The collected

data was edited, tabulated and finally analyzed from the statistical software and qualitative data was analyzed manually and findings from the both data was mixed in the conclusion.

Results & Discussion

Among the 234 children, maximum numbers (49.1%) of street children were belongs from Janajati caste followed by Brahamin (9%), Chhetri (22%), Dalit (15%) and remaining other caste groups. Similarly, from the gender perspective, a smaller number of Female Street children (18.8%) were found in comparison with male street children along with 81.2% in Kathmandu valley.

Smoking habit of street children

It is well known that smoking is dangerous to health though people are habitual to use it. Smoking is a leading cause of premature death and disability around the world (Pradhananga, Singh, & Panta, 2018). The given table exaggerated that the majority of street children from the given social demography were smoked in total along with 76.8%.

Table 1: Smoking habit of street children

	<i>Caste</i>				<i>Sex</i>		<i>Age</i>				<i>Total</i>
	Brahamin/Chhetri	Janjati	Dalit	Other	Male	Female	5-10 Years	11-15 Years	16-20 Years	21-25 Years	
<i>Yes</i>	78.1%	74.6%	88.6%	54.5%	80.4%	61.4%	50.0%	76.6%	92.7%	100.0%	76.8%
<i>No</i>	21.9%	25.4%	11.4%	45.5%	19.6%	38.6%	50.0%	23.4%	7.3%		23.2%
<i>Total</i>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Therefore, on the basis of social dimension of street children, the majority of street children from Brahmin/Chhetri community were along with 78.1% smoked. Similarly, the street children from Janajati community had 74.6% who smoked. Likewise, the street children from Dalit community had 88.6% who smoked. In the same way the other community group street children even had smoked in the street along with 54.5% respectively. Hence, it has been majored that the majority of street children from given community had smoked habit, however, Dalit Street children smoking number was higher than Brahmin/Chhetri, Janajati and Other respectively.

On the basis of male and female's street children smoking habit, both had smoking habit, however, male had higher number along with 80.4% than female street children along with 61.4% respectively.

In the same way, age matters a lot in the smoking habit of street children, and here in the given table it has been proven that from 5 to 25 years age group had smoking habit, however, 5 to 10 years age group along with 50.0% of smoking habit which is lesser than other age group. From

the teenage groups 11 to 15 years had 76.6% of number who smoked and in between adults from 16 to 20 years had 92.7% smoking habit and 21 to 25 years age group had 100.0% smoking habit. Thus, from the age group distribution, it has been clear that the street children from 21 to 25 years had bad habit of smoking than the other age group but that does not mean other had good habit of not touching smoking. Only in the comparison manner 21 to 25 years were more active in bad smoking habit.

Habit of taking alcohol

Unlike smoking, alcohol consumption is generally irregular and varies greatly over time (Agrawal, et al., 2012). Globally, teenage and young adult alcohol consumption appears to be on the rise (World Health Organization, 2011a). The study also found the use of alcohol among the street children of Kathmandu. The majority of street children from the given social demography had the alcohol habit along with 64.5%.

Table 1: Habit of taking alcohol

	<i>Caste</i>				<i>Sex</i>		<i>Age</i>				<i>Total</i>
	Brahamin/Chhetris	Janjatis	Dalits	Others	Male	Female	5-10 Years	11-15 Years	16-20 Years	21-25 Years	
<i>Yes</i>	63.0%	63.5%	77.1%	45.5%	72.1%	31.8%	32.4%	68.3%	76.4%	33.3%	64.5%
<i>No</i>	37.0%	36.5%	22.9%	54.5%	27.9%	68.2%	67.6%	31.7%	23.6%	66.7%	35.5%
<i>Total</i>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Therefore, on the basis of social demography measurement of street children about their alcohol habit, it has been proven that the majority from Dalit community street children had higher number of alcohol habit along with 77.1%, however, Brahmin community, and Janajati community street children had the number of having alcohol habit along with 63.0% and 63.5% respectively. However, other community street children have the positive habit that they were not taking the alcohol along with 54.5%

In regarding the male and female street children, majority of male street children have the habit of alcohol taking along with 72.1% in contrast, majority of female street children were not taking any kinds of alcohol along with 68.2%.

On the basis of street children age, the majority of street children from 11 to 20 year were having the alcohol habit along with 68.3% and 76.4% respectively. In contrary, the majority of street children from both 5 to 10 and 21 to 25 years had positive habit of avoiding alcohol. The street children from 5 to 10 years had 67.6% who did not have habit of taking alcohol and 66.7% street children from 21 to 25 years were avoiding the bad habit of taking alcohol.

Habit of taking any drugs

Drug use by children on the streets is common as they look for means to numb the pain and deal with the hardships associated with street life. Hunger is not only the problem they suffer from, they are also exposed to the dangers of drugs, prostitution and child trafficking. Glue sniffing is a very common phenomenon seen in street children of Nepal. The majority of street children from various social demography in the given table justified that the bad habit of drugs using along with 62.7%.

Table 2: Habit of taking any drugs

	<i>Caste</i>				<i>Sex</i>		<i>Age</i>				<i>Total</i>
	Brahami n/ Chhetri	Janjati	Dalit	Others	Male	Femal e	5-10 Years	11-15 Years	16-20 Years	21-25 Years	
<i>Yes</i>	54.8%	66.1%	71.4%	36.4%	64.7%	50.0%	44.1%	61.3%	74.5%	66.7%	62.0%
<i>No</i>	45.2%	33.9%	28.6%	63.6%	35.3%	50.0%	55.9%	38.7%	25.5%	33.3%	38.0%
<i>Tot al</i>	100.0%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
		%	%	%	%	%	%	%	%	%	%

Thus, social demography of street children, Brahamin/Cheetri along with 54.8% of using drugs, Janajati street children along with 66.1% using drugs, Dalit Street children along with 71.4% using drugs respectively. Thus, from these three street children caste group, Dalit Street children were using drugs maximum in number. However, other community along with 63.6% was not using any kinds of drugs at street. In between male and female street children both had the habit of taking drugs, however, the male street children had along with 64.7% had the habit of taking drugs which is higher than female street children. Female street children along with 50.0% had the habit of using drugs.

In regarding the age pattern of street children about the taking of drugs, the given age groups of street children have the equal number of taking drugs.

However, the street children from 5 to 10 years were not taking any kinds of drugs along with 55.9% respectively. The street children from 11 to 25 years had the habit of using drugs because these group had above 50.0% agreement number respectively.

“I also started using drugs with my friends in street”

Using different drugs like Dendrites, cigarettes, hashish, alcohol, and many other strong chemicals among the street children was found very common. Everybody had experience of using some kinds of drugs. Most of the street children said that they were using to control the appetite. They had no availability of regular meal. Regarding the drug habit, Mr. Purba Pariyar (name changed), 16 years old, originally come from Dhading Parwang shared his drug habit by saying, “*I also started using drugs with my friends in street. On the streets, we would beg every day for money. Whole day we begged, and, in the evenings, we bought drugs and used*

them. We went to various places of Kathmandu and slept on the streets. We also started stealing. During the night times, we broke the shops and stole all the money and goods which we found. From that money, we bought new clothes, eye glasses and food. When we had lot of money, we bought lots of clothes. We used one cloth at a time and never washed them. We used them and threw them away after some time. Sometimes we even had millions of rupees. We spent all moneys for our friends. In the street where we live, some organizations have come to take us but we don't like to live in any shelter. We like living freely in the free streets. I love using drugs a lot and I want to spend my whole life to living like this. I never want to go back to my family."

"I use the drug to forget my bitter past life ..."

One life story shared by Akash Basnet during the field work was as follow:

"My name is Akash Basnet (name changed). I come from Sindhuli. I am orphan. My mother got married first with people of Chaudhary caste. I was a son of Chaudhary. Chaudhary left my mother and then my mother got married with 2nd person. He was not a good person either. He also left my mother. Then my mother married for the third time with 3rd person. The 3rd husband was also a drunkard. He always fought with my mother after drinking heavy alcohol. My mother was very unhappy with her life. She cried every day."

Mr. Basnet added, *"One day, I had gone to watch movie with my friends. When I finished the movie and came outside the hall, one of my friends told me that my mother had died. I ran home and found my mother dead. She had taken many Metacin tablets to commit suicide. After her death, my step father also left home. I became an orphan. In this world, nobody was there to take care of me. I came to the streets and started living on my own along with other street people."*

Due to his loneliness and pressure of street friends he become the druggist also. He said, *"I started using various kinds of drugs and alcohol. I earned sufficient money from begging. I used this money to eat food and use drugs. I never saved any money. I liked drugs too much. When I am in a conscious state, I miss my mother badly. So, I use drugs to forget my bitter past life, I want to live my life enjoying and forgetting everything and everyone. Drugs help me to do so. I never think about my future."*

Drugs taking habit was common in boys and girls. During the discussion with street children, Mr. Kamal from Sindhupalchowak, Ms. Asmita Nepali, 13 years from Sindhupalchowak, Ms. Aruna Giri, 12 years from Sarlahi, Mr. Raja Shrestha, 10 years from Sindhupalchowak, Ms. Sunita Lama, 16 years old, Mr. Krishna Poudyel, 16 years from Sundarijal, Mr. Akash Basnet from Sindhuli, and Mr. Suraj Shah, 15 years old from Thamel, Kathmandu shared they had experience of drugs in the street. Ever body had similar response that they were using the drugs to control the appetite and also feeling pleasure. So, it indicates that increasing drug habit among the street children is caused by the poverty, illiteracy and lack of awareness among the street children. Hand to mouth was one major problem for the street children.

Conclusion & Recommendation

Street children were enjoying their free life in street; moving here and there and taking the food and drugs whatever available and provided them. Street children were in wrong track due to their drug habit. More than 60% had some kinds of drug habit; smoking, alcohol, drugs. Drugs taking habit was found very common in both male and female street children. Everybody had shared the experience of taking the any kinds of drugs link like Dendrites, cigarettes, hashish, alcohol, and many other strong chemicals to control the appetite and feeling pleasure. Drug addiction is one big problem of social life so children should be safe from its prevalence, but in the case of street children, it was very challenging to prevent them from the drugs addiction because of the lack of caretaker after them. So, the government should work for the reintegration of street children with their family so that they could feel secure and can do better for the future.

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