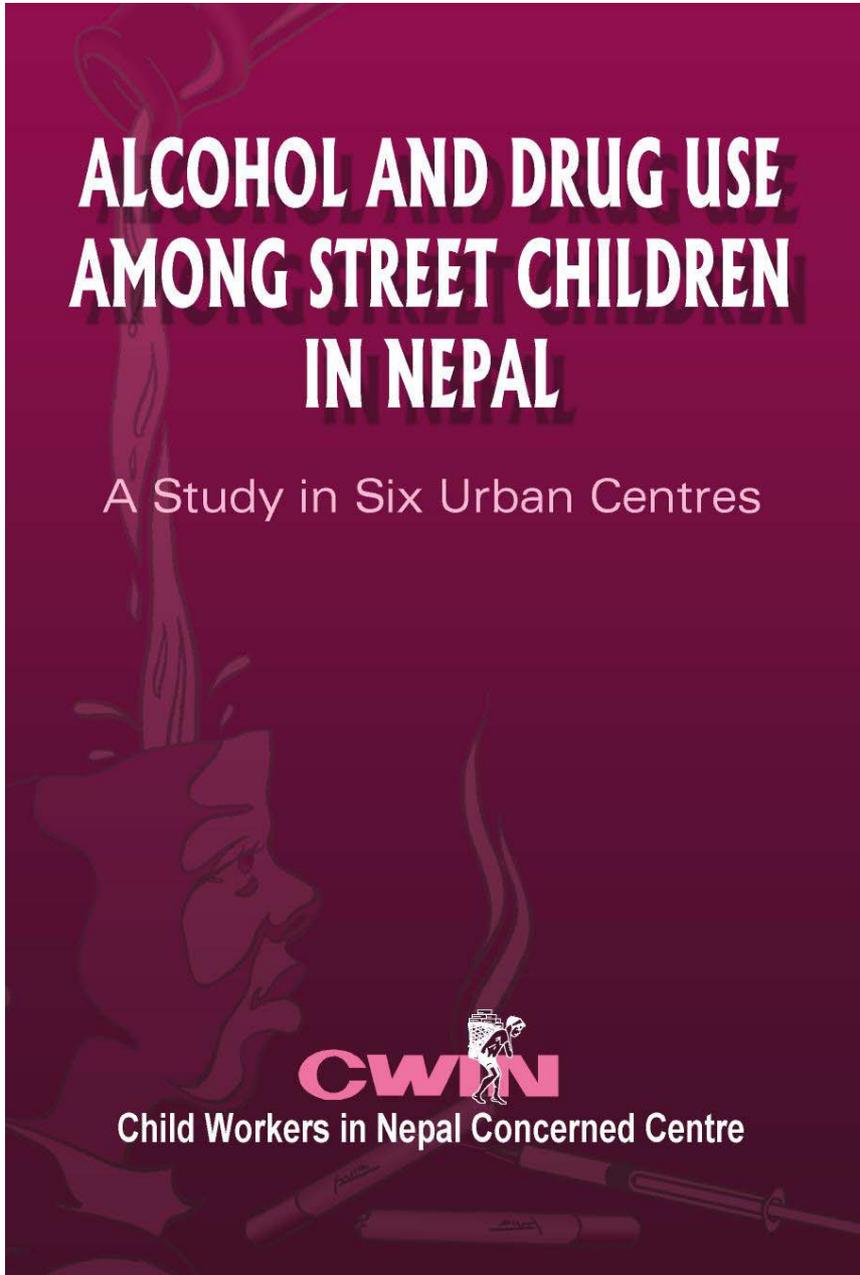


ALCOHOL AND DRUG USE AMONG STREET CHILDREN IN NEPAL

A Study in Six Urban Centres

CWIN

Child Workers in Nepal Concerned Centre



Alcohol and Drug Use Among Street Children

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By

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August 2002



Child Workers in Nepal Concerned Centre

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Supported by: Forut – Norway

Cover Design: Surya Narayan Shrestha

Layout: Sumnima Tuladhar

First Published: August 2002

Printed at: Indreni Offset Press, Anamnagar, Kathmandu.

Published by: Child Workers in Nepal Concerned Centre (CWIN)
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ISBN:

Price: Rs. 150/-

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Acknowledgement

CWIN is grateful to all the people who have contributed in conducting this study. Rupa Dhital, who coordinated this study and the research team consisting of Prabha Hamal, Govind Subedi, Yogendra Gurung along with research assistants Bal Bahadur Rai, Raju Maharjan, Ram Chandra Shai, Sri Ram Mishra, and Tulsi Rijal deserve special thanks for their hard work in completing this study.

CWIN thanks Dr. Om Gurung, Anthropologist and Dr. Bal Kumar KC, Professor, Tribhuvan University, Nepal for their valuable advises.

A special thanks goes to all the children who made this study possible by providing valuable information. CWIN field workers and CWIN Local Action team also deserve thanks for sharing preliminary report of this study with street children and gathering their inputs to this final report.

**CWIN
2002**

Foreword

This study is a follow-up to the research undertaken by Child Workers in Nepal Concerned Centre (CWIN) in 2000 and published in 2001 entitled "Alcohol and Drug Use in Nepal With Reference to Children".

Children are directly influenced by the social, cultural and traditional practices existing in Nepali society as well as brainwashed by the market and media. CWIN has been working with street children for many years for their socialisation, empowerment and social reintegration. Their initiation, indulgement, dependence and addiction to any kind of substance is directly linked with their environment, their coping strategy and their inclination towards risk behaviour. Street children being vulnerable to many things including substance and drugs use also refers to their accessibility to such substances. Children in Nepal also initiate alcohol at their own homes but many a times the street children are used by gangs to peddle drugs and they slowly begin to get addicted.

Street children's problems with regards to their habit as well as their perception towards substance use as a necessity for survival needs to be challenged. Street children themselves claim that if provided with a better opportunity, they would opt for a normal school going life but the life on the streets is so harsh that even if they want to, its difficult for them not to get into one or other kind of addiction.

CWIN hopes that all concerned including the policy makers, social organisations and the business community will take the issues raised by this study seriously and act upon bringing positive changes to combat substance use among children including tobacco, alcohol and drugs.

I sincerely thank the research team, the children and everyone who contributed for this important study.

Gauri Pradhan
President, CWIN

Chapter I Introduction

1.1 Background

The prevalence of drug and alcohol use among street children in Nepal has been a growing concern during the 1990s. Several studies indicate that there are more than 5,000 street children¹ in Nepal (CWIN, 1998).

The phenomenon of street children is largely confined in large urban centers in Kathmandu and Pokhara valley as well as in urban centers along Mahendra Highway and in many boarder towns. Several reasons among pull and push factors are associated with the lives of a large number of street children. Temptation to earn more and live a better life in the city are the main push factors while lack of food at home, peer influence, maltreatment at home, and abusive and alcoholic parents are the main pull factors (CWS, 1996). In addition, flourishing urban informal sectors based on primitive technology also attract children from the rural areas. Ultimately, however, they land on the street for survival strategy.

A study by World Health Organization (WHO) indicates that early onset and continued use of illicit substances is more likely to occur among young people from communities with poor social and economic indicators (<http://www.who.int/toh>) associated with low quality of life and low level of education.

The proportion of substance users among street children in Nepal varies greatly by availability of substances, gender, age and background of children. Studies have shown that between 25 and 90 per cent of street children use substance of one kind or another.

There are very few studies that focus on alcohol and drug use among children at risk. One of very few studies, CWIN (1998) desires data

¹ Street children are those living on the street and/or in home but work on the street for survival. Such works include ragpicking, portering, street vending, begging, etc.

from total sample size of 1,115 children at risk in five CWIN centres. This study reported that one-fifth of the children aged 5-17 years had taken alcohol, children taking tobacco constituted 38 per cent. Gender difference in alcohol use was much pronounced (21% for boys and 12% for girls).

Another study by CWIN (2000) indicated that 44 per cent of 303 children had taken alcohol followed by tobacco (23.7%) and drugs (3%). Dhital (1999) indicated that children were exposed violence in family, aggression, disgrace, self-hurt, involvement in offensive action and sickness.

The consequences of alcohol and drug use on street children's life range from acute and chronic health and emotional problems to disruption in interpersonal relationships, school failure, social marginalisation and criminal behaviour.

This study is a departure from other studies in Nepal in that it uncovers a wide range of children at risk from different urban centers. Second, it examines the behaviour of street children using alcohol, drugs and tobacco. It also examines children's perception of using such substances and consequent effect on their lives.

1.2 Objective of the Study

1. To identify the extent, pattern, context and frequency of alcohol and drug use among street children.
2. To examine the impact of alcohol and other drug use on children's lives
3. To suggest appropriate measures for combating substance use among street children.

1.3 Methodology

1.3.1 Sample Population

Fifteen in 100 Nepali reside in urban areas. There are altogether 58 urban centers. Government has designated urban centers metropolitan, sub-metropolitan areas and municipality according to their population and the level of development. There is only one metropolitan area- the

capital city. There are only few sub-metropolitan areas and many urban centers are designated as municipalities.

The study included six urban centers out of a total of 58 urban centers of Nepal (Table 1.1). These six urban centers have about half the total urban population in Nepal. The selection of these urban centers was based on the regional distribution of urban centers and the magnitude of street children. It is observed that these 6 urban centers possess two-third of the children at risk.

Table 1.1: Sampling Area

Urban Centers	Region	Sample Size	Major Ethnic Cluster
Dharan	Eastern-Tarai	30	Rai/Limbu
Brigunj	Central-Tarai	30	Muslim/Yadav
Bharatpur	Central-Tarai	30	Mixed
Kathmandu	Valley	30	Newar
Pokhara	West-hill	30	Gurung
Nepalgunj	Mid-west Tarai	30	Muslim

1.3.2 Sample Size

Out of total sample of 180 street children, 30 from each of the six urban centres were selected for interview. Given the homogeneity of sample population, the sample size was expected to provide a precise estimate of the nature and extent of the use of alcohol and drug at urban-national level in Nepal. The purpose of the study, however, was not to compare the estimates among urban centers.

1.3.3 Target group and sampling stages

The target population of this study constitutes children at risk aged 10-17 years. Children at risk are defined as the children who live and work in hazardous conditions. Such children work on the street as porters, rag pickers, beggars and vendors.

This study utilizes two stages sampling procedure. In the first stage, six urban centers were selected considering the magnitude of children at risk including region and major ethnic clusters.

In the second stage, 30 street children from each sample area were

interviewed through the snowball sampling procedure. Maximum effort was made to represent different forms of street children including gender and age.

1.3.4 Survey Instruments

Structured questionnaire was utilized to obtain data regarding alcohol and drug practices among street children. The major contents of the questionnaire were as follows:

- Background of the street children: origin, caste/ethnicity, age and gender, parents' education, separation from parents, media exposure, current occupation and current living conditions.
- Exposure to alcohol, drug and tobacco: initiation, types, frequency, context and current use including meanings and importance.
- Impact of alcohol and drug: perceived impact on their life, attitudes towards the use of alcohol and drug.

1.3.5 Quality assurance of data

In order to ensure the quality of data, several efforts were made. First, a ten-day training was conducted for supervisors and enumerators. They were trained in concepts and nature of street children in Nepal. Secondly, a WHO standard set of questionnaire was used in the Nepalese cultural context. Thirdly, pre-test of questionnaire interviews was conducted for final administration of structured interviews.

In order to validate the results from the field survey, a post-consultation was organized with street children in Kathmandu. The results were shared and detail pathology of current drug use among street children was discussed. The emphasis was given to glue sniffing, which has become very prominent among the street children nowadays.

1.3.6 Organization of the Study

This study is organized in six chapters. The first chapter sets the context, objectives and methodology of the study. It argues that substance use among street children is a burning problem which severely threatens the physical, social and psychological development of children's lives. The second chapter includes characteristics of the sample population in terms

of gender, age, and caste/ethnicity, runaway from home, education and current occupation including media exposure of children. The third chapter examines the sociability of alcohol in terms of alcohol initiation, prevalence rate, social context, family environment, socio-psychological circumstances, and impact on children's life. The fourth chapter deals with pathology of drugs among street children. It provides extensive information on initiation of drugs, context, frequency, types and meanings and importance of drug use as well as street children's perception of drug use. The fifth chapter examines the behaviour of street children associated with the consumption of tobacco in terms of ever and current use and reasons for use. The final chapter summarizes the findings of study and provides recommendations.

Chapter II Profile of Children

This chapter describes the background characteristics of street children by urban centers, caste and ethnicity, migration and age at first move, education, and living conditions of the respondents.

2.1 Sample Population

A total of 180 street children aged 10-17 was interviewed from six urban centers: Dharan, Birgunj, Bharatpur, Kathmandu, Pokhara and Nepalganj. Out of the 180 children interviewed, 20 were girls (Table 2.1). The main reason of low incidence of girls in the street was reported in RA as the streets are not safe places for girls, thus, the mobility of women and girls in society at large is heavily restricted by social and cultural norms (KC et al., 2001:12).

Table 2.1: Number of Respondents Interviewed by Urban Centers and by Gender

Gender	Number	Per cent
Boys	160	88.9
Girls	20	11.1
Total	180	100.0

Majority of children are young (Table 2.2). Thirty-one out of 100 respondents were under 13 years and two thirds of the respondents were under 15 years. This indicates that children are not only engaged in hazardous work but also majority of them are below the legal age of labour.

Table 2.2: Percentage Distribution of Respondents by Single Year of Age

Respondent's Age	N	Per cent	Cumulative Per cent
10	18	10.0	10.0
11	21	11.7	21.7
12	16	8.9	30.6
13	27	15.0	45.6
14	34	18.9	64.4
15	25	13.9	78.3
16	23	12.8	91.1
17	16	8.9	100.0
Total	180	100.0	

2.2 Caste and Ethnicity

The people of Nepal are socially segmented along lines of caste and ethnic groups. Nepal's Population Census of 2001 identified 101 different caste and ethnic groups in Nepal. Caste system is fundamentally based on Hindu religion where a vertical relationship among the caste exists. Brahman, Chhetri are in the top and the Kami (blacksmith), Damai (tailor) and Sarki (shoemaker) are in the bottom. In case of ethnic groups, a horizontal relationship exists.

Nepalese society is also segmented along the lines of alcohol users and non-users based on the Hindu Hierarchical caste system. Brahman and Chhetri are traditional alcohol non-users while Dalits such as Kami, Damai and Sarki and most other ethnic groups are traditional alcohol users. Each group of traditional alcohol user has its own values, perceptions and cultural practices in the use of alcohol.

Kami, Damai and Sarki including most other ethnic groups are socially excluded historically. This has direct impact on children's lives. Previous studies suggested that street children mainly came from these groups. Out of the 180 respondents, about three-fourth constitutes of various deprived caste and ethnic groups.

Table 2.3 summarizes the respondents according to traditional alcohol users and non-users². About two thirds (64.5%) were from traditional

² This classification of alcohol users and non-users is made on the basis of Old

alcohol user caste/ethnic group while the rest were from non-user group.

Table 2.3: Percentage Distribution of Respondents by Traditional Alcohol Use Status

Alcohol use status	N	Per cent
Traditional alcohol non-user	64	35.6
Traditional alcohol user	116	64.4

Source: Appendix 1.

2.3 Migration Status

About 37 per cent of the total respondents were living with their parents in the sampling areas while the rest were living without parents (Table 2.4).

Table 2.4: Percentage Distribution of Respondent by Living with Parents

Whether living with parents	N	Per cent
Living with parents	66	36.7
Not living with parents	114	63.3
Total	180	100.0

Such a large number of respondents living with parents in the sampling areas do not mean that they have good economic status. In Nepal, there is an increasing trend of urban poor. They mostly live in slums as squatters without clean drinking water, latrine and electricity. Increasing urban informal sectors such as carpets, garments, confectioneries and manufacturing factories, pottering, and vendors have become major sources of livelihood of such poor. However, they hardly maintain their family survival. This regime is directly associated with child labour.

Legal Code of Nepal (1954). This Code segments society on the basis of *Matawali* (alcohol users) and *Tagadhari* (alcohol non-users wearing sacred thread).

Table 2.5: Percentage Distribution of Respondents Reporting Reasons for Leaving Home For the First Time

Reasons leaving home	Number	Per cent
Poverty	47	41.2
No access to study	5	3.2
Beaten by parents	14	12.3
Own desire	14	12.3
Dissatisfied with family	10	8.8
Parents left	6	5.3
Nothing at home	6	5.3
Seeking work	2	1.8
Total	114	100.0

Since the early 1990s, there is an increasing trend of child migration from rural area to the urban area. Both pull and push factors are responsible to explain the child migration in Nepal. However, classical migration theories such as Revenstein's law of migration³ do not completely explain the reasons for child migration in which economic plus factors are major ones.

Although poverty stands out to be the major reason for children leaving home, other social and home environment such as access to study, beating by parents, own desire and dissatisfaction with family members also appear to be major reasons (Table 2.5). Measures focusing only on uplifting the economic status of the household, therefore, may not necessarily be the only way for prohibiting children from running away from home in Nepal.

2.3.1 Age at First Move

A question was also asked on age at first move of the respondents from their homes. More than one-fifth of the respondents left their home by nine years, almost one-half by 11 years, and three-fourth by 13 years of age (Table 2. 6). In other words, majority of respondents left home from 9 to 13 age range.

³ This theory is largely dealt with the economic reasons rather than social ones.

Table 2.6: Percentage Distribution of Respondents by Age at First Move from Home

Age at first move from home	Number	Per cent	Cumulative Per cent
6	5	4.4	4.4
7	4	3.5	7.9
8	5	4.4	12.3
9	10	8.8	21.1
10	19	16.7	37.7
11	12	10.5	48.2
12	15	13.2	61.4
13	16	14.0	75.4
14	9	7.9	83.3
15	7	6.1	89.5
16	6	5.3	94.7
17	4	3.5	98.2
18	2	1.8	100.0
Total	114	100.0	

Who accompanied such a large number of children when they left home? The responses are presented in Table 2.7. Majority of respondents came with their friends (37.7%). One third came alone. Other reported company includes relatives (9.6%), employers (6.1%), parents (5.3%) and other family members.

Table 2.7: Percentage Distribution of Respondents Reporting Company During First Move

Accompanied by	Number	Per cent
Friends	43	37.7
Alone	38	33.3
Relatives	11	9.6
Employers	7	6.1
Parents	6	5.3
Other family members	5	4.4
Middlemen	1	.9
Others	3	2.6
Total	114	100.0

2.4 Education of the Respondents

Education is both human right and basic need of children. Education is necessary to develop capabilities and potential of a person. In Nepal, education up to secondary is free but not compulsory. Majority of households living in extreme poverty can hardly afford schooling of their children. Some of the groups such as Kami, Damai and Sarki have to spend 50 per cent of their household income if all the children were to be sent to schools (Subedi, 1998). Therefore, free primary education is a half-truth in Nepal.

Therefore, sending school sometimes becomes luxury of the household (Bista, 1989). In this context, the education of the respondents should be comprehended. Three-fourth of the respondents lack overall education⁴ and hence are socially excluded from the outlook of the world. Majority of respondents (46.7%) did not have any education, 35.6 per cent studied one to three grades and a few respondents reported to have studied 4 to 8 grades (Table 2.8).

Table 2.8: Percentage Distribution of Respondents by Educational Attainment by Age

Education levels	Age of the Respondent		Total
	10-14	15-17	
No education	51.7	37.5	46.7
1 to 3 grade	39.7	28.1	35.6
4 to 8 grade	8.6	34.4	17.8
Total	100.0	100.0	100.0
Number	116.0		

2.5 Parents' Education

A few respondents' parents were educated. About 88 per cent of the respondents' father did not have any education, the comparable figure for mothers was 93.9 per cent (Table 2.9).

⁴ A person with education up to grade three is mostly unable to read, write and calculate and hence can be considered illiterate.

Table 2.9: Parents' Education

Education level	Per cent
<i>Father's education</i>	
No education	87.8
Some education	12.2
<i>Mother's education</i>	
No education	93.9
Some education	6.1

This phenomenon is largely associated with child labour and hence is also associated with alcohol and drug exposure.

Table 2.10: Mean Income Per Week by Urban Areas

Urban Centres	Income
Dharan	160.6
Birgunj	308.8
Bharatpur	269.3
Kathmandu	457.8
Pokhara	378.8
Nepalgunj	387.0
Total	327.0

The average income of respondents per week was Rs 327.0. Among the urban centers, respondents from Kathmandu have the highest average income of Rs 458.0 and those from Pokhara have Rs 387.0 (Table 2.10).

2.6 Media Exposure

Media can have both positive and negative impact on children's life. There is a flow of advertisements of alcohol and tobacco especially from print and or cinema/video in Nepal. Advertisement from electronic media has been prohibited since February 1999. But there has been rise in the hoarding boards and advertisements in the print media.

Children run the risk of influence with the attractive advertisement of alcohol and tobacco as they attend and/or watch the cinema and video. Mostly such media advertise on alcohol and tobacco with glamour.

Table 2.11: Percentage Distribution of Respondents by Media Exposure

Media	Daily	Weekly	Monthly	Never	Total
-------	-------	--------	---------	-------	-------

Alcohol and Drug Use Among Street Children in Nepal

Radio Nepal	33.3	9.4	18.3	38.9	100.0
F.M radios	8.3	5.6	3.9	82.2	100.0
Nepal Television	37.2	21.7	18.3	22.8	100.0
Foreign Channels	13.9	11.1	8.9	66.1	100.0
Cinema hall (Hindi movie)	2.2	11.7	55.6	30.6	100.0
Cinema hall (English movie)	0.6	1.1	8.3	90.0	100.0
Nepali newspapers	5.6	5.6	15.0	73.9	100.0
English newspapers	0.6	2.2	0.6	96.7	100.0
Film magazines (Hindi, Nepali)	5.0	3.3	7.2	84.4	100.0

The most popular media appears to be the Nepal Television (NTV). More than one third of the respondents watch NTV daily. The second most important media appears to be Radio Nepal. The penetration of foreign channel is also substantial (Table 2.11). They mostly promote the alcohol and tobacco business and the respondents can easily be attracted by such advertisements.

2.7 Current Living Condition

In order to understand the living condition of the respondents, three questions were asked: place, company and current occupation.

Table 2.12 shows the percentage distribution of the respondents reporting place for living. The major places where the respondents spend their cold and heat days/nights are rented rooms, employers' houses, hotels/factories, huts, roadsides and temples.

Table 2.12: Percentage Distribution of Respondents Reporting Place for Living, and Company

Place for living	Number	Per cent
Rented room	49	27.2
Employer's place	36	20.0
Work place (Hotel/factory)	36	20.0
Hut at Squatter	26	14.4
At roadsides	25	13.9
In temple	8	4.4
Total	180	100.0
Living with		
Peer groups	75	41.7
Parents/other family members	47	26.1
Alone	33	18.3
Relatives	25	13.9
Total	180	100.0

Majority of the respondents live with peer groups, followed by parents (26.1%), alone (18.3%) and relatives (13.9%).

A further question was asked what was the occupation of respondents in the enumeration areas. The results are presented in Table 2.13. Respondents' involvement was found to be in a range of economic activities. The major sectors include hotel, domestic service, and transportation and communication.

A significant number of the respondents were involved in hotel. This means that they are directly or indirectly involved in alcohol selling because there are a few hotels without alcohol business⁵.

⁵ Hotel mostly indicates a street shop.

Table 2.13: Percentage Distribution of Respondents in Different Occupation

Occupation	Number	Per cent
Hotel boy	27	15.0
Scavengers	24	13.3
Vendors	18	10.0
Domestic workers	17	9.4
Transportation	17	9.4
Construction	10	5.6
Porters	6	3.3
Stone quarrying	3	1.7
Alcohol shop	1	0.6
Others	57	31.7
Total	180	100.0

Chapter III

Alcohol Use

This chapter examines the alcohol initiation, prevalence rate, social context, family environment for alcohol use, socio-psychological circumstances, impact on children's life and the perceptions of alcohol use by street children.

Although there is segmentation of the society along the lines of traditional alcohol users and non-users, as findings suggested, the traditional boundary has almost disappeared and the alcohol use has been cutting across every caste and ethnic group.

Traditionally, alcohol is produced in the house of most caste/ethnic groups. This has cultural, religious, ritual importance. Alcohol is being widely used for socialization purposes. In rural Nepal, where poverty is rampant, alcohol acts as medicine, food, energy and one of the main economic activities of poor households (Dhital et al., 2001).

The use of alcohol has become common among all age groups, especially young generation. This process has been fortified by several reasons. First is the expansion of urban culture where modern media play important roles. Print media publish a large number of attractive advertisements about alcohol. Second reason is the easy access to alcohol market. There is no legal restriction of alcohol production, consumption and distribution except in some dry regions of Nepal. Third is the expansion of alcohol industry that has become second major income source of the government. Finally, the expansion of alcohol use is also associated with power structure of the Nepalese households. This relation also reflects the use of alcohol by more males than females.

3.1 Initiation of Alcohol

It is important to understand the context of the taking alcohol in terms of initiation, motivation of type of alcohol and socio-psychological environment. Within such context, children's consumption of alcohol can be traced.

About two thirds of the respondents have been already exposed to alcohol. Its use, however, varies with various characteristics of respondents with respect to their age and alcohol use status (Table 3.1).

Table 3.1: Ever Experience of Alcohol, According to Selected Respondent's Characteristics

Characteristics	Per cent	Number
Gender		
Boys	66.9	160
Girls	40.0	20
Age		
10-14	61.2	116
15-17	68.7	64
User status		
Traditional users	71.6	116
Traditional non-users	50.0	64
Total	63.9	180

Boys have more frequently used alcohol than by girls. The statistics reveals that more than two thirds of boys (66.9%) have ever taken alcohol while only 40 per cent of girls have taken it. Older children are progressively more likely to be exposed to alcohol.

An overwhelmingly majority of respondents (71.6%) from traditional alcohol user group have taken alcohol. This is not uncommon in the sense that children are allowed alcohol from the early age since their birth among most caste/ethnic groups of Nepal. Another feature is that one-half of the respondents from traditional non-user group have also taken alcohol indicating that alcohol use has crossed across all caste and ethnic groups of Nepal.

Table 3.2: Age at Which Children First Experienced Alcohol
(median year = 11.0)

Age in years	No.	Per cent	Cumulative Per cent
<=6	18	15.7	15.7
7-9	28	24.3	40.0
10-12	42	36.5	76.5
13-17	27	23.5	100.0
Total	115	100.0	

About 16 per cent of respondents have ever taken alcohol ever before they were 6 years. By the children reached 9 years of age, they have already had this substance taken regularly. The median age of first exposure to alcohol is 11 years. This indicates that one half of the respondents have initiated taking alcohol before the age of 11 years and one half after it.

In case of traditional alcohol user families, most children initiate alcohol use at their homes. While for non-traditional alcohol user families, children initiate alcohol use through their friends. Moreover, market is also accessible for children to buy alcohol. So far there is no legal restrictions for selling alcohol to children. Besides, children can buy it on behalf of the elders.

3.1.1 Types and Context of Alcohol Use

In order to understand the social context of alcohol initiation, questions related to types of alcohol, place, occasion and company were asked to the respondents. Table 3.3 summarizes the responses.

Several types of alcohol with different brands are available at market. Among them, four types of alcohol were initiated: *Jand* or *Chhang* (rice or corn beer), *Raksi* (home made liquor), local alcohol and beer. *Jand* or *Chhang* stands out to be the most popular among respondents. Similarly, home is the major place where alcohol is initiated. Bars and restaurants are other major places for initiating the use of alcohol.

Table 3.3: Types of Alcohol Use and Context

Types/ Context of alcohol experience	N	Per cent
Types of alcohol		
<i>Jand/Chhang</i> ⁶	60	52.2
Home made <i>Raksi</i>	23	20.0
Local <i>Raksi</i> at market	23	20.0
Beer	6	5.2
Distillery product	1	.9
Others	2	1.7
Place		
At home	54	47.0
At friend's place	13	11.3
Bar/restaurant	25	21.7
Neighbour	2	1.7
Others	21	18.3
Special occasion		
Traditional and cultural occasions	25	21.7
Ritual ceremonies	8	7.0
Social gatherings	8	7.0
No special occasion	74	64.3
Company		
None	3	2.6
Fiends	60	52.2
Parents	47	40.9
Relatives	5	4.3
Total	115	100.0

An overwhelming majority of the respondents initiated without any special occasion. However, more than one-third of the respondents first took alcohol in a special occasion such as traditional and cultural ceremonies (21.7%), ritual ceremonies (7%) and social gatherings (7%).

⁶ *Jand* or *Chhang* is non-formatted alcohol. It is also taken as food supplement in most poverty stricken households.

3.2 Prevalence of Alcohol

Ever use of alcohol is a proxy indicator of alcohol prevalence. It does not indicate the number of people currently using alcohol. In order to understand the prevalence of the current use of alcohol, a question was to the respondents if they were taking any type of alcohol during the last 12 months preceding the survey.

The overall alcohol prevalence rate is 55.6 per cent (Table 3.4). Alcohol use is clearly associated with the power structure of the Nepalese society. Men and boys are much freer than women and girls in every aspect of life. In Hindu orthodox family, men and sons come in the top position, mother and daughter come in the second and it is the daughter-in-laws who come at the bottom of the hierarchy. Even in non-Hindu families, this power-relation exists. Alcohol use by a woman in a public place is considered unusual. For example, 60 per cent of boys are reported to have currently using alcohol while the comparable figure for girls is only 25 per cent.

Table 3.4: Proportion of Respondents Having Taken Alcohol Within the Last 12 Months by Selected Characteristics of the Respondents

Characteristics	Per cent	Number
Gender		
Boys	59.4	160
Girls	25.0	20
Age		
10-14	54.3	116
15-17	57.8	64
Use status		
Traditional users	60.3	116
Traditional non-users	46.9	64
Total	55.6	180

A substantial number of traditional non-users are currently taking alcohol. This is the clear indication of the expansion of alcohol use across all caste/ethnic groups in Nepal. Some important reasons are exposure to the outside world, transition of society from Hindu orthodoxy to modern one and access to alcohol market.

Table 3.5 shows the proportion of respondents who have taken alcohol

within the last 30 days by age and alcohol use status. Overall, a little more than one-third of the respondents have taken alcohol within the last 30 days. Six in 100 respondents were regular users spanning more than 20 days a month.

Table 3.5: Proportion of Respondents Having Taken Alcohol within the last 30 Days by Selected Characteristics of the Respondents

Description	No	Yes, 1-5 days	Yes, 6-19days	Yes, 20+days	N
Age					
10-14	67.2	19.8	7.8	5.2	116
15-17	60.9	17.2	15.6	6.2	64
Use status					
Traditional users	62.1	19.0	13.8	5.2	116
Traditional non-users	70.3	18.8	4.7	6.2	64
Total	65.0	18.9	10.6	5.6	
N	165	34	19	10	180

3.2.1 Types and Context of Current Use of Alcohol

Table 3.6 shows the frequency of alcohol use within the last 12 months by types of alcohol. Six different types of alcohol are prevalent. They include *Jand/Chhang*, home made *Raksi*, local *Raksi* available at market, beer, distillery products and foreign products. Among them, first three were most common. The proportion of respondents who take *Jand/Chhang* daily constitutes one third.

The proportion of daily users declines with the types of alcohol from lower quality to higher quality and from less expensive to more expensive. This has greater implication on child's health. Controlling quality and increasing the price of alcohol would reduce the extent of alcohol use among street children.

Table 3.6: Alcohol use within the last 12 months by Types (N=100)

Types of alcohol	Frequency of alcohol use				Total
	Daily/weekly	Monthly	Sometimes	Never	
<i>Jand/Chhang</i>	33.0	13.0	36.0	18.0	100.0
Home made <i>Raksi</i>	18.0	12.0	31.0	39.0	100.0
Market <i>Raksi</i>	15.0	16.0	27.0	42.0	100.0
Beer	5.0	5.0	24.0	66.0	100.0
Distillery products	3.0	2.0	14.0	81.0	100.0
Foreign products	1.0	1.0	2.0	96.0	100.0

The major places of taking alcohol were hotels, inns and shops (41%), own places (41%) and friend's places (18%). Almost 90 per cent of respondents take alcohol with their friends and relatives.

Table 3.7: Context of current use within the last 12 months

Description	Number	Per cent
Usual place of drink		
Hotel/inn/shop	41	41.0
At home/own place	41	41.0
At friends place	17	18.0
Total	100	100.0
Company		
Alone	7	7.0
Friends	69	69.0
Relatives	20	20.0
Others	4	4.0
Total	100	100.0

3.2.2 Why do children use alcohol?

Children reported to have taken alcohol due to various reasons (Table 3.8). They are entertainment (39%), forgetting sorrow (17%), as food supplement (10%), and energy (10%). Other reasons include as problem solver, demonstration of strength, medicine, and social lubricant.

Table 3.8: Reasons for Alcohol Use

Description	N	Per cent
Reasons		
Entertainment	39	39.0
Forgetting sorrow	17	17.0
As food	10	10.0
As energy	10	10.0
Problem solver	7	7.0
To show strength	5	5.0
As medicine	5	5.0
Social lubricant	3	3.0
Others	4	4.0
Total	100	100.0
Whether want to stop/reduce		
Stop	24	24.0
Reduce	22	22.0
Regulate	15	15.0
Don't Know	39	39.0
Total	100	100.0

A question was also asked about the perception of the respondents regarding their alcohol use. The overall perception is mixed. Some want to stop using it while others want to reduce or regulate it. However, a substantial number of the respondents are indifferent (39%) regarding their alcohol use. This is a clear indication of their ignorance about alcohol awareness program.

3.3 Impact of Alcohol Use on Children Life

Children's lives are affected by their own and parent's drinking habits. The impact of children's drinking on their own life is examined through asking several questions and the responses are presented in Table 3.9. Out of 100 respondents who take alcohol within the last 12 months preceding the survey, 28 per cent got drunk at least once. Some of the respondents had to miss their work and school due to excessive use of alcohol.

Table 3.9: Problem Related with Alcohol Use

Problem related to alcohol use	N	Per cent
Ever get drunk		
Never	72	72.0
Yes, one time	15	15.0
Yes, 2-3 times	12	12.0
Yes, 4-10 times	1	1.0
Total	100	100.0
Whether missed work		
Yes	13	13.0
No	87	87.0
Total	100	100.0
Whether missed school		
Yes	3	3.0
No	97	97.0
Total	100	100.0
Whether any problem due to alcohol use		
No	86	86.0
Yes	24	24.0
Total	100	100.0
Types of problem		
Arrested by police	2	8.3
Beating/scolding by employer/adult	10	41.7
Fighting with friends	5	20.8
Getting sick	6	25.0
Others	1	4.2
Total	24	100.0

Children realize the problems arising out of their excessive use of alcohol. They are beaten or scolded by masters or adults (41.7%), have got sick (25%) and have fought with friends (20.8%).

3.3.1 Impact of Parents' Drinking on Family and Children's Life

Respondents were also asked whether they realized the impact of parents' drinking on children's own lives and the family as a whole. Three-fifth of the respondents realized impact of parents' drinking on the family (Table 3.10). The reported impact includes domestic violence

(35.6%), indebtedness (14.4%), and bad relation with neighbour, illness or death of the family member (3%) and decline in social status (2.3%).

The majority of respondents (57%) realize the impact of parents' drinking habit on children's lives. The impacts were in the form of scolding, beating and punishment, not getting enough food, and children running away from home. Some children started taking alcohol while others had to leave school.

Table 3.10: Perceived Impact of Parent's Drinking on Family and Children

Perceived Impact of Parent's alcohol use	Number	Per cent
Whether impact on family		
No	52	39.4
Yes, Domestic violence	47	35.6
Yes, Indebtedness/money loss	19	14.4
Yes, Bad relation with neighbor	7	5.3
Yes, Illness/death	4	3.0
Yes, Decline in Social prestige	3	2.3
Total	132	100.0
Whether impact on children		
No	57	43.2
Yes, Scolding	28	21.2
Yes, Beating and punishment	21	15.9
Yes, Not getting enough food	8	6.1
Yes, Run away from home	7	5.3
Yes, Child started drinking	7	5.2
Yes, No schooling	4	3.0
Total	132	100.0

3.4 Socio-psychological Circumstances of Alcohol Use

It is very important to understand the company of respondents in their daily life. To some extent, children's social life is affected by the company they are in. Peer group's behavior directly affects their overall living conditions (Table 3.11).

Table 3.11: Company for Drinking

Description	Number	Per cent
How many friends take alcohol per week?		
None	48	26.7
Few	65	36.1
Many	37	20.6
All	14	7.8
No friends	5	2.8
Don't know	11	6.1
Whether friend involved in alcohol selling?		
Yes	33	18.3
No	147	81.7
Perception on friend's alcohol use		
OK	32	17.8
Bad	111	61.7
Indifference	37	20.6
Total	180	100.0

A large number of the respondent's friends take alcohol weekly. Similarly, 18 out of 100 respondent's friends are involved in alcohol selling. Most respondents also realize that taking alcohol by their friends is not a good habit.

3.5 Family Environment for Alcohol Use

Availability of and access to alcohol are important reasons for alcohol taking by most children in Nepal. Traditionally alcohol is not regarded as a gateway drug in several caste and ethnic groups. Many households produce it for different purposes such as serving guests, and performing traditional, cultural and ritual ceremonies. In recent years, alcohol is widely used in social gatherings particularly in urban areas.

A large number of respondents reported that alcohol is produced in their homes (Table 3.12). Only a small number of respondent's parents do not take alcohol. About 38 per cent of respondent's parents take alcohol. One-fourth of the respondent's father take alcohol and only 9 per cent of the respondent's mother take it. Such compatible family environment further aggravates drinking habit among children and hence increases adverse impact on their lives.

Another question was asked to the respondents if other family members except the parents of the respondents take alcohol. About half of the respondents' family members take alcohol. Similarly, 19 per cent of the total respondents say that they are allowed to take alcohol at home. However, a large number of the respondents do not know whether their parents allow drinking.

Table 3.12: Family Environment For the Alcohol Use

Family environment	Number	Per cent
Whether alcohol is produced at home?		
Yes	80	44.4
No	100	55.6
Total	180	100.0
Whether parents take alcohol?		
Yes, father takes	46	25.6
Yes, mother takes	17	9.4
Yes, both take	69	38.3
No, both don't take	41	22.8
No parents	7	3.9
Whether other family members take alcohol?		
None	95	52.8
Yes, some	63	35.0
Yes, all	16	8.9
Don't know	6	3.3
Whether parents allow take alcohol?		
Yes	34	18.9
No	90	50.0
Don't know	56	31.1
Total	180	100.0

3.6 Children's Drinking Vs. Parents' Drinking and Home Production

Chi-square statistics indicates that alcohol use among the street children was associated with father's drinking, home production, and age of initiation. A large majority of the respondents are currently using alcohol when their parents are also taking alcohol (Table 3.13). While the comparable figure for those respondents whose parents do not drink is 42 per cent. The Chi-square test also indicates that parents' drinking is

positively associated with children's drinking. Similarly, production of alcohol at home is also directly associated with alcohol use by children. Four-fifth of the respondents were using alcohol when alcohol is produced at their home. While only one-half of the respondents were exposed to alcohol when alcohol is not produced at their home.

A positive relationship between age of initiation of alcohol and current alcohol use exists but it is not statistically significant at 0.1 level. A final remark before entering the next chapter is that there is significant interrelationship between alcohol, drug and tobacco use among the street children (Table 3.14). There is a positive correlation between alcohol use and drugs use ($r=+0.24$) and between alcohol use and tobacco use ($r=+0.36$). A positive correlation between alcohol use and tobacco use. This implies that an alcohol user is likely to expose to tobacco.

Table 3.13: Factors Influencing on Children's Alcohol Use

Character	Yes	No	Number
Father's use			
Yes	72.0	28.0	132
No	41.7	58.3	48
X ² value	14.0		
Significance level	0.001		
Home Production			
Yes	80.0	20.0	80
No	51.0	49.0	100
X ² value	16.2		
Significance level	0.001		
Age of Initiation			
Under 10 years	80.4	19.6	
10-15 years	91.3	8.7	
X ² value	2.9		
Significance level	0.089		

Table 3.14: Correlation Matrix for Alcohol, Drugs and Tobacco Use

Substances	Alcohol	Drugs	Tobacco
Alcohol	1.00	-	-
Drugs	0.24 (P= 0.002)	1.00	-
Tobacco	0.36 (P=.000)	0.3017 (P=0.000)	1.00

Chapter IV Drug Use

Drug use is the most harmful malpractice in any society. It deteriorates both physical and mental health of an user. Drug use is also associated with crimes such as domestic violence, sexual harassment, and theft and robbery.

4.1 Initiation of Drugs

One-fourth of the respondents have ever taken drugs. However, such practice varies with the differences in respondents' characteristics (Table 4.1). Gender, age and education are major contributing factors.

More boys than girls ((28% vs. 5%) and more older children than younger ones (35.9% vs. 19.8%) have ever taken drugs.

Table 4.1: Proportion of Children Having Ever Use of Drugs by Selected Characteristics

Selected characteristics	Per cent	Number
Sex		
Boys	28.1	160
Girls	5.0	20
Age group		
10-14	19.8	116
15-17	35.9	64
Education		
No education	65	100
1-3 grade	26.6	64
4-8 grade	31.2	32
Traditional users	19.8	116
Traditional non-users	35.9	64
Total	25.6	180

A total of 46 respondents have ever taken drugs. Table 4.2 shows the age

at first use of drugs. Generally, children are exposed to drugs from the fairly young age of 9 years. The prime age of exposure of drugs is from 11 to 14 years. Therefore, the likelihood of drug use increases with increase in the age of children up to 14 years. Targeting younger children (10-14) should be the prime concern of any drug prevention program in Nepal.

Table 4.2: Age at First Use of Drug

Age	Number	Per cent	Cumulative per cent
09	1	2.2	2.2
10	2	4.3	6.5
11	5	10.9	17.4
12	12	26.1	43.5
13	10	21.7	65.2
14	9	19.6	84.8
15	5	10.9	95.7
16	2	4.3	100.0
Total	46	100.0	

Table 4.3 summarizes the types of drugs commonly used by the respondents. Cannabis is the most common drug followed by other inhalants drugs such as glue, boot polish, iodex, kerosene and petrol. Other drugs such as heroin, opium and tranquilizers as first use are less prevalent among the sample population. The first two types of drugs are less expensive and easily accessible while the later types of drugs are more expensive and may not be affordable.

Cannabis is much common in the Tarai population. This is also used by the adult population who usually do not take alcohol.

Table 4.3: Types of Drugs First Experience

Types	Number	Per cent
Cannabis	24	52.2
Heroin	1	2.2
Opium and opiates	4	8.7
Tranquilizers	5	10.9
Others (glue, boot polish, iodex, kerosene, petrol)	12	26.1
Total	46	100.0

4.2 Current Use of Drugs

The prevalence rate of the unusual use of drug is 20.6 per cent. This implies that 21 out of 100 street children are currently using any types of drug. Interestingly, none of the girls is currently taking any drug while for boys this figure is 23 per cent. According to age, 16 out of 100 young respondents and 28 out of 100 older respondents are currently taking any type of drug (Table 4.4).

The likelihood of drug use increases with increase in the level of education of the respondents. This requires further analysis. Similarly, traditional alcohol non-users are much likely to use drugs over the traditional alcohol users.

Table 4.4: Proportion of Respondent Using Drugs Within the Last 12 Months by Selected Characteristics

Characteristics	Per cent	Number
Sex		
Boys	23.1	160
Girls	-	20
Age		
10-14	16.4	116
15-19	28.1	64
No education	17.9	84
1-3 grade	21.9	64
4-8 grade	25.0	32
Alcohol use status		
Traditional users	15.5	116
Traditional non-users	29.7	64
Total	20.6	180

Out of the total 180 respondents, 17 were using drugs within the last 30 days preceding the survey. They can be termed regular drug users (Table 4.5).

Table 4.5: Proportion of Respondent Having Experienced Drugs Within the Last 30 Days

Drugs Experiences	Number	Per cent
No	20	54.1
Yes, 1-5 days	15	40.5
Yes, 6-19 days	2	5.4
Total	37	100.0

4.3 Types and Context of Drug Use

To understand the context of drug use, a series of questions were asked to the regular drug users within the last 30 days. The context of drug use is measured by types of drug use, its availability and resources for buying it.

The most common drugs used reported by street children were brown sugar, smacks, opium, heroin, bamboo (a mix of different substances), tobacco, and cannabis (ganja), dendrite (the children call it *riteden*). Most of the children took ganja because they think after taking ganja they don't get hungry and it acts like appetizer. These drugs are mostly available from drug sellers, friends and different pharmacies (Table 4.6). Dendrite (sniffing) is even more popular among children, mainly because: it is easily available that they do not need to go even to drug seller and it can be bought with cheap price from retailers such as hardware and colour painting shops; it is relatively affordable; and the possibility of being shortage of it is rare because it is used in different purposes such as repairing tubes and tires of vehicles and mending shoes (see box 1). Subedi (2002:23) also found that more than two-thirds of street children are regularly exposed to Dendrite.

Table 4.6: Proportion of Respondent Reporting Currently using Drugs, Place to Obtain, and Money to Buy the Drugs

Items	N	Per cent
Type of drugs		
Cannabis	6	35.3
Heroin	1	5.9
Opium and opiates	1	5.9
Tranquilizers	8	47.1
Others (Glue)	1	5.9
Total	17	100.0
Source of drugs		
Drugs sellers	6	35.3
Friends	6	35.3
Pharmacy	2	11.8
Others	3	17.6
Total	17	100.0
Money for drugs		
Self-earned	16	94.1
Others	1	5.9
Total	17	100.0

Box 1: Accessibility and availability of dendrite

Street children in Kathmandu report, "we buy dendrite from the shops and even from a carpet shop or a paint shop. There are 3 types of dendrite used - Nepali dendrite, which is most commonly used, Indian – dendrite, which gives very bad hangover and is expensive compared to the Nepali dendrite, and "Shanti" dendrite, which is found in the shoe shops but not good and has very bad trip. Nepali dendrite is mostly available near bus stops, which is used to repair bus tyre. Street children who stay near bus stops use it. It is very easily available. The cheapest and the best dendrite according to the children were Nepali dendrite, which is very popular among the street children. Nepali dendrite costs about Rs. 20-25 and the most expensive one costs Rs 40 per can."

They add, "some of the shops have stopped selling dendrite, which comes in cans, and the price has also been hiked, as there is more demand. But we feel that children take it because it is so easily available, we have easy access to it. Another point is that it does not take much money to buy it. Some younger street boys are fast becoming addicted to it because it is easy for them to beg because tourists or the passersby frequently give them money, some of which is used to buy drugs."

They report, "we use it twice or thrice a day with maximum of 15 times a day. One sniff of the dendrite would give us 15 minutes of total trip. Sometime we take dendrite every time the trip comes down, i.e. every 15-20 minutes. One tube of dendrite can be used for 4-5 times and sometimes we take 8-9 tubes a day. The trip from dendrite is very strong. After sniffing dendrite, our eyes become very drowsy and then we start experiencing hallucinations. Among the substances, dendrite gives the strongest trip, which is very enjoyable and relaxing. After taking dendrite makes one "psycho" and gets immense pleasure from the trip and one can't control it."

Most respondents use drug in their own places. Other common places of drug use are public and lonely places. Similarly, majority of the respondents use drugs with their peer groups (Table 4.7).

Table 4.7: Usual Place to Take Alcohol and Company

Description	Number	Per cent
Usual place to take drugs		
Own place/home	7	41.2
Public place	6	35.3
Lonely place	4	23.5
Total	17	100.0
Company to take drugs		
Alone	6	35.3
Friends	11	64.7
Total	17	100.0

4.4 Impact of Drug Use on Children's Lives

Drug users were asked whether they realized any impact of drugs on their lives. Majority of the respondents do not realize any impact of such use. While one-third of them realize that they have had impact on their lives as listed in Table 4.8.

Table 4.8: Proportion of Respondent Reporting Types of Problem Due to Drug Use

Problems	Number	Per cent
No problem	11	64.7
Beaten by employer	3	17.6
Got sick	1	5.9
Thrown away from work	2	11.8
Total	17	100.0

Respondents are also able to explain their perception of drug use. The overall perception is mixed. Some use drugs for entertainment, others use as a habit and still others say they want to have a feel of it. (Table 4.9).

Respondents are at least aware of harmful effect of drugs in their lives. This is a clear indication that 11 out of 17 drug users want to stop using drugs in the future. However, behavioural change not only depends on individual choices but also the on the socio-psychological circumstances.

Table 4.9: Perception of Respondents about Drugs Use

Description	Number	Per cent
Reasons for using drugs		
Entertainment	6	35.3
Out of habit	3	17.6
To have a taste	8	44.7
Total	17	100.0
Whether want to stop using drugs		
Yes	5	29.4
No	11	64.7
Don't Know	1	5.9
Total	17	100.0

4.5 Socio-psychological Circumstances of Drug Use

Exposure to drug largely depends on the type of company children have. A series of questions were asked to identify respondents about current use of drugs among peer groups, peer group's pressure to use drugs, and the involvement of friends in drug selling.

More than one-half of the respondents are sure that their friends do not take drugs. While more than one-fourth of the respondents say that their 'few' friends take drugs. Nine in 100 respondents have "many" friends who were drug users while 2 in 100 respondents reported that their "all" friends are drug users. Similarly, a one-fourth of the respondents was forced to take drugs by their friends. Ten in 100 respondents reported that their friends were involved in drug production and selling. This situation is associated with the exposure of children to favourable environment for drug use in the future.

Table 4.10: Company and Drugs Use

Items	N	Per cent
How many friends take drugs at least one time per week?		
None	97	53.9
Few	48	26.7
Many	16	8.9
All	3	1.7
No friends	5	2.8
Don't Know	11	6.1
Whether forced you to take drugs		

Yes	45	25.0
No	135	75.0
Are your friends involved in drugs production/selling?		
Yes	18	10.0
No	162	90.0
Total	180	100.0

4.6 Reasons for Drug Use

The reasons for drug use particularly sniffing dendrite were obtained from post-consultation with street children. According to them, almost all the children living on the streets take drugs of one kind or another. They start taking drugs from a very tender age. Most initiated sniffing dendrite through their friends. Some said that they could not live without taking drugs or some kind of substance because it relaxes their tension. They said they had to take drugs to forget their hardship and worries. Life is so hard on the streets. There is so much suffering and threats all the time that they need something which gives them a kick to enable them to take on any challenge to their survival. Some said that taking drugs is inevitable whilst living on the streets. The circumstances are such that there is no alternative, and that you just can't stay away from drugs even if you try hard. Children have also realized its ill effects that it will damage the brain and kidney. They have also observed their friends suffering very badly due to addiction to dendrite and other drugs.

Chapter V Tobacco Use

Tobacco use is common in Nepalese population. Broadly, two kinds of tobacco use exist - smoking (cigarettes and biri) and chewing (khaini, pan parag, gutka, etc.).

5.1 Initiation of Tobacco Use

Early childhood is affected by tobacco use. This will have greater implications in both physical and psychological well-being of children. Three per cent of the total respondents initiated tobacco use before they were 6 years (Table 5.1). More than one-fourth initiated before they were 9 years, almost 50 per cent by 11 years and more than two-third by 12 years of age. These findings indicate that tobacco use is most common across all age groups. Tobacco use may also be associated with malnutrition of children. If a child is suffering from malnutrition, s/he is more likely to use tobacco. It is also observed in some rural settings that children eat red soil when they suffer from malnutrition.

Table 5.1: Age at First Experience Tobacco

Age	Number	Per cent	Cumulative per cent
6	3	3.0	3.0
7	4	4.0	7.1
8	10	10.1	17.2
9	10	10.1	27.3
10	12	12.1	39.4
11	8	8.1	47.5
12	21	21.2	68.7
13	15	15.2	83.8
14	4	4.0	87.9
15	9	9.1	97.0
16	3	3.0	100.00
Total	99	100.0	

5.2 Tobacco Prevalence

The overall ever use of tobacco is 55 per cent. How does this vary with the differential characteristics of respondents? The variation in tobacco use by gender is very pronounced in the sample population. The chance of tobacco use among boys is three fold higher than girls (Table 5.2). Such a large variation may be due to several reasons. Among them, power structure of Nepalese society is one in which boys have more freedom than girls have. Another reason may be under-reporting of tobacco use by girls because they are often reluctant to report their smoking habit to others.

Table 5.2: Ever Experience of Tobacco

Characteristics	Per cent	N
Gender		
Boys	59.4	160
Girls	20.0	20
Age Group		
10-14	49.1	116
15-19	65.6	64
Alcohol Use Status		
Traditional alcohol user	51.7	116
Non-traditional alcohol user	60.9	64
Education		
No education	48.8	84
1-3 grade	64.1	64
4-8 grade	53.1	32
Total	55.0	180

Age is another factor for tobacco exposure. As the age of child increases, their exposure to tobacco also increases. Two third of the older children have ever exposed to tobacco while 50 per cent of the young children are exposed to it.

The ever use of tobacco differs with respect to traditional users and non-users. More traditional alcohol non-users have ever used tobacco than the traditional alcohol user group (60.9% vs. 51.7%). There is no clear pattern with respect to education.

Current prevalence rate of tobacco is measured on the basis of whether or not the respondents were using any types of tobacco during the last 12 months of the survey. The overall tobacco prevalence rate is 46 %. There is a wide difference in current prevalence rate by respondents'

gender, age, alcohol use status and education. More boys, older children and children with little education tend to use tobacco more frequently (Table 5.3).

Table 5.3: Proportion of Respondent Having Taken Tobacco within the Last 12 Months

Characteristics	Number	Per cent
Gender		
Boys	51.9	160
Girls	0.0	20
Age		
10-14	39.7	116
15-17	57.8	64
Alcohol Use Status		
Traditional alcohol user	44.8	116
Traditional alcohol non-users	48.4	64
Education		
No education	41.7	84
1-3 grade	53.1	64
4-8 grade	43.7	32
Total	46.1	180

Of the total respondents, about 92 per cent used tobacco within the last 30 days. Of this, 47 per cent were regular users for 20 or more days. This is indicative of the high rate of tobacco use among street children in Nepal. All of the older children reported to have used tobacco regularly (Table 5.4).

Table 5.4: Proportion of Respondent Having Taken Tobacco within the Last 30 Days

Frequency of use	Age group		Total
	10-14	15-17	
No	15.2	0.0	8.4
Yes, 1-5 days	26.1	27.0	26.5
Yes, 6-19 days	19.6	16.2	18.1
Yes, 20+ days	39.1	56.8	47.0
Total	100.0	100.0	100.0
Number	46	37	83

5.3 Perceptions on Tobacco Use

Respondent's perception regarding tobacco use is presented in Table 5.5. About 49 per cent of respondents are indifferent whether they are going to stop it, while one-fourth are almost equally divided between stopping and not stopping.

Table 5.5: Perception of Respondents on Tobacco Use

Whether want to stop tobacco?	Number	Per cent
Yes	26	26.3
No	25	25.3
Don't Know	48	48.5
Total	99	100.0

5.4 Company and Tobacco Use

Respondents were asked whether their friends used any type of tobacco. A little less than three-fourth of the respondents reported that their friends use tobacco daily (Table 5.6).

Table 5.6: Number of Friends Daily Taking Tobacco

How many friends daily use tobacco?	Number	Per cent
None	48	26.7
Few	55	30.6
Many	43	23.9
All	25	13.9
No friends	5	2.8
Don't Know	4	2.2
Total	180	100.0

Exposure to tobacco use depends on use in the family, community and the company of friends, children have. Children who have seen people around them using tobacco are easily tempted to do the same.

Chapter VI

Summary, Conclusions and Recommendations

6.1 Summary

This study is based on the field survey. A total of 180 street children were interviewed from six urban centers. The primary objective of the study is to identify the impact of alcohol, drugs and tobacco use on children's lives.

Characteristics of the Sample Population

This study is organized into six chapters. The first chapter deals with the need for research on street children regarding alcohol, drugs and tobacco use. The second chapter provides the characteristics of the sample population in relation to age and gender, migration status of the respondents, education and current living condition of children.

Out of the 180 street children interviewed, 20 were girls. About two thirds of the respondents were from traditional alcohol user group, while the rest were from traditional alcohol non-user group.

Majority of the respondents were not living with parents (63.3%). They were run-away children. Children living with parents constituted 36.7 per cent. Their parents mostly lived in urban slums, temples, and streets.

Poverty is both cause and consequence of children leaving home although the familial and social circumstances emerge as important reasons. The median age at first move of children is 11 years indicating that one half of the sample population left their home before 11 years and the rest after it. Majority of the respondents left their home with their friends (37.7%). However, a substantial number of the respondents came alone (33%).

Three-fourth of the respondents were deprived from education. A few respondents reported to have studied from 4 to 8 grades. Younger

children are more deprived than the older one of achieving education (90% vs. 66%). The over all living condition of the respondents was very poor. They mostly take shelter under the roofs of roadside houses, in the street and open shelter of temples. Mostly they lived with their peer groups.

Respondents were involved in economic activities ranging from normal to most hazardous. They work as hotel boys, domestic workers, street vendors and also in transport and construction sector. Some of them also sell alcohol.

Alcohol Use

The third chapter deals with alcohol initiation, prevalence rate, social context, family environment for alcohol use, socio-psychological circumstances, impact on children's lives, and children's perceptions of alcohol use.

The use of alcohol has become common among different caste/ethnic groups, among gender and among all age groups in Nepal. About two thirds of the respondents have been exposed to alcohol. This rate varies according to gender, age, alcohol use status and the place where children are living.

Respondents were exposed to alcohol in their early childhood. The median age of first exposure to alcohol was 11 years. In case of traditional alcohol user families, most children initiate alcohol use from within their home.

Four types of alcohol were initiated: *Jand* or *Chhang* (rice or corn beer), home made alcohol (*Raksi*), local alcohol and beer. Similarly, home was the major place where alcohol was initiated. Bars and restaurants are the other major places to initiate the alcohol.

Cultural values of alcohol appear to be weak in explaining the initiation of alcohol. In fact, alcohol initiation does not require special occasion since 64 per cent of the respondents initiated alcohol use without any special occasion.

The current prevalence rate of alcohol was 55.6 per cent. The likelihood of alcohol use, however, varies with differences of gender, age, alcohol use status and urban centres. A little more than one-third of the

respondents have taken alcohol within the last 30 days. Six in 100 respondents were regular users for 20 days or more in a month. *Jand/Chhang*, home made *Raksi*, market *Raksi* (local) are the most common drinks of the respondents.

The major places of taking alcohol are hotels, inns and shops (41%), own places (41%) and friend's places (18%). Majority of the respondents take alcohol with their friends and relatives. Alcohol is considered as a means for entertainment (39%), forgetting sorrow (17%), as food (10%), and as energy (10%).

The overall perception of children whether to stop or reduce alcohol use is mixed. Majority of the respondents are indifferent reflecting the fact that they are unaware of the disadvantages of alcohol use in their future lives.

A significant number of the respondents get drunk at least one time, some had to miss their work and school because of drunkenness. Children's excessive use of alcohol has resulted in beating or scolding by employers or adults (41.7%), getting sick (25%) and fighting with friends (20.8%).

Three-fifth of the respondents reported to have been influenced by the use of alcohol by their parents. The major impacts included domestic violence (35.6%), indebtedness (14.4%), bad relation with neighbour, illness or death of a family member (3%) and decline in social status (2.3%).

A large number of the respondent's friends take alcohol weekly. Similarly, 18 out of 100 respondent's friends are involved in alcohol selling. Availability of and access to alcohol are important reasons for alcohol taking by most children in Nepal. A large number of respondents reported that alcohol is produced in their homes. Only a small number of respondent's parents do not take alcohol. Similarly, about half of the respondents' family members take alcohol. The phenomenon of children's drinking is associated with parents' drinking habits and home production of alcohol.

Drug Use

The fourth chapter deals with the prevalence of drugs, social context of initiation, its social and socio-psychological circumstances. It also examines the children's perceptions of drugs use including the impact of drug use on children's life.

One-fourth of the respondents have ever taken drugs. More boys than girls (28% vs. 5%) and older children than younger one (35.9% vs. 19.8%) have ever taken drugs.

Traditional alcohol non-users are more likely to use drugs than the traditional alcohol users. The highest proportion of the respondents ever taking drug was from Kathmandu. This is followed by Nepalgunj, a border town with India in western Nepal. Children got exposed to drugs from the fairly young age (9 years). The prime age for drug exposure is from 11 to 14 years.

Among the type of drug first used, cannabis was the most common drug followed by inhalants such as glue, boot police, iodex, kerosene and petrol. However, recent study shows that dendrite is the most common sniffing drug among street children.

Among the current users, cannabis and tranquilizers are common drugs among children at risk, followed by heroin, opiates and glue. These drugs are mostly available from drug sellers, friends and from different pharmacies. Most children spend money for drugs from their own earnings.

The current prevalence rate of drug is 20.6 per cent. None of the girls is currently taking drugs while for boys this figure is 23 per cent. The likelihood of drug use increases with the increase in education of respondents. Traditional alcohol non-users are much likely to use drugs than the traditional alcohol user.

Most respondents use drug in their own places. Other common places of drug use are public and isolated places. Peer groups are the major drugs using partners.

One-third of the respondents realized the impact of drug use on their lives. The major impact realized included beaten by employer, getting sick and thrown away from work. The reasons for drug use reported were entertainment, habituated and to their test. Eleven out of 17 drug users wanted to stop using drugs in the future.

Exposure to drug use largely depends on the company of children. The socio-psychological circumstance is much favourable for drug use. One-fourth of the respondents felt that they were forced to take drugs by their friends. Similarly, 1 in 10 respondents said that their friends were

involved in drug production and selling.

Tobacco Use

Chapter five deals with the initiation of tobacco, its prevalence rate, context and perception of the respondents on tobacco taking.

The ever use of tobacco is 55 per cent. The variation of tobacco use by gender is much pronounced in the sample population. Tobacco users are three fold higher for boys than for girls. Early childhood is affected by tobacco use. This will have greater implications on both physical and psychological well-being of children. As the child's age increases, the likelihood of tobacco exposure also increases.

Current prevalence rate of tobacco is measured on the basis of respondents' taking any types of tobacco during the last 12 months preceding the survey. The overall tobacco prevalence rate was 46 per cent. The proportion of respondents taking tobacco more than 20 days constituted 47 per cent. This is an evidence of high rate of tobacco use among the children at risk in Nepal.

The overall perception of tobacco use is mixed. Majority of respondents are indifferent whether they are going to stop it. While one-fourth are against stopping it. There is conducive environment for tobacco use since it is widely used across all strata of Nepalese population.

6.2 Conclusions

The central argument of the study is that street children in Nepal are much vulnerable of exposure to alcohol, drugs and tobacco use. Reasons for children choosing to live on the streets is also associated with dysfunctional family. These children run the risk of exposing to such substances. Further, this risk is aggravated with the compatible alcohol use environment at all levels of child socialization processes from home, company, community to market. Therefore, combating substance use among street children appears to be a challenging work, which requires understanding the socio-economical and cultural context of using such substances in totality.

Street children are always at risk of not only of exposure to substance use but also they run the risk of physical and psychological stress.

In our sample population, most children's livelihood is associated with alcohol production and selling by their parents. Most children are from deprived family, especially from socially oppressed 'untouchable' and ethnic groups. Most children run away from their home due to poverty. Family and social reasons are also inevitable for children running away from home.

It appears that the boundary between traditional alcohol use and non-use in Nepali society has narrowed. The phenomenon has clearly reflected in the street children's case. It should be noted that children's exposure to alcohol use is related with their gender, age, alcohol use status and the place where children are living. Early childhood is affected by the alcohol use in Nepalese population.

Children mostly get exposed to alcohol from their home production: *Jand/Chhang* and home made *Raksi*. In such a case, cultural value of alcohol appears to be weak in explaining the initiation of alcohol. The meaning of alcohol use is multi-faceted. It is considered as a means for entertainment, forgetting sorrow, supplementary food, and source of energy. The overall perception on alcohol is dubious, hence demands awareness creating programmes against harmful effect of alcohol use, especially on children.

The consequences of alcohol use can have a long lasting effect on children's health ranging from physical, psychological to emotional ones. Some respondents, for example, had to miss their work and school. Others were beaten or scolded by employers and adults.

Parents' drinking and production of alcohol at home are significantly associated with children's drinking behaviour. Besides, access to alcohol market to the children has become major threats in combating against substance abuse in Nepal.

Drug use has also become common phenomenon among street children since the early 1990s. Several Acts have been adopted to control drug use in Nepal, but they are difficult to operate. Mostly such laws are violated by power-holders.

Alcohol, drug and tobacco use among street children should be understood along with the phenomena of existing unfair social and

labour relations. Combating against such abuses requires ensuring fundamental rights of children and reducing exploitative forms of child labour in the long run. In the short run, there is an urgent need to launch social action programmes that generate awareness against substance abuse among children. At the household level, family should be targeted.

6.3 Recommendations

- Anti-alcohol prevention program such as education campaign should be integrated with child development programme.
- Generate massive awareness programmes against harmful effect of substance use, especially on children.
- Children's groups can be effective to regulate the excessive use of alcohol and drugs both among children and in general.

6.4 Epilogue

Prior to bringing out this report, the preliminary research outcomes were shared with street children amidst a consultation. Their inputs to the study are included in this report. They stressed that it is the adverse circumstances in the street, which compel them to indulge in one or other kind of substance.

Street children identified three key stakeholders, equally responsible, to be involved in the prevention of alcohol and drug use among the street children. They are as follows:

Society:

- The society should understand children's problems and try to be good to children at risk.
- If any shopkeeper sells these substances to the children, they should be reported to the police.

Social Organizations:

- There should be two way programme for the street children. Prevention programme should be launched for those who are at risk of being exposed to the alcohol and drugs and rehabilitation programme should be provided for those who have already been addicted of alcohol and drugs.
- The social organizations should give innovative training to the

children so that they can learn to be self-reliant and don't get frustrated in life.

Government:

- The government should regulate selling of alcohol and substances used as drugs to the children or the shops. Shopkeepers who sell such substances should be penalized.
- The government should make aware the shopkeepers the adverse effect of substances on children's life.
- The government should try to end exploitation of children through effective law enforcement.

Reference Cited

- Bista, Dor Bahadur, 1989. *Fatalism and Development in Nepal: Struggle for Modernization* (Patna: Orient Longman Ltd.).
- CWIN, 2000. *Far Away from Home: Survey Study on Child Migrant Workers in the Kathmandu Valley* (Kathmandu: CWIN).
- CWIN, 1998. *State of the Rights of the Child* (Kathmandu: CWIN).
- CWS, 1996. *Situation Analysis of Street Children in Nepal* (Kathmandu: Children Welfare Society).
- Dhital, Rupa, 1999. "Alcohol and Children in Nepal", *Bal Sarokar*, Issue No. 35 (Kathmandu: CWIN), pp. 2-10.
- Dhital, R., G. Subedi, Y.B. Gurung, P. Hamal, 2001. *Alcohol and Drug in Nepal: With Reference to Children* (Kathmandu: CWIN/<http://www.cwin-nepal.org>).
- KC, Bal Kumar, Y.B. Gurung, G. Subedi, and K.P. Adhikari, 2000. *Nepal: Situation of Child Ragpickers: A Rapid Assessment* (Geneva: International Labour Organization/www.ilo.org/childlabour).
- Subedi, Govind, 2002. *Trafficking and Sexual Abuse Among Street Children in Kathmandu* (Kathmandu: ILO/IPEC).
- _____, 1998. *Child Work and Education in Rural Nepal*, An MA Dissertation (The Hague: Institute of Social Studies).

Appendix 1
Percentage Distribution of Respondents by Caste/ethnicity

Caste/Ethnicity	Number	Per cent
<i>Traditional alcohol non-users</i>		
Chhetri	31	17.2
Brahman	16	8.9
Das	5	2.8
Giri	4	2.2
Muslim	3	1.7
Yadav	2	1.1
Thakur	2	1.1
Mandal	1	0.6
Sub-total	64	35.6
<i>Traditional users</i>		
Damai	18	10.0
Tharu	16	8.9
Tamang	15	8.3
Magar	10	5.6
Kami	10	5.6
Rai	9	5.0
Kanu	8	4.4
Sarki	6	3.3
Gurung	4	2.2
Limbu	2	1.1
Newar	2	1.1
Bhujel	2	1.1
Chamar	2	1.1
Kumal	2	1.1
Majhai	2	1.1
Dhimal	1	.6
Mahato	1	.6
Khadgi	1	.6
Chepang	1	.6
Satar	1	.6
Tarai others	3	1.7
Sub-total	116	64.6
Total	180	100.0

Child Workers in Nepal Concerned Centre (CWIN) established in 1987, is a pioneer organization in Nepal for the rights of the child and against child labour exploitation. It is an advocate organization with focus on child labour, street children, child abuse, trafficking in children and other related issues. CWIN acts as children's voice lobbying, campaigning and pressurising the government to protect and promote children's rights in the country and to end all kinds of exploitation, abuse and discrimination against children. At the same time, CWIN works directly for and with children, in protection and development through its centres and community programmes.

Local Action has been integrated in CWIN since 1999 as knowledge based project aiming at prevention of the use of alcohol and drug through social action. It is a joint project between CWIN and FORUT-Norway (Campaign for Development and Solidarity), which is engaged in development cooperation in different countries.

This study is a follow-up to the research undertaken by Child Workers in Nepal Concerned Centre (CWIN) entitled "Alcohol and Drug Use in Nepal With Reference to Children" in 2001. This study covering six urban centres tries to identify the extent, pattern, context and frequency of alcohol and drug use among street children in Nepal. This report further examines the impact of these substance use in children's lives and suggests measures to combat substance use among street children.

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