

Special Report: National Tobacco use among India's street children raises concern



HRIDAY

The Academy Award winning British film *Slumdog Millionaire* attracted global attention for presenting a romanticised story of life in the slums of Mumbai. However, the real-life problems of street children in India are far more serious, with new surveys indicating an alarmingly high use of various tobacco products among street children.

India has over 360 million children aged under 15 years. Although there are no official data on the number of street children, conservative estimates put the figure at over 10 million, most of whom earn a living through activities like rag picking, begging, vending, shoe shining, and sometimes petty crime.

A recent, unpublished survey of marginalised children in Mumbai and two other cities in north eastern India—Guwahati and Amsong—showed that over a quarter of children aged 5–19 years consumed tobacco in various forms. The survey—funded by the International Union Against Cancer (IACC)—was done by the Cancer Patients Aid Association (CPAA) in Mumbai. It noted that the average age at which children started using tobacco was 11.3 years for both boys and girls. In Mumbai, the most frequently used products were raw tobacco, gutkha (a blend of tobacco and flavourings), and cigarettes.

In Chandigarh, 70 street children out of 100 surveyed used one or more form of illicit stimulant, including cigarettes and bidi (small handrolled cigarettes), chewing tobacco, alcohol, and injectable drugs. 28 of them chewed one or two packets of tobacco a week, according to findings presented at the Multinational Association for Supportive Care in Cancer (MASCC) conference in June. Most children started chewing tobacco between 10 and 13 years of age.

Socio-economic status is a major factor in determining tobacco use. Several studies have shown that

the poor and uneducated are at an increased risk of tobacco use. “Most tobacco-using children report chewing gutkha, confirming a countrywide trend of increasing gutkha use and an increasing incidence of oral cancer”, says Umesh Kapil (All India Institute of Medical Sciences, New Delhi).

The high prevalence of chewing tobacco use is resulting in people presenting with oral cancers at increasingly younger ages, says Manoj Sharma (Maulana Azad Medical College, New Delhi). “We are definitely seeing more young people with pre-malignant, malignant and even aggressive malignant diseases of the oral cavity and oesophagus, and this is a direct result of chewing tobacco and gutkha”, he says. Children get addicted to gutkha when they are young, and are at a high risk of developing oral cancers when they grow up unless they are helped to quit the habit early.

Because these children live on the streets and unauthorised urban slums, they have no access to government healthcare systems. They depend solely on voluntary bodies for any access to care. Awareness and early screening could help in the effort to detect oral cancers early, but no such programmes exist for street children.

The most common reason for children to start using tobacco is peer pressure. But the CPAA study also found that street children see tobacco as an alternative to food, because it “curbs hunger pangs and is inexpensive”. “This is clear from the amount of money they spend on tobacco and related products—an average ranging anywhere from 0.5 Rupees to 200 Rupees”, says Yogendra Kumar Sapru (CPAA).

“Voluntary bodies and other donors who work with street children pay much more attention to feeding them, giving them clothes and providing primary care. It has been

reported that almost all their earnings get spent on tobacco since they feel other basic necessities would be taken care of”, adds Prakash C Gupta (Healis Sekhsaria Institute for Public Health, Mumbai). CPAA works to reach out to marginalised children, either directly, or through voluntary agencies already working with them. “We find that even a small amount of schooling helps motivate children to quit and not to restart”, notes Sapru.

The Delhi-based group Health-Related Information Dissemination Amongst Youth (HRIDAY) has noted that interventions through schools result in positive changes in behaviour and help prevent tobacco use. Now the group is collaborating with the University of Texas in the USA to conduct a community-based randomised trial among youths in seven low income communities in Delhi to see if the same interventions work with street children. Peer-led and interactive activities have been planned to spread awareness and influence norms regarding tobacco use.

“The idea is to prevent the onset of tobacco use among disadvantaged youth as well as provide support to those who wish to quit”, comments Monika Arora (HRIDAY).

The government has taken several steps to curb tobacco use, but their impact is yet to be felt. Selling tobacco products to children younger than 18 years of age is prohibited, but retailers openly flout this regulation, and maximum fines only amount to the cost of a couple of packets of cigarettes. If this law is enforced and retailers penalised, it could cut out a major source of tobacco products to youth. Increased use of pictorial warnings and higher tax rates might also help to discourage the use of tobacco products.

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