

## **Prevalence of Smoking and Drug Abuse and Awareness of its Deleterious Health Effects among Rickshaw Pullers in Ludhiana City**

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### **Introduction**

The word *rickshaw* originates from the Japanese word *jinrikisha* which means power or force (riki) and vehicle (sha) which literally means "human-powered vehicle"<sup>1</sup>. The number of rickshaw pullers is also increasing day by day.

As rickshaw pullers are from very poor families and are earning too low. Many studies revealed that much of their earning is spent on food, house rent, rickshaw rent (hire rickshaw from its owner on daily basis) or medicines. On average, a rickshaw puller earns between 150 to 300 rupees per day. The average monthly income of a rickshaw puller is between 1200 to 4500 rupees. Very often, a big portion of the earnings goes towards alcohol and tobacco. Any remaining money is sent home to be saved.

Since today is virtual epidemic of drug abuse. A disturbing trend is that more and more rickshaw pullers are being drawn into this devastating habit. Alcohol, cannabis and raw opium have been the traditional drugs of abuse in India. The activity of rickshaw pulling represents an unsustainable livelihood. The overall prevalence of current smoking in Dhaka city was 75.9%, while the prevalence of cigarette, bidi and both smoking were 39.2%, 15.7% and 20.9%, respectively<sup>3</sup>.

About 40.2% rickshaw pullers had a habit of tobacco chewing. While 35.14% were smokers and 34.12% were alcohol consumers. Only 16.89% subjects were engaged in regular physical exercise. 27.36% subjects had moderate or severe self reported stress.<sup>4</sup> The rickshaw pullers had sex with female sex workers (7.9%) and used illicit substances in the previous 12 months period (24.9%).<sup>5</sup> Hence, the rickshaw pullers are susceptible to systematic health risks. Deteriorating health combined with health shocks can impose a significant burden on the urban poor, dragging down the

pace of upward mobility during their lifetime. Also longitudinal data is lacking in assessing health status of rickshaw pullers so that adequate steps can be taken.

### **Research Problem**

A Descriptive study to assess prevalence of smoking and drug abuse and awareness of its deleterious health effects among rickshaw pullers in city Ludhiana, 2010.

### **Research Objectives**

- To ascertain prevalence of smoking and drug abuse among rickshaw pullers.
- To identify awareness regarding deleterious effects of smoking and drug abuse among rickshaw pullers.

### **Methodology**

The present study was conducted on 50 rickshaw pullers in Ludhiana city during 2010. A convenient sampling technique was used to select the subjects. The researchers collected data from the rickshaw pullers in the morning at religious places and at railway station of the city in the evening. An interview schedule was used for data collection by interviewing the subjects. A verbal consent was taken from the subjects. The subjects were given full autonomy to participate in research and withdrawal from the research at any time. Anonymity and confidentiality of subjects was maintained. The subjects were explained regarding objectives, activities and duration of their involvement.

### **RESULTS**

More than three-fourths (76.0%) were smokers with routine smokers (76.4%) maximally. Bidi (86.8%) was the commonest nature of smoke followed by cigarette (39.5%), hukkah (7.8%) and chilam (7.8%). Most of the pullers had been smoking for more than 5 years (88.0%). The rickshaw pullers usually smoked 6-12 bidis/cigarettes per day (47.4%). The pullers were firstly exposed at the age of 15-20 years. Adventure, pleasure and relaxation were major reason for smoking. They got information on smoking from friends (81.6%). More than halves (55.3%) were aware of the deleterious health effects of smoking. Around 76.3 % knew its respiratory effects but very few (9.4%) were aware of malnutrition and liver damage.

Out of total subjects, 82.0% were found drug abusers having routine abuse (51.2%) as the most one. Majority consumed 6-12 gm of the drug per day (47.4%) and were exposed at 19-24 years of age (34.2%). Table 1 depicted the amount of drug consumed per day by rickshaw pullers.

**Table 1: Amount of drug consumed per day (ml/gm)**

N=50

Alcohol (n=29)		Tobacco (n=16)		Afeem (n=2)		Cap. Proxyvon (n=2)		Charas (n=1)	
Amount (ml)	f(%)	Amount (gm)	f(%)	Amount (gm)	f(%)	Number of caps	f(%)	Amount (gm)	f(%)
<250	21 (72.4)	<5	2(12.5)	<5	1(50.0)	8	1(50.0)	2	1 (100)
250-500	4(13.8)	5-15	8(50.0)	>5	1(50.0)	16	1(50.0)		
<500	4(13.8)	15-25	4(25.0)						
		25-35	1(6.2)						
		>35	1(6.2)						
Range 100-700	Range 3-50		Range	2-5					

Relaxation (56.2%) was the most common reason for consuming drug. They got information from their friends (97.6%). More than half of the rickshaw pullers (53.7%) were unaware of the deleterious effects of drug abuse among rickshaw pullers. Most of the pullers had awareness about respiratory complains (36.8%) followed by dental caries (15.7%), liver damage (10.5% and, increased lacrimation (10.5%). Only 5.3% of the subjects had some information on chest pain, kidney damage, cancer, giddiness and generalized weakness.

### Conclusion & discussion

Prevalence among rickshaw pullers of consumption of smoking and drug use was very high. Many of the rickshaw pullers were not aware of the deleterious effects of smoking and drug abuse. The literature reviewed supported the data. But still a large number of them were involved in abusive habits day by day. They were facing health problems too.

### BIBLIOGRAPHY

- [1] Rickshaw. Available from: <http://en.wikipedia.org/wiki/Rickshaw>
- [2] Rahman M, Nurullah Awal AS, Fukui T, Sakamoto J. Unsustainable Livelihoods, Health Shocks and Urban Chronic Poverty: Rickshaw Pullers as a Case Study. Sharifa Begum and Binayak Sen November 2004 Prev Med. 2007 Mar;44(3):218-22. Epub 2006 Dec 14.
- [3] Rahman M, Nurullah Awal AS, Fukui T, Sakamoto J. Prevalence of cigarette and bidi smoking among rickshaw pullers in Dhaka city. Prev Med. 2007 Mar;44(3):218-22. Epub 2006 Dec 14.

- [4] Hoque HE, Ono-Kihara M, Zamani S, Ravari SM, Kihara M. HIV-related risk behaviours and the correlates among rickshaw pullers of Kamrangirchar, Dhaka, Bangladesh: a cross-sectional study using probability sampling *BMC Public Health*. 2009 Mar 11;9:80. doi: 10.1186/1471-2458-9-80.
- [5] Chaudhary, MM Nagargoje, SS Kubde, SC Gupta, SK Misra. Prevalence of Cardiovascular Diseases risk factors among auto-rickshaw drivers/*Indian Journal of Community Health*. Vol. 22 No. 2, Vol. 23 No. 1 July 2010-June 2011