RESEARCH ON SUBSTANCE ABUSE AMONG STREET CHILDREN IN SYLHET

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Abstract

The study explores at the factors that contribute to drug usage among 216 people who live on the streets. It demonstrates that elements such as drug abuse motives, substance kinds, age of initial drug misuse, financial spending, drug use style, frequency and duration, physiological difficulties, and post-drug consequences are all important. Financial restrictions and disinterest in schooling are mentioned as major causes. The survey also highlights the respondents' different career backgrounds and familial circumstances, shedding light on their street-living conditions. Drug addiction has a substantial influence on both their physical and mental health, with respiratory diseases being the most frequent physiological condition. Anxiety, agitation, and a lack of significance are some of the psychological repercussions. The study underlines the necessity for comprehensive treatments, namely substance addiction prevention, education, and holistic support services.

INTRODUCTION

Substance misuse among street children is a pressing global issue with serious health, social, and developmental consequences (WHO, 2019; Kuddus et al., 2022; Moniruzzaman et al., 2023). In Sylhet, a significant city in northeastern Bangladesh, this issue is both widespread and complex (Sunny et al., 2020; Hossain et al., 2023a). Street children, defined as individuals who have made the street their primary residence and/or source of income, are especially vulnerable to substance misuse due to a variety of circumstances such as poverty, a lack of parental support, and social marginalisation (Johnson & Roberts,, 2015; Sazzad et al., 2023). The harsh realities of street living expose young children to a variety of risks, including substance abuse, which frequently emerges as a coping mechanism for the physical and emotional challenges they face (Lee, 2017; Islam et al., 2023; Bari et al., 2023).

Sylhet, recognised for its colourful culture and large expatriate population, also has underlying socioeconomic concerns that lead to the presence of street children (Sunny et al., 2017; Kuddus et al., 2020; Kuddus et al., 2021; Hossain et al., 2023b). The processes of urbanisation, migration, and economic disparities create an atmosphere in which many youngsters are left to fend for themselves on the streets. In such situations, the temptation of substances ranging from glue and solvents to more addictive drugs becomes a dangerous distraction from their daily challenges (Alexander, 2008; Rana et al., 2023; Salam et al., 2024). Substance misuse has far-reaching consequences for these children's physical and mental health, as well as their ability to learn and integrate into society (Chakma et al., 2022; Tufael et al., 2024).

Research on substance addiction among street children in Sylhet is crucial for understanding the scope and nature of the issue. It gives light on the situations that drive these young people to take substances, as well as the specific chemicals that are most commonly abused. Furthermore, such study is essential for developing individualised therapies that can address the root causes of substance abuse while also offering support systems for these children's rehabilitation and reintegration into society. By looking into the socioeconomic, cultural, and psychological aspects of substance abuse among street children in Sylhet, this study hopes to contribute to a more comprehensive approach to addressing this multifaceted issue, ultimately improving the lives of some of the city's most vulnerable residents.

MATERIALS AND METHODS

Study design

The current study was conducted using a descriptive cross-sectional research approach. The design was chosen because it is suitable for gathering information from a large number of participants in a short period of time.

Study place

The study will be carried out at Sylhet. This is one of Bangladesh's cities, located in the northeast close the India border.

Study period

The study period will last at least five (5) months. Beginning October 2023 and ending February 2024.

Target Population and Sample size

The target population in Sylhet consists of street youngsters aged 5 to 18. The survey included 216 street children and adolescents from Sylhet.

Sample Size calculation

The sample size was calculated using the following formula:

$$n = \frac{p(1-p) \times z^2}{e^2} \times d$$

Where,

n = sample size required, z = z-value for the required confidence level, p = estimated prevalence of characteristics in question, e = margin of admissible error, d = design effect.

Sampling Technique

The study was conducted using convenience sampling, and a full questionnaire on substance and drug addiction was delivered to the street children. Data collection will be undertaken through face-to-face interviews.

Development and validation of questionnaire

The structured questionnaire will be constructed based on past literature reviews and under the close supervision of our departmental instructor. The tools will be translated into the native Sylheti language so that the locals may comprehend them. After the tools are applied to responders, they will be translated into English again. The questionnaire will be divided into three parts, each with a title such as socio-demographic criteria, general information from respondents, and general information from parents. Open-ended and closed-ended questions will be used during the interview.

RESULTS

Data analysis and findings

The chapter involves data analysis as well as findings interpretation. There were 216 respondents who provided main data. The data were coded and analysed statistically with SPSS version 25. This study's statistical tests included frequency distribution, descriptive statistics, reliability analysis, correlation analysis, multiple regression analysis, and so on.

Profile of the respondents

The research included 216 individuals who were mostly under the age of 16 and lived on the streets. In the study, the individual responder served as the analytical unit. The sample includes children of varying ages, educational levels, occupations, family relationships, and other factors. The demographics of the respondents are shown in the table below.

Table 1. Demographic breakdown of respondents

Category	Subcategory	Frequency	Percent (%)
Age	5-7	42	19.4
	8-10	78	36.1
	11-13	83	38.4
	14 and above	13	6.0
Education Level	Class one to two	35	16.2
	Class two to three	43	19.9
	Class three to above	32	14.8
	Don't get education	106	49.1

Reason to leave school	Orphan	36	16.7
	Unable to pay fees	74	34.3
	Not interested in Education	70	32.4
	others	36	16.7
Occupation of the respondent	Begging	118	54.6
	Coolie	18	8.3
	Workshop	11	5.1
	Pocket picking	15	6.9
	Vending products in street	54	25.0
Reason to stay in street	Low economical condition	99	45.8
	Very much quarrel with parents	21	9.7
	Death of parents	35	16.2
	Escape from orphanage	8	3.7
	Peer influence	25	11.6
	Others	28	13.0
Duration of street life	0-1 year	82	38.0
	2-3 years	98	45.4
	4-5 years	16	7.4
	Above 5 years	20	9.3
Stay With whom	Single parent	89	41.2
	Parents	52	24.1
	Relatives	31	14.4
	Step parents	31	14.4
	Orphanage	13	6.0
Relationship with parents	poor	136	63.0
	Fair	16	7.4
	Good	59	27.3
	Excellent	5	2.3

Table 2. Descriptive statistics

Variables	N	Mean	Std. Deviation
Reason to involve abusing drug	216	1.0602	1.28356
Drug that abuses by respondent	216	1.0278	1.30086
Age of first drug abuse of respondent	216	.7593	1.06418
Money spends by respondent for drug	216	1.6944	.75893
Using style f drug	216	.6019	.56962
How often respondent take this	216	.6065	.62339
How long respondent take this	216	1.9722	.16472

A substance abuse study with 216 participants found several characteristics determining participation. Different factors affected drug usage, with a mean score of 1.0602. Reasons also had an impact on the sort of medicine utilized. The median age of initial drug misuse was 0.7593, with an average of 1.06418. The average amount spent on pharmaceuticals was 1.6944

units, with a mean score of 0.75893. The drug use style was 0.6019, and the mean score was 0.56962. The frequency of drug usage was 0.6065, with a duration of 1.9722.

Table 3. Physiological problem faced by respondent for using drug

| Variables	N	Mean
Headache	53	24.5
Stomach-ache	19	8.8
Gastric Problem	35	16.2
Bloody diarrhoea	2	.9
Bloody vomit	2	.9
Respiratory disorder	57	26.4
Liver problem	4	1.9
Skin disease	2	.9
Dental Problem	3	1.4
Loss of weight	9	4.2
Others	30	13.9

The study revealed that 53 people had headaches, 19 stomach pains, 35 gastrointestinal difficulties, 2 bloody diarrhea and vomiting, 57 respiratory illnesses, 4 liver problems, 2 skin diseases, 3 dental problems, 9 weight loss, and 30 other health concerns. Respiratory problems were the most frequent, affecting 57 people. Other health difficulties included respiratory illnesses, liver problems, skin infections, tooth problems, weight loss, and other health problems.

Table 4. Physiological & psychological affects after taking drug

Category	Never	%	Sometimes	%	Often	%	Most of the time	%
Dryness of mouth	11	5.1	54	25.0	80	37.0	71	32.9
Positive feeling	50	23.1	46	21.3	27	12.5	93	43.1
Breathing difficulty	21	9.7	42	19.4	30	13.9	123	56.9
Difficult to initiate things	42	19.4	27	12.5	33	15.3	114	52.8
Overreact to any situation	10	4.6	34	15.7	59	27.3	113	52.3
Trembling	8	3.7	33	15.3	61	28.2	114	52.8
Worried about panic situation	21	9.7	54	25.0	32	14.8	109	50.5
Getting agitated	25	11.6	36	16.7	82	38.0	73	33.8
Difficult to relax	49	22.7	47	21.8	37	17.1	83	38.4
Intolerant of anything	30	13.9	23	10.6	75	34.7	88	40.7
Close to panic	17	7.9	28	13.0	33	15.3	138	63.9
Unable to become enthusiastic	40	18.5	51	23.6	40	18.5	85	39.4

Not feeling worthy	57	26.4	45	20.8	34	15.7	80	37.0
Awareness about heartbeat	15	6.9	28	13.0	26	12.0	147	68.1
Scared without any reason	19	8.8	40	18.5	27	12.5	130	60.2
Life was meaningless	111	51.4	15	6.9	23	10.6	67	31.0

A study According to a study, 5% of individuals never have dry mouth, but 37% do. Nearly 43% of people feel cheerful, whereas 23% never do, and 57% do most of the time. 19% of people have difficulties breathing, and 19% find it difficult to commence tasks. Overreacting to events affects 52% of people, whereas trembling affects 4%. 51% worry about panic situations. Relaxation is difficult for 23% of people, while 14% have intolerant feelings. Nearly 64% are near to panic, while 19% are unable to become enthused. Unworthiness is felt by 26%, whereas awareness of pulse is reported by 68%. 19% experience irrational fear, while 51% believe life is pointless.
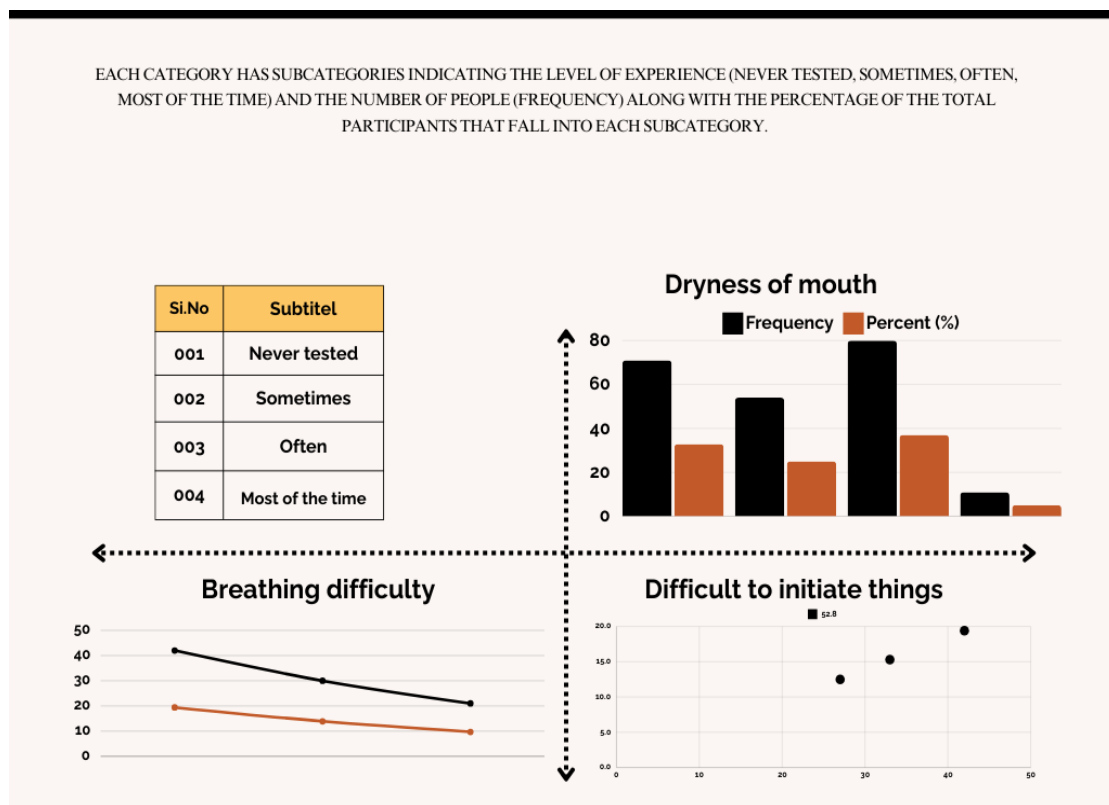
Figure 1: Level of experience of the participants

DISCUSSION

Substance abuse, commonly known as drug abuse, is the use of drugs in quantities or techniques that damage the individual or others (Abdullahi & SARMAST, 2019; Salam et al., 2024). Cigarettes were the first drug to be misused by 52.3%, and the second most prevalent substance When a person is under the influence of a substance, glue (42.1%) forms, and long-

term personality changes ensue (Alam et al., 2023a; Rana et al., 2023). The study indicates a complicated link between socioeconomic determinants, psychological effect, and health repercussions of drug misuse among homeless people. Financial restrictions and begging as employment are key contributors to drug usage, underlining the cycle of poverty and substance abuse (Alexander, 2008; Alam et al., 2023b). The psychological consequences of drug addiction are tangible, with a sizable majority experiencing feelings of worry, restlessness, and meaninglessness (Al-Hakeem & Chowdhury, 2020). The complicated interaction of mental health and drug addiction emphasizes the need for specific therapies to address the underlying psychological discomfort (Johnson & Roberts, 2015).

The health implications of drug misuse are serious, with respiratory ailments, neurological difficulties, stomach and tooth problems being common (WHO, 2019; Hossain et al., 2023b). The research also emphasizes the susceptibility of communities like orphans and those with poor access to education, who may be more prone to drug use as a form of escape or consolation (Smith et al., 2014; Islam, et al., 2014). The findings highlight the critical need for focused intervention techniques that are customized to the specific requirements of those living on the streets, stressing holistic approaches that address the core causes of drug misuse, such as poverty, a lack of education, and mental health issues (Geramian et al., 2014; Lee, 2017). Improved access to rehabilitation services and support networks is critical for recovery and reintegration into society. Understanding the complex interaction of economical, psychological, and physiological aspects that contribute to drug usage among homeless people might aid in the development of more effective solutions for dealing with these issues (Johnson & Roberts, 2015; Straussner et al., 2018).

CONCLUSION AND RECOMMENDATIONS

The study found that street youngsters, who predominantly beg, consume a lot of drugs. Cigarette and glue usage is common, with 52.3% and 42.1% of people using each, respectively. The majority of participants are separated from their families or live with street people, and they lack access to schooling. The most common motivations for drug misuse are familial problems (44.9%) and curiosity (30.6%). Headaches (24.5%) and respiratory issues (26.4%) are two examples of health consequences. Despite these concerns, 43% of participants had a favorable view of drug usage. These findings highlight the importance of tailored interventions that focus on family support, education, and health services to combat drug usage in this population.

The study of variables affecting drug usage among respondents makes various recommendations for further research and intervention efforts. Family-centered therapies should prioritize establishing family relationships, enhancing communication, and resolving disputes that might contribute to substance misuse. To educate young people about the dangers and effects of drug usage, educational initiatives should be directed at schools, community centers, and youth groups. Early intervention options for children and adolescents should be investigated to delay or prevent the start of drug use. Mental health treatments, such as counseling and therapy, should be studied to see how beneficial they are in lowering substance addiction among people who are stressed or traumatized. Economic support initiatives, such as

job training and money aid, should be investigated to help minimize drug dependency. Drug availability and accessibility should be managed by access control and regulation. Method-specific treatments, such as smoking cessation programs and education on the hazards of sniffing drugs, should be prioritized to target the most frequent drug use ways. Because of the high prevalence of drug dependence among responders, holistic recovery treatments are critical. These programs should target both physical and psychological components, with research centered on assessing and increasing their efficacy. Furthermore, research should emphasize establishing tailored support and intervention programs for vulnerable groups, such as orphans and those with poor educational access, in order to prevent drug use and help in recovery. Longitudinal studies are essential for comprehending the long-term impact of treatments on substance misuse prevention and recovery. They can give insight on the long-term viability of these endeavors. The importance of community participation and peer support in avoiding drug usage should also be investigated, with programs involving community leaders and mentors being particularly successful.

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