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Teenagers Indulgement in Drug: A Study on Different Socio-Economic Groups in Urban and Rural Bangladesh

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Abstract: Objective: To find out the causes, level of knowledge and sources of drugs among drug addicted teen agers. **Materials & Methods:** It was cross sectional mixed method type of study conducted at different shelter homes at Dhaka and Mymensingh from January 2022 to November 2022. Study population were the teen agers, age 14-19 years old patients admitted to the shelter homes. Data was collected by face to face interview with pretested structured and unstructured questionnaire. **Results:** Majority of the respondent 41.2% was between the age group 17 & 18 and 73% were college going. 51.3% of the respondent were from a family with 43 people. Majority 57.2% father's education was graduate level and mothers 34.8% were secondary or equitable passed. 41.7% father was service holder and majority 69.51% of the mother was housewives. Mean family income was 63320.86 ± 27362.44. Maximum teen agers 43.85% believe drugs increases the joy of life and 90% of the respondent knowledge regarding different sides of drug abuse is poor. **Conclusion:** The study revealed that teen agers knowledge regarding different sides of drug abuse is poor. Different government, non-government organization, traditional social control agencies, law enforcement organizations and research in intervention program about different aspect of drugs indulgent need to be done to increase knowledge level of teen agers against drug addiction.

Keywords: Teen agers, Knowledge, Drug indulgent, Cause of drug addiction, Sources of drug addiction.

I. INTRODUCTION

Adolescence is a key phase in one's life, and it can be considered the most transforming period in one's life, involving biological, psychological, mental, and social changes. Young individuals are susceptible to a variety of practices that endanger their health, such as smoking, using illegal drugs, and drinking alcohol. Adolescent have a strong influence impact on their peer risk behavior. Drug addiction has badly impacted virtually every section of our community, and it is now prevalent in Bangladesh's homes, workplaces, public spaces, parks, slums, markets, and educational institutions. Substance misuse is now widely acknowledged as a serious public health issue in Bangladesh [1]. The widespread use of several drugs by addicts has exacerbated the overall issue, resulting in health problems, changes in personal and societal conduct, as well as an increase in crime and other violent activities. Adolescents are frequently the first to disclose signs of substance usage. More than 90% of those who develop substance misuse problems are exposed to substances before they reach maturity. Usually substance abusers abuse heroin, Phensedyl, tidijesic, pethidine, cannabis, Yabba, diazepam, alcohol, cigarettes, glue, etc. Currently as an abusing substance Yabba has become popular and fashionable drug among youths in Bangladesh [2],[3]. Due to the frequent and diverse reasons of drug use, there is no clear consensus regarding the causes of drug misuse. They are made up of social, environmental, and individual and family features. Low self-confidence is one of the personal characteristics; despite their potential, some teenagers and young people have a negative attitude toward their skills and think they are worthless. They experience frustration and failure. Young individuals abuse drugs as a result of complicated social and peer group influences, dissatisfaction, sadness, curiosity, subculture, and psychological environment. The norms, standards of behavior, and other guidelines are set by the peer group and are followed by its members. As a result, the peer group may have a significant impact on a teen's drug or process addiction. Adolescents' compulsive behavior also earns them praise and recognition from their peers. Teenagers, especially those who lack social skills, may select drug addiction as a way to fit in with their peers and so boost self-esteem and reduce anxiety. The issue of drug addiction as a social issue has gradually gotten worse in recent years. It has caused several issues for the family, society, and nation as a whole. Societies will become paralyzed, and the next generation will progressively become disabled and contract common diseases. Drug abuse has a variety of negative repercussions on human civilization. In some circumstances, it is affecting national security as well as institutions, socioeconomic development, and political stability in addition to harming public health.

Teens who use drugs are unable to leave their habits; addicts also have a compulsive need to use drugs and a propensity to become more and more dependent on them over time [4]-[6]. Many adolescent drug users started out by smoking cannabis (marijuana), cigarettes, especially those made with somewhat stronger intoxicants, and usually in the company of their closest friends. 25% of the population were students, and the patterns they created showed that 50% first used drugs under duress and through friends who also used drugs, 20% out of frustration, and 15% out of curiosity. Loss of interest in work, disregard for family obligations, an inability to focus, which may harm family relationships, an increase in sexual demands or inappropriate behavior, violence or other social annoyances, and an increase in uncounted criminal offenses are some of the problems that typically follow drug addiction. Drug addiction impacts not just the addicts themselves but also their families and the wider community. Criminal activity is rising alarmingly. Disorganization in the family is a major risk factor for drug usage, parental neglect, parent-child conflict, spouse turmoil, indiscipline, isolation, lack of emotional support, rejection of love, overprotection at school, unemployment, repeated failure, and personality maladjustment, as well as drug availability and essay availability [7]-[9]. One of the largest problems in society is teenagers drug abuse which effects in our daily lives. They may seem to avert emotional and physical pain by providing the uses with a temporary and illusionary escape from a way to cope with life's realities fast across the nation as a result of drug addiction. Bangladesh's vulnerability to drug trafficking and consumption is exacerbated by its geographic position. In terms of physical location, Bangladesh is sandwiched between the golden triangle (Myanmar, Thailand, and Laos) and the golden crescent (Pakistan, Afghanistan, and Iran). It is also surrounded by Asia's major drug-producing countries, several of which are improving their narcotics laws and increasing enforcement. Bangladesh is becoming a key transit point due to its convenient land, sea, and air connectivity. Drug traffickers transport their shipments through Dhaka, Chittagong, Comilla, Khulna, and other Bangladeshi cities on their way to markets in North America, Africa, and Europe [10]-[13]. Bangladesh is a country that is surrounded on three sides by India. Hills and mountains surround the northern and eastern edges of the city. The plains dominate the western corner. The hilly terrain is ideal for illegal drug trafficking. The drug traffickers may simply conceal in these high forests and safely transport the drugs. There are numerous border crossing locations in Bangladesh where millions of dollars are exchanged for drugs every day [14],[15]. Drug usage causes changes in the structure and function of the brain, drug addiction is a brain illness. The mesolimbic pathways link the brainstem and peripheral nervous system, which control automatic body functions, with the limbic parts of the brain, which control emotions, and the prefrontal cortex, which controls thinking and decision-making. Happiness does not come in a bottle, pill, or morsel, as many people believe. Dopamine and beta-endorphins are neurotransmitters that aid communication with the reward center. The route involved in fundamental behaviors including eating, sleeping, and sex gets hijacked in addicts. The primary objective of an addict is to experience pleasure. The reward circuit eventually alters its sensitivity to substances or behavior rather than neurotransmitters. The brain starts to rely on external chemicals for reward [16]-[20]. Drug addiction is exceptionally high during the adolescent and young adult and communities are suffering yet knowledge level is not enough for teenagers to come back from the addiction [21]. This study has been undertaken to find out teenager's knowledge about sources of information, factors, harmful effects of drugs before taking drugs and to observe relationship between socioeconomic character and knowledge about drug abuse. The findings will be used to influence the development, design, and implementation of preventative health education programs aimed at raising awareness about the dangers of drug usage.

II. MATERIALS AND METHODS

It was a cross sectional mixed method type of study with the objective of identify the causes and assess the level of knowledge on drug indulgement among the teenager's in rural and urban background staying in the shelter homes of Dhaka and Mymensingh. The study was conducted from January 2022 to November 2022. Convenient sampling method used to pick shelter homes, the sampling frame comprised all 14 to 19-year-old patients admitted to the shelter homes who gave consent and were willing to participate in the study. Online sample size calculator <https://www.calculator.net/sample-size-calculator.html> have been used. In the calculator, the following inputs have been provided: Confidence Level: 95%; Margin of Error: 6.5%; and Population Proportion: 27.14%. The population size was left blank because of the unknown population. After calculating through the calculator, a sample size of 180 was estimated. The margin of error was taken at 6.5% instead of the standard Margin of error of 5% to adjust the sample size to the sampling frame; as all the teens from shelter home were taken as a sample. Thus 187 samples were finalized with seven increased samples for outliers and other future errors. A pre tested structured and unstructured questionnaire was used as the data collection instrument. This study was based on survey method. Before data collection the purpose of the study was explained to the respondent prior to the consent taken. A face to face interview had been taken and the questionnaire was filled by the researcher after taking the consent. All questionnaires were checked for its completeness, correctness to exclude missing or inconsistent data. The collected data were edited, compiled and analyzed by using IBM SPSS statics 26.0 version for windows.

III. RESULT

Table – 1
Distribution of the respondents by age group

	Frequency	%	Cumulative Percent
15-16	9	4.8	4.8
16-17	41	21.9	26.7
17-18	77	41.2	67.9
18-19	60	32.1	100.0
Total	187	100.0	

Most participants were between 17 and 18 (41.2%), 18-19 years (32.1%), 16-17 years (21.9%) and (4.8%) in 15-16 years age group (Table-1)

Table -2
Distribution of the respondents by their education status

Education Status	Frequency	%	Cumulative Percent
School (class 8, 9, 10)	50	26.7	26.7
College (11, 12)	137	73.3	100.0
Total	187	100.0	

73.3% of participants were college-going, whereas the remaining 26.7% were school-going (Table-2)

Table – 3
Distribution of the respondents by their family member

Family Member	Frequency	Percent	Cumulative Percent
3	11	5.9	5.9
4	96	51.3	57.2
5	67	35.8	93.0
6	12	6.4	99.5
More than 6	1	.5	100.0
Total	187	100.0	

51.3% of the participants were from a family with 4 people, 35.8% with family member 5, 6.4% with 6 family member, 5.9% and 5% with 3 and more than 6 family members (Table-3)

Table: 4
Distribution of the respondents by their parental education

	Father's education level			Mother's education level		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
Illiterate	2	1.1	1.1	25	13.4	13.4
Primary	4	2.1	3.2	38	20.3	33.7
Secondary/Equivalent	8	4.3	7.5	28	15.0	48.7
Higher Secondary/Equivalent	56	29.9	37.4	65	34.8	83.4
Graduate	107	57.2	94.7	31	16.6	100.0
Post-graduate	10	5.3	100.0			
Total	187	100.0		187	100.0	

57.2% of the participant’s fathers had graduate level, 29.9% higher secondary, 5.3% post graduate, 2.1% primary level and 1.1% illiterate. Most of the participant’s mothers were higher secondary or equitable passed 34.8%, 20.3% primary, 16.6% graduate, 15% secondary and 13.4% were illiterate (Table-4).

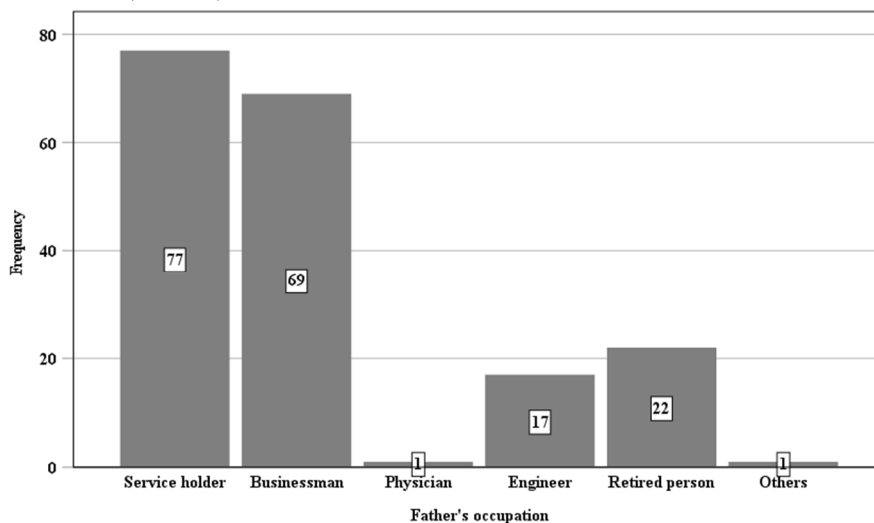


Figure -1: Distribution of the respondents by their father’s occupation.

Most of the participants 77 (41.17%) father were service holder, 69 (36.89%) businessmen, 22 (11.76%) retired person, engineer were 17 (9.09%), physician 1 (0.53%) and occupation in other profession 1 (0.53%) (Figure-1).

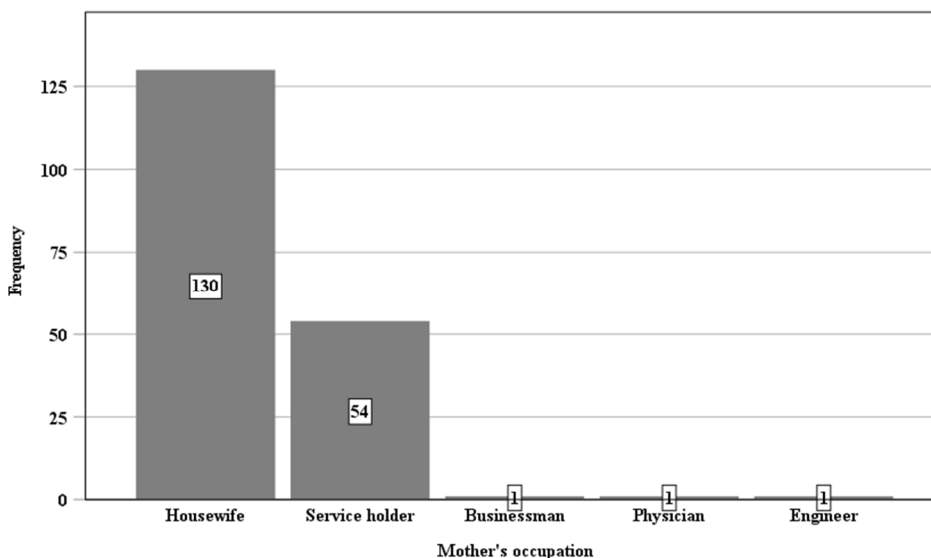


Figure – 2: Distribution of the respondents by mother’s occupation.

130 (69.51%) of 187 participant’s mother were housewives, 54 (28.87%) were service holder and rest 3 (1.59%) were businessmen, physician and engineer (Figure-2).

Table -5
Distribution of the respondents by monthly family income

Monthly family income	N	Minimum	Maximum	Mean	Std. Deviation
Summary distribution of monthly family income (in taka)	187	20000	150000	63320.86	27362.437

The mean ± standard deviation of the respondent's family income was 63320.86 ± 27362.44 (Table-5)

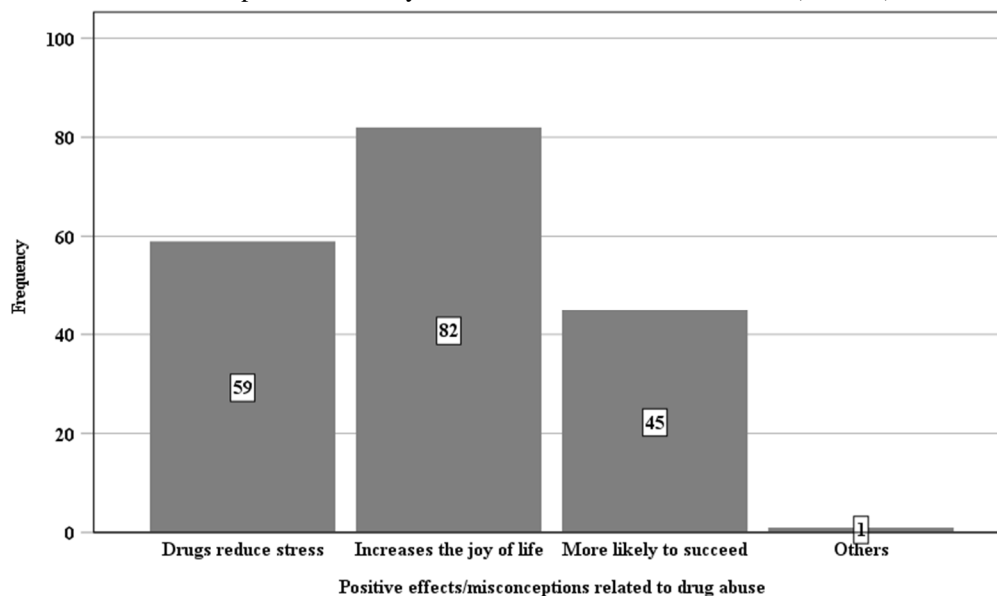


Figure – 3: Distribution of the respondents by positive effects / misconceptions related to drug abuse

Most of the respondents 82(43.85%) believe drugs increase the joy of life, 59(31.55%) believe drugs reduce stress, 45(24.06%) think drug make them more likely to secured (Figure-3).

Table -6

Distribution of the respondents by information regarding the knowledge of drug abuse

	Knowledge of drug abuse		Knowledge of the symptoms of drug use		Knowledge of the harmful effects of drug use		Knowledge of the social impact of drug abuse		Knowledge about the adverse effects of drug use on education		Knowledge about drug abuse prevention	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Poor	166	88.8	79	42.2	164	87.7	170	90.9	174	93.0	179	95.7
Average	20	10.7	91	48.7	21	11.2	17	9.1	13	7.0	6	3.2
Good	1	.5	17	9.1	2	1.1					2	1.1
Total	187	100.0	187	100.0	187	100.0	187	100.0	187	100.0	187	100.0

According to the researcher's assessment, almost 90% of the respondent's knowledge regarding different sides of drug abuse is poor (except only the knowledge of the symptoms of drug use), and around 10% of the respondent's knowledge lies toward average (Table-6)

IV. DISCUSSION

Drug abuse is one of the major health challenges across the globe. In post-war Bangladesh, drug misuse has become a growing social and economic problem. A person's brain and behavior are both impacted by addiction, which is a sickness. Substance addiction causes users to be powerless against the temptation to use the drug, regardless of how harmful it may be. When someone uses legal or illicit substances inappropriately, it is considered drug abuse. He reaches the point of addiction when he is unable to quit using those drugs. In an effort to alleviate the underlying sensations of discomfort or misery, drug users who use physiologically habit-forming drugs excessively or continuously develop drug addiction. Most participants were between 17 and 18 (41.2%), 18-19 years (32.1%), 16-17 years (21.9%) and (4.8%) in 15-16 years age group (Table-1). 73.3% of participants were college-going, whereas the remaining 26.7% were school-going (Table-2).

Similar result was observed by The Bangladesh Bureau of statistics, 2013 found that 80% of the drug abusers are youth and the age of initiation for most 12.16% substance abusers started between 16-20 years old [22]-[24]. UNICEF performed a fast situation assessment on drug and substance use in 2008. The research was conducted in Bangladesh's designated divisional cities and convergence districts, including Dhaka and Gazipur in the Dhaka division, as well as other districts throughout the country. According to the results of the fast assessment, drug users are on average 16 years old, with 42 percent of them being under the age of 15 [25],[26].

51.3% of the participants were from a family with 4 people, 35.8% with family member 5, 6.4% with 6 family member, 5.9% and 5% with 3 and more than 6 family members (Table-3). Another study showed 37(64.91%) stayed in extended type of family, 18(31.58%) in nuclear family and 2(3.51%) in 3rd generation family [27]-[30].

57.2% of the participant's fathers had graduate level, 29.9% higher secondary, 5.3% post graduate, 2.1% primary level and 1.1% illiterate. Most of the participant's mothers were higher secondary or equitable passed 34.8%, 20.3% primary, 16.6% graduate, 15% secondary and 13.4% were illiterate (Table-4). Most of the participants (41.17%) father were service holder, 36.89% businessmen, 11.76% retired person and engineer and physician were 9.09% and 0.53% occupation in other profession (Figure-1). Another study showed 39 percent student's father occupation is business however 44 percent respondent's father is in either government or private job. 69.51% of 187 participant's mother were housewives, 28.87% were service holder and rest 1.59% were businessmen, physician and engineer (Figure-2). Similar study was observed by Faruque et. majority mother of the students was housewife (69%). The mean \pm standard deviation of the respondent's family income was 63320.86 \pm 27362.44 (Table-5). Most of the respondents 82(43.85%) believe drugs increase the joy of life, 59(31.55%) believe drugs reduce stress, 45(24.06%) think drug make them more likely to secured (Figure-3). In this study almost 90% of the respondent's knowledge regarding different sides of drug abuse is poor (except only the knowledge of the symptoms of drug use), and around 10% of the respondent's knowledge lies toward average (Table-6). From the study it was found that respondent's knowledge on drug abuse before they taking the drugs was indigent.

V. CONCLUSION

Substance abuse causes a rapid deterioration of family, cultural, moral, and educational values. Addicts lose their ability to work and learn, their self-respect, and they engage in significant or little criminal activity. Based on the findings of this study, policy makers and planners in both government and non-government organizations should take some actions. For example, they could first use the media to raise social awareness and foster a sense of civic responsibility among the populace. Second, it is important to enhance the traditional social control agencies, such as the family, school, community, and religious organizations, so they can play a bigger part in developing societal norms, values, and regulations. Thirdly, drug law enforcement organizations must be powerful and efficient. Finally, further research about other aspects of drug addiction needs to be done.

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