



Substance Abuse among Male Adolescents in Dhaka North City: A Comparative Study on Causes, Consequences, Knowledge, and Attitudes

Anik Mahmud ^{a++*}

^a ThinkWell, Bangladesh.

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/INDJ/2024/v21i1421

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/113328>

Original Research Article

Received: 06/01/2024

Accepted: 19/02/2024

Published: 21/02/2024

ABSTRACT

Aims: This study aimed to assess the causes, consequences, knowledge, attitudes, and perceptions of substance abuse among male adolescents in Dhaka North City and compare the knowledge between male adolescents attending schools and colleges who do not use drugs and substance abusers from rehabilitation centers.

Study Design: This was a comparative cross-sectional study.

Place and Duration of Study: The study was conducted in Dhaka North City, Bangladesh, from January to December 2023.

Methodology: A comparative cross-sectional design was used to study substance abuse among male adolescents in Dhaka North City. Data were collected from two groups, drug addicts and non-addicts, using a pretested questionnaire. A two-stage sampling method was applied. Data analysis

⁺⁺ Independent Researcher and Former Senior Program Analyst;

^{*}Corresponding author: E-mail: anik.stat@gmail.com;

was performed using Microsoft Excel 365 and IBM SPSS Statistics 27, employing descriptive and inferential statistics. Statistical significance was set at a p-value of less than 0.05.

Results: The findings revealed the strong influence of peer relationships, family dynamics, parental education and occupation, and misconceptions and attitudes toward substance abuse among male adolescents. Drug addicts reported higher frequencies of parental conflict, secrecy, and hiding information from their parents, indicating a breakdown in communication and trust within the parent-child relationship. Drug addicts also had significantly higher monthly family income and higher education levels of their parents compared to non-addicts, suggesting that higher financial resources and education may play a role in the increased risk of substance abuse. Additionally, drug addicts had a higher proportion of deceased mothers compared to non-addicts, indicating a potential influence of maternal status on substance abuse. Preventive measures, such as counselling, treatment, religious education, and engagement in productive activities, were highly endorsed by both drug addicts and non-addicts.

Conclusion: This study contributes valuable insights into drug addiction among male adolescents in Dhaka North City. The findings underscore the importance of addressing peer influence, strengthening family dynamics, dispelling misconceptions, providing accurate knowledge, and implementing evidence-based preventive measures. By adopting a comprehensive approach, stakeholders can work towards reducing the prevalence and impact of drug addiction among adolescents.

Keywords: Substance abuse; adolescents; Dhaka north city; comparative study; knowledge and attitudes; preventive measures; family dynamics; peer influence.

1. INTRODUCTION

Substance abuse among adolescents is a major public health and social problem that affects not only the individuals involved but also their families and communities [1]. According to the World Health Organization, substance abuse is defined as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs [2]. Substance abuse can lead to dependence syndrome, a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use. Dependence syndrome can have serious consequences for the physical and mental health of the user, as well as their social and economic well-being [3].

In Bangladesh, substance abuse among adolescents is a growing concern, with an estimated 6 million people spending more than 70 million BDT daily on illegal substances [4,5]. The most abused substances among adolescents include heroin, phensedyl, tidigesic, pethidine, cannabis, Yabba, diazepam, alcohol, cigarettes, and glue [5-7]. Adolescents are vulnerable to substance abuse due to various factors, such as peer pressure, curiosity, family problems, stress, poverty, unemployment, and lack of education and awareness [8,9].

Several studies have explored the prevalence, causes, consequences, and prevention of substance abuse among adolescents in Bangladesh [10,11]. However, there is a lack of

comprehensive and comparative research that assesses the knowledge, attitude, and perception of substance abuse among male adolescents from different backgrounds and settings, such as schools, colleges, and rehabilitation centers [11]. Such research is essential to understand the factors that influence substance abuse behaviour and to design effective interventions that target the specific needs and challenges of different groups of adolescents.

To guide this study, the following research questions were formulated based on the objectives:

1. What are the causes of substance abuse among male adolescents in Dhaka North City?
2. How does the knowledge of substance abuse differ between male adolescents attending schools and colleges who do not use drugs and substance abusers from rehabilitation centers?
3. What are the attitudes and perceptions of substance abuse among male adolescents in Dhaka North City?
4. What are the preventive measures and barriers to preventing substance abuse among male adolescents in Dhaka, North City?

Therefore, the aim of this study was to assess the causes, consequences, knowledge, attitude, and perception of substance abuse among male

adolescents in Dhaka North City [12,13] and compare the knowledge between male adolescents attending schools and colleges who do not use drugs and substance abusers from rehabilitation centers. The study used a cross-sectional survey design and collected data from 214 male adolescents aged 13-19 years using a structured questionnaire. The study also explored the relationship between substance abuse and various family and social factors, such as parental education, occupation and attitude, sibling and peer influence, and parent-child communication [14-17]. The study findings provide valuable insights into the substance abuse situation and the differences between exemplary and addicted male adolescents. The study also suggests practical recommendations for preventing and reducing substance abuse among adolescents in Bangladesh.

2. MATERIALS AND METHODS

2.1 Study Design

This study employed a comparative cross-sectional design to assess the knowledge, attitudes, and perceptions of substance abuse among male adolescents in Dhaka North City, comparing drug addicts and non-addicts. This design was chosen as it allows for the simultaneous assessment of these variables in both groups at a specific time, providing a snapshot of the current situation. This design is particularly suitable for this study as it identifies differences and similarities between the two groups, which can inform targeted interventions.

2.2 Study Population

The study population consisted of male adolescents aged 13-19 who attended schools, colleges, or drug rehabilitation centers within Dhaka North City Corporation. The participants were divided into two groups: Group A comprised of male adolescents identified as drug addicts, and Group B consisted of normal male adolescents with no history of substance abuse. The participants were all male, as the study focused on substance abuse among male adolescents in Dhaka North City. No female participants were included in the study, which may limit the generalizability of the findings to the female population.

2.3 Sampling and Sample Size Calculation

A two-stage sampling method was used for this study. In the first stage, non-probability purposive

sampling was used to select two drug addiction treatment and rehabilitation centers and two secondary and higher secondary educational institutes. The use of purposive sampling was justified as it allowed for the selection of specific groups (drug addicts and non-addicts) that were central to the research objectives. This method ensured that the sample was representative of the specific groups of interest, thereby enhancing the relevance and applicability of the study findings. In the second stage, all eligible patients from the selected rehab centers and students from the selected educational institutions were included as sample participants. The sample size was calculated using an online sample size calculator with the following values: Confidence Level: 95%, Margin of Error: 5%, Population Proportion: 30%. The total sample size was 223, with 187 participants from Group A and 36 from Group B. However, the sample size was adjusted slightly during the final analysis due to incomplete data and participants not meeting the inclusion criteria. The final sample size was 214, with 181 participants from Group A and 33 from Group B.

2.4 Data Collection

Quantitative data were collected through structured face-to-face interviews using a questionnaire. The questionnaire, developed based on the research objectives, included questions on socio-demographic characteristics, family characteristics, parental attitudes, parent-child relationship factors, peer relationships, sources of information, causes of drug addiction, misconceptions, attitudes, perceptions, and knowledge of substance abuse. It was pretested in similar communities to ensure its validity and reliability. The data collectors, trained in data collection methods, respondent selection, informed consent procedure, and questionnaire administration, conducted the interviews. The participants and their parents/legal guardians provided written informed consent before enrollment. The data collection was conducted under the supervision of study personnel, ensuring the integrity and accuracy of the data collected.

2.5 Data Analysis

The data were entered and analyzed using Microsoft Excel 365 and IBM SPSS Statistics 27. Descriptive statistics were used to summarize the data, while inferential statistics were used to test the research hypotheses. The statistical techniques were reevaluated to ensure alignment

with the research questions. The association between categorical variables was tested using the Pearson Chi-Square Test, Fisher-Freeman-Halton Exact Test, or Mann-Whitney U Test, appropriate for each research question and the data collection type. The Mann-Whitney U Test is a nonparametric statistical test used to compare two sample groups and assess whether their distributions differ significantly. It is often used when the data are not normally distributed. In this study, the Mann-Whitney U Test was used to compare the age, number of family members, and monthly family income between drug addicts and non-addicts. The test provided a p-value for each comparison, which indicates the probability that the observed differences between the groups occurred by chance. A p-value of less than 0.05 was considered statistically significant. Bar diagrams were generated to illustrate the descriptive statistics.

3. RESULTS

This section presents and discusses the findings of the study, organized according to the specific objectives outlined in the methodology. The results are reported objectively, focusing on the key findings that address each specific objective.

3.1 Comparison of Demographic and Family Characteristics between Drug Addicts and Non-Addicts

The comparison of demographic and family characteristics between drug addicts and non-addicts revealed important insights into the profile of male adolescents involved in substance abuse in Dhaka North City. This section directly addresses the first research question: ‘What are the causes of substance abuse among male adolescents in Dhaka North City?’ The mean age of drug addicts (18.27 ± 0.91 years) was significantly higher compared to non-addicts (15.51 ± 1.698 years) ($p < .001$, Mann-Whitney U Test). The median age for drug addicts was 19 years, while for non-addicts, it was 15 years. This suggests that older adolescents are more susceptible to drug addiction, possibly due to increased exposure to peer pressure, stress, and

the availability of drugs. This finding is consistent with previous studies that reported a positive association between age and substance abuse among adolescents.

Additionally, drug addicts had a significantly higher monthly family income (mean \pm SD = $41,212.12 \pm 21,029.38$ taka) compared to non-addicts (mean \pm SD = $26,558.01 \pm 15,258.27$ taka) ($p < 0.001$, Mann-Whitney U Test). The median monthly family income for drug addicts was 40,000 taka, while for non-addicts, it was 20,000 taka. These findings indicate that higher financial resources may play a role in the increased risk of substance abuse among male adolescents, as they may have more access to drugs and less parental supervision. This finding contradicts the common assumption that drug addiction is more prevalent among low-income groups and suggests that socioeconomic status may not be a protective factor against substance abuse among adolescents. Previous studies have also reported mixed results regarding the relationship between income and substance abuse among adolescents, with some finding a positive correlation, some finding a negative correlation, and some finding no correlation.

3.2 Comparison of Family Characteristics, Parental Education and Occupation between Drug Addicts and Non-Addicts

No significant difference was observed in the number of family members between drug addicts and non-addicts. This suggests that family size may not be directly associated with the likelihood of engaging in substance abuse among male adolescents. This finding is in line with some previous studies that found no significant association between family size and substance abuse among adolescents, while others reported a negative association. The influence of family size on substance abuse may depend on other factors, such as family cohesion, communication, and support, which were not measured in this study.

Table 1. Comparison of demographic characteristics between drug addicts and non-addicts

	Drug addicts		Non-addicts		p-Value
	Mean \pm SD	Median	Mean \pm SD	Median	
Age (in years)	18.27 ± 0.91	19	15.51 ± 1.698	15	<.001*
Number of family members	4.73 ± 1.53	4	4.88 ± 1.55	5	.20*
Monthly family income (in taka)	$41,212.12 \pm 21,029.38$	40,000	$26,558.01 \pm 15,258.27$	20,000	<.001*

*Mann-Whitney U Test

Table 2. Comparison of family characteristics between drug addicts and non-addicts

		Drug addicts		Non-addicts		Total	p-Value
		Frequency (%)	Expected frequency	Frequency (%)	Expected frequency		
Type of family	Nuclear	26 (14.4%)		155 (85.6%)		181	.32*
	Joint	7 (21.2%)		26 (78.8%)		33	
Father	Dead	3 (25%)	1.9	9 (75%)	10.1	12	.40**
	Alive	30 (14.9%)	31.1	172 (85.1%)	170.9	202	
Mother	Dead	5 (71.4%)	1.1	2 (28.6%)	5.9	7	.001**
	Alive	28 (13.5%)	31.9	179 (86.5%)	175.1	207	
Do you have siblings?	No	2 (8.7%)	3.5	21 (91.3%)	19.5	23	.54**
	Yes	31 (16.2%)	29.5	160 (83.8%)	161.5	191	
Total		33 (15.4%)		181 (84.6%)		214	

* Pearson Chi-Square for Test of two proportions

**Fisher's Exact Test

Table 3. Distribution of male adolescents by father's and mother's education and substance abuse group

		Drug addicts		Non-addicts		p-Value
		Frequency (%)	Cumulative frequency	Frequency (%)	Cumulative frequency	
Father's education	Illiterate	0 (0%)	0 (0%)	15 (8.3%)	15 (8.3%)	<
	Primary	0 (0%)	0 (0%)	69 (38.1%)	84 (46.4%)	.001*
	Secondary or equivalent	4 (12.1%)	4 (12.1%)	54 (29.8%)	138 (76.2%)	
	Higher secondary or equivalent	6 (18.2%)	10 (30.3%)	26 (14.4%)	164 (90.6%)	
	Graduate	14 (42.4%)	24 (72.7%)	8 (4.4%)	172 (95%)	
	Post-graduate	9 (27.3%)	33 (100%)	2 (1.1%)	174 (96.1%)	
Mother's education	Higher degree	0 (0%)	33 (100%)	7 (3.9%)	181 (100%)	
	Illiterate	3 (9.1%)	3 (9.1%)	16 (8.8%)	16 (8.8%)	<
	Primary	6 (18.2%)	9 (27.3%)	79 (43.6%)	95 (52.5%)	.001*
	Secondary or equivalent	3 (9.1%)	12 (36.4%)	62 (34.3%)	157 (86.7%)	
	Higher secondary or equivalent	16 (48.5%)	28 (84.8%)	18 (9.9%)	175 (96.7%)	
	Graduate	5 (15.2%)	33 (100%)	3 (1.7%)	178 (98.3%)	
Total	Post-graduate	0 (0%)	33 (100%)	1 (0.6%)	179 (98.9%)	
	Higher degree	0 (0%)	33 (100%)	2 (1.1%)	181 (100%)	
		33		181		

*Mann-Whitney U Test

This section directly addresses the second research question: 'How does the knowledge of substance abuse differ between male adolescents attending schools and colleges who do not use drugs and substance abusers from rehabilitation centers?' Significantly different patterns were observed between the education levels of fathers and the substance abuse group ($p < .001$, Mann-Whitney U Test). Among drug addicts, a substantial proportion had fathers with graduate education (42.4%), followed by post-graduate education (27.3%) and higher secondary or equivalent education (18.2%). In contrast, among non-addicts, the highest proportion of fathers had primary education

(38.1%), followed by secondary or equivalent education (29.8%). These findings suggest a potential association between higher education levels of fathers and an increased risk of substance abuse among male adolescents. A possible explanation for this finding is that fathers with higher education may have higher expectations and pressure on their sons, leading to stress and frustration among adolescents. Alternatively, higher-education fathers may have less time and involvement in their sons' lives, resulting in a lack of guidance and supervision. Previous studies have also reported a positive association between parental education and substance abuse among adolescents, while

others found a negative association or no association.

Similarly, significant associations were found between the education levels of mothers and the substance abuse group ($p < .001$, Mann-Whitney U Test). Among drug addicts, most mothers had higher secondary or equivalent education (48.5%), followed by primary education (18.2%) and graduate education (15.2%). Among non-addicts, the highest proportion of mothers had primary education (43.6%), followed by secondary or equivalent education (34.3%). These results indicate a potential link between maternal education and the likelihood of male adolescents engaging in substance abuse. A possible explanation for this finding is that mothers with higher education may have more career opportunities and responsibilities, which may reduce their availability and attention to their sons. Alternatively, mothers with higher education may have more liberal and permissive attitudes toward substance use, which may influence their sons' behaviours. However, it is important to note that this correlation is not universally supported in the literature, and more research is needed to explore this relationship further.

4. DISCUSSION

The discussion provides a detailed interpretation of the data, highlighting the significance of the findings and their implications for the field of substance abuse among male adolescents. Relevant citations are given to support and compare the findings with existing literature.

The findings, as presented in Tables 1 and 2, highlight the importance of parental education, both fathers and mothers, in understanding the risk factors associated with substance use among male adolescents. Higher education levels of fathers and mothers appear to be associated with an increased risk of substance use among their sons in this study. However, it is important to note that this correlation is not universally supported in the literature, and more research is needed to explore this relationship further. Other factors, such as parental involvement and socioeconomic status, may moderate the influence of parental education on substance use. Further research is necessary to delve into the underlying mechanisms and develop targeted interventions to address this concerning issue.

The findings have significant implications for policy decisions and professional practice. The differences observed between drug addicts and non-addicts in terms of peer influence, family dynamics, parental education and occupation, and misconceptions and attitudes toward substance abuse suggest potential areas for intervention. For instance, programs aimed at strengthening parent-child communication and trust, correcting misconceptions about substance abuse, and providing counselling and treatment could be beneficial. Moreover, the findings suggest that higher financial resources and education may play a role in the increased risk of substance abuse, indicating a need for targeted interventions in these areas. These practical implications underscore the importance of this research in informing real-world applications and policy decisions to prevent and reduce substance abuse among adolescents in Bangladesh.

5. CONCLUSION

The present study explored the causes, consequences, knowledge, attitudes, and perceptions of substance abuse among male adolescents in Dhaka North City and compared the knowledge between male adolescents attending schools and colleges who do not use drugs and substance abusers from rehabilitation centers. The findings revealed the significant influence of peer relationships, family dynamics, parental education and occupation, parental and sibling attitudes, and secrecy and hiding behaviours on substance abuse among male adolescents. The study also identified misconceptions, attitudes, barriers, and preventive measures related to substance abuse, highlighting the need for accurate and comprehensive education programs and interventions to address this issue. The study contributes valuable insights into the substance abuse situation among male adolescents in Dhaka North City and provides implications for policy and practice to prevent and reduce the prevalence and impact of this problem. The study also acknowledges the limitations of the sample size, the cross-sectional design, and the self-report measures and suggests directions for future research further to investigate substance abuse and its prevention among male adolescents.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author.

ETHICAL CONSIDERATIONS

The study was approved by the Bangladesh Medical Research Council and conducted in accordance with the principles of the Declaration of Helsinki and the Belmont Report. The participants and their parents/legal guardians were informed about the purpose and methods of the study, the confidentiality and anonymity of the data, the voluntary nature of participation, the right to withdraw at any time, and the contact information for any queries. The data were securely stored on password-protected computers and accessed only by authorized personnel.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to all the individuals and organizations who contributed to this study. I am thankful to Professor Dr. Moinuddin Ahmed and Mr. Manoranjan Roy for their invaluable contribution during the conduction of the research. I am especially thankful to the Bangladesh Medical Research Council for funding and supporting this research project. I also appreciate the cooperation and assistance of the curators, principals, and headmasters of the respective rehabilitation centers, schools, and colleges who allowed us to conduct the study within their premises. I am grateful to all the study participants and their parents or guardians who voluntarily agreed to participate in this research and provided valuable information. I acknowledge the dedication and hard work of the data collectors and supervisors who ensured the quality and accuracy of the data collection process. I also thank the data entry operators and analysts who efficiently processed and managed the data. Finally, I thank my family members for their constant support and encouragement throughout this endeavour.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Substance Use in Adolescents - Children's Health Issues - MSD Manual Consumer Version; 2022. Accessed February 5, 2024. Available:<https://www.msmanuals.com/home/children-s-health-issues/problems-in-adolescents/substance-use-in-adolescents>
2. Substance Abuse | WHO | Regional Office for Africa. Accessed February 5, 2024. Available:<https://www.afro.who.int/health-topics/substance-abuse>
3. What is Dependence syndrome - Meaning and definition – Pallipedia; 2023. Accessed February 5, 2024. Available:<https://pallipedia.org/dependence-syndrome/>
4. Farzana FK, Assistant R. Prevention of Drug Addiction in Bangladesh: Challenges and a Way. 2019;4–14. Available:<https://ssrn.com/abstract=3936819>
5. Drug and Alcohol Rehab in Bangladesh. Accessed February 5, 2024. Available:<https://siamrehab.com/drug-and-alcohol-rehab-in-bangladesh/>
6. Drug Abuse – Banglapedia; 2021. Accessed February 5, 2024. Available:https://en.banglapedia.org/index.php?title=Drug_Abuse
7. Drug abuse alarmingly rising in Bangladesh | The Daily Star; 2013. Accessed February 5, 2024. Available:<https://www.thedailystar.net/news/drug-abuse-alarmingly-rising-in-bangladesh>
8. Nawi AM, Ismail R, Ibrahim F et al. Risk and protective factors of drug abuse among adolescents: A systematic review. *BMC Public Health*. 2021;21(1):2088. DOI:10.1186/s12889-021-11906-2
9. High Risk Substance Use in Youth | Adolescent and School Health | CDC. Accessed February 5, 2024. Available:<https://www.cdc.gov/healthyyouth/substance-use/index.htm>
10. Moonajilin MstS, Kamal MKI, Mamun F al et al. Substance use behavior and its lifestyle-related risk factors in Bangladeshi high school-going adolescents: An exploratory study. *PLoS One*. 2021;16(7):e0254926. DOI:10.1371/journal.pone.0254926
11. Khan MMA, Rahman MM, Jeamin SS, Mustagir MG, Haque MR, Kaikobad MS. Psychosocial and socio-environmental factors associated with adolescents' tobacco and other substance use in Bangladesh. *PLoS One*. 2020;15(11):e0242872. DOI:10.1371/JOURNAL.PONE.0242872
12. Shahiduzzamann M, Shahiduzzaman M, Korban Ali M, Islam N, Islam MR. Factors affecting the drug addiction among street

- children of Dhaka city in Bangladesh: Approaching of Multivariate Technique. 2023;12.
DOI:www.humanbiologyjournal.com
13. Nusrat F, Haseen F, Shariful Islam S. Pediatrics & therapeutics current tobacco smoking status and factors for initiation of smoking among ever-smoker male adolescents in Dhaka city. *Pediatr Ther.* 2023;13(1):1000483.
DOI:10.35841/2161-0665.23.13.483
 14. The Effects of Substance Use on Families | Psychology Today; 2022. Accessed February 5, 2024.
Available:<https://www.psychologytoday.com/us/blog/mind-matters-meninger/202203/the-effects-substance-use-families>
 15. Family Addiction: How Does Addiction Affect Families?; 2023.
Available:<https://americanaddictioncenters.org/rehab-guide/guide-for-families-i>
Accessed February 5, 2024.
 16. Parents, family relationships influence adolescent substance abuse, UB study finds - UBNOW: News and views for UB faculty and staff - University at Buffalo; 2020. Accessed February 5, 2024.
Available:<https://www.buffalo.edu/ubnow/stories/2020/08/livingston-adolescent-substance-use.html>
 17. Campbell Colin, Canada. Health Canada., National Clearinghouse on Family Violence (Canada). *Family Violence and Substance Abuse: Information.* Health Canada; 1994.

© 2024 Mahmud; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/113328>