

Original Research Article

A study to assess knowledge regarding substance abuse and future aspiration of street children in Mumbai

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Abstract: Street children are in the tender age group and mostly belong to adolescent age group. They have the habit of experimentation. Poor knowledge about the substance abuse and its effects indulge them into various criminal activities. The objectives of the study were to assess change in the knowledge regarding substance abuse following IEC (Information, Education and Communication) activities and to know their future aspiration. The study was conducted in a shelter home by conducting face to face interview. 100 street children were included in the study. After conducting pre-test, IEC session was conducted. Post-test was conducted 3 months after the pre-test. Most of the street children had poor knowledge regarding ill effects of substance abuse. 30% of the street children wanted to focus on self reliance. We can restraint them from substance abuse by conducting IEC activities regularly.

Keywords: street children, knowledge, substance abuse and future aspiration.

INTRODUCTION:

Street children are one of the hidden groups of the society. According to United Nation (UN) estimates there are about 150 million street children in the world[1]. Harsh home environment and poverty bring them on the road[2]. They start substance abuse from the tender age group. There is no one to tell them the adverse effects of substance abuse. In fact, they might get the most benefit if we culminate preventive and curative efforts at right time.

Objectives:

- i) To assess the knowledge of street children regarding substance abuse and change in their knowledge following IEC activities.
- ii) To know their future aspiration.

METHODOLOGY:

Type of study design: This was a longitudinal study.

Sample size: The prevalence of substance abuse from the previous studies is 80%[3]. The sample size was calculated by using formula $4pq/l^2$ where p =prevalence, $q=1-p$ and l = allowable error taken as 10% of p . hence, the sample size was taken as 100.

Inclusion criteria: Street children between the age group 6-18 years who attended the *monthly Melas* between the study period, both on the street and of the street children were included in the study.

Exclusion criteria: Street children less than 6 years and those who were not willing to participate in the study.

Study period: 5 months (from November 2010 to March 2011)

Study was conducted only after obtaining the permission of institutional ethics committee. Informed consent was taken from the study participants. Pre-test was conducted regarding the knowledge of substance

abuse. The experimental brief intervention consisted of an IEC session at the end of the pre-test. IEC session was conducted regarding the risk of substance abuse and benefits of leading to addiction free life which would help them to devise healthier strategies to deal with ongoing life problems. Social worker was present during the IEC session. Study participants were divided into 2 groups for IEC session, 6-12 years age group and 12-18 years age group. For the 6-12 years age group IEC session conducted with the help of games and pictures and for 12-18 years age group IEC session was conducted by lecture demonstration. Mixed Method of IEC was used. Street play conducted in *DeewaliMela* organised by the shelter home. A follow up assessment (post-test) was conducted within three months after the intervention to assess change in knowledge regarding substance abuse and their future aspiration. Follow up assessments were done in 76 children, as other children were not available for follow up.

Knowledge of the study participants assessed by asking 10 closed ended questions regarding information about substance abuse, ill effects on health,

association of substance abuse with accidents, risk taking behavior, mental health, association with indulgences in anti-social activity. 1 score was given to each correct response and each incorrect and don't know answers were given zero score. Total score was calculated for the pre-test and post-test.

Statistical analysis: - Data entry was done using Microsoft excel. All responses were tabulated and graphically represented wherever required. Data was analyzed using SPSS software version 20. Wilcoxon rank test was applied to the paired data of knowledge scores of pre and post test. P value < 0.05 was considered significant.

RESULTS:

57 boys and 43 girls were included in the study. Mean knowledge score was 3.86 in the pre-test and 5.33 in the post-test (out of 10). There was improvement in the knowledge of the street children about the substance abuse following IEC activity as shown in Table No.1.

Table 1: Knowledge score of the street children regarding substance abuse

| Score | No. of street children | |
|---------------------------------------|------------------------|------------------|
| | Pre-test (n=100) | Post-test (n=76) |
| Excellent (>8 correct answers) | 7 (7%) | 13 (17.11%) |
| Good (6-8 correct answers) | 16 (16%) | 24 (31.58%) |
| Average (4-5 correct answers) | 23 (23%) | 31 (40.79%) |
| Poor (<4 correct answers) | 54 (54%) | 8 (10.53%) |

After applying Wilcoxon Rank test (Table No.2) to the paired samples, it was seen that there was a

significant difference between the pre-test and post-test score with $z = -6.488$ and $p = 0.0001$.

Table 2: Wilcoxon Signed Rank Test Statistics (n=76)

| Knowledge Score | Rank | | | Mean Rank | | Sum of ranks | |
|-----------------|----------|----------|------|-----------|----------|--------------|----------|
| | Positive | Negative | Ties | Positive | Negative | Positive | Negative |
| | 60 | 10 | 6 | 38.92 | 15 | 2335 | 150 |

Wilcoxon Signed Rank Test statistics $Z = -6.488$ ($p = 0.0001$)

Table No. 3 shows that most of the street children wanted to focuses on self reliance followed by

wanted to continue education. Only 76 street children could be Followed-up.

Table No. 3: Immediate aspiration expressed by the street children (n=76)

| Immediate aspiration | No. of street children (%) |
|-------------------------------|----------------------------|
| Not thought | 12 (15.79%) |
| Going back to parents | 11 (14.47%) |
| Seeking job | 9 (11.84%) |
| Continue education | 21 (27.63%) |
| Focus on self reliance | 23 (30.26%) |

DISCUSSION:

In this study most of the street children had poor knowledge regarding the substance abuse and its adverse effects on health. In a study, conducted by Embleton L et al in Kenya 71% of the street children do not know the danger of using drugs. Even then 98% of the street children told that substance abuse is bad for their health[4]. The level of knowledge regarding adverse effects of substance abuse is adequate in a study conducted among school children. But due to peer pressure they fall in the trap of substance abuse[5].

Street children have no knowledge of their rights. They do not know the different types of risks in unguided urban life reported in a study conducted by the Vietnam development forum and national graduate institute for policy studies[6]. Kwaku Oppong Asante et al found that there is strong association between substance abuse and high risk sexual behavior in Ghana[3]. The street children have inadequate knowledge about sexually transmitted diseases and HIV/AIDS and its prevention[7,8,9,10]. They do not know how to prevent diseases like dental caries due to less knowledge about oral hygiene[11].

World Health Organization clearly mentioned in a module of monitoring and evaluation of street children 'Working with street children' that, street children must be included decision making process while taking decisions regarding their health and well being[12].

Some street children support their families financially and parents know what the dangers of being on the street are[13].

In this study most of the street children wanted to focus on self reliance. 27.63% street children wanted to continue their education. Only 14.47% street children showed their willingness to return to their home. In a study conducted by the Action Aid in Mumbai, 6.6% of the street children are willing to go back to the home and 63.2% street children have shown their willingness to stay in Mumbai[14].

In a study conducted in the Malaysia it is found that street children have very little interest in education. 40.6% males and 50.6% females want to continue their education[15]. Poornima Tiwari conducted a study on 400 street children in New Delhi. 83 of them want to become shop owner/ clerk followed by 82 semiskilled workers and 69 semi-professionals.

63 street children do not think about their future aspiration. Almost one fifth of the street children want to become a good human being[16].

Street children were asked to show their future aspiration by drawing the picture in a study conducted by Brian Merriman in Kolkata. 31.8% of the street children have drawn the picture of the teachers followed by 19.2% doctors and 8.6% police officers[17]. In another study it was found that 31% of the street children want to return to their home. 94% street children want to become a professional. 19% street children want to continue their miserable life on the street[18]. In our study only 14.47% street children wanted to go back to their home.

Street children's occupational aspiration is ever-changing as per their perception of 'What is good or bad for them?' [19]. Street children need helping hands to accomplish their future aspirations[20].

CONCLUSIONS:

Regular IEC activities can change the knowledge and attitude of the street children. That will keep them away from substance abuse. Shelter home plays a very important role in this. Most of the street children want to focus on self reliance and continue education.

Recommendation:

IEC activities should be organized regularly for the street children to keep them away from the harmful effects of substance abuse.

Limitation: As it was a follow up study, only 76 street children could be followed up.

Conflict of interest: None

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REFERENCES:

1. UNESCO. Education of children in need : street children <http://www.unesco.org/new/en/social-and-human-sciences/themes/fight-against->

- discrimination/education-of-children-in-need/street-children
2. Sherrie Ann C. Labid. Status, Hopes, and Aspiration of Street Children in Catbalogan City, Philippines. *Journal of Academic Research* 01:1(2016), pp. 1-10.
 3. Asante, K. O., Meyer-weitz, A. and Petersen, I. Substance use and risky sexual behaviours among street connected children and youth in Accra , Ghana. 2014; pp. 1–9.
 4. Embleton L, Ayuku D, Atwoli L, Vreeman R, Braitstein P. Knowledge, attitudes, and substance use practices among street children in Western Kenya. *Subst Use Misuse*. 2012 Sep; 47(11):1234-47.
 5. National Commission for protection of child rights (NCPDR). Assessment of pattern, profile and correlates of substance use among children in India Assessment of Pattern and Profile of Substance Use among Children in India. 2013.
 6. Vietnam Development Forum and National Graduate Institute for Policy Studies. Street Children in Vietnam: Interactions of Old and New Causes in a Growing Economy. July 2005; 3.
 7. Mthembu S, Ndateba I. Exploration of knowledge, attitudes and behaviours of street children on the prevention of HIV and AIDS in the Huye district. Rwanda. *East Afr J Public Health*. 2012 Jun; 9(2):74-9.
 8. Kayembe PK, Mapatano MA, Fatuma AB, Nyandwe JK, Mayala GM, Kokolomami JI, Kibungu JP. Knowledge of HIV, sexual behaviour and correlates of risky sex among street children in Kinshasa, Democratic Republic of Congo. *East Afr J Public Health*. 2008 Dec; 5(3):186-92.
 9. Wutoh AK, Kumoji EK, Xue Z, Campusano G, Wutoh RD, Ofosu JR. HIV knowledge and sexual risk behaviours of street children in Takoradi, Ghana. *AIDS Behav*. 2006 Mar; 10(2):209-15.
 10. Baybuga MS, Celik SS. The level of knowledge and views of the street children/youth about AIDS in Turkey. *Int J Nurs Stud*. 2004 Aug; 41(6):591-7.
 11. Kahabuka FK, Mbawalla HS. Oral health knowledge and practices among Dar es Salaam institutionalized former street children aged 7-16 years. *Int J Dent Hyg*. 2006 Nov; 4(4):174-8.
 12. World Health Organization. Working with street children- Monitoring and evaluation of street children project. 2002; 77.
 13. Abdelgalil, S., Gurgel, R. G., Theobald, S. and Cuevas, L. E. Household and family characteristics of street children in Aracaju, Brazil. *Archives of disease in childhood*. 2004; 817–20.
 14. Tata Institute of Social Sciences (TISS) and ActionAid, Mumbai. Making street children matter: a census study in Mumbai city. 2004:75.
 15. Mauritius Family Planning and Welfare association & SAFIRE. Study on street children in Mauritius. :40. Available at: http://safire-ngo.org/assets/pdf/thematic/Report_on_Street_Children.pdf.
 16. Poornima Tiwari. Life on streets. *Indian J Pediatr*. 2007; 74 (3): 283-286.
 17. Brian Merriman and Suzanne Guerin. Exploring the Aspirations of Kolkatan (Calcuttan) street children living on and off the streets using drawings. *International Journal of Psychology and Psychological Therapy* 2007; 7, 2, 269-283.
 18. Sherrie Ann C. Labid. Status, Hopes, and Aspiration of Street Children in Catbalogan City, Philippines. *Journal of Academic Research* 01:1(2016), pp. 1-10.
 19. Patel NB, Desai Toral, Bansal RK, et al. Occupational profile and perception of street children in Surat city. *National Journal of Community Medicine* July-Sept 2011; 2(2):297-301.
 20. Ian ndlovu. Marginal identities, histories and negotiating spaces: life experiences of street children in bulawayo, Zimbabwe. *African Journal of Social Work*, December 2016; 6(2):20-28.