

Personal Habits and Recreation Seeking Behaviour of Drug Addicts at Central Treatment Centre (CTC), Tejgaon, Dhaka

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This cross sectional type of descriptive study was carried out at Central Treatment Centre for drug addicts at Tejgaon, Dhaka in 2007 with a view to find out the personal habits and preferred recreation seeking behaviour of the drug addicts. High risk group to be involved in sexual perversions was in the age group from 24 to 34 years. Most of the drug addicts were involved in premarital and extramarital sex. Among the addicts, 41.8% were involved in extramarital sex and 76.7% had premarital sex in their early lives. Female friends, female relatives and commercial sex workers were involved as sexual partners in 27.4%, 24.8% and 23.1% of the cases respectively. The highest percentage of the drug addicts (44.8%) liked walking followed by sports (21.5%) and cycling (13.8%). About 50% of the respondents enjoyed watching TV, 12% were fond of playing cards, 11.2% were involved in reading and gossiping and 9.5% were involved in painting, fishing and stamp collection. This study provided us some important information about some selected components of life styles of drug addicts, which might provide help in the prevention of sexually transmitted infections including HIV / AIDS in our vulnerable society.

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Key words: Personal habits, recreation, drug addicts

Introduction

Health life styles comprise patterns of health related behaviour by group of individuals in response to their social, cultural and economic environment. Life style has emerged during last two decades as a major modifiable determinant of health and disease.¹ Drug addiction, a major social problem among the teenagers are prone to develop this negative social catastrophe very soon unless it is looked for. A big threat is waiting for our nation if this problem does not get an adequate attention and action.

In a study it was found that there were 91 causes of disease or death attributable to alcohol, tobacco and illicit drugs.² There were 33,498 deaths and 2,08,095 hospitalizations attributed to tobacco, 6,701 deaths and 86,076 hospitalizations due to alcohol and 732 deaths and 7,095 hospitalizations due to illicit drugs in Canada in 2002. Drug abuse

exerts a considerable toll on Canadian Society in terms of morbidity and mortality, accounting for 21% of deaths, 23% of potential life loss and 8% of hospitalizations. Another study showed that cannabis and opium had been found available in the neighboring country, Nepal for centuries.³ In this study it was also found that 60% of the addicts were unmarried and 99% of them were dependent on heroin. It was suggested that there were at least 1.2 million addicts in 16 northern districts of Bangladesh.⁴ Drug addiction influences life insidiously and sometimes abruptly. Knowing life style of drug addicts is an important step in intervention strategy of drug addiction. It was suggested that there were at least 1.2 million addicts in 16 northern districts of Bangladesh.⁴ Drug addiction influences life insidiously and sometimes abruptly. Knowing life

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style of drug addicts is an important step in intervention strategy of drug addiction.

The spread of HIV / AIDS in Bangladesh is gradually becoming a cause of serious concern. It has been observed that the drug abusers were at high risk of HIV / AIDS spread in the country. The study reflected that addition to sharing of needles, 75% of the drug abusers visited commercial sex workers (CSWs) and 28.5% of them had more than 10 sexual partners and about 69.9% used drug before having sex, while 60.7% never used condoms.⁵ Studies on personality structure showed that there were certain typical characteristics in many drug addicts such as hostile relationship, low frustration tolerance, low esteem and compulsive personality trait.^{6,7} Drug abuse by the teenagers was increased in the late 1960s and polydrugs abuse was also found more common. The study was designed to explore the relationship between drug abuse and high risk sexual behaviour and the possible spread of HIV / AIDS in Bangladesh.

Methods

This was a cross sectional type of descriptive study carried out from March to June of 2007 at CTC, Tejgaon, Dhaka. The drug addicts of all age groups admitted in indoor and attended outdoor of CTC, Dhaka for treatment constituted study population. Total sample size was 116 and the respondents were interviewed by a partially structured pretested questionnaire. The site was selected purposively but the respondents were chosen by systematic sampling procedure. Data were checked and edited properly. Finally data were analysed and prepared a report according to the objective of the study.

Results

Among all the respondents, 37.8% were unmarried and 62.2% were married with or without separation from the wives. But excluding a few, all the respondents had both premarital and extramarital sex in their early boyhood. Among the married respondents, 41.8% had extra-marital sex. Most of the respondents had first sexual contact with either relatives or friends but CSWs and maid servants were also accounted for a countable proportion.

Table I: Distribution of the respondents by their exercise habits

Type of exercise	No. of respondents	%
Walking	52	44.8
Sports	25	21.5
Cycling	16	13.7
Running	09	7.8
Swimming	04	3.5
Others	10	8.7
Total	116	100

Table I showed that majority of the respondents (44.8%) preferred walking followed by sports (21.5%) and cycling (13.7%). The percentage of respondents preferred running and swimming by 7.8% and 3.5% respectively.

Table II: Distribution of the respondents by recreation seeking behaviour

Type of recreation preferred	No. of respondents	%
Watching TV	57	49.2
Playing cards	14	12.0
Reading (Books, Newspaper, etc)	13	11.2
Gossiping	13	11.2
Listening Radio	08	6.9
Others (stamp collection, painting, fishing, etc)	11	9.5
Total	116	100

Table II showed that about half of the respondents (49.2%) liked watching television, while 12% of them liked playing cards, 11.2% preferred reading, 11.2% also liked gossiping, 6.9% preferred listening radio and 9.5% liked stamp collection, painting, fishing, etc.

In this study it was also found that among the sexually active respondents, 76.7% had premarital sex and 5.1% did not admit premarital sex. While asking about extramarital sex, 41.8% of the addicts gave a frank history of extramarital sex, 18% of them did not confess promiscuity in sex other than wife and 2.5% refused to give answer to this question.

Discussion

This study provided important information of the drug addicts regarding their personal habits, recreation seeking behaviour and sexual

behaviour. In this study it was found that 41.8% of the addicts had extramarital sex and first sexual contact was with relatives or friends or CSWs or maid servants. About 77% of the addicts had history of premarital sex and 5.1% did not admit premarital sex.

A researcher in his study showed that 67% of the addicts had a history of promiscuous sex while 33% of them had not.⁴ He also found that 8% of the addicts admitted having sex after taking heroin, 23% reported increase in sexual urge due to use of such substance and 35% admitted sex with commercial sex workers (CSWs). Out of all the addict respondents, 67% were polygamists and they had multiple sex partners. By thorough and exclusive interview he also found that gravely addicts felt to have sexual impotence in the late stage of addiction. They became weak in sex in later stage. This might be a cause of separation or divorce. In the study it was also stated that 24.8% of the respondents gave history of first sexual contact with female relatives, 27.8% with female friends, 23% with CSWs and only 6% committed sex with their maid servants. Only one respondent (0.9%) gave the history of first sex with his female friend who subsequently became his wife later on and 2.5% of them had the history of first sex with their wives after marriage.

In another study it was stated that 43.9% had their first sex with prostitutes at brothels, 26.9% of them with girl friends, 14.6% with female relatives, 8.5% with street lady and 6.1% with maid servants, male friends, neighbouring girls and female guests. Among the respondents, 14.5% of them were illiterate, 64.2% were educated from primary to higher secondary level and 21.3% were graduate or above.⁶ Hamida Begum in her study showed that 68% of the addicts were educated from primary to higher secondary which was consistent with the present study.⁸ Literate group having education of H.S.C. level or more were found to be more addicted to pethidine, alcohol and heroin and literate group having education below S.S.C. level were addicted to phensidyl and ganja / Bhang.

Conclusion and Recommendation

Although drug addiction problem is not as monstrous and gigantic as in many other countries of the region, this study generated important

information that drug addiction is emerging as a critical problem and we should be sincere and cautious regarding drug abuse otherwise it may cripple our country and young generation in the near future. Almost all the addicts stated that they had sexual intercourse with more than one partners and 41.8% of them admitted that they had extramarital sex. This reflects the promiscuity of the drug addicts for which they are vulnerable to HIV and HBV infections.

On the basis of this small study we can recommend that government should be more strict in respect of selling banned drugs and addiction producing drugs. Special attention should be given to high risk group of drug addicts that is the age group between 24 to 34 years. Married people should not be excluded from suspicious of addiction. Attention should be paid by the guardians regarding accompaniments of their children as peer pressure which is an important cause of addiction. Finally a holistic approach by interlinking treatment follow up, after care rehabilitation and social reintegration is needed for handling and treating growing number of drug addicts to build up an addiction free healthy society.

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