



**A COMPARATIVE STUDY OF ANXIETY, INTELLIGENCE AND SELF- ESTEEM AMONG
STREET CHILDREN WITH SUBSTANCE ABUSE AND THEIR NORMAL COUNTERPARTS**

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Abstract

Substance use among street children is of urgent public health concern. Substance use at a younger age makes the children more vulnerable to several health and psycho-social consequences. This study was carried out to study the level of Anxiety, Intelligence, and self-esteem of street children with substance abuse and their normal counterparts and also with an aim to observe the increasing trend of substance abuse among street children in Patna (Bihar). A sample of 30 street children indulged in misuse of substance and their 30 counterpart normal children living with their family were included in the study. To assess anxiety, intelligence and self-esteem, following tools were used i.e., Hamilton anxiety rating scale (HAM-A), Seguin form board test for intelligence and Rosenberg self-esteem inventory. Significant differences on account of demographic parameters studied were noted the level of Anxiety is more in street children with compare to normal children. Intelligence is more in normal children living with parents at home and then children living on street. Normal children have high level of self-esteem than street children. The differences in the variables are found due to upbringing, environment factors, grooming, and daily life problems of the street children. Street children are taking substance to relieve and relax them and also just to forget the daily life problems.

Keywords: Intelligence, Anxiety, Street Children, Self-esteem, Substance Abuse, Patna.

INTRODUCTION

In the post-independence era, population in India has grown up with marked increase, with all possible measures to provide the resources for well-being of total population of the country by state, still there are segments of population whose living is not up to the mark. Thus, they lag behind as well as their survival and well-being are affected. One such population is street children living a deprived and neglected life in today's set-up. As such India has the highest population of children, who are living the street right now in the whole world. India is growing rapidly and urbanising very fast, resulting in the fast expansion of slums and shanty towns. Our 40 % of population is under the age of 18 years and this population is at very high risk of facing many problems. All these factors had contributed in the increase of street children in India.

According to National Commission on Human Rights (1994) "Street children are any girl or boy who has made the street their home and/or source of income, and who is not sufficiently safeguarded, monitored, or guided by responsible people, Either they're kids on the street or they're kids from the street". Some of the factors which contributes to children's living in the street are lower socio-economic status of the parents, conflicts between the parents, large number of siblings, deprivation in the family and compelled to work for earning livelihood, run away from home, leading to homelessness and several other such reasons contribute to the increase in number of street children in our country. It also includes rural migrant workers in search of work living in cities/towns with their families including children. Its rapid growth may be attributed to a number of factors, including poverty, urbanisation, family disintegration, and domestic violence.

In India, Bihar has been third most populated state and it is having 47 million children in total that is equivalent to almost 46 percent of Bihar's 104 million people. In Bihar, around 88.7 percent of people stay in villages and almost 33.74 percent are below poverty line. Patna is the 5th fastest growing city in India according to a study by the City Mayor's Foundation (2011). Patna registered an average annual growth of 3.72% during

2006-2010. As the only major urban Centre in a predominantly rural state of Bihar, Patna naturally attracts a large number of rural migrant workers in search of work with their families including children.

Kombarakaran (2004) had stated that the children living on the street encounters with the numerous challenges in finding food, security, work, accommodation and health care. Most of the time they complete these requirements through their own peers, NGO's and own resources to live on the streets. Most of the street children uses positive approach to deal with daily life problems but some street children engaged in the bad habits like taking substances, drugs misuse, drinking alcohol.

MATERIALS AND METHODS

Research Design

This study uses exploratory research design.

Sample

Participants were 30 street children indulged in misuse of substance and their 30 counterpart normal children living with their family were included in the study.

Sampling Method

Subjects were selected following the Purposive sampling technique.

Inclusion Criteria for Substance Abuser's Street Children

Age 8-16

Children who are substance abusers i.e. Khaini, Ganja, Bonofix, Photocopier materials, Glue.

Exclusion criteria for Substance Abuser's Street Children

Below 8 years and above 16 years are excluded.

Non substance abusers of street children.

Inclusion Criteria for Normal Healthy Children Group

Age 8-16 years

General Health Questionnaire (GHQ-12) scores less than three.

Exclusion Criteria for Normal Healthy Children Group

Below 8 years and above 16 years are excluded

General health Questionnaire (GHQ-12) scores more than 3.

Measures

Hamilton Anxiety Scale (Hamilton et al., 1959): It is used to measure the severity of anxiety symptoms. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where individuals below 18 is normal, 18-24 mild to moderate severity and 25-30 moderate to severe and more than 30 is extremely severe.

Seguin form board test: The Seguin Form Board Test is based on the single factor theory of intelligence, measures intelligence. It is also useful in evaluating a child's eye-hand co-ordination, shape-concept, visual perception and cognitive ability. The test primarily used to assess intelligence. Test materials consist of ten differently shaped wooden blocks and a large form board with recessed corresponding shapes.

Rosenberg Self-esteem Inventory (Rosenberg et al., 1965): It is a self-esteem measure widely used in social-science research. The RSES is designed similar to social-survey questionnaires. It is ten-item Likert-type scales with items answered on a four-point scale- from strongly agree to strongly disagree. The higher the score higher the self-esteem.

General Health Questionnaire-12 (Goldberg and William, 1988): It was developed by Goldberg and William in 1988. This scale is administered on normal controls to rule out any psychiatric disease. GHQ-12 is a shorter version of the General Health Questionnaire, which consists of 12 items, the cut-off score being 3. The shorter version is less time consuming and so a better screening instrument.

Statistical Analysis

Appropriate statistical measures were applied to analyse the collected data. Descriptive statistics were calculated to reflect the background characteristics of the sample. In descriptive statistics, mean and standard deviation were calculated for continuous variables while number and percentage were calculated for the discrete or categorical variables. To see the difference between participants on Anxiety, Intelligence and Self-esteem, t-test (2-tailed) was used.

RESULTS

Table 1: Demographic Characteristics of Sample

Variables	Street children (N=30)	Normal children (N= 30)
	Mean \pm SD	Mean \pm SD
Age (In years)	13.10 \pm 1.01	11.61 \pm 2.02

Above table indicates that the mean age of the street children was 13.10 years with S.D. of 1.01 years. The mean age of normal children was 11.61 years with S.D 2.02 years.

Table 2: Characteristics of Street Children with Substance Abuses (N= 30)

		Frequency	Percent
Onset of Substance Intake	6-9 years	10	33.3
	10-14 years	24	66.7
Type of substance intake	Type A- Khaini, Ganza, Bidi, Bhang, Afeem, Charas, Sutta	10	33.3
	Type B- Bonofix, Petrol, Whitner, Photostate materials	6	20
	Type C- type A and Type B both or any other materials	14	46.7
Duration of Substance Intake	1 year	2	6.7
	2 year	10	33.3
	3 year+	18	60.0

Above table indicates that the onset of substance intake in street children mostly start on 10-14 years between as (f=24). The substances taken mostly both type A and type B (f=14). The duration of substance intake in street children are highest and continues for 3 and more years (f=18).

Table 3: Comparison of Rating Scales Score on Street Children with Substance Abuses and their Normal Counterparts' Children

Scales	Street children with substance abuses(n=30)	Normal children living with family(n=30)	t (df=58)	p value
	Mean \pm SD	Mean \pm SD		
HAM total score	29.333 \pm 5.701	14.466 \pm 3.785	11.89***	<0.001
SFBT intelligence score	72.466 \pm 5.224	97.066 \pm 8.407	13.61***	<0.001
RSES total score	14.066 \pm 2.875	29.133 \pm 3.636	7.46***	<0.001

***p<.001 level (2- tailed).HAM- Hamilton Anxiety Scale; SFBT-Seguín Form Board Test; RSES- Rosenberg Self-esteem Rating Scale

To see the difference in the score obtained by street children and normal children on Hamilton anxiety rating scale, Seguin form board test and Rosenberg Self-esteem Inventory, t-score was calculated. The street children scored high on anxiety and their mean was 29.333, S.D was 5.701, the normal children scored low on Anxiety scale and their mean was 14.4666 and S.D was 3.785 (t=11.89***). Street children scored low on intelligence as mean was 72.466 and S.D was 5.224, the intelligence of normal children are higher than street children and their mean is 97.066 and S.D is 8.407 (t=13.61***). The street children scored low on Self-esteem score and their mean was 14.066 and S.D was 2.875 and normal children scored high on Self-esteem and their mean was 29.133 and S.D was 3.636 (t=7.46***).

Table 4: Intelligence Level

S.No.	Ranges of Intelligence(IQ)	Frequency of Street children with substance abuse(n=30)	Percent	Frequency of Normal children (n=30)	Percent
1	50-60 (Mild)	8	26.66	0	0
2	70-79(Borderline)	19	63.33	0	0
3	80-89(low normal)	3	10	8	26.66
4	90-109(normal)	0	0	19	63.33
5	110-119(Bright Normal)	0	0	3	10
6	120-129(Superior)	0	0	0	0

Above table indicates that street children with substance abuse mostly found on the border line (70-79) intelligence score (f=19). The normal children mostly lied on the normal (90-109) intelligence score (f=19).

DISCUSSION

Street children are seen in plenty in urban areas in India and most of them are working in the informal sector on and around the street. These children constitute around 90% of the child labour force in India (Mohsin, 1996). The primary objective of the research was to study the level of anxiety, intelligence and self-esteem of street children with substance abuse and normal counterparts. The Hamilton Anxiety Scale, Seguin form board test and Rossenberg self-esteem test was administered on street children with substance abuse and normal counterparts.

The results indicate a significant difference between street children and normal counterparts on three variables assessing anxiety, Intelligence and self-esteem. A significant difference was found in the anxiety (11.89***), Intelligence (13.61***) and self-esteem (7.46***).

Anxiety is the emotion characterized by feelings of tension, worried thoughts and physical changes. Due to the various reasons, street children do not enjoy this happy period of their childhood life and more over they have to face trauma. It was found in this study that there is a significant difference in the level of anxiety of street children with substances abuses and normal counterparts. The street children scored high on anxiety and their mean was 29.333, S.D was 5.701, the normal children scored low on Anxiety scale and their mean was 14.4666 and S.D was 3.785($t=11.89^{***}$). Street children with substance abuse are having higher level of anxiety, which means that they face daily life problems and challenges. As anxiety can be appropriate but when experienced regularly, it may lead to disorders. This is in line with earlier research findings by (Richter, 1991; Mufune, 2000), which revealed that most of the street children suffer from low self-esteem, apathy, anxiety, depression and regressed behaviours. Nanda and Mondal (2012) also found that street children are exposed to anxiety and depression due to early engaged in substance abuse and delinquent activities.

Intelligence has been defined as one's capacity for logic, abstract thought, understanding, creativity and problem solving. In the present study Street children scored low on intelligence as mean was 72.466 and S.D was 5.224, the intelligence of normal children is higher than street children and their mean is 97.066 and S.D is 8.407 ($t=13.61^{***}$). There is significant difference in the intelligence of street children and normal counterparts.

It is due to the lesser self-awareness, low learning, low emotional knowledge, no schooling, dropout from school, less exposure to positive environment and social ethics and also the use of substances. This low level of intelligence of street children shows that street children are weak in comprehending complex ideas, less at reading, writing, unreliable, poorly integrated and no productive thought. This finding is in line with the prior research done by Mathur (2009), which suggested that the street children have low intelligence and there is a positive relationship of intelligence and self-concept with academic achievement.

But the study done by the Aptekar (1992) found that principally the street children have low intelligence than normal children but it is sufficient for continuing their study. However, this potency cannot develop optimally because their living environment is not conducive.

Self-esteem is an essential contribution to the life process and is necessary to normal and healthy development (Williams 1981). The street children scored low on Self-esteem score and their mean was 14.066 and S.D was 2.875 and normal children scored high on Self-esteem and their mean was 29.133 and S.D was 3.636 ($t=7.46^{***}$). As the street children with substance abuse differed significantly on self-esteem with normal counterparts. The street children have a lower level of self-esteem due to the not having proper family relationship, inhibit children's ability to have a good childhood, delinquency, violence, there is no one there for caring these street children, and sexual abuse. This low level of self-esteem revealed that street children are having poor physical and mental health, emotionally unstable, no social self, no moral self, no educational self, and disregards rules. These all findings are supported by the prior research done by (Richter 1991; Mufune, 2000) and study done by Maepa (2021) also depicts that street children with substance abuse and alcoholism have low self-esteem and affects the health and also decreases their self-esteem.

On the street, children generally adapt a working self of rag picker, a shoe-shine boy, a lottery seller or a mechanic in a car garage. In India, street children are usually employed children from deprived families, who happened to find work on the streets (Mathur, 2009). The same findings are clearly seen as these children used to have their livelihood from the streets and small mechanic work.

In the current study, street children had been found working on the different areas of the street as young as 6-9 years. And also, initiation into active street life begins early. Similar findings have been reported by Phillips (1989). The educational status of the street kids was pathetic and most of the kids were never been to any school or they were forced to leave the schools. Similar family and educational position have been cited in the other studies conducted by Mohsin, 1996.

Present study elaborated that solvent like glue, petrol, photocopier solutions, nail polish etc. becoming increasingly popular among urban street children. These are legally available and easily accessible to children. Glue ranges from Rs.15 to Rs.30 and these can be sniffed through the nose and mouth. Often a plastic bag is used to cover the head to prevent the fumes escaping. When it is used then it leads to nausea and vomiting and even cause death in extreme cases and also uses to prolonged period could result in brain damage. Same findings have been reported also by Pagare, Meena, Singh & Saha (2004) on street children of New Delhi. Benegal, Bhushan, Sreshadri, and Karott (1998) revealed a high yield of drug use among street youngsters in Bangalore, India. Jansen, Ritche and Griesel (1992) stated that 25 % of the street children in Johannesburg were long-lasting glue sniffers. Jansen et al. (1992) had also found that street children are using inhalants.

Result of several researches has found more resemblance than differences in socio-economic and cultural contexts. In almost all street children's lives, all the Poverty, stressful family situations, linkage to biological families, working on the streets to earn money for survival, close-bonding with peers, forming addiction habits early in life, becoming vulnerable to employer demands, and being subjected to police brutality are found in varying degrees. Similar socio-economic conditions and risk factors are found in studies (Ali, Shabab, Ushijima & Muynck, 2004). One street boy taken from this study has summarized his life of being, working, and living on the streets as following, "I have no hesitation about existing, and sleeping on the streets because I am being supported by other kids on the street. This Street means the whole thing for me."

CONCLUSION

This study objective was to identify anxiety, find intelligence and assess self-esteem of the street children with substance abuse and normal children living with their families. The result stated that the street children are having high level of anxiety due to many prominent factors. The street children are also having low level of intelligence. The street children are also having low level of self-esteem. The overall result is in line with previous literature.

Policy Implications

A strict policy should be needed at every level of the government especially with the patterns of substance use and its related harm. This study has been done to help the state as well as society towards understanding our children and providing them proper care so that they should become assets for our nation.

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