DETERMINANTS OF DRUG AND SUBSTANCE ABUSE AMONG ADOLESCENTS IN KATANGA SLUM, KAMPALA DISTRICT

BY

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DECLARATION

I, Ayebare Rosen, declare that this research titled Determinants of drugs and other substances abuse among adolescents in Katanga slum in Kampala is my own work and has never been presented anywhere for award of any degree, where all the sources quoted have been indicated and acknowledged by means of complete references.

....

signed Date

AYEBARE ROSEN

APPROVAL

I confirm that the work reported in this report was carried out by the candidate under my supervision.

Signed..... Date.....

SUPERVISOR

John Bosco ALEGE

ACKNOWLEDGEMENTS

Special thanks to God for giving me wisdom and guidance to complete this study. I also want to acknowledge my supervisor John Bosco ALEGE for his intellectual guidance that he rendered to me towards the successful completion of this thesis. And my sincere heartfelt thanks to my wife Gloria KOMUHANGI for the recommendable job well done.

DEDICATION

I dedicate this study to my Dad Mr. Bashasha Charles and my Mother councilor Robinah Bashasha, my sweet daughter Divine Ayebs, my wife Komuhangi Gloria and all my brothers and sisters.

ACRONYMS AND ABBREVIATIONS.

CASA	:	Centre of Alcohol and Substance Abuse
DHO	:	District Health Officer
INCB	;	International Narcotics Control Board
NIDA	:	National institute of Drug Abuse
NACADA	:	National Agency Campaign Against Drug Abuse
NSDUH	:	National Survey on Drug Use and Health
SAMHSA	:	Substance Abuse and Mental Health Service Administration
UNDCP	:	United Nations Drug and Crime Prevention
KCCA	:	Kampala City Council Authority
MOH	:	Ministry of Health
KI	:	Key Informants
UNDP	:	United Nations Development Program
UNFPA	:	United Nations Population Fund
UNODC	:	United Nations Office on Drugs and Crime
WHO	:	World Health Organization

OPERATIONAL DEFINITIONS

Substance : All psycho active substances which when taken by living organisms may modify its perception, mood, cognition, behavior or motor function**.**

Division : A geographical area demarcated under Kampala district and given a mandate to manage and deliver public services such as health to the public.

Drug : Drug is a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

Addiction : The physical and psychological feeling of need to use a substance in order to function. This comes with prolonged repeated use of a substance

Substance abuse: A destructive pattern of substance use, leading to significant social, Occupational or medical impairments.

Health effects : All illness associated with drug and substance abuse to the users

Marriage : A woman and a man cohabiting.

ABSTRACT

Background: Drug and other substance abuse is a major important public health problem in Uganda affecting the adolescent's mental growth and economic development which consequently impacts on their health and survival. In Uganda today, you can barely count the family, friends, and loved ones completely drawn to addictions. Promising students who pick habits from peers in school and forever loses their way, like an educated man who gets hooked to alcohol and ends up jobless, hopeless and useless to his family, and multiple young men in the suburbs becoming slaves to marijuana(Kidimu G. 2012).

The main objective was to establish the determinants of drug and substances abuse among adolescents10-19 years in Katanga slum, Kampala district.

Specific objectives were; to asses individual factors that lead to drug and substance abuse among adolescents 10-19 years in Katanga slum, Kampala district. To establish socio-economic factors that lead to drug and substance abuse among adolescent 10-19 years in Katanga slum, Kampala district. To asses community factors that influence drug and substance abuse among adolescent 10-19 years in Katanga slum, Kampala district.

Methodology: A cross-sectional study was carried out with researcher administered questionnaires as a method of data collection from 280 respondents and 10 key informants. Descriptive bivariate analysis was undertaken into SPSS and frequency tables, graphs, pie charts and p values were generated using Epi Data software.

Results: from the findings, 46.8% was the prevalence of drugs and other substances abuse among adolescents. The following were found to have a statistical significance with drugs and

substances abuse; age (p=0.017), the single (p=0.001), received parental advice (p=0.006), how drugs are valued to them (P=0.001), adolescents showing off in public (p=0.002), parental influence to abuse drugs (p=0.001), easy accessibility (p=0.013), living in temporary homestead (p=0.001), and law enforcement practiced in the area (p=0.031).

Conclusion and Recommendations: The study involved carrying out community health education, avoiding bad peer groups, parents guiding and being good example as far as drugs and other substances are concerned. The Ministry of Health collaborating with other stakeholders to introduce strategic policies on drug and other substances abuse preclusion especially in slums.

Further research should be done on how to bridge the gap between adolescents abusing drugs and other substances and the stakeholders like government and Nongovernmental organizations to join hands in the abuse fight campaign.

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CHAPTER ONE
INTRODUCTION

1.0 Introduction

This chapter constitutes background to the study, problem statement, objectives, justification and conceptual frame work. The emphasis is on adolescents who are the tomorrow's hope of the nation especially when they are in school or still productive in a community.

1.1 Background to the study

Drug and substance abuse activities among adolescents have been increasing worldwide; in sub-Saharan Africa there are several studies that have been conducted that show increased drug and substance abuse among adolescents. According to WHO, adolescents are defined as young people between the ages of 10-19 years of age. It's the transition from childhood to adulthood in which young people experience challenges in drug use. (WHO, 2003)

Studies also suggest that adolescents have limited knowledge of drug and substance abuse effects. In 2009, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment revealed by Substance Abuse and Mental Health Services Administration, (SAMHSA, 2009).While 90% of the Americans did not meet their medical criteria for addiction starting with smoking, drinking alcohol and abusing any drugs and other substances before the age of 18. (CASA, 2012).

Substance abuse occur when a person uses drugs or consumes alcohol excessively and this leads to typical significant problems in person's life (Simmons, 2008). For the purpose of this study,

they include; alcohol, cigarette, cannabis, Khat, mairungi, valium, and other drugs common in Kampala District.

Reports from school surveys in countries across Africa show that, the use and abuse of drugs and other substances by adolescents start with alcohol and cigarettes (Obot, 2004; Odejide, 2006).

United Nations Office of Drugs and Crime (UNODC, 2012) reported that, in East Africa the common produced drug plant is Cannabis, commonly known as Marijuana thus leading to high prevalence of drug abuse. A subjective report from these countries continues to shows that Cannabis is the biggest problem among drug abusers and also in terms of spasms experienced. In 2012, 45% of adolescents had used marijuana in their lifetime, four in 10 (39 %) had used marijuana in the past year and one in four (24%) had used marijuana within the past month.

In Uganda today, Drugs and other substances abuse is more than ever before. You can barely count any family, friend and neighbor that are totally drained to addictions. Hopeful students who accept habits from friends in school and eternally loses their way, like an skilled man who gets hooked to alcohol and ends up jobless, desperate and worthless to his family, and several youthful men in the suburbs becoming slaves to marijuana. (Kidimu G. 2012)

Dr. Sheila Ndyanabangi, the officer in charge of Mental Health at the Ministry of Health, said "*that the best part about the timing for the campaign is that June 26 is an International Day against Drug Abuse and Illicit Trafficking. Drugs and substances abuse taken in among others are; cigarettes, shisha, weed, kuber, marijuana, and alcohol, and she added that, all stakeholders should join the drug abuse fight campaign and People need to know how much all of us have been affected by drug abuse*"

1.2 Statement of the Problem

Currently in Katanga slum, there is easy access to drugs and other substances among adolescents, some of these drugs include; tobacco, aspirin, cannabis, valium and coffee, while substances are *waragi* Sackets, cigarettes, alcohol, khat and *mairungi* ,these are consumed around homes, disco and video halls, washing bay, and garages(NIDA,2007). According to (MOH,2012) Annual Health Sector Performance Report revealed that adolescents in Kampala who abuse drugs and substances were; poorly nourished, belonged to low income families especially the pregnant, teenage mothers and their children with alcohol hunger-over and family disunity.

According to WHO (2014), adolescents are required to do less work according to their age and sex while at home. However, many adolescents commit crimes and run away from home and indulge in drug and substance abuse among others, hence, premature death. On 5th December 2012, the new vision reported 4 adolescents in Katanga slum who died of contaminated alcohol and drugs, in an interview with Wadegeya Police Station (Anguyo, 2012).

According to NIDA (2010), drug and Substance abuse among others has lead to; teenage pregnancy, HIV and AIDS, Other sexually transmitted diseases (STDs), Child abuse, psychosis, physical fight, unemployment , poverty , school dropout, Motor vehicle crashes, Crime, Homicide and Suicide with major impact on individuals, families, and communities in slumS Therefore this study seeks to establish the determinants of drugs and other substances abuse among adolescents in Katanga slum, hence the need to conduct this research.

Study objectives.

1.3 General objective

To establish the determinants of drugs and other substances abuse among adolescents 10-19 years In Katanga slum, Kampala district.

1.4 Specific objectives

(i). To asses individual factors that influence drugs and other substances abuse among adolescents 10-19 years in Katanga slum, Kampala district.

(ii). To determine socio-economic factors that influence drugs and other substances abuse among adolescent 10-19 years in Katanga slum, Kampala district.

(iii). To asses community factors that influence drugs and other substances abuse among adolescent 10-19 years in Katanga slum, Kampala district.

1.5 Research Questions

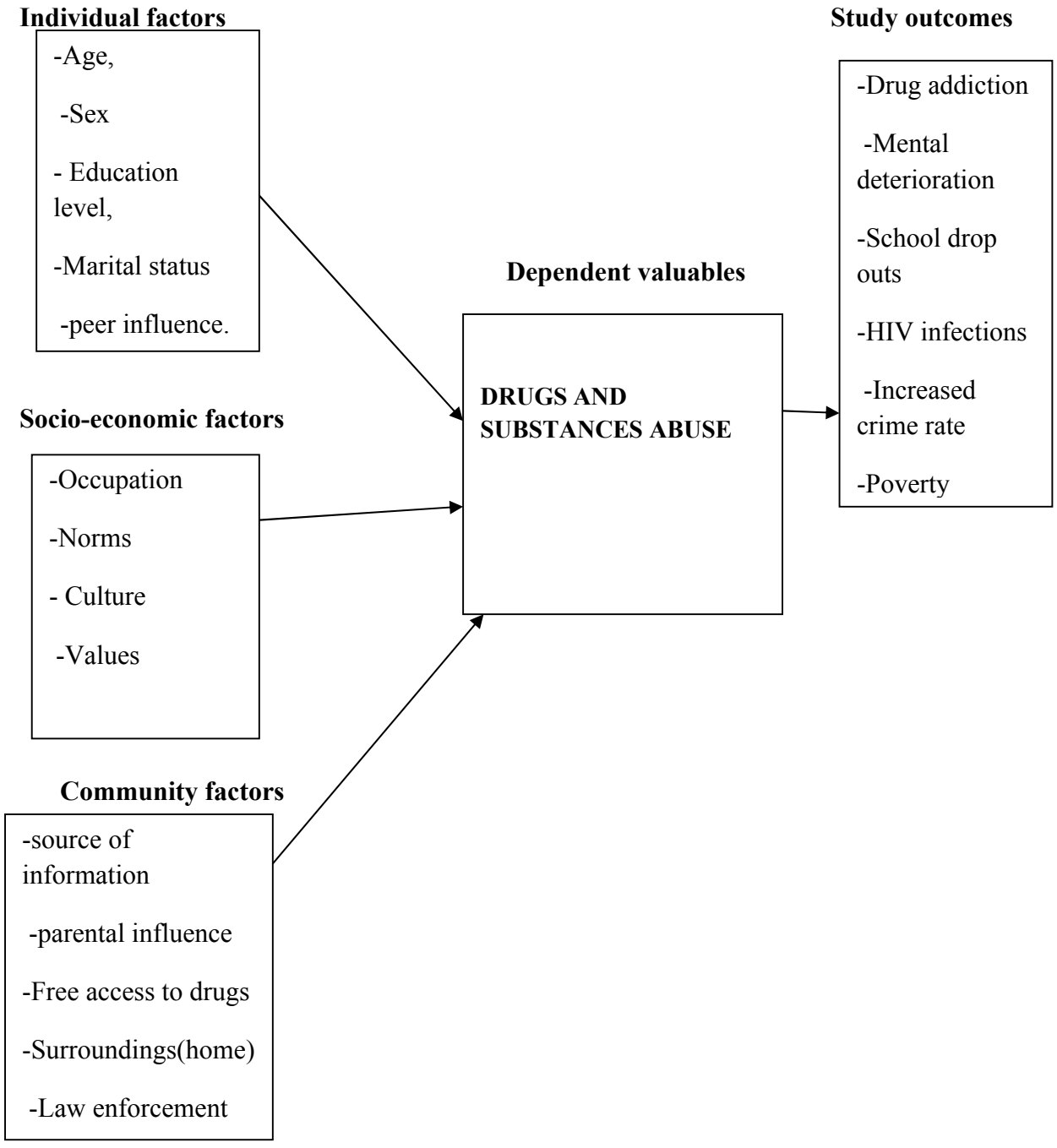
(i).What are the individual determinants of drug and substance abuse among adolescents of 10-19 years in Katanga slum, Kampala district?

(ii).What are the socio economic determinants of drug and substance abuse in adolescents of 10-19 years in Katanga slum, Kampala district?

(iii).What are the community factors that may lead to drug and substance abuse among adolescents of 10-19 years in Katanga slum, Kampala district?

1.7 Conceptual Framework

Independent valuables



Individual factors play a role of how an individual behaves based on socio- demographic characteristics as listed above.

Socio economic factors largely influence adolescents especially on the culture, values and norms with personal needs which parents may not be addressing adequately depending on their level of income.

Community factors are exposure vehicle for adolescents to drugs and substances abuse through; easy access to drugs, law enforcement practiced, surrounding homesteads, parental influence and the sources of information which hosts the largest advertisement content to young people, as shown from the conceptual frame work above.

1.6 Justification of the Study

Drugs and substances abuse have great impact on individuals, families and communities thus research findings obtained from this study may be disseminated to and through adolescent's representatives, the findings may also be used by policy makers to inform policy formulation process on the issues affecting adolescents. Hence, this may help to improve health service delivery in this area.

CHAPTER TWO

LITERACTURE REVIEW

2.0 Introduction.

This chapter constitutes of analysis and relevant literature by scholars on drugs and substances abuse among adolescents between 10-19 years and is arranged according to the objectives of the study.

2.1 Individual factors influencing drugs and other substances abuse among adolescents.

World Drug Report (2013) reveals vital facts on continuing uphill trend in substance abuse worldwide. The statement by WHO (2004) estimated that 1.1 thousands million people, showing a third of the world population above the age of 15 years, use tobacco principally in the form of the manufactured cigarette. Beyond these smokers, 800 million live in developing countries, of which 700 million are males. Smoking is therefore a major practice in developing countries. Actually, the same testimony reveals that tobacco causes 4 million deaths every year, besides prenatal mortality and morbidity. Actually during the last decade alone, the number of cocaine users in Europe had raised twice, from two million in2010 to 4.1 million in2012. By 2012, the European market ($34 billion) was roughly as precious as the North American market ($37 billion). This stipulated that the move in command led to a transfer in trafficking routes, with an increasing quantity of cocaine twist in Europe from Andean countries via West Africa, causing regional stability (UNODC, 2010).

The quantity of clandestine laboratories which implicated in the manufacture of amphetamine-type stimulants is also found to have increased by 20% in 2008 together with such countries where such labs had not realized before. Further over cannabis has continued to be the world's

most widely produced and used illicit substance and is grown in almost all countries of the world. It is taken by 130-190 million people at least once a year (INCB, 2003: UNODC, 2010).

Sub Sahara Africa has remained at the boundaries of drug and substance abuse (INCB, 2001), according to this description by early 1990s the problem became severe, in the midst of, for example, the seizure in Nigeria (in late 1993) of nearly 300kg of heroin from Thailand. The observation was that the region was then used as a transport heart for international criminal organizations. The truth was that, as hundreds of drug couriers, mainly Nigerians, swallowed heroin and cocaine packed condoms, had been detained around the world since the early 1980s. Referring to Interpol, in 1999 to 2009, 22% of cannabis held in the world originated in Africa. Business of marijuana from East and Central Africa increased approximately 15% in the 2000s. Based on attacks both in the West African countries and in the international market, the foremost country appears to be Nigeria with 17 tonnes apprehended in 2010, Ghana 4.3 tonnes, Senegal 7 tonnes and Ivory Coast 1.6tonnes. In East Africa, police have on a number of times smashed several hundreds of hectares, mostly in the Rift Valley and in Mount Kenya national park. Kenya is singled out as the only Africa countries where opium poppy crops have also been proven (INCB, 2011).

UNDCP (2012) revealed that, even if marijuana is illegitimate, its utilization is pervasive in Africa. At hand, more than 25 million consumers constitute of 5.8% of the adult population; the world average is 3.4% of the young population. In Africa, 61% of inhabitants are diagnosed of drug and substance abuse and who frequently demonstrate serious psychological disorders are cannabis abusers. Two-thirds of these are adolescents.

According to Uganda Youth Development Link (UYDL), about 10% of income comes from alcohol and this has been allegedly to be progressively increasing since it is rooted in a very strong culture of alcohol acceptance among adolescents. (UYDL, 2008).

A different study was carried in Kampala Uganda using cross – sectional survey design among 2,789 high school students aged between 13 and 15 years. The study showed that 17.6% (n=148) of them tried smoking prior to the age of 10 years (Mpabulungi, 2004). The study revealed that the students used drugs to feel superior and acquire stimulation. Kampala presents an important setting for addressing the drug and substance misuse aspects of young people since 24% of them are young people of 10-19 years of age data form UBOs also shows that the percentage of people abusing drug is increasing.

Communities recognize drug abuse in a different way, some receive it as a male matter consequently agreeable to male but not female (NACADA, 2004). While in a few societies, it is accepted that it is conserved for elders (Otieno, 2005). Nevertheless, studies have publicized that, it affects both male and female uniformly (NACADA, 2004) therefore, measured as a non-gender concern.

Kiambuthi (2005), reveals that among the sampled from chosen zones in Kiambu district, almost half of them 36.5% have abused drugs. The study indicates that male have a higher dominance of drug abuse (55.0%) than their female counterparts (18.0%). The finding contradicts Sutherland *et al.,* (2008) which shows that smoking is more prevalent among girls. Nevertheless, some studies have shown that only illicit drugs illustrate elevated occurrence among the male (NACADA, 2007; Sutherland, 2008). Wambua (2004) reported that, gender influences the type of drug abused. Some studies have reported that females tend to use conservative drugs such as alcohol and tobacco (Ruto, 2000; NACADA, 2003; Wambua, 2004).

The majority users fall between 16-26 years of age with difficult beginning a lot earlier, even at 4 years (Gaccicio, 2001). Majority of the students are at adolescent stage. This is a stage of transition from childhood to adulthood. It is an important period of life burdened with changes, difficulties and unusual problems. It is explained as a phase of "tornado" and "anxiety", "confused and the unhinged" a time of self – innovation and self – assertions and this leads to conducting tests (Oketch, 1997). These are actually critical years in human development; at physical, psychological or thinker levels. When young people get spoilt in drug abuse at this juncture, their future is miserable and so is the country's, (Kaguthi, 2001). By 2003, 92% of the youth between 16 – 26 years age had experimented on drugs (Otieno, 2003). By character, young people are hazard-takers and also voyage seekers. They effortlessly fall prey to the erroneous notion that drugs are answers to feelings of misery, underprivileged presentation and depression (Tabifor, 2000; Orifa, 2004). Some studies, In England, Sutherland (2008) revealed that prevalence of usual substances like alcohol and cigarette abuse rises from 30.4% at age 11 years to 83.9% at 16 years. The result shows that girls favour spirits more than boys. The study reports that occurrence among the girls enhance with age divergent to that among boys which shows turn down with age.

Due to declining responsibilities in a family, relocation, influence in mass media, resettlement, urbanization these lead to drug and substance abuse amongst adolescents, social limitations and individual confession is always uncommon. Although a few studies in sub Saharan African have found out that One in four teens (24 percent) reports having misused or abused a prescription drug at least once in their lifetime (up from 18 percent in 2008 to 24 percent in 2012), which translates to about 5 million teens. That is a 33 percent increase over a five-year period. Almost one in four teens (23 percent) say their parents don't care as much if they are caught using

treatment drugs without a doctor's prescription, compared to getting caught with illegal drugs, by dekadt marketing and research 2012.

Understanding influences on substance use requires looking at several systems in a person's life including the individual and their family, their community and society as a whole. We need to assess the risk and protective factors in each layer. Simply stated, risk factors increase an individual's likelihood of drug and other substance use and abuse while protective factors reduce the risk. It is important to emphasize that when assessing a adolescents' situation, the risk factors do not necessarily cause substance use or abuse, but rather they put the person more at risk for developing such a problem. Conversely, if many protective factors are present, then behaviors like substance abuse are less likely under these conditions.

In looking at the individual, risk factors might include: early age of first use, low self-esteem, social skill deficit and genetic factors. Whereas protective factors could include: personal and social competence, optimism about the future, good problem-solving skills and involvement in pro-social activities. Obviously not an exhaustive list, but it does begin to paint the picture that a person may have many risk factors and still not have substance abuse problems due to protective factors in their life. One other key element for an individual is resilience. Resilience is the ability to cope with adversity in spite of a situation that one might not be able to change (living with an alcoholic parent). Some children are able to survive impossible odds and thrive, their individual strengths and assets are dynamic and they adapt and go on to develop in positive ways. The foundations are laid in early childhood for later competence and resilience. For example, the quality of the attachment to a caregiver in infancy and early childhood serves multiple functions including successful adaptation. Parents who are warm but structured with consistent rules and

high expectations for behavior help the child to develop pro social behavior. The ability of a child to control their emotions, attention, and behavior is a set of skills known as self-regulation. All of these help with the development of competence and resiliency which will buffer and protect against risk factors. (by dekadt marketing and research 2012).

Interpersonal; the single best predictor of a youth becoming dependent on substances is having family members who are themselves substance abusers or especially with family history of substance abuse. General parenting abilities and family functioning are also important influences. Families with disruptions in "family management" such as disorganization or chaos, poorly defined rules and poor communication patterns can lead to behavioral problems. The structure or make-up of a family (two parent or single parent lead) can have an effect on the stressors (risk) that impact family members, as can the strength (protective) of the extended family network and their involvement in a youth's life. Other risk factors are experiences of abuse (physical, sexual and emotional), perceived prevalence of use, and substance use by friends. Attaching to a peer group that uses drugs and have a tolerance for substance use is another strong predictor of adolescent drug use.

Hence, individual factors such as attitude, age at first taste of illicit drug matters a lot, level of education and ethnicity residence account for the silent factors leading to drugs and other substances abuse among adolescent in slums.(Katanga)

2.2 Socio economic factors influencing drug and substance abuse among adolescents

According to research done by James (2009); the trouble was that adolescents seemed to be targeted as the latest market for the drug industry globally. Through economic terms; both legal and criminal drugs that were viewed as consumer goods that are traded in a competitive global

market. Illegal drugs account for at least $400 billion of world trade marking it larger than the global iron and steel industries (James, 2009). An article in the Chicago Sun-Time reflects the seriousness of how adolescents are targeted by the illicit drug and other substance market..

However, Money being the instrument of commerce and measure of value (Vivien K.G. Lem, 2001), has had persuasive influence on society since time immemorial especially with drugs and other substances abuse. Although extensively researched in the realm of economics and more recently, in the field of psychology, management scholars have, thus far, paid scant attention to the study of money. This is, in spite of the fact that, researchers have acknowledged that it is important to examine money as an individual difference that entails significant implications for the design and implementation of compensation systems, which in turn influences motivation, buying attitudes and action towards the use of drugs and substances, as noted by Mitchell and Mickel (1999). It is only in recent years that money or more specifically, the meaning of money has occupied a more central focus in the management literature.

To date, attempts at examining money in the context of organizational behavior have spawned a stream of research led largely by Furnham and associates (e.g. Furnham, 1996; Furnham& Okamura, 1999).

According to Uganda Youth Development Link (UDEL) 2008, the trends of drugs and other substances consumption among the Adolescents demonstrate signs of cultural manipulation. Most tribes encompass a culture of brewing alcohol in homes thus exposing the adolescents to alcohol at an early age. As children get to adolescence, alcohol utilization increases due to peer pressure. The study reports that young people prefer tough local spirits which are easily accessible in miniature sachets at very low prices. Adolescents also connect and indulge in

drinking alcohol during public events and parties, at most of which local companies advertise alcohol at discounted prices. By age 21, numerous young people impede drinking, because there is a lot investigational habit before this stage. Restricted information about hurtful use of alcohol, wish to indulge in; sexual activities, peer pressure, stress, poverty and unemployment, whereby these have caused many young people to continue drinking. This is at times, irregular and may result in unintended poisoning or drowning at beaches as has been reported by Dr. Basangwa, Butabika Hospital (2010).

Young people living in Katanga slum are similar to their counter parts in other areas, they display social behavours and developmental characteristics that make them fall at risk because they experiment in abusing drugs and substance and because of the indiscriminate consequences of drug and substance trafficking activities amongst themselves, there is need for the study which will establish the socio economic and prevalence of drugs and substances abuse among adolescents of 10-19 years and how different factors such as; culture, affect the drug abuse behavior among adolescents in Katanga slum, Kampala district

Therefore from studies reviewed, there is need to establish the extent to which economic factors such as money (income), occupation, value, culture and migration influence drug and substance abuse among adolescents in Katanga slum, Kampala district.

2.3 Community factors influencing drug and substance abuse among adolescents

Certainly, evils escalated by drug abuse are inestimable and diverse in our communities in the whole world. A statement by WHO (2010) approximates that about 76.3 million people fight with alcohol use disorders which leads to1.8 million deaths per year. The description states that,

around 185 million people above the age of 15 years were overriding alcohol by the end of 20th century (World Drug Report, 2009).

While tobacco smoking times are high in developing countries, a study released by National Survey on Drug Use and Health (NSDUH) (2007) on smokeless tobacco use, beginning and association to cigarette smoking (2002 to 2007) shows that smokeless tobacco use remained relatively stable in the range of 3.0 to 3.3 percent between 2002 and 2007 among persons aged 12 or older. Nonetheless, there was raise among certain sub-populations, in particular, among adolescent males (NSDUH, 2007).

In 2001, the condition had reached critical level so as to African countries had International Narcotics Convention that took place in Vienna in late March 2001 requested the UN to devise an exceptional attempt in the battle to hold back the vice on behalf in the area (INCB, 2001).

According to study done Roberts DF (2004) in the United States showed that on average U.S. adolescents spend six to seven hours per day using media, three hours watching television, two hours listening to music, one hour watching videotapes and movies, and three to four hours reading articles on drugs and substances.

The typical U.S. adolescent's household contains three televisions, three tape players, three radios, three CD players, two VCRs, one video game player, and one computer. Even more surprising, two-thirds of adolescents have a television in their bedroom, more than one-third has their own VCR, and almost all have some kind of audio system plus pre-paid internet services. (Kelly Lydin, 2005). Much of the media adolescents are exposed to include drugs and substances taking imaginary but rarely portray the consequences of risky drugs abuse encounters or healthy drug stimulants messages.

The sub-Sahara is not a manufacturing centre for stuff drugs intended for the international market nothing like the other continents but the farming of cannabis for home market is increasing exponentially all over the place. Generally, it has approached to the spot where it comprises a hazard to food creation in the region.

Sub-Sahara Africa is hence a not insignificant client market for almost all drugs complete by a crowd of tiny charms. Traffickers too utilize its soil, water and air channels of transport hashish and heroin from Southwest Asia in particular and cocaine from Latin America to Europe and the United States (INCB, 2011-2012).

An extra multifaceted case of the geopolitics of cannabis in sub-Saharan Africa is the government's employ the fight against cannabis to reinforce its command over a region which intends to flee it (INCB, 2001). The study also stated that traffickers take pleasure from politicians and state officers such as the police force who are inadequately equipped and badly trained and are defenseless to fight drug trafficking. Inadequately paid police officers and traditions officials can effortlessly be bought. Like in South Africa, the drugs that are more and more becoming accepted are methaqualone, cocaine, marijuana (known as dagga in South Africa) and heroin (WHO, 2011). The report revealed that heroin exercise has almost doubled in the year 2011. It is known as "sugar" and affects a smallest amount of 70% of households. It is also sold under names like "Plazana" and "Kwape". In reality in 2008, between 8 and 25 % of Africans were being treated for heroin abuse or addiction.

However, African olden times of cannabis showed that world wars pressured its current use and functions. In Ghana and Nigeria was used by soldiers who had been fighting with British troops in Burma and had turn into smokers of marijuana in their camps in India. In those countries some places it was introduced in ancient times, it is still used for curative and sacrament purposes.

Earlier ecological models of adolescent health risk behaviors on drugs and substances abuse showed that behaviour was influenced by multiple factors and peoples interactions with their environment such ecological perspectives on health behavior draw attention to different domains and kinds of environmental influences that might not otherwise be considered. Models of adolescent risk behaviour towards drug and substance abuse that were based on ecological approaches to health and development have emphasized the key settings of adolescents' lives that include families, schools, and neighborhoods along with peers and work situations. (Kelly Lydin, 2005).

Many factors were studied to understand community influences on adolescent drug and substance misuse behaviour that focused on adolescent's family, religion, schools and peers. Mass media were the other important community factors in young people's lives which might take a special significance during adolescence and particularly for risk behavior of exploring use of illicit drugs.

Where Khat is not currently under international control, this continues to be cultivated in some countries of East Africa and in parts of the Arabian Peninsula and is commonly chewed as a stimulant in those areas, Cannabis is generally regarded as the most problematic illicit drug abused in Africa, where an estimated 8 per cent of the population use cannabis and that drug accounts for an estimated 64 per cent of the demand for treatment of drug abuse, Heroin also appears to be increasing in Africa.(UNODC and WHO 2009)

The strong relationship between source of information (media) and adolescents' drug and substance expression may be due to the media's role as an important source of information and socialization for teenagers. (Kelly Lydin, 2005)

According to the 2009, Uganda annual Police crime description, there were 2,034 reported and investigated narcotics cases, which led to 2,274 arrests compared to 2,542 in 2008. The trend has been attributed to unsatisfactory laws and breakable border controls. The raise in the abuse of cannabis, hard drugs and volatile solvents is attributed to idleness, social upheavals, family disruptions as well as high rates of drop-outs from school. Increased production and trafficking of cannabis has led to increased availability of the drug, Opiates and sedatives are mostly injected and Some sedatives are also ingested and some opiates smoked, Hallucinogens and amphetamines are ingested. (by Robert Kasirye 2009)

Due to the less number of studies done focusing on identifying the effect of community on the drugs and substances abuse among adolescents in Katanga slum, related studies in other regions clearly show the need for the understanding of the key community factors including sources of information and how they influence drug and substance abuse amongst the adolescents in Katanga slum, and thus the aim of this study.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter includes the following; study design, source of data, study population, sample size calculation, sampling procedures, study variables, data collection techniques, data collection tools, plan for data analysis, quality control issues, ethical issues, limitation of the study and plan for dissemination in this order of elaboration.

3.1 Study Design

The researcher used a cross sectional study design using both quantitative and qualitative methods. Cross-sectional helps the researcher to compare different populations and variables at single point in time (snap shot).

3.2 Source of data

Quantitative methods were used to determine the prevalence of drugs and substances abuse among adolescents of 10-19 years in Katanga slum. It involved the use of questionnaires with designed closed ended questions.

Qualitative methods used include, interviews; this focused on personal history, perspective and experience about drugs and substances abuse, key informants provided us with a caparison aspect of the groups especially in filling up missing gaps.

The unit of numeration was adolescents living in Katanga slum during the time of data collection.

3.3 Study Population

The study population were adolescents living in Katanga slum during the time of the research. All adolescents who were 10-19years of age were interviewed. Exclusion criteria were those below the age of 10 years and those above 19 years were not interviewed.

Katanga slum is located in *Kawempe* division, near Wandegeya town; it borders Mulago hospital in the east, makarere university in the west and Kalerwe in the north, Nakasero in the south.

3.4 Sample size calculation

The study used the standard formula of keish Leslie [wayne et al 1997] to determine the sample size [n] of the adolescent respondents ;The formula is as follows ; The sample size [n] $n = \frac{z^2 * p[1-p]}{d^2}$ $= \frac{1.96^2 * 0.24(1-0.76)}{0.05^2}$

Where Z is a standard deviation at confidence interval of 95% with a statistical value 1.96 considering 24% of adolescents in Kampala.

n= **280** respondents.

3.5 Sampling Procedure

Simple random sampling was used because all adolescents in Katanga slum had a chance of being in the sample, both names and numbers in the public areas and workplaces on chosen strata of Katanga was considered without repeating any adolescent in the area. The exercise continued until the sample size of 280 respondents was attained.

3.6 Study Variables

Dependent Variable

Main outcome variable is drugs and other substances abuse among adolescents (10-19) years in Katanga slum.

Independent Variables

These included socio-economic, individual and community factors (peer pressure, parents' level of income, religion affiliation, values, age, sex, education level, marital status, occupation, norms, culture, source of information, free access to drugs, support from parents and law enforcement).

3.7 Data Collection Techniques

Structured questionnaires were used to collect quantitative data (from respondents) in selected communal areas and work places (garages, bars and washing bays). The questionnaires were written in English and then translated into local languages by researcher and research assistants for respondents to understand, in order to obtain appropriate responses.

3.8 Data collection tools

A key informant interview guide was used to collect data from the key informants who were involved in the discussion. The key informants included; Local Council I, police, health workers (residents), drug shop and bar attendants and voluntary health team. Whereby, the collected data from key informants was used for comparisons, thus filling in gaps for purposes of triangulation.

3.9 Quality control issues

Translation of the questionnaires from English to Luganda language which was easily understood by the most the inhabitants.

Pre-testing, Data collection tools were tested in Katanga slum to ensure accuracy and consistency in data that was collected and also stated a number of corrections that was made in the first trail, about methodology and data collection tools.

Training of the research Assistants was also done.

3.9.0 Plan for data analysis

Sample selection and recruitment which included subject identification and address information was collected. Data was reviewed while still at the field which ensured the following; no errors were made in recording the results, the data records were completed, no records were lost and different persons' records were not mixed up.

Error checking, data correction, documentation was done to ensure consistency between different values and completeness. Back up of data was done to prevent loss of data.

All quantitative data was filled, edited and coded to clearly identify the required variables for analysis. The data was checked for consistency and this was done on daily basis by the data collectors.

Quantitative data was entered in the computer using EPI info 3.2.2 version software and data cleaning performed using EPI info. Data was then exported to SPSS statistical software (version 9.0) for analysis. Frequency tables and proportions are used to describe the characteristics of the

study population. The data was analyzed using logistic regression model where regression coefficients and level of significance was tested.

Qualitative data collected during the key informants discussion was coded in themes and entered into master sheets by the principle investigators (PI).This was analyzed manually using content analysis technique and findings integrated during report writing in form of quotes and narratives to supplement the quantitative data.

In order to avoid collection of inaccurate data, the principle investigator and assistants reviewed the data collected from the field for accuracy at the end of each day proceeded to another day.

After data collection, filled in forms were put together in one Box file carried in one bag which ensured safety of results from the field. After data entry the data collection forms were handed over to data entrants in the same Box files for safety. The data entered were password protected. Only authorized persons were allowed to access the data.

3.9.1 Ethical consideration

Consent**:** Study did also seek permission from respondents of 18-19 years

directly and under age using assent.

Assent: The expression of approval or agreement, typically to those under 18 years.

Confidential: Confidentiality of all data or information during data collection whereby, only recorded the age and sex of the respondents without names was maintained. Information was stored in a safety box under lock and key and was only accessed by the investigators and faculty members responsible for strict confidentiality excluding the third party.

Respect**: A** respondent had a right to his or her opinion, and respect them in the way they; dressed, presented, behaved and acted. (do not undermine anyone)

3.9.2 Limitations to the study

1.The results obtained would not be a representation of study population of adolescents in Uganda of those who abuse drugs and other substances, Katanga slum is a small area in Kampala in Uganda which might not be representative enough.

2. It was a response only from the study and thus some people may have given false information hence possibility of introducing a response bias.

CHAPTER FOUR: RESULTS

4.0 Introduction

This chapter presents the results of the study. The study involved 280 respondents aged 10 to 19 and 10 key informants that were interviewed from Katanga Slum, Kampala district. This analysis was done to establish the relationship between the dependent and the independent variables, one at a time. Data was presented using tables and figures.

4.1 Socio-demographic characteristics of the respondents

The study finding showed that 95 (33.9%) of the respondents were in the age group of 10-14 years and 185(66.1%) in the age bracket 15-19 years.

Males 152(54.3%) were slightly above half compared to females 128(45.7%) among the study population.

The results also revealed that the majority 222(79.3%) of the respondents were single followed by those who are married 39(13.9%). While the least number of respondents were those who had separated (13(4.6%) and widowed 6(2.2%) respectively.

Results on religious affiliation indicated that on average, the three religions had a slight difference among the respondents; Catholic 93(33.2%), Muslims 83(29.6%) and Protestants 80(28.6%) respectively and other religions accounted for 24(8.6%).

The number of respondents at primary and ordinary level of education was nearly the same on average that is 120(42.9%) and 124(44.3%) respectively. While those at Advance level of education were 20(7.1%) and tertiary level were 16(5.7%).

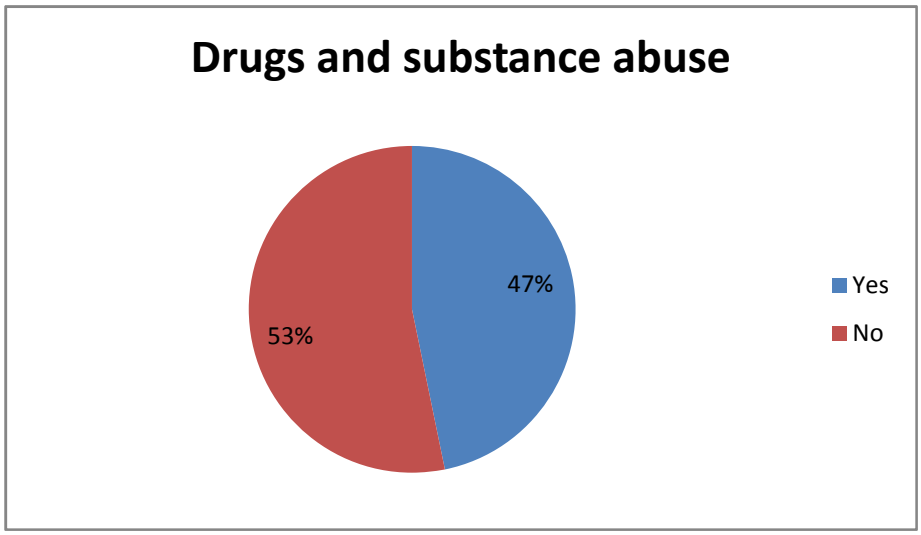
Table 1: Socio-demographic characteristics of the respondents

Variable	Frequency (N=280)	Percentage (%=100
Age		
10-14	95	33.9
15-19	185	66.1
	280	**100**
Sex		
Male	152	54.3
Female	128	45.7
	280	**100**
Marital status		
Married	39	13.9
Single	222	79.3
Widowed	6	2.2
Separated	13	4.6
	280	**100**
Religion		
Protestant	80	28.6
Catholic	93	33.2
Muslim	83	29.6
Others	24	8.6
	280	**100**
Education level		
Primary	120	42.9
O level	124	44.3
A level	20	7.1
Tertiary	16	5.7
	280	**100**

4.2 Drugs and Substances abuse

The study found out that 131(46.8%) out of 280 were abusing drug and other substances in the age group 10-19 years, as shown in the figure below.

Figure 1: Drugs and other substances abuse



4.3 Socio-demographic characteristics associated with drug and substance abuse

The study findings on age of respondents established that 35(12.5%) out of 280 respondents were in the age group of 10-14 years that abused drugs and other substances. While 96(34.3%) in the age of 15-19 years of the study population abused drugs and other substances. There was a statistical significance between age and drugs and other substances abuse (p=0.017).

In relation to sex of the respondents, males accounted for 25% and females (21.8%), this means that more males were involved in drugs and other substances abuse. However, there was no statistical significance between sex and drug abuse and other substance abuse (p=0.789).

Marital status results revealed that singles were the majority out of the total study population with 89(31.8%), followed by married 26(9.3%), separated 10(3.6%) and least being those who were widowed 6(2.1%) out of 280. The chi-square test established that there was statistical significant relationship between marital status and drug and substance abuse (p= 0.001)

The study found out that in regard to education level, the ordinary had 61(21.8%) and primary level 53(18.9%) respectively, the least being Advanced 9(3.2%) and tertiary 8(2.9%) out of 280 respectively. However, there was no statistical significance between level of education and abuse of drug and other substances. (p=0.871)

Table 2: Socio-demographic characteristics associated with drug and substance abuse

Variable	**Drug and substance abuse**		**Total**	**Pearson**	**P-value**
	No	**Yes**	**N=280**	**chi-squareχ^2(df)**	
Age				5.71 (1)	0.017*
10-14	60 (21.4)	35 (12.5)	95 (33.9)		
15-19	89 (31.8)	96 (34.3)	185 (66.1)		
	149	**131**	**280**		
Sex				0.072 (1)	0.789
Male	82 (29.3)	70 (25.0)	152 (54.3)		
Female	67 (63.9)	61 (21.8)	128 (45.7)		
	149	**131**	**280**		
Marital status				21.76 (3)	0.001**
Married	13 (46)	26 (9.3)	39 (13.9)		
Single	133 (47.5)	89 (31.8)	222 (79.3)		
Widowed	0 (0.0)	6 (2.1)	6 (2.1)		
Separated	3 (1.1)	10 (3.6)	13 (4.6)		
	149	**131**	**280**		
Religion				5.55 (3)	0.136
Protestant	41 (14.6)	39 (13.9)	80 (28.6)		
Catholic	50 (17.9)	43 (15.4)	93 (33.2)		
Muslim	40 (14.3)	43 (15.4)	83 (29.6)		
Others	18 (6.4)	6 (2.1)	24 (8.6)		
	149	**131**	**280**		
Education level				0.711 (3)	0.871
Primary	67 (23.9)	53 (18.9)	120 (42.9)		
O level	63 (22.5)	61 (21.8)	124 (44.3)		
A level	11 (3.9)	9 (3.2)	20 (7.1)		
Tertiary	8 (2.9)	8 (2.9)	16 (5.7)		
149					

P<.05 p<.001**

4.4 Relationship between individual factors and drugs and substances abuse

The results on use of drugs and other substances indicated that 120(43.0%) out of 280 respondents reported that their peers tasted drugs and other substances. On the other hand,

11(4.0%) of the respondents also abused drugs under peer influence. It also emerged that there was a statistical significance between peer influence and drugs and other substances abuse. (p=0.001)

The study finding also showed that 72(25.8%) out of 280 respondents who lived with their parents abused drugs and other substances. There was also a statistical significance between living with parents and abuse of drugs and other substances (p=0.001).

The respondents who received advice on drugs and other substances from their parents were 50(26.6%) of which were found not to have abused drugs and substances. While 37(19.7%) did not receive any advice from their parents and were found to have abused drugs. There was a statistical significance between parental advice and drugs and other substances (p=0.006).

Table 3: Relationship between Individual factors and drug and substance abuse

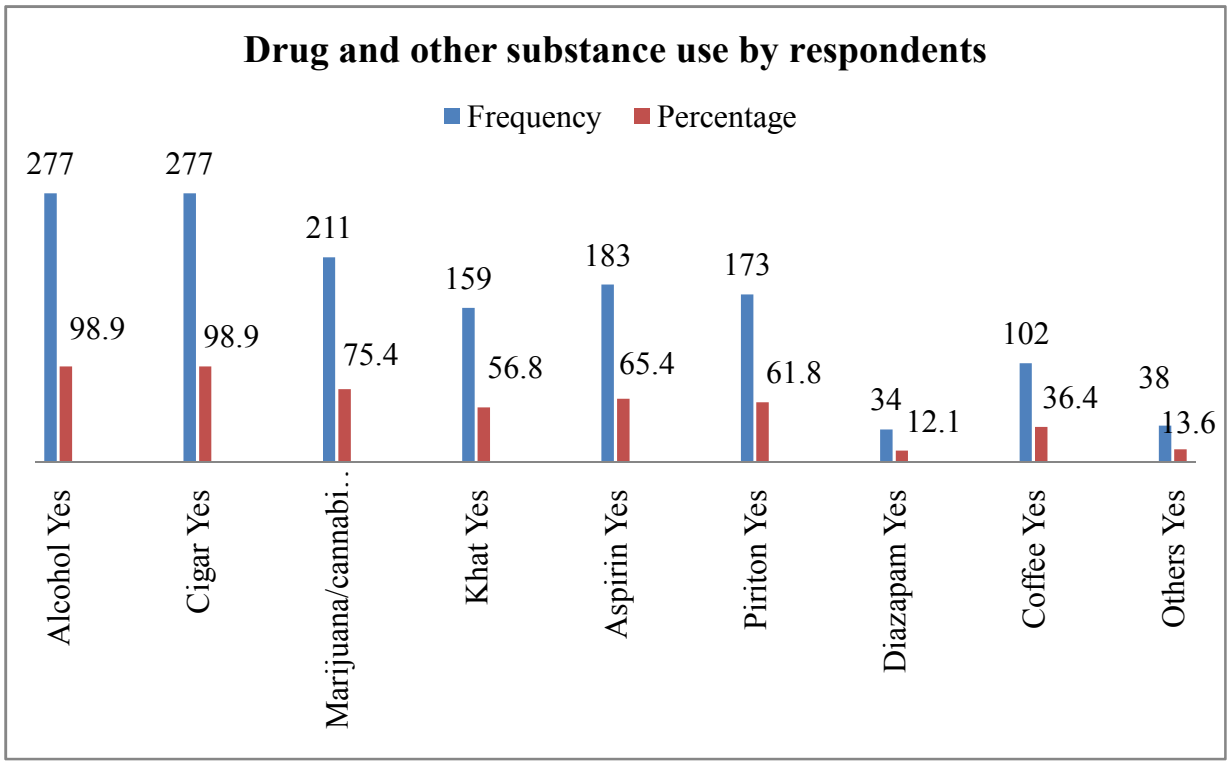
Variable	Drug and substance abuse No	Yes	Total N=280	Pearson chi-square χ^2	P-value
				64.34 (1)	0.001**
Do your peers or friends also taste drugs?					
Yes	69 (24.7)	120 (43.0)	189 (67.7)		
No	80 (28.3)	11 (4.0)	91 (32.3)		
	149	**131**	**280**		
Do you live with your parents				16.56 (1)	0.001**
Yes	116 (41.6)	72 (25.8)	188 (67.4)		
No	33 (11.5)	59 (21.1)	91 (32.6)		
	149	**131**	**280**		
If yes, were you given advice on drug and substance use				7.51 (1)	0.006*
Yes	77 (41.0)	50 (26.6)	127 (67.6)		
No	24 (12.8)	37 (19.7)	61 (32.4)		
	101		188		

P<.05 <.001**

Types of drugs and other substances abused

The statistics for multiple choice results on use of drug and other substance abuse showed that alcohol and cigarette were the most highly abused substances with 98.9% respectively, followed by Marijuana 75.4%, Aspirin 65.45%, piriton 61.8% and the least abused being diazepam 12.1%.

Figure 2: Responses on the various types of drugs and other substances used



The majority of key informants like bar attendant and the nurse reported that some of the above drugs being abused among others were*; vodka, uganda waragi, and sniffing petrol*

In this area, many drugs taken include diclofenac, piriton, valium, cigarette, alcohol, kuba, cannabis and marugi… others could also be there but I am unaware of them (Local council 1 chairperson of Kimwanyi).

4.5 Relationship between socio-economic factors and drug and substance abuse

The study found that the majority 102(36.4%) out of 280 respondents with both parents abused drugs and substances compared to those without both parents 29(10.4%). Nevertheless, there was no statistical significance between having both parents and drug and other substances abuse (p=0.325).

Occupation status, the majority 68(26.7%) out of 280 respondents whose parents were self employed were more drug and substance abusers compared to the other groups. This was followed by those parents who were in the formal sector 27(10.6%) and finally those who were not employed at all (none) 22(8.6%). However there was no statistical significance between occupation status of parents and drugs and substances abuse (p=0.111).

Regarding the value of drugs and other substances, the majority 73(26.1%) out of 280 respondents who abused drugs and other substances, did so in order to forget their problems. This was followed by 47(16.8%) who said they used it as source of medicine. While 7(2.5%) of the respondents reported that drugs are not good for young people, 4(1.4%) of the respondents reported that their culture permits them to use drugs and other substances. There was a statistical significance between the value of drugs and substances and their abuse (p=0.001).

The study revealed that 69(24.6%) out of 280 Respondents established that traditional values safeguarding the use of drugs and other substances were in place, While 62(22.1%) out of 280 respondents, reported that there was no traditional values on drugs and substances use in Katanga slum. However there was no statistical significance between traditional values and drugs and other substances (p=0.397).

Concerning norms on drugs and other substances, the majority of the respondents 69(24.6%) out of 280 respondents said they liked hiding away from the public whenever they abused drugs and other substances, while 27(9.6%) of the respondents said they used to show off whenever they abused drugs and substances. 22(7.9%) out of 280 respondents who abused said that they were not supposed to use drugs in first place, and 13(4.6%) out of 280 respondents, said they never

intended to use drugs at all though it happened. The results showed that there was a statistical significance between existing norms and drug and substance abuse (p=0.002).

Table 3: Relationship between Socio-economic factors and drug and substance abuse

Variable	Drug and other substance abuse		Total N=280	Pearson chi-square χ^2	P-value
	No	Yes			
Do you have both parents?				0.971	0.325
Yes	123 (43.9)	102 (36.4)	225 (80.4)		
No	26 (9.3)	29 (10.4)	55 (19.6)		
	149	**131**	**280**		
If yes, what do they do?				4.405 (2)	0.111
Self employed	96 (37.5)	68 (26.7)	164 (64.3)		
Employed in formal sector	27 (10.6)	27 (10.6)	54 (21.2)		
None	15 (5.9)	22 (8.6)	37 (14.5)		
	138	**117**	**255**		
Value of drugs and substance				19.06 (4)	0.001*
Source of medicine	58 (20.7)	47 (16.8)	105 (37.5)		
To forget problems	56 (20.0)	73 (26.1)	129 (46.1)		
Not good for young people	28 (10.0)	7 (2.5)	35 (12.5)		
It allowed in our culture	4 (1.4)	0 (0.0)	4 (1.4)		
Others	3 (1.1)	4 (1.4)	7 (2.5)		
	149	**131**	**280**		
Ways of using drugs and substance (norms)				14.64 (3)	0.002*
To show off in public	14(5.0)	27(9.6)	41(14.6)		
To hide away from public	69(24.6)	69(24.6)	138(49.3)		
Not to use drug any way	35(12.5)	13(4.6)	48(17.1)		
None of the above	31(11.1)	22(7.9)	53(18.9)		
	149	**131**	**280**		
Do you have traditional values safeguarding use				0.718 (1)	0.397
Yes	86(30.8)	69(24.6)	155(55.4)		
No	63(22.5)	62(22.1)	125(44.6)		

p<.05* p<.001**

4.6 Relationship between community factors drug and substance abuse

The result also found that 54(19.3%) out of 280 respondents whose parents used drugs, influenced respondents to abuse drugs and other substances. On the other hand, 77(27.5%) of the respondents reported that their parent did not abuses drugs and other substances. The study also found out that there was a statistical significance between parents use of drug and other substance and drugs and substance abuse (p=0.001).

The finding also revealed that 118(42.1%) out of 280 respondents reported that drugs and other substances were easily accessible. Therefore, they abused drugs and other substances because they were within their disposal. While 13(4.6%) who reported that drugs were not easily accessible also abused the drugs and other substances. There was also a statistical significance between accessibility and drugs and substances abuse (p=0.013).

The status of respondents' homesteads was also studied and the findings indicated that the majority 60(21. 4%) out of 280 respondents resided near social joints such as drinking places, clubs and video halls. This was followed by those in temporary homesteads 39(13.9%), homeless 18(6.4%) and those who live within enclosed gates 14(5.0%). This findings was statistically significant between homestead status and drugs and other substances abuse (p=0.001).

The study revealed that 131(46.8%) out of 280 respondents showed that local leaders were aware of adolescents who abused drugs and substances. Nevertheless, there was no statistical significance between local leaders awareness and drugs and other substances abuse (p=0.103).

The respondents who admitted that law enforcement on drug and substance abusers was practiced accounted for 127(45.4%) out of 280 respondents. While only 4(1.4%) showed that law

was not enforced, though they abused drugs and other substances. There was a statistical significance between law enforcement practiced and drugs and substances abuse (p=0.031).

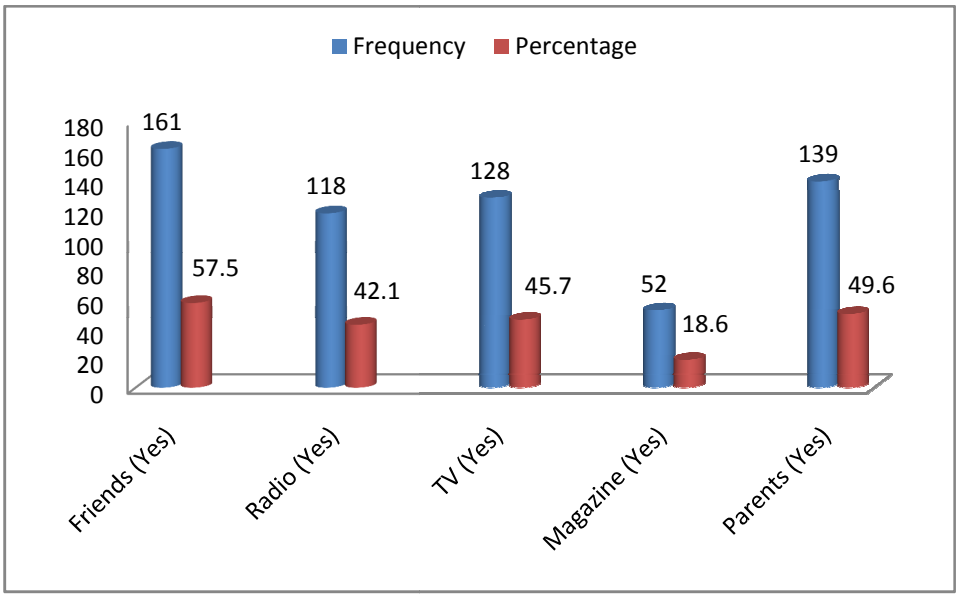
Variable Table 4: Relationship between Community factors and drug and substance abuse

	Drug and other substance abuse		**Total N=280**	**Pearson chi-squareχ^2**	**P-value**
	No	**Yes**			
Parent or guardian use drug				6.46	0.011
Yes	40 (14.3)	54 (19.3)	94 (33.6)		
No	109 (38.9)	77 (27.5)	186 (66.4)		
	149	**131**	**280**		
If yes do you taste because he does?				10.61 (1)	0.001*
Yes	11 (11.7)	24 (25.5)	35 (37.2)		
No	39 (41.5)	20 (21.3)	59 (62.8)		
	50	**44**	**94**		
Accessibility				6.23 (1)	0.013*
Yes	118 (42.1)	118 (42.1)	236 (84.3		
No	31 (11.1)	13 (4.6)	44 (15.7)		
	149	**131**	**280**		
Kind of Homestead or surrounding				29.5 (3)	0.001**
Temporary	83 (29.6)	39 (13.9)	122 (43.6)		
Enclosed in a gate	17 (6.1)	14 (5.0)	31 (11.1)		
Near social joints	47 (16.0)	60 (21.4)	107 (38.2)		
Homeless	2 (0.7)	18 (6.4)	20 (7.1)		
Awareness of local leaders	**149**	**131**	**280**	2.667 (1)	0.103
Yes	146 (52.1)	131 (46.8)	277 (98.9)		
No	3 (1.1)	0 (0.0)	3 (1.1)		
	149	**131**	**280**		
Practice of law enforcement				4.662 (1)	0.031*
Yes	135 (48.2)	127 (45.4)	262 (93.6)		
No	14 (5.0)	4 (1.4)	18 (6.4)		
p<.05* p<.001**	149	131	280		

Results on various sources of information on drugs and other substances

The findings on the bar graph below showed that 161(57.5%) out of 280 respondents indicated that they got information about drugs and other substances from friends. The second source of information was parents who accounted for 139 (49.6%) out of 280, this was followed by Television 128 (45.7%). While radio as source of information accounted for 118 (42.1%) out of 280, the least source was magazines 52(18.6%) out of 280.

Figure 3: Results on various sources of information on drugs and other substances.



The majority of key informants interviewed on the factors influencing abuse of drug and other substance reported causes that are categorically at individual, socio-economic and community level. *Health worker in the area*, *according to me the causes are peer influence, indiscipline, education level, attitude, lack of job, bar attendant revealed that- different cultures, poor leadership and easily accessible drugs, Drug shop attendant reported that- poverty and low price* clinical officer *revealed that- poor educational back ground, lack of health education and mixed cultures.*

4.7 Logistic regression results for significant variables at bivariate analysis

The finding showed that respondents in the age bracket of 10-14 years of age were less likely to abuse drug and other substance compared to those in age range of 15-19 years. (P=0.017)

The study findings showed that married individuals were less likely to abuse drugs and other substance compared to those who had separated but with no statistical significance (P=0.490). The single respondents were also less likely to abuse drugs compared to widowed and separated respondents although there was statistically significant association between being single and abuse of drug and other substances (P=0.017).

The respondents whose peers tasted the drugs and other substances were 12 times more likely to abuse drugs and other substances compared to those whose friends do not (P=0.001)

The respondents who also lived with the parents were less likely to abuse drugs and other substances compared to those who did not although there was a statistical significance between living with parent and abuse of drugs and other substances (P=.001).

The findings also revealed that respondents who had been advised by parents were found to be less likely to abuse drug and other substances compared to those who were not advised. The probability value depicted some significance between parental advice and abuse of drugs and other substances (OR=0.427

The study found out that those who used drugs and other substances to show off in public were about three times more compared to the rest of the total categories of the groups and also there was a statistical significance between use of drug in order to show off in public and its abuse (P=0.021).

The study findings emerged that respondents whose parents use drugs and other substances were about two - times more likely to abuse drugs and other substances compared to those whose parents do not. The findings therefore revealed that there was a statistical significance between parents' use of drugs and other substances and respondents' abuse as well (P=0.012).

The power of parent or guardians in influencing their children has been evidenced to have a statistical significance, whereby those influenced were more likely to abuse drugs than other substances compared to their counter parts whose parents never imposed such influences on them (P=0.001).

The study further discovered that the respondents who agreed that drugs and other substances were easily accessible to them were likely to abuse them compared to those who reported that they were not accessible (P=0.014).

The study found out that law enforcement on drugs and other substances, the respondents who reported that the law is being enforced were more likely to abuse drugs, compared to those who did not know that the enforcement is being practiced. The findings had a statistical significance between awareness on law enforcement and abuse of drugs and other substances (P=0.04).

The status of respondents' homestead revealed that, those who lived in temporary homesteads were less likely to abuse drugs and other substances compared to those who were homeless. This had a statistical significance between living in temporary homestead and drug and substance abuse (P=0.001). The respondents who also live in gates were also less likely to abuses drugs and substances compared to those who are homeless and there was statistical significance (P=0.004). Finally, those who reside near social joints like drinking areas, clubs, video halls were more likely to abuse drug and other substances compared to homeless respondents (P=0.011).

Table 5: Logistic regression results for significant variables at bivariate analysis

Variable	Drug and substance use No=149	Yes=131	COR (95%CI)	P-value
Age				
10-14	60 (21.4)	35 (12.5)	0.54 (0.326-0.898)	0.017*
15-19	89 (31.8)	96 (34.3)	1	
Marital status				
Married	13 (46)	26 (9.3)	0.6 (0.14-2.563)	0.490
Single	133 (47.5)	89 (31.8)	0.201 (0.054-.0750)	0.017*
Widowed	0 (0.0)	6 (2.1)	4.8468x10^8 (.000)	
Separated	3 (1.1)	10 (3.6)	1	
Your peers also tasted?				
Yes	69 (24.7)	120 (43.0)	12.312 (6.14-24.70	0.001**
No	79 (28.3)	12 (4)	1	
Do you live with your parents				
Yes	116 (41.6)	72 (25.8)	0.347(0.207-0.583)	0.001**
No	33 (11.5)	59 (21.1)	1	
If yes, were you given advice				
Yes	77 (41.0)	50 (26.6)	0.427(0.228-0.798)	0.008*
No	24 (12.8)	37 (19.7)	1	
Ways of using drugs and substance (norms)				
To show off in public	14 (5.0)	27 (9.6)	2.718 (1.167-6.331)	0.021*
To hide away from public	69 (24.6)	69 (24.6)	1.409 (0.743-2.673)	0.294
Not to use drug any way	35 (12.5)	13 (4.6)	0.523 (0.226-1.211)	0.130
None of the above	31 (11.1)	22 (7.9)	1	
Parent or guardian use drug				
Yes	40 (14.3)	54 (19.3)	1.911 (1.156-3.158	0.012*
No	109 (38.9)	77 (27.5)	1	
Do you taste because he does?				
Yes	11 (11.7)	24 (25.5)	4.478 (1.821-11.015)	0.001*
No	39 (41.5)	20 (21.3)	1	
Accessibility				
Yes	118 (42.1)	118 (42.1)	2.385 (1.189-4.783)	0.014*
No	31 (11.1)	13 (4.6)	1	
Kind of homestead or area				
Temporary	83 (29.6)	39 (13.9)	0.052 (.012-.236)	0.001**
Enclosed in a gate	17 (6.1)	14 (5.0)	0.092 (.018-.464)	0.004*
Near drinking and leisure areas	47 (16.)	60 (21.4)	0.412 (.013-.642)	0.011*
Homeless	2 (0.7)	18 (6.4)	1	
Are law enforcement practiced on drugs				
Yes	135 (48.2)	127 (45.4)	3.293(1.056-10.267)	0.04*
No	14 (5.0)	4 (1.4)	1	

p<.05 p<.001**

4.9 Multivariate Analysis results for significant variables at simple logistic regression

The finding from multivariate analysis indicated that although singles were 18.8% likely to abuse drug and other substance compared with the other group. There was also a statistical significance between marital status and abuse of drugs and other substances (P=0.044).

The study result also found that the respondents are more likely to abuse drugs and other substances when their peers did so compared to those whose friends did not. The statistics showed significance of association between having peers abusing drugs and substances and drugs and other substances (P=0.001).

The kind of homestead and its surrounding area was also statistically associated with respondents' abuse of drugs and other substances with higher significance ranging from (Temporary p=0.00, near social joints p=0.021 and in gate p=0.028) compared to those who were homeless.

Table 6: Multivariate Analysis results for significant variables at simple logistic regression

Variable	Drug and other substance abuse		AOR (95%CI	P-value
	No	Yes		
Marital status				
Married	13 (46)	26 (9.3)	0.390 (0.062-2.43)	0.313
Single	133 (47.5)	89 (31.8)	0.188 (0.037-0.955)	0.044*
Widowed	0 (0.0)	6 (2.1)	5.4x10^8(.000)	0.999
Separated	3 (1.1)	10 (3.6)	1	
Friends or peers use				
Yes	69 (24.7)	120 (43.0)	15.356 (7.075-33.35	0.001**
No	79 (28.3)	12 (4)	1	
Homestead				
Temporary	83 (29.6)	39 (13.9)	0.039 (.007-.206)	0.001**
In a gate	17 (6.1)	14 (5.0)	0.129 (0.021-0.806)	0.028
Near social joints and clubs	47 (16.)	60 (21.4)	0.14 (0.026-0.739	0.021
Homeless	2 (0.7)	18 (6.4)	1	

CHAPTER FIVE
DESCUSION OF THE STUDY FINDINGS

5.0 Introduction

In this chapter the study findings are discussed in relation to the objectives of the study.

I. To asses individual factors that influence drug and substance abuse among adolescents 10-19 years in Katanga slum, Kampala district.

II. To determine socio-economic factors that influence drug and substance abuse among adolescent 10-19 years in Katanga slum, Kampala district.

III. To asses community factors that influence drug and substance abuse among adolescent 10-19 years in Katanga slum, Kampala district

The findings are discussed and compared against previous studies discussed in chapter two.

5.1 Individual factors affecting drug and other substance abuse.

The study findings revealed that (34.3%) of the respondents among the age category (15-19) years were drug and substance abusers. This was in agreement with a study conducted by Kiambuthi (2005) which showed slightly higher incidences (39.8%) for adolescents between 15-17 years than for those who were 18 years and above. The findings are in agreement with other scholars whose findings had shown that age is significant in influencing drug abuse (Otieno, 2010; Sutherland, 2008).

The study revealed that, more males (25%) than females (21.8%) were abusing drugs and other substances. This was in agreement with Wambua (2004) and NACADA (2003). The above study by Wambua (2004) showed that male (36.5%) had higher incidences of drug abuse among males

than females. This may be attributed to high tendency of being risk takers, being adventurous, curious and a culture of experimenting among the males.

This study also found strong association between being single and drug and substance abuse. The findings revealed that more single respondents (31.8%) were abusing drugs and other substances compared to the respondents who were married (9.3%). This is in agreement with Gikoyo (2005) which revealed single respondents (28.4%) were abusing drugs and other substances compared to the respondents who were married (4.5%). May be due to psycho-social and relationship problems during growth and this was statistically significant between being single and abusing drugs and substances (p-0.001)

The study found no relationship between religious affiliation and drug abuse as indicated by (p-0.136). This is in agreement with Gikonyo (2005) and Kiambuthi (2005) which showed that there is no close relationship between religious affiliation and drug abuse. However, Muchiri (2005) showed that (49.1%) of the respondents had a relationship between religious affiliation and drug abuse, which is not in agreement with this finding from this study. This could be attributed to changed morals and beliefs among the followers of different religions.

The study findings revealed that the adolescents had friends that abused drugs and substances with (43%), p-value 0.001 which had a statistical significance between the peer influence and drug and substance abuse. This was in agreement with the study (MOH 2012) which revealed that peer influence is the highest compared to other contributing factors (65.8%).

5.3 Socio-economic factors affecting drug and substance abuse.

Results revealed that, showing off in public while drinking alcohol and smoking (9.6%) compared to hiding away from public with (24.6%). This was due to culture that changed together with accessibility to the drugs within the neighborhood with regards to larger number of dealers in the area. These could have magnified the problem due to lack of sensitization in the families with low education, OJO *et al (*2008) revealed that mothers who are educated are able to sensitize their children about the norms and values of their culture in reference to drugs and other substance abuse implications.

5.4 Community factors affecting drug and other substance abuse

The study showed that having ever lived with someone who used drugs and substances was related to drug abuse to bigger extent (live with guardians at 25.8% p-value 0.001), this was statistically significant with relationship between living with guardians or parents and drug and substance abuse, and this was in agreement with a study carried out by NACADA (2004), that communication gap between parent and the child increases risk of drug abuse. However, SAMHSA (1999) revealed that parental message of norms is a protective factor for alcohol use but not for marijuana use.

The majority of the respondents showed that easy accessibility of drug and substance in the area was a big factor at 42.1% (p-value 0.014), and was significant as compared to study done by NSDUH (2007), which revealed that easy access of drugs and other substances were at 58.3%. This study also found out that there is a close association between easy access to wine, marijuana, cigarette, spirit shop and drugs and other substances drug abuse. Whereby, areas within 200m from the nearest shop or supplier had a slightly higher percentage of abusers

(42.1%). This is in agreement with studies done by Otieno (2005) and NACADA (2004) which show that availability and accessibility promotes the risk of drug abuse. This could be due to no or less restrictions between buyers and sellers to any one on cheaper price

Findings in this study showed that any family member (parent support) who abused drugs and substances contributed to an individual abusing drug in turn, parental influence at P-value of 0.001. This is consistent with findings among youth from Butajira in Southern Ethiopia Ayalu et al,(2012), NIDA, (2012). Parental guidance and monitoring plays a very crucial role in development of a child (43.5%).

Strict government policy on drug abuse to practice law enforcement shows association with engagement in drug abuse as indicated in table 4. There were fewer drug abuse cases in slums or cities with policies on drug abuse (45.4%) compared to cases where there was no clear policy on drug abuse (1.4%). This is in agreement with other studies which have shown that a slum's clear policy on drug abuse reduces the risk of drug abuse as reported by NACADA, (2007); Ndetei, 2009 and Orifa, (2004). Nevertheless, this is not in agreement with Kiambuthi (2005) who reported that some policies used may be clear but not effective.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the conclusions that are drawn from the study and recommendation based on discussions and findings of the study.

6.1 Conclusion

The prevalence of drugs and other substances abuse among adolescents aged 10-19 was found to be high (46.8%) in Katanga slum. A range of factors were revealed including; age of an adolescent, marital status, peer influence, homestead, parental support, accessibility and law enforcement were identified as some of the key contributors to drugs and other substances abuse to these adolescents.

With regard to individual factors, while the religion affiliations and education levels of the respondents were not contributing factors to drug and other substances abuse, the age, marital status and sex of the respondents are the determining factors to drugs and other substances abuse.

As socio-economic factors, while having both parents, the occupation of the parents and having traditional values to safe guard the drugs abuse were not contributing factors to drugs and other substances abuse, similarly the value of these drugs and other substances amongst adolescents and the norms are the significant contributing factors to drugs and other substance abuse.

Finally, community factors had ease accessibility, kind of homestead that the respondents came from, practice of law enforcement on drug abusers, parent influence were found to be contributing factors to drug and other substance abuse amongst the adolescents. While parents

who abused drugs and awareness of local leaders on drug abusers were found to be insignificant contributors of drugs and other substances abuse among the adolescents.

Hence, there is a need to curb down this vice because a drug addict adolescents becomes a drug addict adults (thus a vicious cycle). However, the only solution to this escalating epidemic is modification of life style, since it is easy and requires less cost or no cost at all. This is very important for adolescents because at this age, life style habits and practices are being forged in life.

6.3 Recommendations.

From the findings, this study suggests the need for multi-sector approach with an objective of preventing and reducing drugs and other substances abuse in the area. Such as;

(i) To carry out health education by health workers, social workers and voluntary health teams with collaboration of MOH strategizing the predisposing factors shown in this study and carry out counseling to adolescents that are affected.

(ii) Do community outreach, to assess the effect of the drug and substance abuse among adolescents and refer the sick and physically handicapped for further management.

(iii)Government of Uganda should enact or enforce laws and restrictions to guard the adolescents from being affected by drugs and other substances, where law breakers are punished.

(iv) Ministry of education should strength the educational programmers' to curb down these vices since from study it showed that those with high education attained, adolescents were

able to understand the messages of drug abuse and differentiate right from wrong than other groups.

(v) The Ministry of Gender, labor and Social Development in collaboration with Ministry of Education should initiate comprehensive programmes that may engage the adolescents outside school more particularly the male gender. Activities such as tree planting, sporting activities and voluntary programmes like cleaning the environment should be initiated and encouraged as well as general construction jobs which may minimize idleness.

(vi). The Ministry of Health, NGOs and area resource persons must sensitize members of the community on their role to raise small sized families which they are able to provide better living standards in slums.

(vii).The ministry of ethics and integrity in collaboration with religious leaders should initiate programs that are inherent in promoting of morals and virtues in the community. This may lead to few cases of premarital sex as well as teenage pregnancies, arising from drugs and other substances abuse.

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APPENDIX I

PARTICIPANT CONSCENT FORM

Introduction

My name is Ayebare Rosen, a student of International Health Sciences University; I am carrying out a research entitled;

"Determinants of drugs and substances abuse among adolescents of 10-19 years, a case of study Katanga slum, Kampala district in June 2014".

Participation in the study

Your participation in this study is voluntary, there is no payment gained in filling the questionnaire, any information collected will highly be treated with confidentiality and will strictly be used for the study purpose. You are therefore required to provide information to the best of your knowledge. Please tick in the right box of the corresponding answer that you feel it's right;

Thank you for your participation

Ayebare Rosen

Student

International health sciences

Structured Questionnaire

Participant no……..

A. Socio-demographic Data

1. Age

   a) 10-14 ☐ b)15-19 ☐

2. Sex

   a) Male ☐ b)Female ☐

3. What is your marital status?

   a) Married b) Single c)Widowed d) Separated

4. Which religion do you belong to?

a) Protestant b) Catholic c) Muslim d) Others……(specify)….

5. What is your highest level of education attained?

   a) Primary level b) O-level c) A-level d) Tertiary institution

B. Individual factors

6. **W**hat are the drugs and other substance available in your area?(multiple question-tick as many as you know)

   a) Alcohol b) Cigarette c) Marijuana or cannabis d) Khat e) Aspirin f) Piriton

   g) Diazepam(valium) h) Coffee i) Others……..

7. Which are the cheapest drugs and substances in your area?

   a) Alcohol b) Cigarette c) Marijuana or cannabis d) Khat e) Aspirin f) Piriton

   g) Diazepam(valium) h) Coffee i) Others

8. Have you been abusing drugs and other substances?

a) Yes b) No

9. Of the above drugs and other substances which one(s) have you ever tasted? (Multiple options)

a) Alcohol b) Cigarette c) Marijuana or cannabis d) Khat e) Aspirin f) Piriton g) Diazepam (valium) h) Coffee I) Others……..

9. why did you taste it?(multiple options)

a) Because I love using drugs and substances
b) Because they are cheap
c) My friends always told me it feels good
d) Because I wanted to forget my problems
e) Other reason (specify)……

10. Do your peers or friends use drugs and other substances?

a) Yes b) No

11. Do you live with your parents or guardians?

a) Yes b) No

12. If yes; have you ever received advice from them on abuse of drugs and other substances?

a) Yes b) No

13. If yes; what benefit did you get out of it? (Multiple options)

a) Learnt how to avoid peer influence on drugs
b) Learnt how to quite drugs and other substances
c) Learnt how to share my problems to avoid stress

d) How to access treatment and rehabilitation

e) None

C) **Socio-Economic Factors.**

14. Do you have both parents?

a) Yes b) No

15. If yes; what do they do? (Livelihood strategy)

a) Self employed

b) Employed in the formal sector

c) None of the above

16. How do people here value the use of drugs and other substances? (multiple options)

a) Source of medicine and calmness

b) Help to forget problems and frustrations

c) Not good for young people

d) It is not allowed in our culture

e) Others……

17. Would you stop your Peers or friends from abusing drugs and other substances? (Value)

a) Yes b) No.

18. What is right, especially when using drugs and other substance (as part of norms)?

a) To show off in public

b) To hide away from people

c) Not to use drugs in the first place anyway

d) None of above

19. Do you have traditional values that safeguard the use of drugs and other substance among adolescents?

a) Yes b) No

20. If yes; what are they?

a) Prohibited in our tradition

b) Accepted in our community

c) Not stipulated

D. Community factors

21. What are the sources of information about drugs and substance in your area?

a) Friends and peers b) Radio c) Television

d) Magazines and News papers e) parents

22. Do your parents or guardians use drugs and other substances too?

a) Yes b) No

23. If yes, has it influenced you to abuse drugs and other substance?(parental influence)

a) Yes b) No

24. If yes, how? (options)

a) My parents enjoy drugs and substances freely at home

b) They send me to buy and I also taste them

c) At home, we have a bar stocked with other substances at my disposal

d) They do not mind about whatever drugs I use

25. Are the drugs and other substances freely accessible in your area?

a) Yes b) No

26. What kind of homestead or surrounding do you come from?

a) Temporary structures

b) Enclosed in a gate

c) Near drinking places, disco, video halls and cinema

d) Homeless

27. Are your local leaders aware about those adolescents who use drugs and substances?

a) Yes b) No

28. Is there any law enforcement practiced against drug and other substances abuse in the area?

a) Yes b) No

29. If yes; what are some of the forms of enforcement?(multiple options)

a) Local defense patrolling at night and day

b) Concerned individuals reporting

c) Religious leaders preaching quitting drugs messages and rehabilitating them

d) Police patrols

e) Parents reporting

30. Have the forms of enforcement mentioned in (29) above been useful?

a) Yes b) No

31. What do you think could be done to adolescents who abuse drugs and substance? (multiple options)

    a) Reported to community leaders

    b) Taken to police

    c) To be punished by parents

    d) Health education on drugs and other substances

    e) Left alone to abuse

    f) I do not know

THANK YOU FOR YOUR PARTICIPATION.

Key informant interviews

APPENDIX II

PARTICIPANT CONSCENT FORM

Introduction

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Your participation in this study is voluntary, there is no payment gained in filling the questionnaire, any information collected will highly be treated with confidentiality and will strictly be used for the study purpose. You are therefore required to provide information to the best of your knowledge. Please tick in the right box of the corresponding answer that you feel it's right;

Thank you for your participation

Ayebare Rosen

Student

International health sciences

1. Date

2. Title

3. Location

4. Duration: start [ ] end [ ]

1. What do you understand by the term drugs and other substances?

2. What are some of the drugs and other substances commonly in your area?

3. Do you think that there some drugs and other substances abused in your area?

4. What are the media influences towards drugs and other substances abuse by adolescents?

5. Do the parents and guardians of the adolescents influence their behavior towards drugs and other substances abuse?

6. What do you think are the factors influencing abuse of drug and other substances by adolescents?

Individual socio-economic community

7. What suggestions can you propose to control consumption of drugs and other substances by adolescents in your community?

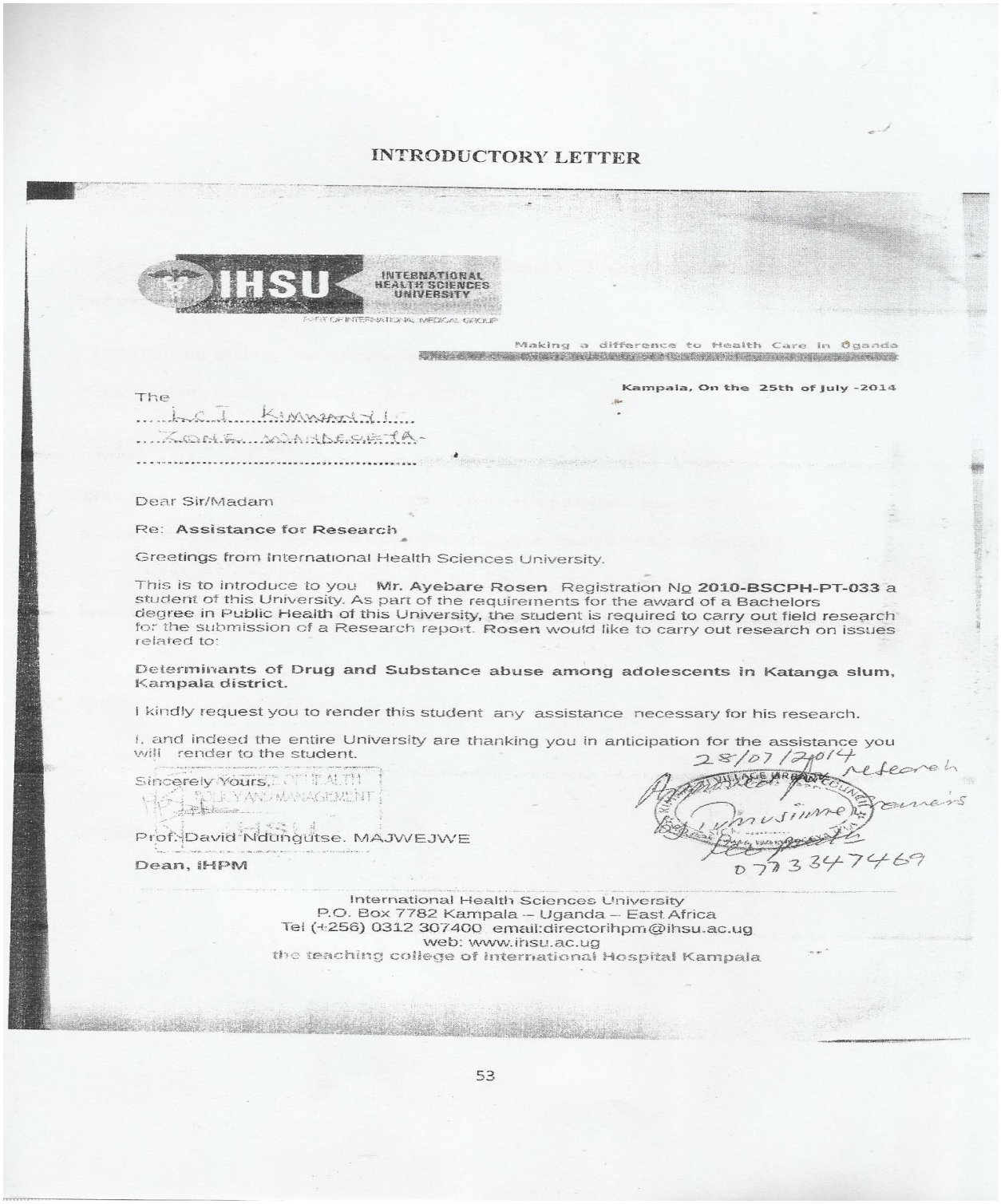
APPENDIX III

BUDGET FOR THE RESEARCH

Item	Unit items	Amount
Stationery	35000 5days	175000
Transport	5000 25people	125000
Welfare allowance(food)	8000 25days	200000
Hiring field gargets like boots		150000
Lc1 facilitation		50000
Computers with updated software's(rented)	4 100000	400000
TOTAL		1100000

APPENDIX IV

INTRODUCTORY LETTER



INTRODUCTORY LETTER

IHSU INTERNATIONAL HEALTH SCIENCES UNIVERSITY

PART OF INTERNATIONAL MEDICAL GROUP

Making a difference to Health Care in Uganda

Kampala, On the 25th of July -2014

The
L.C.I. KIMWANYI
ZONE WANDEGEYA

Dear Sir/Madam

Re: **Assistance for Research**

Greetings from International Health Sciences University.

This is to introduce to you **Mr. Ayebare Rosen** Registration No **2010-BSCPH-PT-033** a student of this University. As part of the requirements for the award of a Bachelors degree in Public Health of this University, the student is required to carry out field research for the submission of a Research report. **Rosen** would like to carry out research on issues related to:

Determinants of Drug and Substance abuse among adolescents in Katanga slum, Kampala district.

I kindly request you to render this student any assistance necessary for his research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student.

Sincerely Yours,

Prof. David Ndungutse. MAJWEJWE

Dean, IHPM

28/07/2014
Approved for research
Musiime
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