

**DRUG ABUSE AMONG OUT OF SCHOOL ADOLESCENTS:  
EXPLORING PERCEPTIONS ON CAUSES, CONSEQUENCES AND  
PROTECTIVE PRACTICES IN ILEMELA MUNICIPAL,  
MWANZA TANZANIA.**

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**Masters of Public Health Dissertation  
Muhimbili University of Health and Allied Sciences  
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**Muhimbili University of Health and Allied Sciences**  
**Department of Public Health and Social Science**



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**By**

**Emmanuel Wilbert Ng'habi**

**A Dissertation submitted in partial fulfillment of the requirement for the  
Degree of Masters of Public Health of the**

**Muhimbili University of Health and Allied Sciences**

**October, 2019**

**CERTIFICATION**

The undersigned certifies that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a thesis/dissertation entitled drug abuse among out of school adolescents: exploring perceptions on causes, consequences and protective practices in Ilemela Municipal in (partial) fulfillment of the requirements for the degree of Master in Public Health (MPH) of Muhimbili University of Health and Allies Sciences.

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**DR. TUMAINI NYAMHANGA****(SUPERVISOR)****DATE** \_\_\_\_\_

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## **DEDICATION**

This work is dedicated to my beloved sisters, Happiness Nghabi and Pendo Ng'habi, for encouraging and giving me their moral and material support during all period of my studies.

## **ABSTRACT**

### **Background**

In Tanzania a large number of adolescents abuse illicit drugs. Previous studies have focused their attention on in-school adolescents particularly in terms of incidence, extent, knowledge, attitude and practice of drug abuse. However, few studies have sought to tap opinions of out of school adolescents who live in the communities in which illicit drugs are sold and used. Consequently, little is known on perceptions of out-of-school adolescents regarding risk factors for drug abuse, consequences and protective factors against drug abuse. It is this gap in knowledge that this study intended to fill.

**Objectives:** This study sought to explore the perceptions of the out of school adolescent's on the risk factors for drug abuse, consequence and protective practices with reference to Ilemela Municipal.

**Methodologies:** The study took on qualitative case study design. Purposive sampling strategy were used to select 31 adolescents between the ages 10 to 19 years – including non-drug users and those known to be users of illicit drugs. Two focus group discussion sessions each comprising 8 participants who were non-drug users and 15 in-depth interviews with adolescents known to be user of illicit drug were conducted. Data were qualitatively analyzed thematically.

**Results:** This study found out that adolescents had a correct understanding of what drug abuse refers to. Moreover, they were to a large extent correctly informed of effects drug abuse. Regarding risk factors for drug abuse, the adolescents pointed out: having friends who engage in problem behavior, adolescent exposure to substance abuse and maladaptive coping with stressful situation. The participants correctly reported some physical, psychological, and social Consequences of drug abuse. Adolescents believed that proper parental care, monitoring and upbringing can help reduce substance abuse among adolescents.

**Conclusion:** This study has revealed adolescents' perceptions on risks, effects, and protective factors against drug abuse that conform to the conventional knowledge. The study shines light on responsibilities of individual adolescents, families, community and the local government toward addressing the problem.

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**LIST OF ABBREVIATION**

AIDS	-	Acquired Immune Deficiency Syndrome
FGD	-	Focus group discussion
HIV	-	Human Immune deficiency Virus
IDI	-	In-depth interview
NGO	-	Non Governmental Organization
MMTC	-	Methadone Maintenance Treatment Clinic
MUHAS	-	Muhimbili University of Health and allied Science
MAT	-	Medical Assisted Treatment
NGO	-	Non Governmental Organization
UNDCP	-	United National Drug Control Unit
UNICEF	-	United Nations Child Fund.
WHO	-	World Health Organization

## **OPERATIONAL DEFINITIONS**

**Adolescence:** (WHO) Adolescence has been described as the period in life when an individual is no longer a child, but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. The adolescent experiences changes in social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity.

**Adolescents:** The World Health Organization (WHO) defines adolescent as any person between the ages 10-19.

**Drug:** It is a substance that due to its chemical nature affects physical, mental and emotional functioning. Or refer to any chemical substance which when taken into the body that can affect one or more of the body's functions.

**Drug Abuse also known as substance abuse:** Use of drugs for other purposes other than medical reasons. WHO defined Substance abuse as harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

**Drug Addiction:** This means that a person's body can no longer function without these substances.

**Drug Related Problems:** This term is used to describe all negative effects associated with drug abuse such as violence, conflicts with friends or school authorities, destruction of school property and academic under performance.

**Drug Policy:** A brief statement outlining a school's or government stand or position on procedures for dealing with drug-related issues.

**Legal Drugs:** This refers to those substances such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

**Illegal Drugs:** In this study illegal drugs refer to the substances that the government regards as harmful to the mental and physical wellbeing of the individual, hence controlling or discouraging their consumption by law.

**Perceptions:** The process of recognizing (being aware of), organizing, (gathering and storing), and interpreting (binding to knowledge) sensory information.(2)

**Psychoactive Substances:** Refers to any substance that when taken by a person can modify perception, mood, cognition, behavior, or motor functions.

**Substance abuse:** Refer to ha harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs to stimulate behavior

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background Information

World Health Organization defined Substance abuse as harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Globally there were about 190 million substance abusers and out of these substance abusers around 40 million identified with serious illness or injuries each year. The use of substance such as alcohol, khat leaves and tobacco has become one of the major raising public health concerns. (3).

UNODC (2008) estimate that between 155 and 250 million people or 3.5% to 5% of the population aged 15-64 had used illicit substance at least in the previous years. Cannabis users comprise a largest number of illicit drugs compared to other drugs account for 129-190 million people. Number of people who inject drug aged 15-64 years range from 11-12 million people, number of problem drug users aged 15-64 years was 115-250 million persons. Total number of people aged 15-64 years in 2008 was 4396 persons.

According to WHO the extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users. 1.3 billion Smokers and 185 million drug users. The magnitude of this problem on the adolescent's population revealed to be 51% for American teenager who tried to elicit drug by the time they finish high school. Adolescents aged 12-20 comprise 49.8% of all person. The highest group of adolescents who use drugs aged from 18-20.(4)

In Africa studies on substance abuse among adolescents (street children, street vendors and sex workers) in urban area is estimated to be 82%. Since the late 1990s the injection of heroin and other illicit drug has become widespread in Tanzania particularly in Dar es Salaam. The

injection of illicit drug contributes to the development of chronic medical condition, leading to higher morbidity and mortality.(5)

Tanzania is estimated to be a home of 5-7% adolescent's users of cannabis. (6) And between 25,000 and 50,000 heroin and cocaine users across the country, but the figure could be higher if the actual data from Zanzibar was properly documented. Although there are no accurate official data about drug abuse in the country, Dar es Salaam, which has a population of five million people is estimated to have 10,000 - 15,000 heroin and cocaine addicts. Heroin and cocaine are relatively cheap in the streets of Dar es Salaam, Zanzibar, Mwanza, Tanga and Arusha and the users can pick one wrapped foil full of it known as "kete" for 1 US Dollar which is equivalent to 2,200 Tshs. (7)

Tanzania lies on the major corridor for drugs trafficked across the Indian Ocean from the Middle East, Central, South-East, and South- West Asia, Latin America, Europe and the United States of America, thus making psychotropic substances like cocaine, heroin, hashish, mandrake, as well as resinous materials used as a hallucinogen easily find their way into Tanzania.(8)

Adolescent start smoking heroin in hangout area (referred to as the '*geto*' - a place where the organization and rules governing heroin use are produced) with their friends, either because of peer pressure, desire or trickery (9). Substance abuse is associated with social and family problem, whereby by adolescents who illicit drug find they being in the conflict with police interventions, school discipline and being discriminated from other people. (8)

Substance abuse among adolescents has negative effect on the National economy and health system due to the investment on prevention and response mechanism. For instance in the united states alone there were 532,000 drug related emergency room in 1995 from 404,000 in 1988 an increase of more than 30%. The statistics Cleary depict that the magnitude of drug related health problem both for the addicts concerned and for society which is burdened with the health cost related to drug abuse.



Adolescents who illicit drug find themselves in situations beyond their control or not to their liking on sexual health. Substances can make a person more confident, more sexual and people lose their inhibitions. Sexual assaults and rape are sad but common act of violence that many people who are under the influence of drugs and alcohol face. If a teenager experiences this act of violence, the long term consequences for their mental health can be very poor.(10)

The government has taken a number of preventive measures including : health promotion against drug use on radio, TV and local newspaper to warn the society against drug abuse, established a Methadone Maintenance Treatment clinic (MMT), health workers, social welfare officers, teachers and parents have been trained to handle academic and social problem related to drug use.(11). However government has decided to destroy the entire plantation and caught the people who were engaging in such activities of cultivating illegal drugs and established a Drug Control Commission to deal with prevention of drug abuse and trafficking. Despite those interventions, drug abuse among out of school adolescents has been escalating.

## **1.2 Statement of the problem**

Adolescent drug abuse is a significant threat to the Nation's health and wellbeing. The world free drug report shows that illicit drug and alcohol use are among of the substance that kills children's future as in every 2 minutes. Adolescent experiment illicit drug for the first time in street and school campus, the most vulnerable group of these behavior are young people aged 12-19 years.(12). Tanzania drug control commission reported that the number of people who are addicted range from 15,000 to 50,000 and most of people involved are youth. The use of substance abuse revealed to have long and short term consequence on health, social and academic.(7)

Previous studies have focused their attention on in-school adolescents particularly in terms of incidence, extent, knowledge, attitude, heroin and HIV risk among Tanzanian youth hangout (9), and practice of drug abuse (13) (8 - 9). However, few studies have sought to tape opinions of out of school adolescents who live in the communities in which illicit drugs are sold and used. Consequently, little is known on perceptions of out-of-school adolescents regarding risk factors for drug abuse, consequences of drug abuse and protective factors against drug abuse. It is this gap in knowledge that this study intended to fill.

### **1.3 Rationale of the study**

This study has explored perception of out of school adolescent toward substance use and its consequence. The findings may therefore inform Ilemela Municipality in the course of developing a strategy to control drug abuse among adolescents. The study shines light on responsibilities of individual adolescents, families, community and the local government toward addressing the problem.

### **1.4 Main research question**

The main research questions of this study was perception of out of school adolescents on the risk factors for engaging in drug abuse, consequence of drug abuse and practices which are protective against drug abuse.

### **1.5 Specific research questions**

1. What are the perceptions of out of school adolescents on risk factors for engaging in drug abuse?
2. What are the perceptions of out of school adolescents on consequences of drug abuse?
3. What are the adolescents practice which are protective against drug abuse?

### **1.6 Objective**

#### **1.6.1 Main study objective**

The main objective of this study was to explore perception of out of school adolescents on the risk factors for engaging in drug abuse, consequence of drug abuse and practices which are protective against drug abuse.

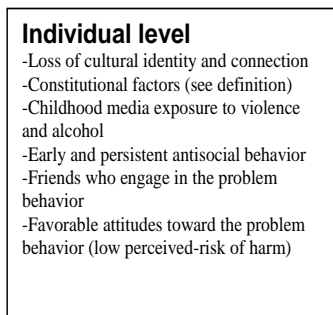
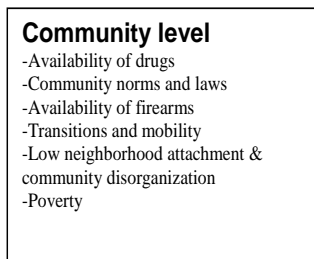
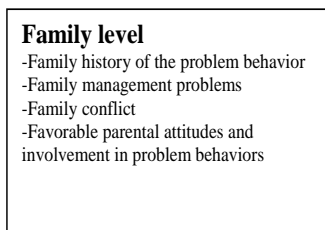
#### **1.6.2 Specific study objectives**

1. To examine perceptions of out of school adolescents on risk factors for engaging in drug abuse.
2. To examine perceptions of out of school adolescents on consequences of drug abuse.
3. To examine adolescents' practices which are protective against drug abuse.

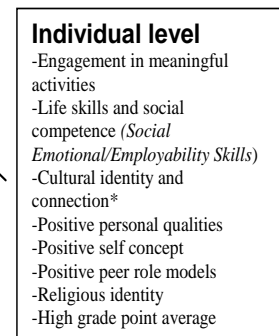
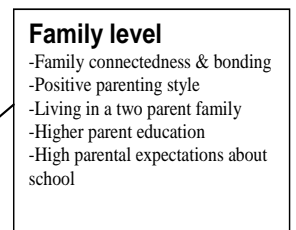
## 1.7 Conceptual framework

The below conceptual framework developed from conceptual framework of risk factors contributing to adolescent's substance abuse developed by Lee TY.(14) And from research conducted by Alaska Division of mental health on risk and protective factors for adolescent substance use. Whereby the risk factors explained as the characteristics within the individual or conditions in the family, school or community that increase the likelihood adolescents engage in problem behavior and protective factors are characteristics within the individual or conditions in the family, school or community that help adolescent cope successfully with life challenges and existing risk factors.(4)

### Risk factors



### protective factors



## CHAPTER TWO

### 2.0 LITERATURE REVIEW

This chapter provides insight on adolescents' perception of substance use, consequence and protective factors. This information is based on theories and studies done globally on similar topics.

#### 2.1 Overview of drug abuse.

Drug abuse is common among adolescents in developed and developing countries. Today, there are estimated 90 million drug users around the world and no country alone can stem the drug trade within its borders. Adolescents are involved in the use of illicit drug because they want to reduce regular pressure around them. (15)

#### 2.2 Risk factors for adolescent engaging in drug abuse.

Globally there were about 190 million substance abusers and out of these substance abusers around 40 million identified with serious illness or injuries each year. A survey of 14-16 years adolescents, conducted in England showed that nearly three-fourth of the sample population had been exposed to situations in which drugs have been available, half of the sample population surveyed has tried illicit drugs at some points of their lives, and more were expected to do so, while one in five was a current user. At age of 14 years, 38% of girls used illicit drugs at least once, and this figure rose to 49% by the age of 16 years. Study conducted in the united states reveal that 22.6% had used alcohol, 44.4 % marijuana, 8% cigarette, 1.1% cocaine and above 18.5 had used other illicit drug.(16)

Regarding perception on the causes of substance abuse among adolescents a study done in Abu Dhabi with 42 respondents indicated that adolescents' engagement in substance use was influenced by complex factors related to peer pressure, family, accessibility, religiosity, school and community. However findings revealed that power of peers enforcing the behavior of substance abuse was greater than the family protective role.(17)

In Africa substance use among adolescent is still growing in deferent societies due to cultural, social, economic, Political and environmental factors which rendering them to become the most vulnerable group: Cultural factor influence adolescents into substance abuse, this could

be attributed to the fact that adolescents especially those out of school are moving away from the dependence and the protective confines of the family toward relative independence hence their fellow peers influenced them negatively into substance abuse.(18)

Social factors: include abuse and neglect to adolescents in form of parents or family substance abuse, marital status of parents, level of parental education, parents child relationships, socioeconomic status and adolescents perception that parents approve of their substance use.(14)

Study conducted in Kenya among in and out of school adolescents revealed that, the economic status facing the society today contribute to the problem particularly for the youth mostly in and out of school. The reasons are due to the lack of capital and unemployment.

Adolescents also engage in substance use because of living in vulnerable environments watching their elders and peer engaging in drug and substance like alcohol.(19)

Study conducted in Kenya aimed at finding out what makes students abuse drugs and the effects that arise out of this practice. The study revealed that majority of students' abuse drugs to feel high and was a result of peer pressure. It was also noted that poor performance is the greatest effect of drug and substance abuse among students .(20)

Study conducted in Tanzania revealed that adolescents had many different types of place that they spent time at and even more names to describe them. The terms mageto and maskani were the hangouts most often referred to by the drug users in this study. Maskani were open air space where youth could meet and mingle: mageto were private rooms rented in a house.(9)

The football pitches, the open air maskani, drug mageto and private homes were the sites where most adolescents in Dar es Salaam were initiated into heroin use. Many time those who smoke were initiated into the behavior on the street corner or on a football field as they watch the neighborhood game. Sharing unadulterated cigarettes is common since many adolescents cannot afford to buy a pack of cigarettes and most people will purchase only one or two cigarettes at a time. (9)

Study conducted in Tanzania on characteristics of drug abusers with the sample of 1198 adolescents male and female aged 20-40 revealed that drug abusers was within age group 21-30 for male and in female the highest user age group was less than 20 years, employment status was 33.6%, laborers with primary education were among the highest users. Among literate the abuse was 7.4%.

Study done in Tanzania on assessing knowledge, attitude and practice of psychoactive substance use among secondary school students (sample size 402) in Dodoma Municipality. Results showed that 24.4% (n=98) of the students had friends who were using a psychoactive substance and 12.5% (n=5) of the students preferred friends who were using the psychoactive substance. Alcohol 46.9% (n=46), solvents usage 27.6 % ( n=27) and bhangi (marijuana) 23.5 % ( n=23) were the most used psychoactive substances by the student's friends.(12)

### **2.3 Perceived consequence of drug abuse among adolescents**

Substance use lead to both health, social and academic effect among adolescents. This is due to the fact that drug that exert the major effect on the brain resulting in sedation, stimulation or change in mood of individual (21). Drug abuse also lead to health complications, family break up, poor performance in school and social evil. In the community drug use among adolescents' leads to increase school dropout, disease like cancer, HIV/AIDS and sexual transmitted infection.

Globally drug use among adolescents can be part of a pattern of risk behavior including: unsafe sex, driving while intoxicated, or other hazardous, unsupervised activity. When adolescents become addicted it can cause a serious social and health risk including: school failure, problem with family and other relationship, loss of interest in normal healthily activities, increasing risk of contracting an infectious disease via risk of sexual behavior or sharing contaminated injection equipment's, mental health problems and very real risk of overdose death.(22)

Drug use at an early age is an important predictor of development of substance use disorder later. The majority of those who have a substance use disorder started using before age 18 and

developing disorder by age 20. Example 15.2% of people who start drinking by age 14 develop alcohol abuse or dependence as compared to 2.1% of those who wait until they are 21 or older.(23)

Tobacco, alcohol and marijuana are dangerous and first addictive substance most adolescents try. Data collected in 2012 revealed that nearly 13 percent's of those with substance use disorders began using marijuana by the time they were 14. (10)

In Africa adolescents often experiment with a variety of activities and substances. Unfortunately, this experimentation can lead to substance abuse and addiction. There are many symptoms of drug abuse among adolescents but some of the most common are: conflict and contact with the law, problem at school (such as suspension and poor grade) mood swings, loss of interest, missing money, depression and withdraw.(24)

According to Casa Palmera foundation 2009, Statistics show that drug abuse is a growing problem among adolescents. In addition to cocaine, Ecstasy and other club drugs, a recent Monitoring the Future Study showed that the top six most abused drugs by teens are: marijuana (31.5%), Vicodin (9.7%), amphetamines (8.1%), cough medicine (6.9%), sedatives & tranquilizers (6.6% each). Without treatment, the effects of drug abuse on teens can lead to serious consequences now and well into adulthood.

In Tanzania study conducted on HIV/AIDS and injection use in the neighborhood of Dar es salaam Tanzania revealed that HIV is being transmitted by heroin (IDU) needle and syringe sharing practices and create the possibility for new wave of HIV transmission.(13)

According to drug commission report 2005, adolescents' illicit drug in many ways including: swallowed, eaten or drunk, chewed through the mouth, inhaled through the lungs or injected beneath the skin into the muscles or into a vein. Drugs may affect young people more quickly than others, especially if they weigh less than 50 kilograms. The growth of adolescents may be retarded when interfered with intake of alcohol, drugs and tobacco. When adolescents become addicted with drugs they forget attending classes, doing exercises and some suffer from hand tremors, and drop of hormones which affects their heights and weight as well as late secondary growth such as menstrual period in girls and less sperm count in boys. They can get cancer of



any part of the body. Children who abuse drugs get mental illness, hepatitis, HIV and AIDS, etc. Moreover, they get involved in accidents, injuries, and premature death.(25)

#### **2.4 Protective factor of drug abuse among adolescents**

Globally studies funded by NIDA on the origin of drug abuse behavior among adolescents revealed that protective factors for substance abuse among adolescents should focus on family, community and school level.(26)

Family based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information, Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.(27)

Protective programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties. Furthermore Protective programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills : self-control, emotional awareness, communication, social problem solving and academic support.(27)

Prevention programs should aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community. However protective programs should reaching populations in multiple settings example: schools, clubs, faith-based organizations, and the media. programs should be designed to combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.(28)

A Spanish nationwide survey on drug use among secondary-school adolescents found that the large majority of pupils (85.6%) considered themselves to be sufficient informed about drugs, their consequence and the problems associated with their use. The main channels through which adolescents received drug use information were their parents and siblings (73.2%), the media (69.3%) and teachers (63.8%). Nowadays there is a considerable increase in number of student gaining drug information and knowledge via their families and teachers. In this regard school, media and family seem to be protective factors for substance abuse among adolescents.(29)

Study conducted in Alaska found that protective factors are characteristics within the individual or conditions within the family, school or community that help young people successfully cope with life challenges. When adolescents can successfully negotiate their problems and deal with pre-existing risk factors, they are less likely to engage in problem behavior such as: substance abuse, violence, suicide, or early sexuality activity.(4)

Study conducted in Ghana argued that emotional deprivation is not a serious problem among adolescents because the traditional practice of extended family ties creates strong commitment to family members. Indeed, this practice is, gradually disappearing and giving way to nuclear family practice. Nevertheless, it also appears from the present study that the chances of substance abuse are less when adolescent stays with extended families even when there is divorce. Finally, the results show that divorce, living with parents had no significant association with students' use of drugs.(30)

Study conducted in Tanzania found that there are protective measures against substance abuse in place which includes: engagement of youth in recreational activities like game and sport, health promotion on causes and effect of drug abuse on radio, TV and newspapers, teachers and parents have been trained to handle academic and social problems of drug abuse among adolescents, laws ban the use of dangerous and addictive drugs (those that cause dependence) such as diazepam, morphine codeine except with medical prescription. Drugs such as heroin, crack, cocaine, and ecstasy are illegal. Therefore, selling any of these drugs is a crime with serious penalties. Like other drugs, the use of cannabis is illegal. The penalty for using or

possessing drugs in Tanzania is very heavy in adolescents and may be sent to children remand homes or approved school or to prison.(1)

### **2.5 Knowledge gap**

The above literature, noted that adolescents engage in drug use due to many factors such as social, economic, environmental and political factor. Government and other stakeholder have created various mechanisms particularly for in- school adolescents but the problem still going on. However, few studies focused on the substance use among out of school adolescents, therefore in this study I'm going to extent knowledge on available literature by focusing on explorer out of school adolescents perceptions on the causes, consequence and remedial measures against substance abuse.

## CHAPTER THREE

### 3.0 METHODOLOGY

This chapter provides a detailed description of the research methodology that used for this study. This includes the study area, study design, population of the study, sampling procedure, Data collection methods, Data analysis procedure, recruitment and training of assistant researcher, quality criteria of the study and ethical issues.

#### 3.1 Study area

The study was done among out of school adolescent in Lake Zone Tanzania. Ilemela Municipal is one of the Seven District of Mwanza City, it is bordered to the north and West by Lake Victoria, to the east by Magu District and to the south by Nyamagana Municipal. According to 2012 census the population of Ilemela Municipal was 343,001; the Municipality is divided into ten wards. Specifically, data was collected from Ilemela Municipal where adolescents are at high risk of engaging in substance abuse due to high availability of substance, poverty, high unemployment and social environment that is more permissive to drug abuse and less stigmatizing of drug abusers has been mentioned as important risk factors. Adolescents experiment with drug because other are doing it and they fear not being accepted in social circle that includes drug using peers (7). According to Mwanza Regional Medical Officer (RMO) the region had between 10,000 and 15,000 drug users and addicts, who mostly abuse khat, marijuana, heroin and cannabis, adding that over 50 per cent of all psychiatric patients have had a history of abusing drugs. ([allafrica.com/stories/201802220731.html](http://allafrica.com/stories/201802220731.html))

Study conducted by Drug Control Commission (DCC 2013-14) estimates that the number of people who use drug (PWUD) across the regions were 3,300 in Mwanza,. On February 20, 2018, Tanzanian Prime Minister Kassim Majaliwa attended the opening of the Lake Zone's first methadone clinic, at the ICAP-supported Sekou Toure Regional Hospital. *"I urge Tanzanians, wherever we see that our young people have been infected with drugs, to bring them to a registered clinic so they can be given medicine and ask for the community to believe they have changed since they have come to know the effects of drugs,"* Prime Minister Majaliwa said in his address. Speaking at the event, the Drug Control and Enforcement

Authority Commissioner General, Rogers William Sianga, said Mwanza Region is one of the popular destinations for drug dealers in the country, saying a special team from the Commission will soon camp there for action. Other structures dealing with the problem involve District commissioner office, Bugando Medical Centre (BMC) Police force and District and Regional Medical Office (DMO& RMO office), ICAP and Ariel Glasser Pediatrics AIDS Healthcare Initiative (AGPAHI) ([allafrica.com/stories/201802220731.html](http://allafrica.com/stories/201802220731.html))

### **3.2 Study population**

This study was conducted among out of school adolescents both male and female aged 10 to 19, including those known to be users of illicit drugs. Therefore, study involved adolescents who abuse substances but do not have obvious signs of psychosis in Ilemela Municipal.

### **3.3 Study design and sampling**

This was an explorative study conducted in a sub-group to tape opinions of out-of-school adolescents on causes, consequences, and protective factors against drug abuse. Accordingly, this study employed qualitative techniques in both the collection and analysis of the data.

Purposeful sampling strategy was used to select 31 participants from Ilemela Municipal in Mwanza City, three ward named Kirumba, Pansiansi and Nyamanoro were selected. Purposive sampling is non probability sampling method in which the researcher selects the study participants on the basis of personal judgment about which ones will be the most appropriate to generate the required data. The reason for purposive sampling was to recruit out of school adolescents; whom are conversant and capable of providing information on drug abuse among adolescents. Also the study purposely recruited 15 adolescents who indulge in drug abuse in order to get complimentary information of the risk factors. Quota sampling were applied whereby participants was divided into subgroup according to age (10-15,16-19,years), sex (boys and girls), education status (out of school), those known to users of illicit drug and nondrug users. However, sampling was carried out until saturation transpires.

The recruitment of the participant (out of school adolescent not indulge in substance abuse) was done by the researcher with the assistance of Municipal Social welfare officer and Cheka Sana NGO. Moreover, for out of school adolescents' illicit drug recruitment was done in

collaboration with Sekou Toure referral hospital Social welfare officer under section of methadone maintenance clinic and MAT. This was after thorough explanation regarding the study was given.

### **3.4 Data collection method**

Semi-structured interview guide using an audio recorder and field notes were applied to collect the data. An in-depth interview conducted with each participant, using open-ended interview questions and following a topical semi-structured interview guide. The interview guide was divided into two sections; section A and section B. Section A comprised of the demographic data of the participants and section B comprised of semi-structured questions which guided the researcher to explore the perception of the out of school adolescents on substance abuse. The study supervisor who have experience in qualitative research reviewed the interview guide. Data was collected using focus group discussion and in-depth interviews. Tentatively 16 adolescents took part in the FGDs (2 groups of 8 participants each) and 15 adolescents who indulge in drug abuse took part on in-depth interview. These were recruited according to age, sex, education status (out of school adolescents). However, actual sample size was determined in the field after reaching saturation point. Both FGDs and in-depth interviews were needed to enhance trustworthiness of the findings through data triangulation. The advantage was increased credibility of the findings. Data from the FGDs among out of school adolescents about their perception on causes and consequences and preventive practices of drug abuse was complimented or verified by similar data from interviews with adolescents who engage in drug abuse. Data was collected by the Principal Investigator (PI) and a research assistant (RA). The PI was the moderator and the RA was recording. The interviews/ FGDs were organized by Social Welfare officer in collaboration with Cheka Sana NGO and MAT clinic. FGD were conducted at Cheka sana NGOs in Nyamanoro and Pansiansi Ward and in- depth interview took place at MAT clinic at Kirumba Ward.

#### **3.5.1 Focus group discussion**

Each focus group discussion consisted of 8 informants. Focus groups conducted by separating group based on sex (group of male and female adolescents). The groups were further be categorized by age: (1) 10–15 years; (2) 16–19 years.

The thematic areas for focus group discussion included:

- Adolescent perception on drug abuse (general understanding of drug abuse, what are their feelings, opinions, or views about drug abuse)
- Their understanding on causes of drug abuse (what make adolescents to engage in drug abuse, where, when, with whom).
- Their understanding on consequence of drug abuse (perceived effect).
- Their views on preventive practices and strategies to combat adolescents' drug abuse (what strategies are in place, what can be done, how can be done, where can be done, by whom)

### **3.5.2 In-depth interview**

Qualitative interview was used to get complementary information from adolescents who use illicit drugs. They requested to volunteer talking how they got hooked up in illicit drugs. Interview guide with the list of open-ended questions and probes was used. The questions was focus on: risk factor for engaging in drug abuse, types of available substance in the community, route of administration, means of obtaining substance, consequence of drug abuse and preventive practice which are protective against drug abuse.

### **3.6 Data analysis procedure**

Thematic analysis approach was used to analyze the findings. Braun & Clarke (2016) thematic analysis is the process of identifying pattern or theme within qualitative data, the advantage is that is the method rather than methodology (it is not tied to a particular epistemological or theoretical perspective). In this study, data was analyzed to identify the main themes and sub-themes within the narratives given by the participants. The analysis began once the first interview was conducted and continued throughout the data gathering process. Following the completion of each interview, each written transcript was read and re-reading to become familiar with the data, while listening to the corresponding audio tape to ensure the accuracy of the transcribed tape. This helped for better and overall understanding of each participant's experience. In addition, important phrases, sentences or paragraphs were highlighted and coded; this process was repeated until all the data was coded. The coded

passages were then compared and codes that had common elements were grouped to form major themes and sub-themes. These themes and their supporting passages were continuously revised during the process of going through the transcripts. Every data was scrutinized to ascertain its suitability within the assigned theme. The themes were compared with each other and this helped to identify the relationships among the themes which were used to describe the perception of out of school adolescents on drug abuse. In addition the data collection process was referred to M. Maguire & B. Delahunt (2017) by involving the following steps: Reading and re-reading that transcript to become familiar with the data, data was organized in a meaning and systematic way then coded, then theme was searched and reviewed to confirm if theme (make sense, if data support the theme and subtheme), theme was defined to identify the essence of what each theme is about and writing-up was made

### **3.7 Recruitment and training of assistant researcher.**

Two persons from the Nongovernmental organization dealing with out of school adolescents' were recruited before field work and trained for two days on: briefing of the study, familiarization with research tools and how to administer tools. They were introduced on research ethics and administrative issues (work schedule and other logistics)

### **3.8 Quality criteria of the study.**

Trustworthiness is an important consideration in evaluating findings of the qualitative research. It is an indicator of the extent to which the study was conducted carefully. The trustworthiness of the result can be secured through several ways such as prolonged engagement, member checks and peer debriefing (31). In this study the FGD guide was tested to improve the questions and the moderating skills. The data collection period was planned such that the researcher had enough time for contemplation between field visits were therefore able to conduct preliminary analysis that guide their subsequent data collection. Moreover a member check technique was applied during group discussion where author took part in data analysis. The author is therefore confident that the finds are valid and grounded in the data.



### **3.9 Ethical issues**

Precaution and concern for the protection of the participants from any adverse effect that may result from their participation in the study was addressed. Ethical clearance was obtained from Muhimbili University of Health and Allied Sciences institution review board also the study was ask permission from Ilemela Municipal Director. Consent to involve adolescents in this study was obtained from social workers. However consent for adolescent above 18 years of age was obtained direct from adolescents through oral and written consent and for those below 18 years consent was obtained from their care takers and social workers.

## **CHAPTER FOUR**

### **RESULTS**

#### **4.0 Introduction**

This chapter presents the findings of the study in Ilemela Municipal in Mwanza City, Tanzania. The main purpose of the study was drug abuse among out of school adolescents: exploring perceptions on causes, consequences and protective practices in Ilemela Municipal. The analysis aimed to answer the research questions;

What are the perceptions of out of school adolescents on risk factors for engaging in drug abuse? What are the perceptions of out of school adolescents on consequences of drug abuse? What are the adolescents practice which are protective against drug abuse? Following the analysis of data collected from 31 respondents (16 participants from 2 focus group discussions and 15 informants from in-depth-interview), a number of themes and their corresponding sub-themes emerged. In the ensuing sections, the sample characteristics are presented first, followed by the themes and subthemes that were developed to answer the research questions.

#### **4.1 Demographic Characteristics of the Participants**

Two focus group discussions was conducted, each focus group discussion consisted of 8 informants. Focus groups were conducted by separating group based on sex (group of male and female adolescents). The groups were further be categorized by age: (1) 10–15 years; (2) 16–19 years. Table 1 and 2 below show the socio-demographic characteristic of the study participants from FGD and In-depth interview.

**Table 1: Descriptive status of participants from FGD'S**

	<b>Total (16)</b>
<b>Sex</b>	
Boys	8
Girls	8
<b>Age</b>	
10-15	
Boys	4
Girls	4
16-19	
Boys	4
Girls	4
<b>Educational level</b>	
No formal education	8
Primary education	8
Secondary education	-
Above	-
<b>Employment status</b>	
No job	16
Full time	-
Part time	-
<b>Marital status</b>	
Single	12
married	2
divorce	2

**Table 2: Descriptive status of participants from in-depth interview (IDI)**

	<b>Total (15)</b>
<b>Sex</b>	
Male	13
Female	2
<b>16-19</b>	
Boys	13
Girls	2
<b>Educational level</b>	
No formal education	1
Primary education	9
Secondary education	5
Above	-
<b>Employment status</b>	
No job	5
Full time	-
Part time (day worker)	10
<b>Marital status</b>	
Single	12
Married	1
Divorce	2

All the participants were interviewed in Swahili because they understood the language better and preferred to be interviewed in Swahili. All the participants were living in Ilemela Municipal in Mwanza City.

**Theme that emerged:**

The analysis resulted into analytical themes which are organized under sub-headings reflecting specific research objectives and conceptual framework. They are presented in the sections that follow:

**General understanding of drug abuse**

- Meaning of drug abuse
- Types of drug abuse available in community
- Age for drug abuse
- Sources of drug abuse
- Price of drug abuse

**Perceived risk factors for engaging in drug abuse****Individual risk factor**

- Friends who engage in problem behavior
- Adolescent exposure to substance abuse
- Stressful situation

**Community risk factor**

- Availability of drug
- Community norm and law favorable toward drug abuse
- Community disorganized

**Family risk factor**

- Family management problem
- Family conflict
- Unfavorable parental attitude and involvement in problem behavior

**Perceived protective factors for substance abuse**

- Individual protective factor
- Community protective factor
- Family protective factor

## **4.2 General understanding of drug abuse**

This theme described understanding of adolescents on the meaning of drug abuse, types of substance available in community, sources of drug abuse and price. It is one of the major themes identified in exploring adolescent perception on the general understanding of drug abuse. The theme comprises of the following sub-themes

### **4.2.1 Meaning of drug abuse**

Among the respondents who were interviewed, it was found that; adolescents had the opinion that drug abuse was a habit of drinking, chewing or sniffing certain substances to alter one's mood. Further that drug abused often made adolescents forget their worries and suppressed their problems hence they become deviant. Participants from FGD group aged 16-19 explained.

*“I think drug abuse is a habit that the adolescent, mostly engage themselves using something that alter their mood. They will either drink, chewing or sniff it to change their mood.” (M1)*

Moreover, drug abuse was perceived as situation that changes the mental state of an individual. Thus, substances changed the attitude expected by the society:

*“Drug abuse is not only cocaine for me is “anything used and made somebody to get out of senses, that you can do something out of your senses.... things that you don't know that you have done or you are doing, that is substance abuse”. (FP 05)*

Respondents also defined drug abuse as taking anything that lead to change in mood;

*“What I understand by drug abuse is anything that a person drinks or takes that lead to change in his mood or change the way he feels or behaves”.(FP 06)*

### **4.2.2 Perception on types of drug abused by adolescents.**

Substances that were perceived to be abused by adolescents included; marijuana, snuffs, alcohol, khat and heroin.

*“Drug used by our fellow adolescents is many, but I only know some of them. There is bhanghi, which is also called marijuana, and also there is khat and alcohol”*

*“yes I only know common types of drug available at community and most of adolescent prefer to use is marijuana and heroin and few prefer to use khat and snuffs”*

In addition I was found that some adolescent using cigarette which is mixed with heroin. This assertion was backed by a participant (from in-depth interview) who uses illicit drug when he said:

*“yes at the first time I was used cigarette which was mixed with heroin, I was with my friend whom was my boyfriend he was used heroin without me to know, so one day he came with heroin and mixed with cigarette, I didn't recognized so I was smoked .....from there I started using heroin, previous I used so smoke marijuana when I was in school after then I was stopped smoking marijuana I remember I was with 15 years of age almost five years was passed before I engaged in heroin with 19 years of age”*

Notwithstanding, the study revealed that among the substances that were used, marijuana was often and commonly abused as compared to other substances. Reasons were that, marijuana was less costly and can be afforded by all including the unemployed. Friends found it easy to buy for their colleagues and It is easy available compared to other types of drug like heroin.

*“I think bhangi is common drug available at my street and most of young boy prefer to use this kind of drug, I see most of boys who are out of school and those finished standard seven prefer to use marijuana”(MP009 IDI)*

Other participant age group 16-19 mentioned cigarette and marijuana to be common types of drug available in community.

*“Yes what I know cigarette and marijuana is common types of drug available in the community and adolescent use to smoke because is less expensive”(MP 007 IDI)*

#### **4.2.3 Sources of drug abuse**

Also, the study enquired about the source of drug abused by respondents. It was revealed that the adolescent acquired the substances by buying from the dealers in the vicinity and there were specific places where they were sold: mentioned on the abandoned buildings, recreational areas like beaches, play ground or the open space, night clubs and residential areas of the mountains:

*“, near my place of residence there is one adult who sells marijuana..... that is the sources for our friends to engage in substance abuse.”(FGD)*

This question was also posed to adolescent illicit drug and narrated as follows:

*“There are specific places where we usually buy the substances and those that sell the substances to us are available at abandoned buildings, recreational areas, night clubs and residential areas of the mountains.” (IDI)*

Respondents emphasized that they usually engage in drug abuse, because his brothers were a drug dealers:

*“to my side I started with alcohol but I was unsatisfied with alcohol due to the fact that humans wants to know more on something I then engaged myself in bhang that was when I’m having alcohol at the same time I add bhang to reduce sober. But due to the environment at home I had brothers and my uncle who were travelling to South Africa dealing with heroin so I was sometimes used as their transporter in the end I ended up using Heroin too but it was after persuasion from a friend who encouraged me to boost.” (MP 012 IDI)*

#### **4.2.4 Age for drug abuse**

Also, the study suggested the number of years the adolescents started engaging in drug abuse. It was perceived that, some started taking substances from primary school and some from secondary school the age range between 11 to 16.

*“most of adolescents start abusing drug when they finish standard seven with the age of 13, at that age most of adolescents encountered a lot of risk and challenges hence start abusing drug” (MP009 IDI)*

However, other respondents added that there is no exactly age for adolescent start engaging in drug abuse the time for engaging in drug abuse depend with risk environment which somebody live or exposed with.

*“for me there is no specific age for adolescents to start using drug the main factor is risky environment some time they can start with 20 to 25 years old, even 9 years of old depending on risk of exposure to substance”(FP05 FGD)*

#### **4.2.5 Price of substance**

Also, the study revealed the prices of the substances that were abused. It was uncovered that the price depended on the nature of the substance, its availability, quantity and quality. However, generally, for heroin it ranged from Tshs 1500 to 7,000:



*“at the time when I was started one booster (wrapped foil full) were sold one thousand and fifty hundred (1,500), then two thousands and five hundred (2,500) now one booster is sold seven thousand, I was started smoking when I finished standard seven”*(MP010 IDI)

Another respondent added some drugs like marijuana are sold at very low cost up to 100 Tshs per stick:

*“ooh most of youth who are out of school and under parents prefer to use marijuana because marijuana affordable by many youth groups, “Marijuana is sold at 100 or 200 Tshs per measure”* (MP009 IDI)

### **4.3. Perceived risk factors for engaging in drug abuse**

The study explored adolescents’ opinions on the risk factors for drug abuse among the adolescents in Ilemela District. The adolescents had perceptions about risk factors which could be categorized to be at exerting their influence at individual, family and community levels.

#### **4.3.1 Individual level risk factors**

On individual level risk factors, it was revealed that adolescent engage in drug abuse due to having friends who engage in problem behavior, adolescent exposure to drug and coping with stressful situation as follows:

- **Friends who engage in problem behavior**

The findings revealed that friends or peers had an influence on the use of illicit substances. Adolescents who associate with peers who engage in drug abuse are more likely to engage in the same problem behavior. Participants explained that they were influenced into drug abuse by their friends and many adolescents first exposure to potentially addictive substance begins as a social event, may smoke or drink at parties or with friends:

*“ I think there is a lot of factors but the main factor is friends.... for those with friends who smoke they are at high risk for engaging in smoking, sometime a lot of stress can lead somebody to engage in drug abuse, other thing is life difficult, “ but what start is friends”*.(FGD)

*“ myself I was tried smoking marijuana, I remember I was in standard three, it was in abandoned house, it was a big part I found my friends smoking marijuana then I was tried, I felt so good because I heard bell ringing in my ears, it was at the hall where youth were gathered and play football.”(MP 009 FGD)*

Similarly perception of adolescents was confirmed with, another participant who was an illicit drug user who explained how he was influenced by friends into this behavior, and once a person has progressed past the experimentation phase regular use of drug ensues:

*“On my side the main reason was peer pressure from my friends whereby I lacked supervision, but also the guy who used us agents persuaded me towards heroin whereby he advised that heroin has a fast reaction compared to bhang I agreed with him and tried to use heroin it was when I became an addict.”(M011 IDI)*

*“it was just peer pressure from my fellow youths where due to the company I had we were sneaking home to discos where we encouraged each other to drink alcohol later traditional alcohol and in the end we ended up in bhang”. (MP010IDI)*

Other participants added that she used heroin for the first time without knowing and the reason for her to engage in substance abuse was her boyfriend:

*“yes at the first time I used cigarette which was mixed with heroin, I was with my friend who was my boyfriend he was used heroin without me knowing, so one day he came with heroin and mixed with cigarette I didn't recognized, so I smoked..... from there I started using heroin” (F 014)*

Another participant added that he started abusing substance because adolescents want to know and try everything:

*“for me I was started using alcohol and at time goes I found myself engaging in marijuana because we adolescents we want to know and test everything, “after I was started using heroin because my brother was a drug dealers and drug users sometime when I was in school he used me for selling heroin, I remember one day I took one booster and I was stayed with it for three days then I sold it to other youth*

*whom illicit drug for the remaining drug I was tried myself to smoke, I remember I was started using Marijuana with 11 years of age but for heroin I was started with 19 years of age” (M 12 IDI)*

- **Adolescent media exposure to drug abuse**

It was found those adolescents abused substances imitating from others and are also likely to be influenced by super peers including mass media like television and radio. The study revealed that, the adolescent in the study area wanted to know how other people felt when they took the substances of which they later become addicted. Respondents from focus group discussion said:

*“I tried smoking bhang when I was 11 years. My father was a bhang smoker and sometime used to instruct me to light his cigarettes and in so doing I used to smoke his cigarettes a little and indeed he did not care about that, I only wanted to know what is in cigarettes that make my father happy...mh sometime I grew appreciate smokers I saw on television”.*(M3 FGD)

Participant from In-depth interview narrated.

*“after using bhang I reached at chronic level where I suffered severe headaches due to bhang but at our streets we had some of older guys who were using heroin where I was looking at them enjoying their heroin sometimes I was asking them to test whereby I became found of heroin and fully engaged myself in heroin.”* (M010 IDI)

Respondent from FGD group aged 10- 15 said that he learned to smoke marijuana from other children who living and working on street.

*“ my friend was used to smoke marijuana and drinking alcohol, one day we went to the fiesta festival he stole money and bought alcohol and share with me, second time he took me to the old woman who sold bhang and he bought for me one stick we went in that way until I become addicted”*(M01 FGD)

- **Stressful situation**

It was found that, one of the perceived reasons for indulgence in substance abuse was stressful situation. It was revealed that stress is a well-known drug abuse risk factor when adolescents pressurized or annoyed, they took some substances to enable them cope and feel better. One of respondents narrated this as follows;

*“There is a lot of factors but the main factor is stress.... sometime a lot of stress can lead somebody to engage in drug abuse so as to cope with stress” (MP04 FGD)*

Another respondent added by saying she used substances so as to get rid from family challenges:

*“I use some when I am sad, sometimes this life is challenging and I have to use substances so as to get rid of some circumstances that I find myself. Sometimes one can find himself in a difficult condition like you lost something very important, the only thing you can do to cope is to use these substances. it help me to cope with any stressful situation”.*(FP 002 IDI)

#### **4:3:2 Family level risk factors**

Study revealed that high level of family stress, socially isolated from family, drug dependency of parents or relatives and inadequate parenting and little parent child contact can result into adolescent substance abuse as follows:

- **High level of family stress**

It was found that some adolescent abused certain substances with the aim of reducing feeling which rise due to family problem. The family induced stress was associated with parent’s death and abuse or being tortured by relatives.

*“family problems was among of the factor accelerated me to engage in substance abuse after death of my parents my father in law started selling properties which left with my parents... that was the thing disappointed and lead me to loss direction in life hence engage in substance abuse” (FP 002 FGD)*

And some of them are engaging in drug abuse because they lack parental care and guidance or weak parental child bond can have a greater impact on drug abuse during the early years. In addition, the perception above was supported with correspondence from adolescent illicit drug who narrated that: he engaged in substance abuse because of witnessing his mother being hurt and treated unfair with other family members so he thought that using drug will bring a relief and help him forget about that stress.

*“apart from peer pressure, at home I was staying with my mum whereby due to some family problems my mum was the last wife to my father after the death of dad I witnessed my mother being hurt and treated unfair so due to the pain I experienced I thought that using drugs will bring a relief to my side this was when I thought of using drugs.” (M011-IDI)*

- **Socially isolated from family**

Participant from age group 10-15 perceived that adolescent engage in substance abuse because of being isolated from families due to mischievousness. Consequently they lack parental supervision and guidance and may not understand the effect of drug:

*“For me I perceive that our fellow children’s do not understand the effect of drug because they lack guidance from their family and others are isolated from their family because of mischievousness so they perceive using bhanghi as a normal thing” (M2)*

- **Family management problem**

The study revealed that poor family management practice, including lack of clear expectations for behavior, failure of parents to monitor their children, knowing where they are and whom they are with lead adolescent to engage in drug abuse. Participant from focus group discussion narrated:

*“we need to stop doing bad things in order to be good example for our children’s example those who are engaged in drug abuse when you trace their history you can find that they are not living with parents or they are in single parental care” (F05-FGD)*

### **4.3.3 Community level risk factor**

Study revealed that the more available drugs are in community the higher the risk that adolescent will abuse them. The respondents reported that as long as there is specific places in our communities where adolescents can buy the illicit drugs/ substances, some of them are very likely to be abusers.

*“for me in place where I came from I perceive availability of drug is one of the risk factors for adolescents to engage in drug abuse because most of youth and adolescents are exposed to marijuana due to its availability”*

*“There are specific places in our community where our fellow adolescents usually buy the substances. ...those that sell the substances are mostly found at some corners within our slum”.*

### **4.4 Perceived consequence of drug abuse**

The study also explored the perceived consequence of drug abuse among adolescent in Ilemela Municipal. There were three sub-themes that emerged which were; physical (related to health effect), social, and psychological (academic) consequence.

#### **4.4.1 Effect on physical health**

It was perceived that drug abuse lead to persistent cough and lung cancer as reported by adolescent aged 15 years.

*“Yes persistent cough... for example my friend was coughing too much after he started smoking cigarette” (MP04 FGD)*

The respondents also mentioned other health effects resulting from drug abuse, including: loss of body weight, transmission of disease like HIV/AIDS, TB, skin disease, cough and vomiting and loss of appetite. One of the respondents explained this as follows.

*“Abusing substances also causes headaches, body pains, skin disease, HIV/AIDS, TB serious coughs and loss of weight, despite the fact that, it will make you feel lazy.” (MP009-IDI)*

Other participants explained that she became thin as a consequence of abusing drugs and witnessed friends abusing drug suffer from tuberculosis.

*“mmh the health effect I experienced due to the use of drug abuse is becoming thin, and I witnessed some of my friends suffer from TB”*(F003-IDI)

*“Because we are sharing cigarette and drug so it was easy to get disease like TB, because we smoke in a group, I thank God because I never get any disease, there is some friends whom have diseases and others are okay.”* (FP014-IDI)

#### **4.4.2 Social consequence**

The study revealed that involvement in illicit substances cause social isolation (strained relationship among family members and friends), lack of involvement in decision making among family members, difficulties in getting married, violence and stealing.

*“It affected my relationship with my friends and family, because all those that use to advise me to stop using these substances are no more my friends. So substance abuse had affected my relationship with my friends and family members.”* (MP009-IDI)

Beside these, it was found that substance abuse causes strain relationship between the opposite sex and made spouse to be separated. Respondent eight narrates:

*“I have a child but I don’t know where he live, after being separated with my wife because of substance abuse, now I have no contact with them”* (M008-IDI)

Participants further narrated how drug abuse leads to self-stigma and being stigmatized particularly when the addiction became too much, the person starts to isolate himself to hide his drug use from family and his friends. One of them said:

*“In the community I have experienced self-stigma and being stigmatized with family, friends and community members due to substance abuse”.* (M001-IDI)

Another participant added:

*“Social exclusion was the big challenges I experienced from community and my family” I was unable to express my views in any gathering because they perceived that I can talk pointless.” (M007-IDI)*

*”..... other social challenges was to lose trust from the community because they perceived that I was a thief, sometime somebody can send you money somewhere but you can took those money and use it for buying drugs” (M008-IDI)*

*“Ah yes .....social effect is being isolated from community, others want you to die or being imprisoned” other effect is academically especially being absenteeism, loss academic performance and being chased away from school”. (M002-IDI)*

Drug abuse also made the adolescent to involve themselves in violence and stealing from the neighborhood and their families’, participant from focus group discussion of age between 16 to 19 narrated:

*“other effect which is associated with drug abuse is violence because those whom a engaged in drug abuse are good in violence, example for my brother before having alcohol he can share a good idea but when he get alcohol he become violent man, everybody is avoiding him”(FP04- FGD)*

*“Those whom illicit drug they need shortcut life so it was easy for them to engage in violence in order to get money”(FP05-FGD)*

#### **4.4.3 Psychological consequence.**

The study found that engagement in drug abuse causes psychological effects from mood change, to loss of focus and mental illness. The psychological distress associated with substance abuse and drug abuse can range from mild to serious, at any level of severity this distress can have a profound negative impact on the life of addicted individual. One of the respondents narrated this as follows:



*“I perceive other effect is lose of focus and drop academically because when they start abusing drug they think about today only not tomorrow” (MP02-IDI)*

*“ there is a lot of effect psychologically, academically, physically and spiritually, mentally way of thinking become so different you can do anything without reasoning, healthy there is change in skin and TB because of sharing heroin” heroin hide disease so it is difficult to feel that you have disease, sometime we are sharing tools,”(MP014- IDI)*

Participants from focus group discussion aged 10-15 provided complementary information on psychological effect by explaining that when somebody starts abusing drug he or she can lose focus hence fail to accomplish dream:

*“Other effect is lose of focus and academic performance because when you start abusing drug you think about today only not tomorrow”(MP04-FGD)*

*“What I know drug abuse is anything when you use it you can’t feel pain even when somebody beat you” (MP07-FGD)*

#### **4.5. Protective practices.**

This study explored adolescents’ perceived practices which are protective against drug abuse. Again, their perceptions on the protective factors are categorized into three levels, namely: individual, family and community.

##### **4.5.1 Individual level protective factor**

Refer to the protective factors within individual adolescents in relationship with environment including, friends, income generating activity, faith and education: (32)

- **Getting friends with positive attitude about health**

Protective practice relates to getting who have friends with positive attitude about health, no involvement in risk behavior and close relationship with parents.

*“ I tried sometime to interact with positive peer role model and avoiding going to “maskani (maskani a place where drug are sold and adolescent meet for smoking marijuana and heroin)” (M004-IDI)*

*“ I tried to stop abusing substance by being isolated myself from drug users but after three days I found myself back to the drugs,” (M008-IDI).*

- **Engagement in small income generating activity**

Participant added that he used to engage himself in small activities which keep him busy and protect from thinking about drug abuse.

*“Another way I used was to engage in small activities which keep me busy and protect me from thinking about use of drug.” (M005-IDI).*

- **Engagement in prayer**

Another participant explained that the protective practice he applied to escape from abusing drug was engagement in prayers but was difficult to maintain his decision due to peer influence from those illicit drugs and addiction: he narrated

*“The preventive practice I was applied was to engage in prayer.... peer influence from those whom illicit drugs and addiction was the big challenges from maintaining my decision” (M006-IDI)*

- **Attending education session concerning drug abuse**

Participant added that the only way he applied to stop abusing drug was attend education session concerning drug abuse which provided by Medication Assisted Treatment clinic (MAT):

*“Yes..... I tried to go to the education session concerning drug abuse provided by NGO known as MKUTA which helped me to become conscious about the effect of drug abuse”*

#### **4.5.2 Family level protective factor**

Family protective factor are those factors within the family which are protective against adolescent engagement in drug abuse including proper parental upbringing:

- **Proper parental upbringing**

The study found that proper parental upbringing and monitoring can help reduce substance abuse. Participants thought that, parent’s relative and community are supposed to monitor

children, the type of friends they have and visit their schools to check on them. That is to say, parents should invest time to know their children. Moreover, adolescents are less likely to smoke or use other drugs when parents are clear that they do not want their children to do so even if they use substances themselves.

*“I think we can make them busy with education so that they cannot get time to engage in groups..” for those whom are not at school,... parents relative and community should take part to protect them from engaging in drug abuse... parents should be aggressive with their children’s, not to give them more freedom and to supervise them, simply they need to take part to communicate with their children” (M010-FGD)*

Participants from focus group discussion also explained on how family should take part to prevent adolescents from engaging in drug abuse. They explained as follows:

*“for those whom are not engaged in drug abuse, we can work with family to educate them to talk with their children’s, and to be close to their family, ( we need to stop doing bad things in order to be good example for our children example those whom are engaged in drug abuse when you trace their history you can find that they are not living with parents or they are in single parent” we should start educating our children from 9 years old ”(FP04-FGD)*

#### **4.5.3 Community level protective factor**

Refer to the support and caring adolescents receive in relationship with adults other than family member’s example: neighbors, teachers, mentors or government and non-government institutions.

- **Role of neighbors**

The study revealed neighbors can play part in preventing adolescent from engaging in drug abuse by prohibiting them from negative peer group and risk environment which expose them to drug abuse. Respondent had this to say:

*“for those out of school this education should be provided by adult victim of drug abuse because adolescents learn from adult on how to smoke or use drug so we neighbors should take part on advising them on effect of drug abuse, when we find them on risk environment and with mobs of drug users we should tell them the effect of drug” (MP09-FGD)*

- **Role of schools**

Participant also perceived that education on drug abuse and self-awareness should start at primary level because most of adolescent start to face challenges which is associated with drug abuse when they finish primary school. Respondent had this to say:

*“I think education concerning drug abuse should start from primary school... session on self-awareness should be taught from primary school,..... you also you can advise those at high level of decision making to amend the curriculum, adolescent need to be aware that after finishing primary school there is a lot of challenges at the community so they should prepare themselves to handle those challenges and become aware on the effect of drug abuse” (MP009-IDI)*

- **Role of religious organization**

It was suggested that religious leaders can play part in the eradication of substance abuse. The religious leaders should incorporate session on substance abuse in their sermons and also preach to adolescent and the youth in places such as schools and community:

*“Yes what I believe religious leaders can help in controlling drug abuse. They can include substance abuse issues in their sermon and preaching sessions. They can also preach to the adolescent because it is easy for them to capture both in and out of school youth”. (MP003-IDI)*

- **Role of nongovernmental organization**

The study revealed that education and awareness rising can be useful in enlightening adolescents who abuse substances to stop and those at risk of engaging in substance abuse to be protected. It was recommended that government and non-government organization should involve themselves in sensitizing people on the effects of substance abuse and this can began

at young age to increase knowledge about substance abuse and associated risk. Participants from focus group discussion aged 16-19 discussed.

*“I think education should be provided to those whom illicit drug, and should be provided through outreach to those areas where drugs are available.....the government should capacitate NGOs like MKUTA to enable them provide this education. (M004-IDI)*

*“for me we can educate and advise them by giving a real picture which is refracting with their life and touch dream they want to achieve, example for me I used to smoke marijuana but when I met with this NGO (Cheka sana NGO) they advised me to stop because I like playing football they told me if I will continue smoking marijuana I will not be a good player so from that example I was stopped smoking marijuana” (MP05-FGD)*

- **Role of community level government leaders**

Participants from in-depth interview also emphasized on education and how community level government leaders should be involved in implementing this health education, as follows:

*“involvement of the ward council and some of the saved addicts in the streets that can be passing to encourage us to attend the seminars that I suggest should be conducted for all the youths at the council assembly this will eventually help and brings about a positive response.”(M011-IDI)*

*“by myself I perceive that in order to prevent adolescents from engaging in drug abuse... is to provide education to them on effect of substance abuse, in every village.... village chairmen should be involved to recruit adolescent for education, other people to be involved is those victim of drug abuse, they should identify all risk areas and provide outreach education” (M011-IDI)*

- **Role of media**

Respondents also suggested ways in which the education and awareness should be conducted. Mass media such as radio, television can be used to educate adolescents on risk, consequence and protective intervention against substance abuse. Respondents explained that:

*“on my opinion education on effect of drug abuse should be provided example through brochure, mass media such as Radio should be used to provide education” (M007-FGD)*

*“ I think government should promote institution which is fighting against drug abuse, and this institution should provide education to adolescents through media to sensitize those not illicit drug to avoid risk factors for drug abuse, outreach education should be provided with victim of drug abuse, those whom recovered from treatment” (M012)*

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

This chapter presents the discussion of findings of the study. The discussion is thus structured around major study themes: perceived general understanding of drug abuse: Perceived risk factors for drug abuse, Perceived consequence of drug abuse and practices which are protective against drug abuse. Discussions of findings in this study have been done in relation to literature review.

#### 5.1 Perceived general understanding of drug abuse

Among of the major findings of this study that accounted for was adolescent's perception on general understanding of drug abuse. Their perceptions under the concept of drug abuse were depended with their age and experience on drug abuse included; meaning of drug abuse, substances abused, age of drug abuse and sources of drug abuse.

Perceived Meaning of drug abuse was one of the concepts on adolescents understanding on substance abuse. Participants perceived drug abuse as a habit among adolescents where they engage themselves using something that alters their mood. They will either drink, chewing or sniff it to change their mood. This is related with the definition of substance abuse by WHO, (2018), substance abuse refer to the harmful or hazardous use of psychoactive substance including alcohol and illicit drug for mood-altering purposes. The finding thus shows that the respondents had a correct understanding of what drug abuse refers to.

Regarding effects of drug abuse, the participants pointed changes is in terms of body weight, thinking ability, feeling, and one's entire behavior or attitude to internal processes such as missing defecation and appetite. This finding consistent with the WHO's (2014), definition on substance abuse since the elements associated with mood changes are behavioral, cognitive, or physiological phenomena. This suggests that the respondents were to a large extent correctly informed of effects drug abuse. Similar findings have been reported by Matowo (2013).

## **5.2 Perceived risk factor for drug abuse**

This study explored adolescents' perceptions on risk factors for drug abuse. The perceived individual level risk factors included: having friends who engage in problem behavior, adolescent exposure to substance and maladaptive coping with stressful situation.

Friends who engage in problem behavior were found to be the common risk factor of drug abuse in this study. It is very possible that peer group had a strong influence on drug abuse than parents and relatives. Based on the finding of this study, it was revealed that adolescents were abusing substances due to pressure from their fellow peers or friends. The peers used certain reasons, example or words to influence their fellow peers to abuse substances. The reason given was appearance as modern teen. This study support previous study in Tanzania by (Masibo, Mndeme and Nsimba 2013). Contrast to the finding of this study, a study conducted in Nigeria found that majority of youth engage in substance abuse due to some political influence. Siro (2014) revealed that during campaigns some politicians supply illicit substance to the adolescents as the trap to win their votes.

Another finding of this study regarding adolescent media exposure to drug abuse as a perceived risk factor or reason for adolescent's indulgence in drug abuse. It was explored that exposure to media communication on drug abuse (advertising and promotion) alters adolescents attitude, perception and expectation about drug abuse. These findings are in line with De Bruijn, Tanghe, De leeuw & R. Engels (2016) reported that super peers including music, television and interment influence adolescent to engage in drug abuse because 8 hours a day adolescent engaged with such electronic media and 1.2 hours a day with non electronic media like book and magazine. More concern is the content of movies adolescent tent to watch 93 percent portray alcohol use and 22 percent reference illicit drug. The content of the portrayed is hook for adolescent indulge in drug abuse. Findings revealed that parents, media and peer are very influential in the types of behavior adolescents adopt. They abused substances because they have seen and heard that substances such as marijuana and alcohol can be fun, or make a person feel happy. Adolescent also become drug users because they saw parents, relative and friends abusing substance Nkyi (2014). This is consistent with the findings of Matowo (2013), who reported that the children's tend to imitate what they see their parents or other family members do. By implication, family is a primary agent of socialization,



as such the children's are expected to imitate most of what they see their family members such as the parents do, both good and bad behavior.

The study also found that family problem and conflict is among of the risk factor for adolescent engaging in drug abuse, because most of participants in this study who illicit drug explained some problem in families, when family conflict raise and parents separate children remain with single parent or without parental care as the result of engaging negative peer group on *mageto* hence substance abuse. This is in line with findings of (S.A.Mccurdy, M.L William, G.P Kilonzo, M.W.Ross & M.T. Leshabari 2005) reported that when youth abandoned they end up in staying on *mageto* hence start abusing drug. Mageto the place where a lot of youth are staying, sitting and smoking, find they are ten, fifteen, thirty and forty.

This study also found that, one of the perceived risk factor for out of school adolescent indulgence in substance abuse was stressful situation which is caused by family and life distress. This finding suggests that stress is a risk factor in development of addiction and in addiction relapse vulnerability. Moreover adolescents, are humiliated or annoyed tend to use substances as a coping mechanism or strategy to cope with stress. This is in line with the findings of Maithya (2009), who found that majority of the students in selected secondary schools were abusing substances with the aim of coping with stress especially when they fail the exam.

### **5.3 Perceived consequence of drug abuse**

This study determined the perceptions of out of school adolescents on the consequence of drug abuse on them. When exploring the effects of drug abuse among adolescents in Ilemela Municipal, it was found that there were physical (explained as health effect), social and psychological (which was related to academic effect).

This study found that adolescents believed that drug abuse had physical effects such as coughing, loss of body weight, missing defecation, headache, body pains, dizziness, and death. These findings are consistency with that of Matowo (2013) and Fareo (2012) which reported that substance abuse lead to abdominal pain, diarrhea, and pain all over the body, shunted growth and death. This is true understanding of the effect of drug abuse when it is similar to

the findings of Boyd et al. (2015) who reported that substance abuse causes withdrawal symptoms which includes: headaches, dizziness, chest tightness, difficult breathing, racing heart, skipped beats, palpitations, nausea, vomiting, diarrhea, stomach aches, muscle tension, sweating, and tingling. Also UNDCP (1995) reported that death as the result of substance abuse is a major source of concern. Recent informal estimates are that perhaps 200,000 drug injection related deaths may occur per annum based on estimated current world population of injection drug abusers of approximately 5.5 million.

However, it was found in this study that, drug abuse causes psychological consequences to adolescents from way of thinking (reasoning) to mental illness depending on the nature, age and type of substance used. In this study, substances such as Marijuana and heroin had psychological effects on an individual. Findings were similar with consequences of substance abuse as reported by Boyd et al (2015) and American Academy of Pediatric Dentistry (2016) that the underpinned effects of drug abuse on individuals: school dropout, low performance at school, imprisonment, drug addiction, mental illness and death. Nasiru (2015) reported that psychological effects of substance abuse were severe depression or suicidal, selfishness and hopelessness. This study also found that lack of pleasure from previously enjoyed substance which led to increase in dosage or amount of the substances and an increasing, intense desire to use the substance.

Additionally, this study found that drug abuse had social effects on adolescents who abused substances, and social effect was found to be a big challenge to adolescent's illicit drug. Reasons were that, the engagement in illicit substances caused losing credibility in the community and families, self stigma and being stigmatized with families and friends, lack of involvement in decision making, stealing and violence. The most common social effects of drug abuse found in this study were social isolation (strained relationships with their parent, family members and friends of both genders). Stealing and violence was another social effect found in this study and it was associated with cost of buying heroin (most of adolescent illicit drug explained that heroin is very expensive compared to other substance so they find themselves stealing in order to get money for buying heroin. apart from stealing due to psychological effect of drug most of adolescent end up in violence. This finding was

consistency with findings of a previous study by Yusuf and Negret (2013). UNDCP (1995) also reported that crime and drug may be related in several ways: first illicit production, manufacture distribution or possession of drugs may constitute violence, secondary drugs may increase the likelihood of other, non- drug crime occurs. Third drug may be used to make money and may be closely linked to other major problems such as the illegal use of guns, various forms of violence and terrorism. However women who are not drug abusers may be affected by problem related to drug abusing men, the problem of male partner may affect women in the form of difficulties in interpersonal relationships, Instability, violence, child abuse, and economic insecurity, deprivation of schooling and risk of sexually transmitted infection. Nasiru (2015) found that the youth tend to have intimate violence with their girlfriends or boyfriends due to high demand for sexual intercourse and this is due to high sexual desire manifested by the youth who abuse substances such as alcohol and marijuana.

#### **5.4 Protective practices of drug abuse.**

Findings on practice which are protective against drug abuse were discussed by adolescent's illicit drug and non-drug users based on the following: individual protective practices, family protective practices and community protective practices.

##### **5.4.1 Individual protective practices**

Self-control and getting friends with positive attitude was found to be major preventive practice used by adolescent; it was found that adolescents whom illicit drug and non-drug users when they want to protect themselves from drug abuse they engage with friends who have positive attitude and separate from peer groups of adolescents who abuse drug. This is closely related to work by Boyd et al (2015) on his findings reported that adolescents' lives typically revolved around socialization and peer relationship which place them at risk for using drug and alcohol for several different reasons. Suggested that warning signs of trouble adolescent, including reports of sadness and isolation, warrant the need for intervention, whether from parent, teachers or social workers for both in and out of school. Spooner and Hetherington (2004) suggested that identifying behavioral problems and assessing peer network could be an important tool for preventing adolescent from substance abuse.

Another protective factor found to be used by adolescent in this study was engagement in small income generating activities to make them busy and forget about drug abuse feeling and

risk environment despite some nature of their job put them at risk for drug abuse. Unemployment was found to be a more likely factor for drug abuse among out of school adolescents. Henkel (2016) reported that alcohol consumption is more prevalent among unemployed, they also more likely to be smoker or to illicit and prescription drug. This was the basis of the assertion that provision of job opportunities could help in the prevention, reduction and control of substance abuse among the adolescent Yusuph and Negret (2016) in this study, half of the respondents were unemployed and half were informal working. There is strong relationship between unemployment and substance abuse both in developed and developing countries. In Tanzania like many other countries the problem of unemployment contributed to drug abuse among adolescent Mbalamwezi (2015). Findings of this study revealed that half of adolescents interviewed at the last of the session asked for an opportunity to get job and other recommended that government should provide small loan and grant to capacitate them to do business.

Moreover, this study found that some adolescent are engaged in prayers to protect them from engaging in drug abuse and another adolescent perceived that religion and religious leaders could make strides in the reduction or eradication of drug abuse among the adolescents. In this study, it was found that religious leaders could help in preventing adolescent from not engaging in drug abuse and help to rescue those who are in drug abuse because it is easy for them to capture adolescents who are in school and out of school. However preachers should incorporate topics on drug abuse in their sermons in mosques or churches as reported by other studies Matowo (2013) and Jibril et al (2008). This study also found that, some of the substances that were prohibited by religion were less abused by the youth in those communities such as alcohol.

Additionally, attending education session concerning drug abuse was protective factor found to be applied by adolescent to protect them from indulged in drug abuse. Some adolescent perceived that education and awareness campaigns should start at family level to community level, also it was emphasized that education on causes, consequence and control should be provided by government in collaboration with nongovernmental organization. This are in line with Wiley (2015) [www.counseling.org](http://www.counseling.org). Dray et al (2012) found that education play a big role in preventing adolescent from engaging in substance abuse since they know the effect of

abusing substance. Therefore mass media was suggested to be suitable way of educating adolescent due to its coverage.

#### **5.4.2 Family level protective factor**

Proper parental care, monitoring and upbringing can help reduce drug abuse among adolescents. Participants suggested that parent should take an opportunity to monitor and talk with their children's starting from nine years of age. This finding compliment on the recommendation by Loke and Mark (2013) whereby parents and relatives must take full responsibility of advocating for more appropriate ways of nurturing their children, supervising, monitoring them and punishing unwanted behaviors, such as drug use and sexual risk behaviors. In this study, parents were supposed to monitor and mentor their children on the type of friends they had and also make follow up by visit their schools. However (NIDA 2014) reported parental role on discouraging their children not to indulge in substance abuse. Mohasoa (2010) utilized various theoretical perspectives and concluded that parents should invest time to monitor and know their children and avoiding parental drug attitude which influence their children to involve in drug abuse, he observed that parental attitude toward drug use influence the likelihood that adolescents will use drug.

#### **5.4.3 Community level protective factor**

Apart from preventive practice findings also explored out of school perception on control measures or ways in which drug abuse can be prevented or controlled were discussed based on the following: role of neighbors, school, religious organization and community level government leaders.

It was perceived that neighbors can play part in preventing adolescent from engaging in drug abuse by prohibiting them from engaging in negative peer group and protect them from risk environment which expose them to drug abuse. Therefore neighbors need to advice adolescent on the effect of drug when detecting adolescents with negative peer groups. The findings are similar with the findings of (Miech, Bachman and Schulanberg 1975) reported that relationships with caring adults on an individual basis are very important, the collective feeling of safety and support coming from the community or neighbors as a whole adds a synergistic component of protection against risk behavior.

Additionally, school was explained to be among of the protective factor on adolescent drug abuse. It was suggested that education on effect of drug abuse should be taught from primary school. Furthermore primary school curriculum should be amended to incorporate effect of drug abuse session. This findings are not far with findings of Nasirufound that organizing educational programmes on substance abuse prevention and control such as in schools, mosque and churches as a means of educating and providing awareness to the community on the dangers of abusing substances could help in preventing adolescent from engaging in drug abuse.

This study found that religion and religious leaders could make changes in the reduction of drug abuse among the adolescents. In this study, it was found that religious leaders could help in preventing drug abuse among the adolescent by preaching on drug abuse in their sermons in mosques or churches, added that it is easy for preachers to capture both in and out of school adolescent compared to other institution like school which capture in school and left behind those who are out of school as reported by other studies (Spooner and Hetherington 2004). This finding is in line with that of Henkel (2016) reported that religious leaders should play part in preventing adolescents against drug abuse.

Moreover, in this study, nongovernmental organization was found to be effective in providing outreach education concerning the effect of substance abuse. This assertion was made by the majority of the respondents based on the fact that outreach education should be provided by government in collaboration with nongovernmental organization. However adolescent who is victim of drug abuse should be involved and engaged in providing education to their fellow adolescents, others suggested on the use of mass media like radio, television and EIC material as the way of educating adolescents. This finding support findings of previous study by Yusuph & Negret (2016), which emphasized the role of government and nongovernmental organization in providing education concerning drug abuse.

This study also found that community level government leaders should be involved in organizing community meeting and recruiting out of school adolescent for education campaign concerning drug abuse and implementing the law against drug abuse on their

respective. This findings support the findings of Nasiru (2015) reported that law enforcement was found to be effective only if effort to arrest and prosecuted drug dealers will be strengthened by the government. These believe was made almost by the half of the respondents based on perception and the fact that the drug dealers were influence the use of these substances by making them available in the community.

### **5.5 Limitations:**

The study was conducted with small sample, so generalization of the findings would be limited to the studied population. In case of FGD participants within one focus group might have felt the pressure to give similar account and opinions to their peers. The lively discussion and spontaneity of response indicated limitation waned with time and as the interview progressed. All participants were from urban areas of Ilemela Municipality. Adolescents from rural and other part of Ilemela Municipality might have different experience and perceptions that they are influenced by their specific setting. But to get as many as diverse views as possible participants both illicit and non-drug abusers were selected from different areas of urban municipality. Therefore both FGD and in-depth interview was applied to capture diverse opinions.

## **CHAPTER SIX**

### **CONCLUSIONS AND RECOMMENDATION**

#### **6.0 Introduction**

This chapter presents conclusions and recommendations based on the study findings.

#### **6.1 Conclusions:**

This study has brought to light four key issues. One, the participants had a correct understanding of what drug abuse refers to. That is, a habit among adolescents which involve engaging themselves using something that alters their mood. Moreover, they were to a large extent correctly informed of effects drug abuse. Two, regarding risk factors for substance abuse, the study adolescents pointed out the following: having friends who engage in problem behavior, adolescent exposure to substance abuse and maladaptive coping with stressful situation. Other risk factors included family distress and affordability and availability of illicit substances in the communities. Three, regarding health effects of drug, the study participants correctly reported some physical and psychological, and social consequences of drug abuse. Four, concerning protective factors, participants believed that proper parental care, monitoring and upbringing can help reduce substance abuse among adolescents. Additionally, the adolescents believed that there were community level factors that had protective influence against drug abuse. These included roles played by neighbors, schools, religious organizations, and community level government leaders.

#### **6.2 Policy and Programmatic Recommendations**

Given the findings from the study, there are number of recommendations, which need to be taken into account for the successfully prevention of adolescents substance abuse in Ilemela Municipal Council. The following recommendations are proposed to the individual families and community level.



**6.2.1 To the individual adolescent**

1. Out of school Adolescent should engage in meaningful activity like volunteering and helping others in community or peer-based program.
2. Out of school adolescents should be provided with life skills and social competencies
3. Out of school adolescent should learn from positive peer role models
4. Adolescent should develop positive personal qualities

**6.6.2 To the families**

1. The parents should monitor the kind of friends their children interact with, discourage negative peer groups and advise them.
2. Parents who abuse substances should separate or be discrete, to avoid negative attitude and influence on their children. The parents should stop this negative practice.
3. Parents should work hard to provide formal education to their children especially secondary education and took part in supporting their children with capital and entrepreneurship idea to make them busy.

**6.6.3 To the community**

1. Community should ensure adolescent positive connection to other adults
2. Community should develop safe supportive connected neighborhood
3. Community should participate on developing strong community infrastructure

**6.3 Recommendation for future research:**

The following future studies are suggested:

1. A similar qualitative study be conducted other districts to explore other context specific risk and protective factors against drug abuse among adolescents.
2. Quantitative studies are needed to establish magnitude of drug abuse and associated factors among adolescents in Ilemela Municipal.

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## APPENDICES

### APPENDEX I. FOCUS GROUP DISCUSSION GUIDE

#### MUHIMBILI UNIVERISTY OF HEALTH AND ALLIED SCIENCES SCHOOL OF PUBLIC HEALTH



#### SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE DRUG ABUSE AMONG OUT OF SCHOOL ADOLESCENTS: EXPLORING PERCEPTIONS ON CAUSES, CONSEQUENCES AND PROTECTIVE PRACTICES IN ILEMELA MUNICIPAL.

Focus Group Discussion Guide: Out of school adolescents.

Completed Consent Form: Yes

*If consent is **not** obtained, thank them for their time and do not proceed.*

#### Demographic Form for Focus Group Discussions

Age:	
Sex:	
Education Level:	
Training Institution:	
District:	
Current Year of Study:	
Participant Code:	
Date:	
Interviewer Name	
Note taker:	

**Introduction:** *Substance abuse is defined by WHO as “harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs”. Psychoactive substance use can lead to dependence syndrome.*

*We appreciate your participation in the study. Our study seeks to understand perceptions of out-of-school adolescents regarding risk factors, consequence and protective practices,. We have selected you in the study because we believe that you will provide us with valuable information which will guide us in giving recommendations to strengthen preventive measures against drug abuse among adolescents. We would like to reiterate that your participation is voluntary and confidential. Please let me know if you would like to stop the interview at any time.*

**Opening Question:** what is your daily routine, family detail and life style?

**A. Causes of substance abuse**

*First we'd like to discuss about causes of substance abuse among adolescents based on your opinions.*

1. Based on your opinions what are the perceptions of substance use among adolescents?
  - a. What are the types of available substance in the community?
  - b. What are the route of administration and means of obtaining it?
2. What are the risk factors for substance abuse among adolescents? (probe about)
  - a. Family
  - b. community
  - c. individual factor
  - d. age for drug abuse by adolescents

**B. Consequence of drug abuse**

*After having discussed on risk factors of substance abuse among adolescents, we would now like to discuss on consequence of substance abuse.*

3. In your opinion what would be the consequence of drug abuse among adolescents? (probes):
  - a. Health consequences of substance abuse.
  - b. Social consequences of substance abuse.
  - c. Academic consequences of substance abuse.

### C. Preventive measures

*After having a discussion on consequence of substance abuse among adolescents, we would like to hear your views on protective factors for drug abuse.*

4. What are the prevention measures for substance abuse among adolescents?
  - a. What are the adolescent's perceptions on protective measures against drug abuse?
  - b. What are the adolescent practices which are protective against drug abuse?
  - c. What are the preventive measures against drug abuse available in your community?
  - d. Do you think the available measures are appropriate in preventing adolescents from engaging in substance abuse? how
  - e. In your own opinions, what can be done to prevent adolescents from engaging in substance abuse? how

**Closing Question:** After having discussed about the causes, consequence and preventive measures for substance abuse among adolescents, what important messages do you want to tell us regarding substance abuse?

*Thank you for your participation. We look forward to sharing the results of our study with you. If you have any follow-up questions or concerns please contact **Mr. Emmanuel Ng'habi** number 0768091472*

**For Focus Group Facilitator**

<b>Focus Group Information</b>	
Training Institution:	Focus Group Code:
Date:	Number of participants:
Focus Group Discussion Facilitator:	Time started
	Time ended

**APPENDIX II: INTERVIEW GUIDE.**

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
SCHOOL OF PUBLIC HEALTH**



**SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE**

**DRUG ABUSE AMONG OUT OF SCHOOL ADOLESCENTS: EXPLORING  
PERCEPTIONS ON CAUSES, CONSEQUENCES AND PROTECTIVE  
PRACTICES IN ILEMELA MUNICIPAL.**

**BEFORE STARTING THE INTERVIEW:**

- Salute all persons you meet in the interview venue (including those you don't need for the interview)
- Introduce yourself to the interviewee
- Explain the purpose of your visit
- Request for consent to carry the study (provide him/her with a copy of the consent form and read it for him/her)
- Allow time for questions/discussion on the consent and clarification
- If satisfied request him/her to sign the consent certificate and return it to you (only the certificate)
- Switch on the digital recorder
- Thank him/her and then begin the interview

**D. Part I: Causes of substance abuse**

- a) Kindly tell us when have you started using substance abuse? (*Probe about what, where and how*)



- b) What are the risk factors pull you to engage in substance use? (probe family, community and individual factor)
- c) What are the route of administration and means of obtaining it?

**E. Part II: Consequence of drug abuse**

- a) In your own experience what are the consequence of drug abuse? (*Probe on health, social and academic consequences*)

**F. Part III: Preventive measures**

- a. What are the adolescent practices which are protective against drug abuse.
- b. What are the preventive measures against drug abuse available in your community? (probe family, community and individual measures)
- c. Do you think the available measures prevent adolescents from engaging in substance abuse? how
- d. In your own opinions and experience, what can be done to prevent adolescents from engaging in substance abuse? How

Thank you very much for the good responses to our questions, kindly we welcome you if you have any question/s or any concern that you would wish us to explain or address. (Give time for him/her to respond)

Finally, we have come to the end of our interview, once again thank you very much for your time and support. After our initial analysis, we may feel that we had forgotten or we may need more details on some of the responses and thus we may need to contact you again. Kindly bear with us and accept our visit or call to you again. In the event as well, you may remember something that you want to share with us or seek clarification from us, we are willing to talk to you anytime and most welcome.

**Thank you for your co-operation**

**APPENDIX III: MUONGOZO WA MAHOJIANO YA KINA.****MUHIMBILI UNIVERISTY OF HEALTH AND ALLIED SCIENCES  
SCHOOL OF PUBLIC HEALTH****SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE****UTAFITI KUHUSU SABABU HATARISHI ZINAZOPELEKEA VIJANA  
KUJIINGIZA KATIKA MATUMIZI YA DAWA ZA KULEVYA, MADHARA NA  
HATUA ZINAZOCHUKULIWA KUZUIA MATUMIZI YA DAWA ZA KULEVYA  
KWA VIJANA ILEMELA. TANZANIA**

<b>Taarifa za mhojiwa</b>	
Mkoa:	Umri:
Wilaya:	Muda katika makazi:
Muda wa wadhifa wa sasa:	Nambari ya mshiriki:
Jina la mtafiti msaidizi:	Tarehe:

1. Tunafahamu ya kuwa vijana wengi kwa sasa wako katika hatari ya kujiingiza katika tabia za utumiaji wa madawa ya kulevya . Tafadhali tueleze ni aina gani ya madawa ya kulevya yanayopatikana jamii yako.
2. Unaweza kutueleza ni tabia zipi hatarishi zilizokufanya ujiingize katika matumizi ya madawa ya kulevya, unaweza kukumbuka katika umri upi ambao ulianza kutumia madawa ya kulevya, ilikuwa wapi, ulikuwa na nani ulitumiaje.( ngazi ya familia, jamiii na kijana mwenyewe.
3. Ni aina gani ya dawa ya kulevya unayotumia na na unaipataje?
4. Kwa uzoefu wako, je unafikiri ni madhara yapi ya kiafya na kijamii yanayotokana na matumizi ya dawa za kulevya.

5. Unaweza kutueleza ni hatua zipi umechukua kujinasua na matumizi ya dawa za kulevya.
6. Unaweza kutueleza ni hatua zipi ambazo zimechukuliwa na jamii inayokuzunguka katika kukabiliana na tatizo la matumizi ya dawa za kulevya kwa vijana walio nje ya shule.
7. Unafikiri hatua zinazochukuliwa katika kubaliana na matumizi ya madawa ya kulevya kwa vijana kuondokana na matumizi ya dawa za kulevya (ki vipi eleza).
8. Kwa mawazo na uzoefu wako tafadhali tueleze ni hatua zipi zinaweza kuchukuliwa zaidi ili kuwakinga vijana ambao hawajaingia katika matumizi ya dawa za kulevya kuondokana na tabia hatarishi zinazoweza kuwapelekea kujiingiza katika matumizi ya dawa za kulevya. Na hatua zipi zichukuliwe kuwasaidia vijana waliongia katika matumizi ya dawa za kulevya kupunguza au kuachana na matumizi ya dawa za kulevya.
9. Tumemaliza mahojiano yetu kama una jambo lolote la kuuliza au kutushirikisha kutokana na mada hii tafadhali unaweza kuuliza.

*Asante sana kwa muda na ushirikiano wako*

**APPENDIX IV: MWONGOZO WA MAJADILIANO YA KUNDI LA MTAZAMO.  
MUHIMBILI UNIVERISTY OF HEALTH AND ALLIED SCIENCES  
SCHOOL OF PUBLIC HEALTH**



**SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE**

**UTAFITI KUHUSU SABABU HATARISHI ZINAZOPELEKEA VIJANA  
KUJIINGIZA KATIKA MATUMIZI YA DAWA ZA KULEVYA, MADHARA NA  
HATUA ZINAZOCHUKULIWA KUZUIA MATUMIZI YA DAWA ZA KULEVYA  
KWA VIJANA ILEMELA. TANZANIA**

Mahojiano katika vikundi: Kwa Vijana walio inje ya shule.

fomu ya ridhaa imekamilishwa: Ndiyo   
*kama ridhaa haijapatikana, washukuru washiriki kwa kutenga muda wao kisha usiendelee na mahojiano.*

**Taarifa ya muhimu**

Umri:	
Jinsi:	
Kiwango cha Elimu:	
Taasisi ya mafunzo:	
Wilaya:	
Mwaka wa masomo:	
Namba ya Mshiriki:	
Tarehe:	
Jina la mhojaji	
Mchukua kumbukumbu:	

**Utangulizi:** kuna aina mbalimbali za dawa za kulevya zenye athari nyingi na kubwa katika miili yetu, maisha yetu na hata vizazi vijavyo iwapo tukiendelea kutowasaidia waathirika wa dawa hizo za kulevya. leo tungependa kujadiliana kuhusiana na tatizo la matumizi ya dawa za kulevya kwa vijana.

Tunashukuru kwa kushiriki katika utafiti huu. Utafiti wetu unalenga kupata mtizamo wa vijana walio nje ya shule kuhusiana na sababu hatarishi zinazopelekea vijana kuingia katika matumizi ya dawa za kulevya, madhara ya dawa za kulevya na hatua zipi zinazochukuliwa ili kukabiliana na tatizo la matumizi ya dwawa za kulevya kwa vijana. Tumewachagua ninyi tukiamini kuwa mawazo yenu wenyewe yanaweza kusaidia katika kushauri ni hatua zipi zichukuliwe ili kuondokana na tatizo la matumizi ya dawa za kulevya kwa vijana. Tunapenda uhiari wenu katika kushiriki katika mahojiano haya na kama kuna mtu hatopenda kuendelea ni vizuri akatufahamisha.

**Swali la wazi:** unajishughulisha na shughuli zipi za kila siku na mifumo yenu ya maisha ikoje?

### **Sababu za matumizi ya dawa za kulevya**

Kwanza tungependa kujadiliana kuhusiana na matumizi ya dawa za kulevya kwa vijana walio nje ya mfumo wa elimu.?

1. Kutokana na mawazo yenu mna mtizamo gani kuhusiana na madawa ya kulevya ?
  - c. Ni aina gani ya dawa za kulevya zinazopatikana katika jamii yenu?
  - d. Ni njia zipi zinazotumiwa na vijana kupata dawa za kulevya?
2. Ni sababu gani hatarishi zinazopelekea vijana kujiingiza katika matumizi ya dawa za kulevya? Dadisi kuhusu sababu za kufamilia, kijamii na sababu binafsi.
  - e. Ni katika umri gani hasa vijana wengi hujiingiza katika matumizi ya dawa za kulevya (kwa nini elezea)

### **Madhara ya matumizi ya dawa za kulevya**

Baada ya kuwa na mjadala kuhusiana na sababu hatarishi zinazopelekea vijana kujiingiza katika matumizi ya dawa za kulevya, tujadiliane kuhusu madhara ya matumizi ya dawa za kulevya.

3. Kwa mawazo yenu mnafikiri ni madhara yapi yanayotokana na matumizi ya dawa za kulevya kwa vijana?
  - d. Kuna madhara yoyote ki afya, kijamii na kielimu? elezea.

### **Hafua za kuzuia matumizi ya dawa za kulevya**

Baada ya majadiliano kuhusiana na madhara ya matumizi ya dawa za kulevya kwa vijana tungependa kupata mtizamo wenu kuhusiana na hatua za kukabiliana na matumizi ya dawa za kulevya.

4. Ni hatua zipi za kukabiliana na matumizi ya dawa za kulevya kwa vijana walio nje ya shule?
- Ni hatua zipi zinazochukuliwa na vijana kukabiliana na matumizi ya dawa za kulevya
  - Ni hatua zipi zimechukuliwa hadi hivi sasa kukabiliana na tatizo? (bgazi ya familia na jamii)
  - Unafikiri hatua zinazochukuliwa zimeweza kupunguza tatizo? Ki vipi elezea
  - Kwa mawazo yako kama kijana unafikiri nini kinaweza kufanyika zaidi ili kupunguza tatizo la matumizi ya dawa za kulevya kwa vijana.

**Swali la kufunga:** baada ya majadiliano kuhusiana na sababu, madhara na njia ya kuwaepusha vijana na matumizi ya dawa za kulevya, je una ujumbe gani muhimu unaotaka kutueleza kuhusiana na mada juu ya madawa ya kulevya kwa jinana?

*Ahsante kwa ushiriki wako. Tutapenda kushiriki nanyi matokeo ya utafiti huu. Kama una swali lolote la ufuatiliaji tafadhali wasiliana na **Bwana. Emmanuel Ng'habi number 0768091472***

**Kwa muwezesaji wa majadiliano katika vikundi**

<b>Taarifa za majadiliano</b>	
Taasisi ya Mafunzo:	Namba ya majadiliano:
Tarehe:	Nambari ya mshiriki:
Mwezesaji wa majadiliano:	Muda wa kuanza
	Muda wa kumaliza

**APPENDIX V: INFORMED CONSENT, ENGLISH VERSION  
 MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
 SCHOOL OF PUBLIC HEALTH**



**SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE**

**DRUG ABUSE AMONG OUT OF SCHOOL ADOLESCENTS: EXPLORING  
 PERCEPTIONS ON CAUSES, CONSEQUENCES AND PROTECTIVE  
 PRACTICES IN ILEMELA MUNICIPAL.**

**INFORMED CONSENT**

ID-NO

**Consent to participate in this study**

Greetings! You are hereby invited to participate in a study conducted by Emmanuel Ng'habi for a Masters Dissertation at Muhimbili University of Health and Allied Sciences. Your participation in this study is entirely voluntary. You should read the information below before deciding whether or not to participate in the study.

**Purpose of the study**

This study has the purpose of collecting information on drug abuse among out of school adolescents: exploring their perceptions on causes, consequences and protective factors. You are being asked to participate in this study because you have particular knowledge and experiences that may be important to the study.

**What Participation Involves**

If you agree to participate in this study the following will occur:

1. You will sit with a trained interviewer and answer questions about risk factors risk for engaging in drug abuse, consequences of drug abuse and protective factors against drug abuse. The interviewer will be recording your responses in tape recorder.

2. No identifying information will be collected from you during this interview, except your age, level of education, marital status, and your daily routine.
3. You will be interviewed only once for approximately 30 minutes in a private setting. After the interview you will be compensated 5000 TShs for travel expenses from your residing place to the place of the interview.

### **Confidentiality**

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several drug users without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

### **Risks**

You will be asked questions about factors that are associated with your health. Some questions could potentially make you feel uncomfortable. You may refuse to answer any particular question and may stop the interview at any time.

### **Rights to Withdraw and Alternatives**

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

### **Benefits**

There are no direct benefits for participating in the study. However this study will provide information on risk factors for engaging in substance abuse, consequences of substance abuse and protective factors against substance abuse. This information will be useful to government and non-government actors to improve interventions.

### **In Case of Injury**

We do not anticipate that any harm will occur to you or your family as a result of participation in this study

### **Who to contact**

If you ever have questions about this study, you should contact **Principal Investigator, Emmanuel Ng'habi**, Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0768091472). Or chairperson.



**Signature**

Do you agree?

Participant Agrees

Participant disagree

I \_\_\_\_\_ have read/understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of Participant \_\_\_\_\_

Signature of witness (if participant cannot read) \_\_\_\_\_

Signature of research assistant \_\_\_\_\_

Date of signed consent \_\_\_\_\_

Name of chairperson \_\_\_\_\_

**APPENDIX VI: RIDHAA YA KUSHIRIKI KWENYE UTAFITI- SWAHILI VERSION  
MUHIMBILI UNIVERISTY OF HEALTH AND ALLIED SCIENCES  
SCHOOL OF PUBLIC HEALTH**



**SCHOOL OF PUBLIC HEALTH SOCIAL SCIENCE**

**UTAFITI KUHUSU SABABU HATARISHI ZINAZOPELEKEA VIJANA  
KUJIINGIZA KATIKA MATUMIZI YA DAWA ZA KULEVYA, MADHARA NA  
HATUA ZINAZOCHUKULIWA KUZUIA MATUMIZI YA DAWA ZA KULEVYA  
KWA VIJANA ILEMELA. TANZANIA**

FOMU YA RIDHAA

Namba ya Utambulisho

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**Ridhaa ya Kushiriki katika utafiti huu**

Habari! Nakukaribisha kushiriki katika utafiti unaofanywa na Bw. Emmanuel Nghabi, mwanafunzi wa stashada ya pili kutoka katika chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili.

**Malengo ya Utafiti**

Utafiti huu una lengo la kukusanya taarifa kuhusu sababu hatarishi zinazopelekea vijaana walio nje ya mfumo wa elimu kujijihusisha na matumizi ya madawa ya kulevya katika Halmashauri ya Wilaya ya Ilemela. Unaombwa kushiriki katika utafiti huu kwa sababu una uelewa na uzoefu ambao unaweza kuwa muhimu katika tafiti hii.

Ukikubali kushiriki katika utafiti huu yafuatayo yatatokea:

1. Utakaa na msaili/mtafiti aliyepewa mafunzo ya jinsi ya kuhoji na kujibu maswali yahasuyo ufahamu wako wa sababu hatarishi zinazopelea vijana kujiingiza katika matumizi ya madawa ya kulevya, madhara ya madawa ya kulevya na nini kifanyike. Msaili atakua ananukuu majibu yako katika kinasu sauti.
2. Hakuna taarifa zozote za utambulisho tutakazokusanya wakati wa usaili isipokua umri, kiwango cha elimu, hali yako ya ndoa, dini na kazi yako kwa sasa.

3. Utahojiwa mara moja tu kwa takriban dakika 30 kwenye sehemu ya faraga. Baada ya usaili utarudishiwa gharama za nauli ya kukufikisha sehemu ya mahojiano na kukurudisha.

### **Usiri**

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, ni watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Tutajumuisha ripoti ambayo itakua na majibu kutoka kwa washiriki kadhaa wanaotumia madawa ya kulevyo bila kuweka vitambulisho vyao. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

### **Madhara**

Utaulizwa maswali juu ya ufahamu wako kuhusu sababau hatarishi zinazopelekea matumizi ya dawa za kulevyo. Baadhi ya maswali yanaweza kukufanya usijiskie vizuri. Unaweza kukataa kujibu swali lolote na unaweza kusimamisha usaili wakati wowote.

### **Haki ya kujitoa na mbadala wowote**

Kushiriki katika utafiti huu ni uchaguzi wako, kama utachagua kutokushiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katika tafiti hii mda wowote hata kama ulisharidhia kushiriki. Kukataa kushiriki au kujitoa katika utafiti hakutaambatana na adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

### **Faida**

Hamna faida ya moja kwa moja kwa wewe kushiriki katika utafiti huu. Ila matokeo ya utafiti huu yatasaidia kutoa taarifa juu ya sababu hatarishi zinazopelekea vijanan kujiingiza katika matumizi ya dawa za kulevyo, athari za dawa za kulevyo na hatua za kukabiliana na tatizo la matumizi ya dawa za kulevyo kwa vijana walio nje ya shule. Taarifa hizi zitasaidia Serikali na wadau wengine kuboresha shughuli za kuzuia matumizi ya dawa za kulevyo.

### **Endapo Utadhurika**

Hatutegemi madhara yoyote kutokea kwa kushiriki kwako katika tafiti hii.

### **Watu wa kuwasiliana nao**

Kama una maswali katika utafiti huu unaweza kuwasiliana na **mtafiti mkuu Emmanuel Nghabi**, Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam (Simu. no. 0768091472).

### **Sahihi**

Unakubali?

Mshiriki amekubali

Mshiriki amekataa

Mimi \_\_\_\_\_ nimesoma/nimeielewa hii fomu, maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki \_\_\_\_\_

Sahihi ya shahidi (kama hawezi kusoma na kuandika) \_\_\_\_\_

Sahihi ya mtafiti muandamizi \_\_\_\_\_

Tarehe ya makubaliano \_\_\_\_\_

Jina la Mwenyekiti. \_\_\_\_\_

**APPENDIX VI: Demographic characteristic of participants (FGD) group age 10-15**

<b>Name</b>	<b>sex</b>	<b>age</b>	<b>contact</b>
MP 1	M	15	Msumbiji
MP 2	M	11	Nyasaka
MP3	M	13	Nyakato
FP4	F	11	pasiansi
FP5	F	12	pasiansi
FP6	F	13	Pasiansi
FP7	F	13	Pasiansi
MP8	M	14	Nyanshana

**Demographic characteristic of participants (FGD) group age 16-19**

<b>Name</b>	<b>sex</b>	<b>age</b>	<b>Occupation</b>	<b>contact</b>
MP 01	M	18	Unemployed	Pasiansi
MP 02	M	17	Unemployed	Pasiansi
MP 03	M	17	Unemployed	Nyamanoro
MP 04	M	16	Unemployed	Kirumba
FP 05	F	19	Small business	Kirumba
FP 06	F	19	Unemployed	Kirumba
FP 07	F	18	Unemployed	Kirumba
FP 08	M	17	Unemployed	Kirumba

**Demographic characteristic of participants (In-depth interview) group age 16-19**

<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Marital status</b>	<b>Education level</b>	<b>Occupation</b>	<b>Contact</b>
MP 001	Male	19	single	Standard seven	Small business	Twiga street
MP002	Male	20	single	Standard seven	Daladala conductor	Kilimahewa street
FP003	Female	19	single	Ordinary level	Unemployed	Kirumba street
MP004	Male	19-20	cohabitated	Standard seven	Camera man	Unguja street
MP005	Male	19	cohabitated	Standard seven	Selling CD	Kirumba street
MP006	Male	19	Single	Standard seven	Daladala conductor	Pasiansi street
MP007	Male	18	single	Standard seven	Carring cargo	Ghana street
MP008	Male	20	cohabitated	Form three	Daladala conductor	Kona ya Bwiru
MP 009	Male	21	single	Standard seven	Fishermen	Twiga street
MP010	Male	20	single	seven	dealers	Mwaloni
MP011	Male	19	single	seven	Day worker	Nyamanoro
MP0012	Male	19-20	single	seven	Selling clothes	Kirumba/mlango mmoja
MP013	Male	18	single	seven	Daladal	kirumba
FP 014	Female	19	cohabitated	seven	unemployed	kirumba
MP015	Male	10	single	Ordinary level	unemployed	kirumba(4)

**APPENDIX VII: ETHICAL CLEARANCE**

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES**

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Ref. No. DA.287/298/01A/

6th August, 2018

Mr. Emmanuel Wilbert Ng'habi  
Master of Public Health  
**MUHAS**

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "DRUG ABUSE AMONG OUT OF SCHOOL ADOLESCENTS; EXPLORING PERCEPTIONS ON CAUSES, CONSEQUENCES AND PROTECTIVE PRACTICES IN ILEMELA DISTRICT"**

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 3rd August, 2018 to 2nd August, 2019. In case you do not complete data analysis and dissertation report writing by 2nd August, 2019, you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya  
**ACTING: DIRECTOR OF POSTGRADUATE STUDIES**

cc: Director of Research and Publications  
cc: Dean, School of Public Health and Social Sciences

## APPENDIX VIII: INTRODUCTION LETTER

### MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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Ref. No. HD/MUH/T.406/2017

7th August, 2018

Director  
Ilemela Municipal Council  
P.O. Box 735  
MWANZA.

**Re: INTRODUCTION LETTER**

The bearer of this letter Dr. Emmanuel Wilbert Ng'habi is a student at Muhimbili University of Health and Allied Sciences (MUHAS) who is pursuing Master of Public Health.

As part of his studies he intends to do a study titled: "*Drug abuse among out of School adolescents; exploring perceptions on causes, consequences and protective practices in Ilemela District*".

The research has been approved by the Chairman of University Senate.

Kindly provide him the necessary assistance to facilitate the conduct of his research.

We thank you for your cooperation.

  
Ms. L.C. Kapama

For: **DIRECTOR, POSTGRADUATE STUDIES**

cc: Dean, School of Public Health and Social Sciences,  
Dr. Emmanuel Wilbert Ng'habi