INVESTIGATING THE FACTORS ASSOCIATED WITH DRUG ABUSE AMONG WOMEN ATTENDING METHADONE CLINICS IN DAR ES SALAAM AND REASONS FOR SEEKING CARE AT THESE CLINICS.

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By

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A Dissertation Submitted in (partial) Fulfillment of the Requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences

October, 2019

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled **"*Investigating the factors associated with drug abuse among women attending methadone clinics in Dar es salaam and reasons for seeking care at these clinics*"** in fulfillment of the requirements for the degree of Public Health of Muhimbili University of Health and Allied Sciences.

_____

Prof. Angwara Kiwara

(Supervisor**)**

Date: _____

DECLARATION AND COPYRIGHT

I, **Kija David Lusenga**, declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature……..…… Date……....…….....

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DEDICATION

This work is dedicated to my loving parents (Mr. & Mrs. D. Lusenga) who sponsored my studies financially and materially and my two loving young brothers (Johnbull. D. Lusenga and Nkonya. D. Lusenga). Without their support it would not have been possible for me to complete this dissertation. I'm proud and thankful to have you as my family God bless you all.

ABSTRACT

Background: Drug abuse continues to be a major risky behavior problem all over the world. Women are more vulnerable to the adverse social, cultural, economic and physiological consequences associated with substance abuse. Substance abuse in women is also associated with a unique constellation of risk factors and needs, including increased prevalence of mental health problems, histories of physical or sexual abuse, serious medical problems, poor nutrition, relationship problems (including domestic violence), and deficits in social support.

Aim of the study: The study aimed to explore factors associated with drug abuse among women attending methadone clinics in Dar es Salaam and reasons for seeking care at these clinics.

Methods: The study was a qualitative study carried out in methadone clinics at Mwananyamala referral hospital and Temeke referral hospital in Dar es Salaam. A purposive sampling technique was used to enroll women receiving the methadone treatments at the methadone clinics. Data was collected using in-depth interviewing methods guided by a prepared interview guide. Data was analyzed qualitatively using content analysis with the NVivo software program.

Results: The results showed several factors associated with drug abuse among women including socio-demographic factors such as age, nature of the occupation, nature of the family, psychosocial factors such as frustrations and trauma, lifestyle factors such as partner's influence and peer pressure influence, and psychosocial factors influencing seeking care at the methadone clinics such as stress, acceptability in society and anxiety. A significant link between these factors was reported.

Conclusion: Drug abuse has been seen to be a problem among women, who are key population in Dar es Salaam, having different factors which contribute to women engage themselves or involve themselves with drug abuse. Also women who engaged in drug abuse are observed to be seeking care in the methadone clinics where different reasons for them to seek care were observed which could serve as a guide to help others who have not started to attend and receive the methadone treatment.

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ABBREVIATIONS

HIV	Human Immunodeficiency Syndrome
ISTSS	International Society for Traumatic Stress Studies
MAT	Methadone Assisted Treatment
MMT	Methadone Maintenance Treatment
NCTSN	The National Child Traumatic Stress Network
NIDA	National Institute on Drug Abuse
PTSD	Post Traumatic Stress Disorder
PWID	People Who Inject Drugs
STIs	Sexual Transmitted Infections
UNODC	United Nations Office for Drug Crime
UNODC-ROEA	United Nations Office for Drug Crime in Eastern Africa

DEFINITION OF TERMS

Drug: It is a substance that due to its chemical nature affects physical, mental and emotional functioning.

Drug Abuse: Use of drugs for other purposes other than medical reasons.

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.

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

Knowledge: Information and skills acquired through experience or education.

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

Psychoactive Substances: Refers to any substance(s) that when taken by a person can modify perception, mood, cognition, behaviour, or motor functions.

Practice: Actual application of skills, or ways of doing things in regular basis. (Masibo, Mndeme, & Nsimba, 2013).

Depressants: a drug that slows down or curbs the activity of the central nervous system. It reduces feelings of tension and anxiety, slows movement, and impairs cognitive processes. In high doses, depressants can arrest vital functions and cause death. Examples: Alcohol, Opioids, Heroin.

Stimulants: are psychoactive substances that increase the activity of the central nervous system, which enhances states of alertness and can produce feelings of pleasure or even euphoric highs. The effects vary with the particular drug. Examples: Amphetamines, Ecstasy, Cocaine, Nicotine (DEA, 2017).

CHAPTER ONE

INTRODUCTION

1.1 Background

The consumption and injecting of illicit drugs is increasing around the world, involving perhaps 20 million people in more than 120 countries. Patterns of production, consumption and administration of illicit drugs have changed over time and continue to change rapidly. Countries where the most rapid changes are occurring, involving the biggest populations, are in the developing world, especially in South and South-East Asia and Latin America. Many Western countries experienced epidemics of heroin injecting beginning in the late 1960s and continuing through the 1980s and 1990s. Many Asian countries began to experience such epidemics in the late 1980s, and this trend is continuing (Kerajaan, 2014). Drug abuse remains a major risky behaviour problem all over the world. Despite the fact that Tanzania's existing laws provide stern punitive measures against all those involved in drug trafficking and consumption, the war against narcotic seems to be difficult as Tanzania continues to be a transit route for illicit drug. People have used drugs from time immemorial in the form of substances such as leaves, roots and herbs in order to alleviate pain or manage certain illness and stress. In Tanzania, the history of drug or substance use, to a large extent was limited to the traditional use of cannabis (Bangi), khat, tobacco and different types of traditional liquor popularly known as "gongo" in many parts of Tanzania Mainland. Nevertheless, the modern way of illicit drug use in the country lacks accurate data as to exactly when it started spreading (Yusuph & Negret, 2016).

The world drug problem is intertwined with all aspects of sustainable development. The analysis of the drug problem and the response thereto, through the lens of the Sustainable Development Goals reveals the mechanisms of this interaction. All areas of sustainable development, as identified in the 17 Sustainable Development Goals, shape the nature and dynamic of the drug problem. At the same time, the impact of the drug problem and the response thereto, on development can be observed at the individual, community and national levels. In analyzing those linkages, the 17 Sustainable Development Goals have been divided into five broad areas: social development, economic development,

environmental sustainability, peaceful, just and inclusive societies, and partnership. One of the risk factors for the negative health impact of drugs stems from their mode of administration. Injecting drug use, in particular, carries a much greater risk of overdose and infection, including the transmission of blood-borne viruses, such as HIV and hepatitis C, than does smoking, swallowing, snorting or inhaling drugs (UNODC, 2016).

Cannabis remains the most commonly used drug at the global level, with an estimated 183 million people having used the drug in 2014, while amphetamines remain the second most commonly used drug. With an estimated 33 million users, the use of opiates and prescription opioids is less common, but opioids remain major drugs of potential harm and health consequences. The fact that a sharp increase in heroin use has been documented in some markets (particularly North America) where it was previously declining, shows that heroin remains one of the major drugs of public health concern.

Drug use undermines the aspect of sustainable development related to gender equality and the empowerment of women and girls. There are marked differences between male and female drug users in terms of preferred drugs and drug-related vulnerabilities. Coupled with the fact that users of several drug types are predominantly male, this leads to a danger that the entire continuum of care may fail to cater adequately for the needs of female drug users, who also have a lack of access to such services.

Women affected by drug dependence and HIV are more vulnerable and more stigmatized than men. They suffer from co-occurring mental health disorders to a greater extent than men, and they are more likely to have been victims of violence and abuse. Women often also bear a heavy burden of violence and deprivation associated with the drug dependence of family members, hindering the achievement of the sustainable development target of eliminating all forms of violence against all women and girls. Female offenders and prisoners, especially those with drug use disorders, face particular hardship as, in many instances; criminal justice systems are not yet equipped for the special needs of women.

Drug use often affects people during their most productive years. When people become trapped in a cycle of drug use, and even in the drug trade itself, as opposed to being engaged in legitimate employment and educational opportunities, distinct barriers are effectively raised to the development of individuals and communities (UNODC, 2016).

Research suggests that women are more vulnerable to the adverse social, cultural, economic and physiological consequences associated with substance abuse. Substance abuse in women is also associated with a unique constellation of risk factors and needs, including increased prevalence of mental health problems, histories of physical or sexual abuse, serious medical problems, poor nutrition, relationship problems (including domestic violence), and deficits in social support.

Women who use drugs and alcohol are often in their prime childbearing years and in need of reproductive health services due to overlapping sexual and drug using networks, and engagement in sex work that heighten vulnerability to HIV, sexually transmitted infections (STIs), and unplanned pregnancies. Without proper antiretroviral management, pregnant women risk onward transmission of HIV to their child during pregnancy, childbirth, and breastfeeding (Montanari, Guarita, Mounteney, Zipfel, & Simon, 2017).

1.2 Statement of the problem

Drug abuse is a major issue in Tanzania, whereby in 2011, the drug control commission reported that the number of people addicted to drugs ranges from 150,000 and 500,000. According to UNODC (2015) drug use prevalence is increasing in Tanzania. Beyond Tanzania it is estimated that a total of 246 million people (5%) worldwide used illicit drugs by 2013. Drug abuse remains a global burden according to it has been shown that the global mortality rate due to drug abuse is increasing.

According to Joel et al., (2018), drug abuse is a risk behaviour practised in Dar es Salaam, affecting both men and women. Furthermore, the studies indicated that 27.3% of the drug users are female who use the drugs for enjoyment feelings or under the Influence of friends and stress relief.

Other related studies conducted in Dar es Salaam which have focused on drug abuse among men and adolescents focus on level of use and its consequences. For example, a study done by Nsimba et al., (2013) document that psychoactive substance use continues to be a major risk behaviour among men, youths and women, accompanied with physical and /or mental health complications/consequences. Despite efforts by public health and social welfare groups to educate the society, awareness of the gravity of this problem by the general population including secondary school students has remained low. The study done also reveal that the least informed and researched group in Tanzania are women particularly those in the reproductive age (Masibo et al., 2013). So there is limited information on drug abuse among women in Dar es Salaam hence little is known. This research seeks to investigate the factors associated with drug abuse among women attending methadone clinics in Dar-es-Salaam and their reasons for seeking care at these Clinics.

1.3 Conceptual framework

This conceptual framework explains the association between various variables and their contribution towards drug abuse among women that are common compared to others.

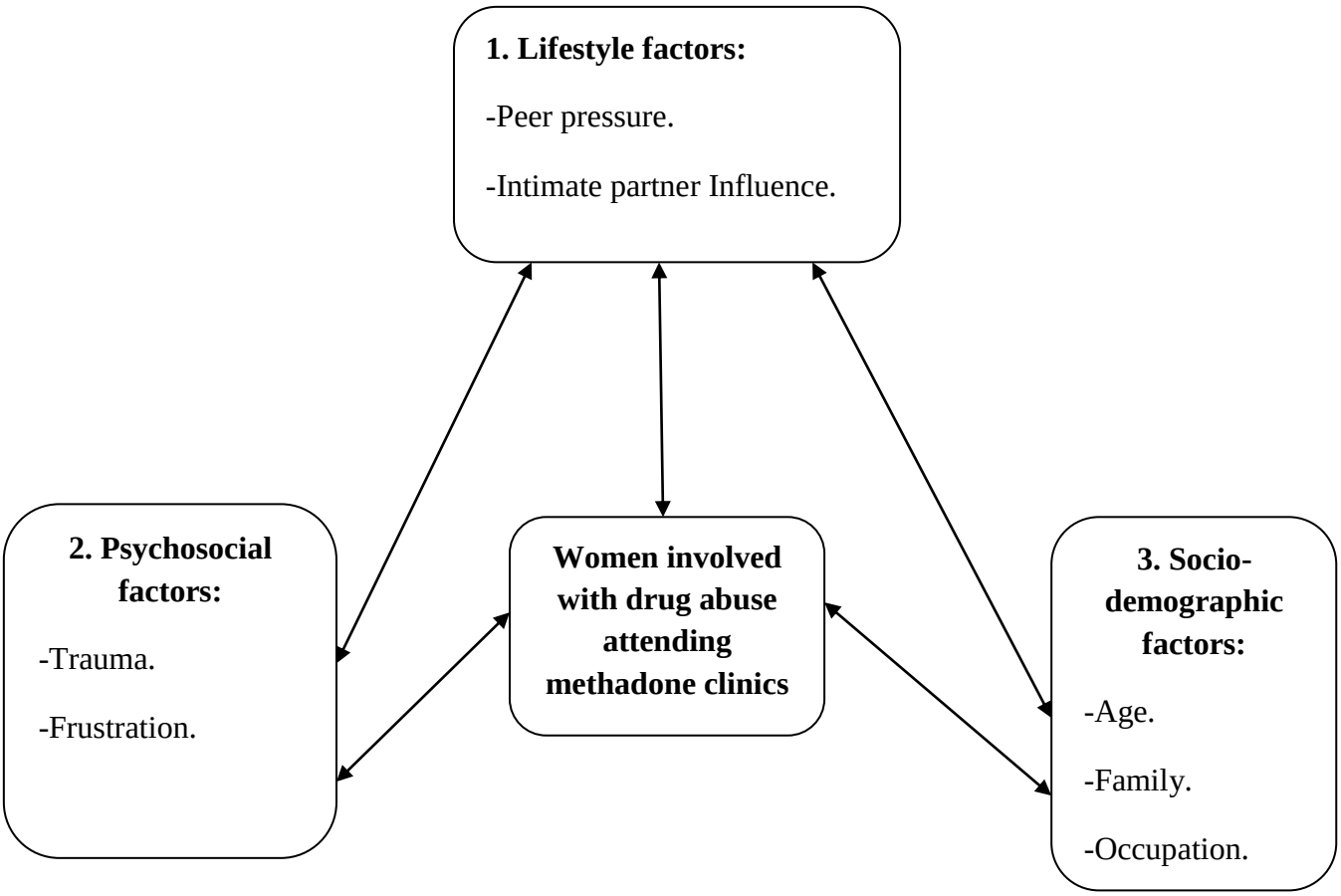


Fig. 1: The Conceptual Framework

The adopted conceptual framework shows that the determinant of women to engage in drug abuse is rooted in factors related in three main areas: First the socio-demographic factors such as age, occupation and family which describes the sociological and demographic characteristics of the women relating to drug abuse. Second the lifestyle factors such as peer pressure and intimate partner influence which describes the habits and way of life the women live in that relates to them engaging in drug abuse. Third the psychosocial factors such as trauma and frustration which describes the psychological and social aspects of the women in relation to drug abuse. Also these factors do relate to one another since one factor can lead to another factor such age in socio-demographic factor can influence peer pressure in the lifestyle factor.

1.4 Rationale of the study

The study intended to find out different factors influencing drug abuse among women and the motives for them to attend methadone clinics at Mwananyamala referral Hospital and Temeke Regional Referral Hospital. The information was useful to understand more what needs to be done to reduce drug abuse problem among women and suggest useful remedial measures. Also the study findings served as a source of literature for scholars who wish to do further studies about drug abuse among women.

1.5 Research Questions

1.5.1 Main Research Question

What are the factors associated with drug abuse among women attending methadone clinics in Dar es Salaam and reasons for seeking care at these clinics.

1.5.2 Specific Research Questions

1. What are the psycho-social factors influencing drug abuse among women in Dar es Salaam?
2. What are the lifestyles factors influencing drug abuse among women in Dar es Salaam?
3. What are the socio-demographic factors influencing drug abuse among women in Dar es Salaam?
4. What are the psycho-social factors contributing to seeking care in methadone clinics among women who use drugs in Dar es Salaam?

1.6 Objectives of the study

1.6.1 General Objective

To explore the factors associated with drug abuse among women who attend methadone clinics in Dar-es-Salaam and reasons for seeking care there.

1.6.2 Specific Objectives

1. To assess psychosocial factors influencing drug abuse among women in Dar es Salaam.
2. To assess the lifestyle factors influencing drug abuse among women in Dar es Salaam.
3. To assess the socio-demographic factors influencing drug abuse among women in Dar es Salaam.
4. To assess the psychosocial factors contributing to seeking care in methadone clinics among women who use drugs in Dar es Salaam.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews various literatures related to drug abuse among the women. It gets background information from books, journals, articles and newspapers. Broad information was needed to describe clearly the nature and extent of the problem of drug abuse among the women.

2.1 Theoretical Literature Review

According to Gall and Gall (2005) theory can be defined as an explanation of just certain existing things in terms of underlying constructs and set of basic ideas which relate constructs to each other. Furthermore, the theories of drug abuse would indicate that some people surely depend on certain drugs for their survival depending on a number of reasons. According to them the main emphasis of the theories was that people have their personal reasons as to why they depend on one type of a drug or the other. This study will use the social developmental theory so as to address the problem.

2.1.1 Grounded theory

Grounded theory is a form of qualitative research design where it's a process of collecting qualitative data and undertaking data analysis to generate categories to explain a phenomenon of interest. Grounded theory is applicable to complex behavioral problems (Chong & Yeo, 2015).

A notable advantage of the GT method is in its systematic approach to data analysis. Grounded Theory is noted as "systematic generating of theory from data that itself is systematically obtained from social research"(Obot, 2006).

2.2 Empirical Literature Review

2.2.1 Psychosocial factors influencing drug abuse in women.

Psychosocial factors include personality and presence of psychiatric disorder that either increases the risk of an individual developing an addictive disorder. Women have been reported to use drugs or engage in drug abuse to relieve negative emotions or stress. (NIDA, 2018).

According to a study done in Bangladesh has shown frustration and anxiety created in the minds of people were the psychosocial causes of drug addiction and drug abuse. Where these frustrations resulted from family conflict, indifference of parents to the children, and high ambition. Also Frustration may occur as a result of failure in love, family conflict, lack of life security, pressure of poverty, unemployment (Hasam & Mushahid, 2017).

2.2.2 Lifestyle factors influencing drug abuse in women.

Research shows that intimate partners have contribute to the women to start using drugs and become drug abusers where the national institute on drug abuse (NIDA) shows that more than 1 in 3 women have experienced physical violence at the hands of an intimate partner, including a range of behaviors from slapping, pushing, or shoving to severe acts such as being beaten, burned, raped, or choked. Victims of violence are at increased risk of chronic health conditions, including obesity, chronic pain, depression, and substance use (NIDA, 2018).

Peer pressure is one of the lifestyle factors where according to the social development model that explained (Austin C. Stark, 2008) explains the growth of pro-social and anti-social behavior along human's life course, amount of involvement with and reinforcement from individuals who use substance is an influence for a person's increased substance use while the amount of pro-social involvement such as volunteer work is an influence for a person's decreased substance use.

2.2.3 Socio-demographic factors influencing drug abuse in women.

Young age has been one of the influence where according to the report provided by the national institute on drug abuse (NIDA) developmental stages in a person's life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because areas in their brains that govern decision making, judgment, and self control are still developing (NIDA, 2008).

Family been seen to be an influence to engagement in drug abuse where spooner and Hetherington (2004) narrates the socio-economic status of both the family and individual contributes to exposure to risk factors for drug abuse and related problems (for example, depression) across the life course (Spooner & Hetherington, 2004).

Due to unemployment women have been seen to engage in risky behaviors such as prostitution to earn living where Weichelt and Shdaima (2011) made a study which shows most of the women who engage in selling their bodies to men (prostitution) also engage in drug abuse. Women engage in street-level prostitution to obtain money to buy drugs or in direct exchange for drugs hence there is a strong association between drug abuse and prostitution (Wiechelt & Shdaimah, 2011).

2.2.4 Psychosocial factors influencing seeking care among women in methadone clinics.

Women are more likely to suffer from certain mental health conditions, such as depression, anxiety, post-traumatic stress disorder (PTSD) (NIDA, 2018).

A study done by Poudel et al. (2016) in Nepal explains the illicit drugs abused to be psychoactive substances where it usually results to social harm including interpersonal problems that impact adversely on relationships with family members, friends, colleagues (Poudel, Sharma, Gautam, & Poudel, 2016).

According to the study done by Ubuguyu (2013) in Dar es Salaam has explained some disorders which result to people who inject drugs (PWID) especially heroin are depression

and anxiety disorders, and other conditions such as sleep disorders, antisocial personality disorders, and borderline personality disorders for women (Ubuguyu, 2013).

CHAPTER THREE

RESEACH METHODOLOGY

3.0 Introduction

This chapter describes various methods that were adopted in the study including area of the study, study design, study population, sampling technique and sample size, data collection methods, data analysis, ethical consideration and limitations of the study.

3.1 Study area

The study areas included the methadone clinics at Mwananyamala hospital and Temeke hospital in Dar es Salaam which is located at 6°48' South, 39°17' East (−6.8000, 39.2833), on the eastern coast of East Africa.

The methadone clinic at Mwananyamala referral hospital is located at the psychiatry treatment unit of the department of psychiatry and mental health. And the methadone assisted treatment (MAT) at Temeke regional referral hospital is located at the department of psychiatry and mental health.

3.2 Study design

This study was a qualitative study involving grounded theory approach, where by the research reached to categories following by what the respondents shared, so the researcher depended on what the respondents were responding and developed codes and categories to draw the results and conclusion.

3.3 Study population

The study population was constituted by the women attending Methadone clinics at Mwananyamala Hospital and Temeke Hospital.

Inclusion and Exclusion Criteria

3.3.1 Inclusion Criteria

The women attending Methadone clinics at Mwananyamala Referral Hospital and Temeke Regional Referral Hospital were included in the study.

3.3.2 Exclusion Criteria

Those women not receiving methadone treatment at the methadone clinics at Mwananyamala Referral Hospital and Temeke Regional Referral Hospital were excluded in the study.

3.4 Sampling technique and sample size

The researcher used purposive sampling whereby this was a non-probabilistic sampling used in qualitative studies. So the type of purposive sampling used was Maximum Variation Sampling, which was a purposive sampling technique used to capture a wide range of perspectives relating to the thing that is studied; that is, maximum variation sampling is a search for variation in perspectives, ranging from those conditions that are viewed to be typical through to those that are more extreme in nature. By conditions, we mean the units (i.e., people, cases/organizations, events, pieces of data) that are of interest to the researcher. These units may exhibit a wide range of attributes, behaviors, experiences, incidents, qualities, situations, and so forth. The basic principle behind maximum variation sampling was to gain greater insights into a phenomenon by looking at it from all angles. This helped the researcher to identify common themes that are evident across the sample.

3.5 Data collection tools and procedures

The study used data gathering techniques such as interview guides. The interview guide helped the researcher on how to collect the information or data needed from the respondent interviewed. And also the interview guide gave the researcher a clue on what is needed to

get more explanations where probes were used to make the respondent explain more so as to give much detailed which are satisfying since the method used was indepth interview.

3.6. Pre testing of data collection tools

Prior the study, pre testing of data collection tools was done by the researcher so as to check whether the tools were able to collect the intended information or not. This was conducted in Temeke Referral Hospital where by 5 participants were involved. The interview guides were revised accordingly based on the pre-test results.

3.7. Data collection procedures

Three Research assistants were trained on the interview guide and introduced to research ethics for one day to avoid poor data collection. Review of the data collection tools was done and feedback of the complexity of data collection was reported and discussed on daily basis with the principal investigator.

3.8 Data analysis

The data analysis technique which was used is content analysis which is a qualitative data analysis method for the systematic description of behavior, asking who, what, when, where and how questions within explicitly formulated systematic rules to limit the effects of analyst bias.

According to (Kothari, 2004), it is technically important to edit, code, classify and tabulate data so that they become amendable for analysis. Also in analyzing the contents of qualitative data words, pictures, symbols, meanings, themes or any message were involved that were presented in a form of table.

Coding refers to the creation of categories in relation to data; the grouping together of different instances of datum under an umbrella term that can enable them to be regarded as ‘of the same type’. Coding can be open coding (the initial process to form categories) or

relational coding (relating the categories to establish relationships)(Miles & Huberman, 2013).

Content data analysis method was used in this study which involved reading and re-reading of the data, coding, data reduction, making the categories and interpretation. Data was transcribed and later translated in English language. The English translated data were analyzed through the examination and categorization of respondents‟ opinions. The analysis was carried out in four stages first, conducting open coding of the transcripts; second code book was created with the list of the codes and the created categories. Then third NVivo12 software was used to arrange the codes and transcripts as a tool for analysis. And fourth themes were then defined and later final analysis and report writing was done. However, data obtained from observation and documentary review were not analyzed but used to support the categories generated from the in-depth interview analysis.

3.9 Ethical consideration

Ethical approval from the Ethical Board of Muhimbili University of Health and Allied Sciences (MUHAS) was obtained for the study before conducting data collection with reference number: Ref.No.DA.287/298/01A. Permission to carry out the study in the hospitals was obtained from regional council and the hospitals research boards. The purpose of the study was explained to participants and written informed consent was sought before the interview. Privacy and confidentiality was highly considered. Information provided from the respondents was disclosed only for the research purposes.

CHAPTER FOUR

RESULTS

4.0 Introduction

The findings from this study were organized according to the objectives and underlying concepts which gave a clear picture of the situation depicted.

The layout of the findings is derived from the respondents or Key informants of the in-depth interview and supported by the documentary review and observed data. Supporting quotations from the study participants have been included to illustrate the messages being communicated. Findings are presented based on the identified concepts.

4.1 Categories and subcategories.

Table 4.1: Code book with categories and sub categories.

Main Category	**Nvivo codes**	**Categories**	**Sub-categories**
Socio-demographic factors influencing drug abuse among women	-Poor occupation engaged. -Young age influence. -Poor family morals behaviours.	-Occupation influence. -Age Influence. -Family activities.	-Occupation. -Age. -Family Influence.
Psychosocial factors influencing drug abuse among women	-Occurence of traumatic incidences. -Increased levels of frustration.	-Low trauma tolerance. -Low frustration tolerance.	-Trauma. -Frustration.
Lifestyle factors influencing drug abuse among women	-Negative behaviour of the partner. -Negative behaviour of the friends.	-Intimate partner Influence. -Friend's Influence.	-Partner Influence. -Peer Influence.

Psychosocial factors contributing to seek care for methadone treatment among women	-Uncontrolled stress levels. -Uncontrollable anxiety levels. -Increase social acceptance.	-High stress levels. -High anxiety levels. -Promote social acceptance.	-Stress. -Anxiety. -Social acceptability.

4.2 Socio-demographic factors influencing drug abuse among women.

A total of 20 participant were interviewed all being the women receiving methadone treatments at the methadone clinics 10 from Mwananyamala referral hospital and 10 from Temeke referral hospital.

4.2.1 Age Influence.

The age of the respondents ranged from 25-43years old, whereby some explanation showed that the women started to engage in drug abuse at their younger age meaning in their adolescent period which is a period many young people usually try to engage in different risky behaviors. As one of the participant reported:

> *"I started to engage myself in drug abuse when I was 18 years old, I was living at home at that time with my parents and family. But during that moment I met a man who taught me how to use marijuana, so I smoked marijuana a lot but I broke up with him. Then I met another man who was engaging himself in drug abuse so he was mixing up for me marijuana with heroin and gave me to smoke then I got addiction where I could not spend a day without smoking drugs." (<Files\\MPatient 5> - § 1 reference coded [10.47% Coverage) Age 39.*

Also during younger age many girls don't know how to resist bad influence hence they become vulnerable to engage in drug abuse since they are easily influenced.

4.2.2 Nature of occupation.

The kind of activity or nature of a job or its surrounding has a role in shaping some ones behavior. Most of women who have engaged themselves in drug abuse find different ways to earn money for buying those drugs. They are ready to do any kind of job whether it's a risky one just to find money to buy the drugs. Many respondents had no job before starting using drugs but after engaging in drug abuse they had to find different mean to earn money so as to satisfy themselves by using drugs. One of the respondent expressed:

> *"I didn't have any job so the only thing I did as my source to earn was to be thief, I have stolen a lot in the shops especially clothing shops where if the shop owner doesn't pay attention I stole from him or her. Also I have been a prostitute where I have sold myself to men in different places a lot, and I was even stealing from the men I slept with if they are drunk. I was obtaining a lot of money but I was just using all the money to buy drugs since I was already addicted to them" (<Files\\MPatient 3> - § 2 references coded [17.29% Coverage) Age 30.*

Another respondent added:

> *"I had a talent of braiding hairs, but I lost my talent because I was not satisfying my clients I used to run away from them before braiding them only to find money to buy drugs, So I have slept with a lot of men (prostitute) as another way of getting money to buy drugs."(<Files\\MPatient 4> - § 2 references coded [20.03% Coverage) Age 26.*

4.2.3 Nature of the family.

Family plays a role in shaping someone's behavior. Someone's behavior can be a reflection of what kind of family she has. Some women even explained that some members engaged in drug abuse due to other members of the family doing it also.

One respondent expressed:

> *"In my family my mom was also engaging in drug abuse, but she never taught me how to do it. Since I had friends who were also drug users one day I just decided*

to try it since I remembered my mom using it, so I wanted to see for myself how it is" (<Files\\TPatient 2> - § 2 references coded 9.81% Coverage) Age 28.

4.3 Psychosocial factors influencing drug abuse among women.

These involved more of the deep feelings which have influenced women to engage themselves in drug abuse.

4.3.1Frustrations

The study participants claimed one of the influence for them to engage in drug abuse was frustration due to different things which they faced. One of the respondent expressed:

"I started to engage myself in drug abuse when I was 23 years old. Sincerely the thing which made me to engage in drug abuse was my first co-parent whom I had a son with. I used to quarrel a lot with him and had frustrations which made me to start using drugs. I remember it was in 2005 when my son was one year old, that man was poor when we started life together so we build our home together starting from nothing. At that time I was so young, so the man started relations with my neighbor's daughter. I didn't believe at first but one day after quarreling with him I went to my grandmothers place where I stayed for three 3 weeks. I later found out that the man took the girl and started to live with her and within a month he married her. I was frustrated and decided to go to Dar es Salaam where I started to use marijuana and I had a friend who influenced me to use heroin drugs to suppress all my thoughts." (<Files\\MPatient 2> - § 1 reference coded 26.59% Coverage) Age 34.

4.3.2Trauma

Some participants explained about having trauma as the reason to begin engaging in risky behaviors leading to them engaging in drug abuse. Some of the participants expressed themselves on how they faced the trauma:

"My mom passed away in 2006, I was in grade five and I was always having bad dreams and saw weird stuffs at night, and sometimes I even saw hallucinations like my mom appearing to me at night. So I was depressed and one day a friend told me to use marijuana and then I will not have that kind of depression. So thats how I started to use marijuana" (<Files\\TPatient 2> - § 1 reference coded 9.32% Coverage) Age 28.

4.4 Lifestyle factors influencing drug abuse among women.

Living style of the respondents has been seen also to be among the reasons for women to engage in drug abuse.

4.4.1 Intimate Partner's Influence

During the interview the respondents were guided to explain if they have or had a partner whom she lived with who influenced her to engage in drug abuse. The respondents expressed themselves on their partners influence. One of the respondent expressed herself as:

"I never knew about drug abuse at all, but meeting this man who was a drug abuser, I ran away from home and co-habited with that man. So when he was using drugs I drunk beer but later on he influenced me to start using the drug and suddenly I became addicted and became a drug abuser." (<Files\\MPatient 3> - § 1 reference coded [16.89% Coverage) Age 30.

4.4.2 Peer pressure or friend's Influence

During the interview the respondents were guided to explain if they have or had a friend whom they lived with who influenced them to engage in drug abuse. The respondents expressed themselves on their partners influence. One of the respondent expressed herself as:

"I began to engage myself in drug abuse when I was 22, so what happened was I got some problems, I and my sister got some guarantors whom were drug dealers and users, so we used to escort them after they help us with our cases then after they influenced us to use drugs. And they made me get divorce from my

husband because he came to notice that I engage myself in drug abuse." (<Files\\MPatient 1> - § 2 references coded [32.14% Coverage) ***Age 25.***

Also another respondent was able to express herself explaining the friend's influence for her to engage in drug abuse:

"I had many friends both male and female, whom they taught me different risk behaviors such as stealing they made me be a thief, and also some of the friends were prostitutes selling themselves to men so they made me also do the same, and some engaged in drug abuse also made me want to try it and lastly I became a drug user and engaged myself in drug abuse." (<Files\\MPatient 2> - § 1 reference coded [5.20% Coverage) ***Age 34.***

4.5 Psychosocial factors contributing to seek care for methadone treatment among women.

Seeking care for treatment to stop drug abuse was seen to be a cry for many of the women who were interviewed. They almost all said it was their wish to stop and become normal as any other person since they were once addicted and never knew how to stop the addiction.

4.5.1 Stress

The respondents were able to explain how they had stress, the factors which pushed them to have stress and lastly attend the methadone clinics. One of the respondents had this to say:

I have faced depression so much thinking of myself that I will continue to use drugs till when. Also the society neglected me a lot since they knew I was drug user so I wasn't accepted in the society. Also since the society neglected me, the family also started to neglect me, so I really had depression due to the fact of continued thinking" <Files\\TPatient 1> - § 1 reference coded [14.68% Coverage] Age 46.

Also another respondent expressed herself as follows:

> *"I started to receive methadone treatments since 2011 after I heard it was provided at Mwananyamala referral hospital. During that time I was already seriously and my kids were already practicing the risky behaviors. Also my mom had stigmatized me since the state I was in was critical." (<Files\\MPatient 5> - § 1 reference coded [21.63% Coverage)> Age 39.*

4.5.2 Acceptability in society.

Other women who participated in the study responded by explaining another reason for them to seek care at the methadone clinics to be acceptable in the society. The society seems to neglect and stigmatize this kind of people. One of the responded said:

> *"….my family and society neglected me once they knew that I was engaging myself in drug abuse" (<Files\\MPatient 2> - § 1 reference coded 8.72% Coverage) Age 34.*

4.5.3 Anxiety.

The respondents explained on having anxiety as another reason for them to seek care at these methadone clinics. One of the participants reported that:

> *"First of all it was myself since I had self influence to stop using drugs and also my family played an important role in influencing me to stop using drugs and start the treatment. I was really tired of using drugs. My family sent me many times to sober house and we tried different ways to make me stop using drugs. Also looking at my age I was getting older so I decided just to find a way to stop using drugs or engage myself in drug abuse."<Files\\TPatient 1> - § 1 reference coded [19.30% Coverage] Age 46.*

And another participant gave the following explanation:

"I started to attend the methadone clinic in 2004, whereby I decided to start these treatment on my own since I had anxiety of being depending on drugs, and after that man died and I had no money and started to sell my son's good clothes. Also I started to sell my body I became a prostitute just to get money to buy the drugs." (<Files\\TPatient 3> - § 1 reference coded [15.04% Coverage]) Age 40.

4.6 Summary

This study aimed to understand the different factors which have influenced women to engage in drug abuse and understand the reasons as to why they seek care at the methadone clinics. The study found different factors making the women engage in drug abuse which included psychosocial factors, socio-demographic factors and lifestyle factors. Also the study found different psychosocial reasons which made the women engaged in drug abuse motivated to seek care at the methadone clinics such as having stress of life, wanted to be accepted in society and anxiety of abusing the drugs since they were already addicted.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter discusses the findings of the factors influencing women engage in drug abuse and the reasons to seek care at the methadone clinics.

5.1 Socio-demographic factors influencing drug abuse among women.

5.1.1 Age Influence

The study findings show that some women engaged in drug abuse at younger age due to being in the adolescent stage where they practiced risky behaviors leading them to engage in drug abuse. A study done in Ethiopia reported that High level of peer influence at adolescent age, risk taking behavior and experimentation with substances are normal developmental changes in adolescence (Birhanu, Bisetegn, & Woldeyohannes, 2014).

Most of the women reported to engage in drug abuse not at very young age which they reported they even started using drugs unknowingly due to the partners.
Another study done by Austin and Stark (2008) has explained age especially at young ages approaching to adulthood, being influenced to engage in drug abuse is much stronger than at any other age.(Austin C. Stark, 2008).

5.1.2 Nature of occupation

According to the findings of this study the nature of occupation has contributed in engaging in drug abuse among women. Some worked as prostitutes where close associates and their working environment influenced the women to use drugs. A study conducted among African American women had findings indicating that severity of substance addiction and explanations for substance use are related to prostitution in a sample of African American women who smoke crack cocaine. Women who were prostituting, in contrast to those who were not, were found to be more severely addicted to drugs and more likely to use drugs as a means for coping with various intrapersonal and interpersonal experiences commonly associated with prostitution (Young, Boyd, & Hubbell, 2000).

Another study done by Weichelt and Shdaimah (2011) has also shown that women engaged at street level prostitution do it to obtain money to buy drugs. The substances that women in
prostitution most commonly abuse are heroin, cocaine (crack), and marijuana. The implication is that those who abuse drugs prior to engaging in prostitution do so to fund their need for drugs and those who develop drug abuse problems subsequent to their involvement in prostitution use drugs in response to the vagaries of prostitution. The effects of alcohol and other drugs appear to make women in prostitution feel more confident and able to manage their interactions with their ‘‘customers’’ as well as provide them with a mechanism for coping with or numbing their negative feelings (Wiechelt & Shdaimah, 2011).

5.1.3 Nature of the family

The study findings have revealed that some women fall engage themselves in drug abuse due to their families influence whereby they did so due to coping what one of her family member does. Also some engaged in drug abuse due to poor economy of their family. A study done in Malaysia showed that family economic stability has been playing a crucial role in affecting a person's drug use, reasons of drug abuse were related to family poverty, where some women never had the chance to receive education as a result of poverty, so with limited knowledge, the women couldn't differentiate good or bad hence ended up abusing and trafficking drugs to obtain quick money (Foo, Tam, & Lee, 2012).

5.2 Psychosocial factors influencing drug abuse among women.

5.2.1 Frustrations

This study findings revealed that frustrations to be one of the reasons for the women to engage in drug abuse. Some of the women explained that facing different scenarios in life made them frustrated to the extent they started to use drug and ended to be drug abusers.

One of the studies done in Bangladesh documented that drug addiction is high/very high, due to the influence of frustration. Frustration means the feeling of being frustrated. Indicators of frustration include failure in love, family conflict, lack of life security, pressure of poverty, feeling of loneliness, financial loss, inability of marriage, unemployment. Drug addiction is positively associated with frustration. Therefore, we can say that when a person becomes frustrated then he/she may be addicted. Frustration may occur as a result of failure in love, family conflict, lack of life security, pressure of poverty, unemployment(Hasam & Mushahid, 2017).

5.2.2 Trauma

The study findings exposed that some women engaged in drug abuse due to having trauma about different things. One of the report by the International Society for Traumatic Stress Studies (ISTSS) reported that research has demonstrated a strong link between exposure to traumatic events and substance use problems. Many people who have experienced child

abuse, criminal attack, disasters, war, or other traumatic events turn to alcohol or drugs to help them deal with emotional pain, bad memories, poor sleep, guilt, shame, anxiety, or terror. People with alcohol or drug use problems are more likely to experience traumatic events than those without these problems. Many people find themselves in a vicious cycle in which exposure to traumatic events produces increased alcohol and drug use, which produces new traumatic event experiences, which leads to even worse substance use, and so forth. Just as traumatic events and substance use often occur together, so do trauma-related disorders and substance use disorders (ISTSS, n.d.) Also other studies such as the report from the national child traumatic stress network (NCTSN) explained post traumatic stress disorder as a risk factor for drug abuse (NCTSN, 2008).

5.3Lifestyle factors influencing drug abuse among women.

5.3.1 Intimate Partner's Influence

The study findings have revealed that one of the factors for women to engage in drug abuse is due to the partner's influence meaning most of the women reported the partner's living with where most of them were cohabiting influenced them to engage in drug abuse.

One of the report by the National Institute on Drug Abuse reported that most women who inject heroin point to social pressure and sexual partner encouragements as factors (NIDA, 2018). One study indicated that women are at more risk than men for overdose.

5.3.2Peer pressure Influence

The study findings have revealed that one of the factors for women to engage in drug abuse is due to the peer pressure influence meaning some of the women reported the their friends whom they surround with have played a role in influencing them engage in drug abuse.

A study done in Malaysia showed that Peer's influence has also been frequently studied in relation to drug abuse. Peer influence is the outcome of socialization; that is, the peers an individual has influence his or her behavior. According to the social development model

that explains the growth of pro-social and anti-social behavior along human's life course, amount of involvement with and reinforcement from individuals who use substance is an influence for a person's increased substance use while the amount of pro-social involvement such as volunteer work is an influence for a person's decreased substance use (Foo et al., 2012).

5.4 Psychosocial factors contributing to seek care for methadone treatment among women.

5.4.1 Stress.

The study findings showed stress to be one of the reasons for the women engaged in drug abuse to seek care at the methadone clinics. It was observed that most of the women explained being depressed and have stress on how they will stop using drugs and play their roles both in families and society.

A study done in New Haven among Methadone Maintenance Treatment (MMT) patients it showed that on average, respondents rated their treatment willingness for conventional group stress reduction interventions between "moderately willing" and "very willing" and their perceived efficacy for these interventions between "moderately effective" and "very effective." On average, the conventional group stress-related interventions that were rated highest and lowest in terms of treatment willingness and perceived efficacy were nutrition or advice about healthy food choices and anger management, respectively (Barry, 2012).

5.4.2 Acceptability in society.

Being acceptable in the society was found to be another reason for the women who engaged in drug abuse to seek for methadone treatment at the methadone clinics. It was found that the women who engaged in drug abuse were stigmatized in the society not only the society some were even stigmatized by their families. So that condition of being

stigmatized and feeling that they are neglected made the women to be willing to seek care at the methadone clinics.

One of the studies done in New York showed that societal norms cast drug use as an unacceptable behavior, so many hold negative opinions about people who use drugs. Illicit drug users are seen as weak, immoral, and as causing a risk to society (Ahern, Stuber, & Galea, 2007). Hence the situation of being not acceptable in the society made the women seek care at the methadone clinics.

5.4.3 Anxiety.

The study findings revealed that anxiety was one of the reasons for the women to seek care at the methadone clinics since using the drugs made them to have anxiety for using them since it made them face some conditions making them tired and have a hard life. According to a research done in Canada it has explained anxiety to be one of the conditions resulting to people who are drug dependent. And it has estimated that two-thirds of women with substance abuse problems also have concurrent mental health problems, with drug-dependent often manifesting psychiatric conditions such as anxiety (Finnegan, 2013).

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

This is the closing chapter of the study. It is meant to provide a conclusion and recommendations on what can be done about issues raised in the study.

6.1 Conclusion

Drug abuse has been seen to be a problem among women, who are key population in Dar es Salaam, having different factors which contribute to women engage themselves or involve themselves with drug abuse, women remain to be vulnerable group when it comes to drug abuse. Also women is the key group which has been observed to be seeking care in the methadone clinics where different reasons for them to seek care were observed which could serve as a guide to help others who have not started to attend and receive the methadone treatment.

6.2 Recommendation

Based upon the study findings and analysis, the following are recommendations for effective programming to prevent and reduce drug abuse among women:

1. Establishment of programs that provide social function of youth once received from fellow drug user makes the way to sobriety and healthy living and reduce frustration levels or low traumatic tolerance.
2. More education should be provided especially at early education to make women or girls in the society aware of the drug abuse problem even at very early ages.
3. Establishment of projects that aim in addressing the employment problem for the women attending methadone assisted treatment (MAT) clinics where this can be bridge to reduce engagement in prostitution activities.

Area for further research based on the findings, further research can be done on looking more on other factors which influence women engaged in drug abuse to seek care at the methadone clinics in Dar es Salaam. Also further research can be done on the public perception of drug abuse among women.

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APPENDIX I: (ENGLISH VERSION).

INTERVIEW GUIDELINE ASSESSING KNOWLEDGE, AWARENESS ON FACTORS INFLUENCING WOMEN USE DRUGS IN DAR ES SALAAM AND REASONS TO ATTEND METHADONE CLINICS.

Muhimbili University of Health and Allied Sciences.

School of Public Health Social Sciences.

Dear Respondent,

I am Kija David Lusenga from the Muhimbili University of Health and Allied Sciences. I am conducting a study on investigating the factors influencing women who use drugs in Dar es Salaam to attend the methadone clinics. I therefore request you to answer some questions that seek to find out the knowledge on causing factors of drug abuse among Women attending Methadone Clinics and the reasons to seek care in these clinics in Dar es Salaam.

PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT.

Age	
Religion	
Marital status	
Education	
Occupation	
Income level	
Size of the family	

PART II: SOCIO-DEMOGRAPHIC INFLUENCES TO DRUG ABUSE AMONG THE RESPONDENT.

1.) At what age did you start engaging in drug abuse?

Probe:

2.) Did you learn about drug abuse in any institution?

Probe:

-Any education he/ she has received about drug abuse.

3.) What is the nature of your occupation?

Probe:

-Does the occupation influence her engage in drug abuse.

-Working environment isn't conducive.

4.) What is the Income level? Does it influence you to engage in drug abuse?

Probe:

-Low Income level influencing her to engage in activities such sex workers which influence the use of drug abuse.

5.) What is the size of your family? Are you the breadwinner of your family?

Probe:

-If she is the bread winner of the family, does she really manage it?

PART III: LIFESTYLE INFLUENCES TO DRUG ABUSE AMONG THE RESPONDENT.

1.) Whom do you live with? Does the person you live with engage him or herself to drug abuse?

Probe:

-Explain if the person living with might be the reason or influence to her engage in drug abuse.

-Role of the person or people living with in drug use.

2.) What kind of friend do you like to surround yourself with? How do you engage with your friends?

Probe:

-The type of friend whether male or female, and their personalities including the activities they do engage themselves with.

-The kind of activities which you like to do with the friends whom you surround yourself with.

3.) What kind of activities do you like to do or engage with for relaxation? Do you do them alone or with some people?

Probe:

-Description on the activities done for relaxation.

-Also describe if there is someone or a friend(s) engaged in the relaxation activities.

4.) Do you involve yourself in any social or community activities in your society?

Probe:

-Description on social or community activities engaged.

-Explanation on how they might have influence in engage in drug abuse.

PART IV: PSYCHO-SOCIAL INFLUENCES TO DRUG ABUSE AMONG RESPONDENT.

1.) Have you faced or facing different things which tend to give you stress in your life? Has stress ever convinced or made you to use drug abuse?

Probe:

-Explain on the things which tend to give you stress whether it's family or other thing.

-Explain how it has contributed or influenced you to engage in drug abuse.

2.) Is there any event which has occurred in your life which makes you to have trauma? Then has the trauma made you decide to use or engage in drug abuse?

Probe:

-Explain what kind of event which gave you trauma.

-Explain how the trauma influenced you to engage in using drugs.

PART V: PSYCHO-SOCIAL INFLUENCES TO SEEK CARE IN METHADONE CLINICS TO WOMEN WHO USE DRUGS.

1.) Explain how having stress issues made an influence for you to seek care at the methadone clinic.

Probe:

-How having stress made an influence to attend the clinic.

-Explain on who helped in influencing you due to stress.

2.) Explain how having certain trauma made an influence for you to seek care at the methadone clinic.

Probe:

-How having trauma made an influence for you to attend the clinic.

-Explain on who helped in influencing you to attend clinic due to trauma you have. And how you received the help.

APPENDIX II

INTERVIEW GUIDELINE ASSESSING KNOWLEDGE, AWARENESS ON FACTORS INFLUENCING WOMEN USE DRUGS IN DAR ES SALAAM AND REASONS TO ATTEND METHADONE CLINICS. (SWAHILI VERSION)

Muhimbili University of Health and Allied Sciences.

School of Public Health Social Sciences.

Ndugu,

Ninaitwa Kija David Lusenga kutoka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili. Ninafanya tafiti ya visababababishi vya wanawake kujishirikisha na utumiaji wa madawa ya kulevya ambao wanaenda kliniki za Methadoni na sababu za wao kwenda kwenye hizo kliniki hapa Dar es Salaam. Hivyo ninaomba ujibu maswali ambayo yatasaidia kupata ufahamu wa visababababishi vya wanawake kujishirikisha na utumiaji wa madawa ya kulevya ambao wanaenda kliniki za Methadoni na sababu za wao kwenda kwenye hizo kliniki hapa Dar es Salaam.

KIPENGELE I: SIFA ZA KIJAMII NA KIDEMOGRAFIA ZA MHOJIWA.

Umri	
Dini	
Hali ya ndoa	
Elimu	
Ajira	
Kiwango cha kipato	
Ukubwa wa familia	

KIPENGELE II: VISHAWISHI VYA KIJAMII-KIDEMOGRAFIA VYA UTUMIAJI WA MADAWA YA KULEVYA KWA WANAWAKE.

1.) Je, ni katika umri gani ulianza kujihusisha na utumiaji wa madawa ya kulevya?

Dadisi:

2.) Je, uliwahi jifunza au kupata elimu kuhusu utumiaji wa madawa ya kulevya kutoka taasisi yoyote?

Probe:

- Elimu yoyote iliyotolewa katika taasisi kuhusiana na madawa ya kulevya ikiwemo njia za utumiaji wa hayo madawa, na madhara ya hayo madawa.

3.) Kazi au ajira uliyonayo ni ya aina gani?

Dadisi:

- Kama kazi inayofanywa inachochea au kusababisha matumizi ya madawa ya kulevya kwa njia zozote.

- Mazingira ya kazi ni rafiki kwa mwanamke.

4.) Je, kiwango chako cha kipato kimekupelekea kujihusisha na matumizi ya madawa ya kulevya?

Dadisi:

-Kama alikuwa na kiwango kidogo kilichompelekea ajihusishe na madawa ya kulevya.

5.) Ukubwa wa familia yako ukoje? Je, wewe ndiye anayehudumia familia yako?

Dadisi:

-Kama ndiye mhudumia familia, je, anawezaje kumudu familia hiyo.

KIPENGELE III: VISHAWISHI VYA KIMAISHA VYA UTUMIAJI WA MADAWA YA KULEVYA KWA WANAWAKE.

1.) Je, unaishi na nani nyumbani kwako? Huyo unayeishi naye anatumia au kujihusisha na utumiaji wa madawa ya kulevya?

Dadisi:

-Elezea kama huyo mtu unayeishi naye anaweza kuwa ndiye aliyechangia au kushawishi utumie madawa ya kulevya.

-Hamasa ya huyo mtu katika suala zima la madawa ya kulevya.

2.) Ni marafiki wa aina gani unapenda kuwa nao karibu au kujiweka nao? Na unajumuikaje nao hao marafiki?

Dadisi:

-Aina ya hao marafiki kama ni wa kike au wa kiume, na wana wadhifa gani ikiwemo wanajihusisha na nini zaidi.

-Shughuli gani au vitu gani zaidi unapenda kufanya ukiwa na hao marafiki.

3.) Ni vitu gani au shughuli gani unapenda kufanya au kujihusisha navyo unapotaka kupumzika au kutuliza akili au mawazo? Unafanya shughuli hizo mwenyewe?

Dadisi:

-Elezea zaidi shughuli au vitu unavyo jihusisha navyo kwaajili ya mapumziko au kutulia.

-Pia elezea kama kuna rafiki ambaye unamshirikisha katika vitu hivyo, na kama anatoa mawazo mengine au kutoa ushauri zaidi.

4.) Je, unajihusisha na shughuli zozote za kijamii mahali unapoishi au katika jamii yako?

Dadisi:

-Elezea ni shughuli gani za kijamii unazozifahamu katika jamii yako, na ni zipi huwa unajitahidi kujihusisha nazo.

-Je kuna uwezekano wa shughuli hizo kuwa moja ya kishawishi na kujihusisha na utumiaji wa madawa ya kulevya?

KIPENGELE IV: VISHAWISHI VYA KISAIKOLOJIA VYA UTUMIAJI WA MADAWA YA KULEVYA KWA WANAWAKE.

1.) Je, umewahi kukumbana na kitu chochote kinachokupa msongo wa mawazo? Je, msongo wa mawazo ulikufanya kwa njia yoyote ujihusishe na utumiaji wa madawa ya kulevya?

Dadisi:

-Elezea ni vitu gani hivo vinavyokupa msongo wa mawazo.

-Elezea ni jinsi gani vimechangia kujihusisha na utumiaji wa madawa ya kulevya.

2.) Je, kuna tukio lolote lililotokea katika maisha yako ambalo lilikupa mshtuko wa ghafla? Je mshtuko huo ulipelekea kwa njia yoyote ujihusishe na utumiaji wa madawa ya kulevya?

Dadisi:

-Elezea ni aina gani ya mshtuko wa ghafla uliowahi kupata.

-Elezea jinsi huo mshtuko wa ghafla ulivyo kupelekea ujihusishe na madawa ya kulevya.

KIPENGELE V: VISABABISHI VYA KISAIKOLOJIA VILIVYOPELEKEA KUHUDHURIA KLINIKI KWA WANAWAKE WANAOJIHUSISHA NA MADAWA YA KULEVYA.

1.) Elezea jinsi gani kuwa na msongo wa mawazo ulivyopelekea wewe kuamua kuhudhuria kliniki.

Dadisi:

-Jinsi msongo wa mawazo ulivyopelekea kuhudhuria kliniki.

-Elezea nani alihusika kukusaidia au kukushawishi kuhudhuria kliniki wakati ukiwa na msongo wa mawazo.

2.) Elezea jinsi gani ulipokuwa na mshtuko wa ghafla uliweza kushawishika kuhudhuria kliniki.

Dadisi:

-Jinsi kuwa na mshtuko wa ghafla ulipelekea kuamua kuhudhuria kliniki.

-Maelezo kuhusiana na nani alihusika kukusaidia au kukushawishi kuhudhuria kliniki wakati ukiwa na mshtuko wa ghafla.

APPENDIX III: Informed consent- English version

Muhimbili University of Health and Allied Sciences.

School of Public Health Social Sciences.

Consent to participate in this study

Hello. My name is Kija David Lusenga. I am conducting a study on investigating the factors influencing women who use drugs in Dar es Salaam to attend the methadone clinics.

Purpose of the study

This study aims at collecting information from women who are attending methadone clinics in Mwananyamala Hospital and Temeke Hospital. You are being asked to participate in this study because you may have the appropriate answers required in this study.

What participation involves

If you agree to participate in this study, the researcher will interview you in depth on your perception about drug abuse and the possible factors which contribute women engage in drug abuse. The interview will take 45minutes to 1 hour.

Confidentiality

I would like to assure you that all the information collected will be confidential. Only people working in this study will have access to the information. We will not use names on the records of the information you provide.

Risks

No harm is anticipated to come upon you by joining this study.

Rights to withdrawal and alternatives

Taking part in this study is completely at your will. If you choose not to participate in this 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

The information you provide will help in portraying a clear picture on factors associated with drug abuse among women attending Methadone clinics and the reasons for them to attend these clinics.

Who to contact

If you ever have questions about this study, you may contact the Principal Investigator, Kija Lusenga, Muhimbili Univeristy of Health and Allied Sciences (MUHAS), P.O.Box 65001, Dar es Salaam, tell: 0655298398. If you ever have questions about your rights as a participant, you you may contact Dr.Bruno, Chairman of MUHAS Research and Publications Committee. P.O.BOX 65001 Dar es Salaam, **Tel 0221503026** or Prof. Angwara Kiwara, the study supervisor, Tel: 0688819204.

Agreement

Do you agree to participate in this study?

YES ☐

I have read and understood the contents in this form. I agree to participate in this study.

Signature of Participant_____

Date _____

NO ☐

5.

APPENDIX IV: Informed consent- English version

Muhimbili University of Health and Allied Sciences.

School of Public Health Social Sciences.

FOMU YA RIDHAA YA KUSHIRIKI KATIKA UTAFITI

Kichwa cha Utafiti

Visababababishi vya wanawake kujishirikisha na utumiaji wa madawa ya kulevya ambao wanaenda kliniki za Methadoni na sababu za wao kwenda kwenye hizo kliniki hapa Dar es Salaam.

Utangulizi

Jina langu ni Kija David Lusenga, ni mwanafunzi wa shahada ya uzamili na mtafiti kutoka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili. Ninafanya uchunguzi juu ya Sababu wanawake kujishirikisha na utumiaji wa madawa ya kulevya ambao wanaenda kliniki za Methadoni na sababu za wao kwenda kwenye hizo kliniki hapa Dar es Salaam.

Dhumuni la utafiti

Lengo la utafiti huu ni kuchunguza sababu za wawanawake kujihusisha na utumiaji ya madawa ya kulevya na sababu zilizo wafanya wahudhurie kliniki za Methadoni hapa Dar es Salaam. Hivyo unaombwa kushiriki katika hii tafiti kwani naamini utakuwa na majibu sahihi yanayohitajika katika hii tafiti.

Kinachohusika kwenye hii tafiti

Kama utakubali kushiriki kwenye hii tafiti, mtafiti atafanya mahojiano ya kina kuhusiana na mtazamo wako wa nini kinachosababisha wanawake kujihusisha na madawa ya kulevya na nini kinachowashawishi kuhudhuria kliniki za Methadoni Dar es Salaam. Mahojiano yatakuwa kwa dakika 45 mpaka lisaa limoja.

Usiri

Napenda kukuhakikishia kuwa taarifa zote zitakazopatikana zitakuwa ni za ziri, zitatumika kwa madhumuni ya tafiti tu. Hatutotumia majina kwenye rekodi zozote zitakazofanyika.

Madhara

Sitegemei kutakuwa na kitu chochote kitakachotokea kwako kwa kushiriki katika utafiti huu.

Faida

Taarifa utakazotoa zitasaidia kupata picha halisi ya visababishi vinavyopelekea wanawake kujihusisha na madawa ya kulevya na sababu za wao kuhudhuria kliniki za Methadoni.

Haki ya kushiriki

Kushiriki kwenye hii tafiti ni ridhaa yako mwenyewe. Kama utachagua kutoshiriki au ukiamua kusitisha kushiriki basi hutopata madhara yoyote. Unaweza kuamua kuacha kushiriki mda wowote. Hakuna tozo yoyote itakayokuwepo kama ukikataa kushiriki.

Nani wa Kuwasiliana naye.

Ukiwa na maswali yoyote kuhusu utafiti huu, uwe huru kuwasiliana nami, mtafiti mkuu Kija Lusenga, 0655298398.

Kama utakuwa na maswali kuhusu haki zako kama mshiriki, unaweza kumpigia **Dr. Bruno Sunguya,** Mwenyekiti wa kamati ya utafiti, Simu namba **0221503026**

Kama umekubali kuhojiwa, tafadhali saini hapa:

Mimi.....……., nimesoma na kuelewa kilichoelezwa kwenye fomu hii na maswali yangu yamejibiwa kiufasaha. Hivyo ninakubali kujibu maswali yatakayoulizwa.

Sahihi ya mhojiwa …….. Tarehe …….....

Sahihi ya mkusanya taarifa……...Tarehe**.....**

Table 1: Work plan for the research in 2019

Activities	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019
Finding Research topic								
Collecting data from secondary sources								
Writing chapter one								
Writing chapter two and three								
Finalizing on the research proposal								
Research proposal compilation and submission to the supervisor								
Data collection and analysis								
Finalizing on the research report and Submitting to supervisor								

APPENDIX V: Ethical Clearance

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

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A/ 01 August, 2019

Kija David Lusenga
MPH-Regular Truck,
School of Public Health and Social Sciences,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED "INVESTIGATING THE FACTORS ASSOCIATED WITH DRUG ABUSE AMONG WOMEN ATTENDING METHADONE CLINICS IN DAR ES SALAAM AND REASONS FOR SEEKING CARE AT THESE CLINICS".

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 **01st August, 2019 to 31st July 2020.** In case you do not complete data analysis and dissertation report writing by **31st July, 2020,** 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, **MUHAS**

APPENDIX VI

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

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Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. HD/MUH/T.530/2018

7th August, 2019

Executive Director
Temeke Regional Referral Hospital
DAR ES SALAAM.

Re: INTRODUCTION LETTER

The bearer of this letter Ms. Kija David Lusenga is a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing Master of Public Health.

As part of her studies she intends to do a study titled: "***Investigating the factors associated with drug abuse among women attending methadone clinics in Dar es Salaam and reasons for seeking care at these clinics.***"

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

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Sharifa Kamby
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Dean, School of Public Health and Social Sciences, **MUHAS**
c.c. Ms. Kija David Lusenga

APPENDIX VII

UJITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

DAR ES SALAAM REGIONAL

ADDRESS: Health'
TELL:Na: +255 -758 908110
fax Na:
Email: temekerh@afya.go.tz

Temeke Referral Hospital
P.O.; BOX 45232,
DAR ES SALAAM.

Tarehe 01/8/2019

REF. NO

NAME: UNJA DAVID LUKUMAY
P.o. Box 65001
Institution MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

RE: REQUEST FOR RESEARCH

Refer to the letter dated 1st August 2019 with Ref. No: DA.287/298/01A
From MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
I would like to inform you that your request for a research intends to do a study titled INVESTIGATING THE FACTORS ASSOCIATED WITH DRUG ABUSE AMONG WOMEN ATTENDING METHADONE CLINICS IN DSM & REASONS FOR SEEKING is accepted
Furthermore, there is no financial obligation for this request and you should report to the head of METHADONE after receiving this latter for your study.

Also you should copy with rules, laws, regulations and order of Temeke Regional Referral Hospital for the period of your study.

Regards,

FOR: MEDICAL OFFICER INCHARGE
TEMEKE REGIONAL REFERRAL HOSPITAL

Copy to:

1. The Head of Department
   Research (Study),
   P.O. Box 65001
   INSTITUTTION MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
2. Head of METHADONE
   Temeke Regional Referral Hospital
   Kindly assist for HER **Research**

Eny: MGANGA FEMINA

APPENDIX VIII

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

P.O. Box 65001
DAR ES SALAAM
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Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. HD/MUH/T.530/2018

7th August, 2019

Executive Director
Mwananyamala Regional Referral Hospital
DAR ES SALAAM.

Re: INTRODUCTION LETTER

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

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Sharifa Kamby
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Dean, School of Public Health and Social Sciences, **MUHAS**
c.c. Ms. Kija David Lusenga

APPENDIX IX

JAMHURI YA MUUNGANO WA TANZANIA
Ofisi ya Rais
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

MKOA WA DAR ES SALAAM
Anwani ya Simu:
Simu: 2203156/58
Fax: +25522203213
Tovuti: www.dsm.go.tz
Barua Pepe: ras@dsm.go.tz
Unapojibu Tafadhali taja:
Kumb.Na.DC.138/282/01Q/32

OFISI YA MKUU WA MKOA
3 Barabara ya Rashidi Kawawa,
S.L.P 5429,
12880 - DAR ES SALAAM.

02 AGOSTI, 2019.

Waganga Wafawidhi,
Hospitali za Rufaa za Mkoa,
Temeke na Mwananyamala,
DAR ES SALAAM.

YAH: UKUSANYAJI WA TAKWIMU

Tafadhali husika na mada tajwa hapo juu.

Namleta kwako **Ms Kija David Lusega** ambaye ni mwanafunzi wa mwaka wa kwanza kutoka Chuo Kikuu Cha Muhimbili (MUHAS) wa mafunzo ya Shahada ya Uzamili wa Afya ya Jamii kwa ajili ya ukusanyaji wa Takwimu.

Mwanafunzi huyo atafanya zoezi hilo kwa muda wa wiki mbili kuanzia 05 Agosti mpaka 16 Agosti, 2019.

Hivyo basi, kwa barua hii naomba mumpokee na umpe ushirikiano utakaohitajika.

Nakutakia kazi njema.

Dr. Yudas Ndungile,
Kny: KATIBU TAWALA MKOA,
DAR ES SALAAM.

Nakala: Katibu Tawala Mkoa,
DAR ES SALAAM. - Aione katika jalada