

## **Adolescent drug misuse prevalence and factors influencing it at secondary schools in Fort Portal City's Kabarole district**

**Siire Hillary Kiiza**

Department of Medicine and Surgery, Kampala International University, Uganda.

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### **ABSTRACT**

The study aimed to determine the prevalence and determinants of drug abuse among adolescents in selected secondary schools in Fort Portal City, Kabarole district. Drug abuse has significantly impacted the adolescent population, reducing their effectiveness and wasting their lives at a crucial age. The study was conducted using purposive sampling in Fort Portal Secondary School, Mpanga Secondary School, and Westville High School. The research design was a descriptive cross-section study design, with a sample size of 322 respondents. The findings revealed that drug abuse prevalence was 19%, with age between 17 and 19 years, male gender, being in a boarding section, being a first-born, staying with both parents, and peer pressure as key determinants. Strict parents and religiosity were identified as protective factors against drug abuse. Social media influence and economic factors were not identified as determinants of drug abuse. Common drugs of abuse were tobacco, alcohol, marijuana, and khart. Psychosocial, social cultural, and economic factors were identified as determinants of drug abuse. The study highlights the urgent need for immediate attention to address the growing issue of drug abuse among adolescents in secondary schools.

Keywords: Drug abuse, adolescent, and psychosocial

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### **INTRODUCTION**

Drug abuse is the most leading risk factor for death and disabilities [1]. with the global burden of drug abuse being estimated at approximately 243 million people (range 162-324 million) by 2012 corresponding to 5.2% of the world population, with those aged 15-64 years having used an illicit drug-mainly a substance belonging to opioids, cocaine, cannabis -at least once in the previous year [2].

During the past decade, advances have been made via research in understanding the nature and extent of drug abuse by adolescents [3]. Adolescence is a period of transition from childhood to adulthood and it is in this period that the individuals experience the desire of independent decision making. So, because of this, adolescents are affected more than the general population by factors that favor or cause harm to their health [4]. According to World Health Organization, adolescents are people aged between 10-19 years. An

ever-increasing proportion of the world population is of adolescents [5].

Globally, adolescents are estimated to be 1.2 billion people making up 16% of the worlds' population [5]. It is in this period of adolescence that people are most likely to begin drug abuse [6]. Drug abuse among adolescents has become a global issue of concern because it affects not only individual users but also their families and communities [7].

Given the increasing acceptance of drug abuse in many regions across the globe, availability of drugs and the various challenges associated with adolescent development, adolescents need to be viewed as being vulnerable to substance abuse [8]. Approximately more than half of adolescents think of experimentation of drug abuse as an acceptable part of transition into adulthood with few taking seriously the negative consequences of dependence on drugs such as school dropout, poor academic performance,

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STD's, drug dependence etc [9]. People are most likely to begin abusing drugs during adolescence with almost 36% of high school students globally will have taken alcohol, half will have taken an illegal drug, nearly 24% will have smoked and more than 20 % will have used a prescribed drug for non-medical purposes [6]. Studies conducted in various parts of the world on drug abuse among adolescents reveals that there is an increasing trend in indulgence of drugs among this age group [10]. Drug abuse in secondary appears to be widespread and varying across Africa [11]. Drug abuse has affected the adolescent population in both secondary schools and non-students reducing their effectiveness and well as wasting their lives at the age which they are most needed in the society. Most of the secondary school students continue to engage in this dangerous

practice of drug abuse [12]. Factors that have been associated with substance abuse among Secondary school students are peer pressure, to relax, experimentation, to relieve stress, to cope with problems among other factors [13].

In Uganda, other statistics show that drug abuse is a growing problem with 28.4% of individuals between 18-24 years using drugs and alcohol [14]. Drug abuse during adolescence has become a serious public health problem in Uganda and the world at large with majority of drug abusers starting while at school or University [15]. Previously, a study done on drug and substance abuse in schools of Kampala and Wakiso found that about 60-71% of students used illicit drugs with alcohol and cannabis taking the biggest percentage [16].

#### METHODOLOGY

##### Study Area

The study was done at Fort portal City is located in Kabarole District which is in western Uganda.

##### Study Design

A descriptive [17] Cross-Sectional Survey Study Design was used in this study.

##### Study Population

Our study focused on adolescent students of the selected secondary education within fort portal city - kabarole district.

##### Inclusion Criteria

Any adolescent student who was present at the time of our study in the selected secondary schools in Fort portal city - kabarole district.

A student 12 years and above

##### Exclusion Criteria

A student below 12 years of age  
A student who was not studying in any of the selected secondary schools

##### Sample Size Determination

In this study the Leslie Kish equation was used to determine the number of participants to be recruited in our study.

This equation states as follows:

$$n = z^2 * P (1 - p) / g^2$$

Where;

n = is the sample size to be used

z = is the alpha value coefficient corresponding to 95% confidence interval which is 1.96

g<sup>2</sup> is the precision of 5% (0.05) or investigator error was used due to limitation in resources and time

In our study, a prevalence of 33% was used as this adopted from previous conducted studies. This was adopted from a study conducted among adolescents in secondary schools in selected districts of Central and Northern Uganda [18].

Thus, the calculations using the above method are as follows;

$$n = 1.96^2 * 0.284(1 - 0.284) / 0.05^2$$

Thus n = 312 participants

$$\text{Adjusted sample size} = n/1 + \{n/\text{population}\}$$

Where n is the sample size

Population considered in this study was 2280 adolescent students

Thus; the adjusted sample size was 292 participants

In order to take care of the non-response rate, we added 10% of the people

$$\text{Thus } 292 + \{10\% \text{ of } 292\} = 322$$

From the above calculations, in our study, we used a sample size of 322 students.

**Table 1: Distribution of the sample size in the different study sites**

S/N	SCHOOL	POPULATION	SAMPLE SIZE
1	Mpanga Secondary School	1500	211
2	Fort portal Secondary School	400	57
3	Westville high School	380	54
<b>TOTAL</b>		<b>2280</b>	<b>322</b>

### Sampling Technique

In this study, purposive sampling was used in selection of the secondary schools in Fort portal - Kabarole to participate in this study. Mpanga Secondary School, Fort portal Secondary School and Westville high School were chosen as the sample schools in this study. All the three schools chosen were mixed i.e., had both sexes, day and boarding. All have a no religious background. Sample size of 322 was then proportionalised to the size of the respective secondary school population to determine how many participants were to be recruited from each secondary school. Convenient sampling was used to select the Individual participants in each of the three schools.

### Data Collection

In this study, quantitative method of data collection was employed using semi structured questionnaires. Then a pre visit was made to the study area so as to enable the researchers to be better versed with the study sites and identify likely challenges during data collection so as to adequately prepare and minimize them. After the pre visit, semi structured questionnaires to be used to measure the variables were designed. Then there was pre testing of the questionnaires so as to ensure a systemic flow of questions and correct interpretation. During the field

work, self-administered pre tested questionnaires were given to the respective participants all at once and then collected. There was field editing of the data collected to ensure validity and competences of the data.

### Data Analysis

Quantitative data collected from the questionnaires was be checked, edited coded and entered into SPSS statistical software for analysis. The data was represented in a table format.

### Ethical Considerations

A letter from the university administration was got and was used to introduce us to the respective secondary schools. Permission was requested from the various administrations of the respective secondary schools to participate in this study. Official assent was given to us verbally by the head teachers of the respective secondary schools. Assent forms were drafted since majority of our study population was below the age of 18 years and signed by each respondent. A copy of the assent form has been attached in appendix E. Then students Confidentiality was upheld to ensure secrecy of our respondents. Privacy was ensured by using self-administered questionnaires and limiting accessors to their information [19].

## RESULTS

**Table 1: Demographic characteristics of respondents**

Characteristic	Category	Frequency	Percentage (%)
Age group	12-16	56	17.4
	17-19	266	82.6
Sex	Male	179	55.6
	Female	143	44.4
Tribe	Mutooro	234	72.7
	Munyankole	26	8.1
	Mukonjo	31	9.6
	Others	30	9.3
Religion	Protestant	53	16.5
	Moslem	113	35.2
	Catholic	97	30.2
	Born again	58	18.1
Guardianship	Stay with both	204	63.4
	Stay with one parent	57	17.7
	Stay with relatives	43	13.4
	Others	18	5.6
Birth Order	First born	87	27.0
	Second born	111	34.5
	Last born	44	13.7
	Others	80	24.8
Place of residence	Rural	86	26.7
	Urban	236	73.3
Level of study	O-level	94	29.2
	A-level	228	70.8
School section	Day	68	21.1
	Boarding	254	78.9

Results from table 1 show that most respondents (55.6%) were males and, between 17 to 19 years of age, this is portrayed in the bigger percentage of respondents in the A-level section (70.8%). The respondents are dominated by Batooro (72.7%) and Muslim (35.2%) students which can be attributed to the fact that the school

are located in Kimaanya a Muslim dominated area in Buganda region. Furthermore, the findings show that majority of the respondents live in urban centers (73.3%) and these are knowledgeable in the context of the study since urban areas are prone and subject to drug abuse.

**Table 2: Bivariate Analysis of socio-demographic determinants affecting drug abuse**

Demographic factors	Drug Abuse	
	O.R value	p-value
Age group	1.223	0.044
Sex	1.424	0.047
Guardianship		0.240
Birth order		0.480
Place of residence	1.470	0.043
Level of study	0.986	0.046
School section	0.447	0.052

x (O.R=1.424, p=0.047), place of residence (O.R=1.470, p=0.043) and level of study (O.R=0.986, p=0.046) as strong predictors of drug abuse among students as the p-values are less than the chosen

significance value (0.05) and the odds ratio is greater than 1. However, guardianship (p=0.240), birth order (p=0.480) and school section (p=0.052)

**Table 3: Distribution of demographic factors among cases (drug abusers)**

Characteristic	Category	Frequency	Percentage (%)
Age group	12-16	9	14.3
	17-19	54	85.7
Sex	Male	46	73.0
	Female	17	27.0
Place of residence	Rural	14	22.2
	Urban	49	77.8
Level of study	O-level	18	28.6
	A-level	45	71.4
School section	Day	20	31.7
	Boarding	43	68.3

Of 63 respondents who admitted to abusing drugs, majority were males (73%) between the age of 17 and 19 years (85.7%)

living in urban centers (77.8%) and part of the boarding section of the school (68.3%).

**Table 4: Common drugs of abuse**

Variables	Category	Frequency	Percentage
Heard of Drug abuse?	Yes	305	94.7
	No	17	5.3
Has any student been found with a drug at school?	Yes	281	87.3
	No	41	12.7
Drug of abuse	Cigarette (tobacco)	140	43.5
	Alcohol	80	24.8
	Marijuana	35	10.9
	Khart	26	8.1

The descriptive statistics in the table above show that majority heard information about drug abuse (94.7%) and have had a fellow student found with a drug at the school (87.3%). The commonest drugs of abuse outlined by the

respondents were cigarette (tobacco), alcohol, marijuana and Khart (mairunji), however, students affirmed that cigarette was the most abused drug at school with over 140(43.5%) students caught in possession of it.

**Table 5: Analysis of risk factors among cases (drug abusers)**

Risk factors	Frequency	Percent (%)	O.R value	p-value
For self esteem	42	23.3	2.619	0.494
For self confidence	45	25.0	3.222	0.399
Reduce stress	47	26.1	4.067	0.302
Access to drugs	46	25.5	3.000	0.431

self-esteem, self-confidence, stress reduction and access to drugs were strong determinants of drug abuse since their odds ratio was greater than 1, However based on study statistics, the psychosocial determinants are statistically insignificant since all their p-values as showed in table 4.4 are greater than the chosen significance value (0.05).

The highest number of students abuse drugs to reduce stress or depression (26.1%), 25% of the sample students took drugs for self-confidence, 25.5% of the students took drugs because they have access to them and the least percentage took drugs because of low self-esteem.

**Table 6: Sociocultural determinants descriptive statistics**

Determining determinants	SA	A	D	SD	Mean
Drug abuse can be due to non-strict parents	109	120	125	111	2.51
Poor parenting is associated with drug	171	198	46	50	1.97
Alcohol drinking is a major culture	96	100	116	153	2.70
Separation of parents is associated with drug abuse	123	198	76	68	2.19
Violence in the family is associated with drug abuse	128	215	70	52	2.11
Peer groups can lead to drug abuse	282	114	22	47	1.64
Low religiosity can lead to drug abuse	89	95	99	182	2.80
Social Media influence can lead to drug abuse	43	99	111	212	3.06
Lack of monitoring by school administration is associated with drug abuse	78	91	100	196	2.89
<b>Mean of means</b>					<b>2.438</b>

The respondents strongly agreed that Poor parenting (mean=1.97) and Peer groups at school (1.64), and agreed that violence in a family (2.11), Separation of parents (2.19) were associated with drug abuse among secondary school adolescents. However, the respondents significantly disagreed that social media influence (mean=3.06)

and lack of monitoring by school administration (mean=2.89) and low religiosity were associated with drug abuse prevalence in secondary schools. In conclusion, the respondents agreed that social cultural determinants (mean of means =2.438) contributed to drug abuse among secondary school adolescents.

**Table 7: Reasons for not abusing drugs**

Reason	Frequency	Percent (%)
Religion	115	35.7
Strict parents and background	16	5.0
It is against the law and school rules	56	17.4
No interest in taking drugs	35	10.9
Fear of mental illness and brain damage	19	5.9
Self-respect and dignity	15	4.7
No access to drugs	5	1.6

Religion was the biggest reason to why students don't abuse drugs represented by the highest number (35.7%) of students in

the sample and the fewest number (5) of students don't take drugs because they have no access to them.

**Table 8: Economical determinants descriptive statistics**

<b>Determining factor</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>Mean</b>
Drugs are relatively cheaper	97	135	109	124	2.56
Students whose parents are wealthy are prone to drug abuse	112	167	86	100	2.37
Students with regular pocket money are more likely to abuse drugs	118	157	88	102	2.51
Drug abuse is due to civilization	123	198	76	68	2.19
<b>Mean of means</b>					<b>2.44</b>

Respondents agreed that drug abuse is due to civilization (mean=2.19) and more likely in students of wealthy parents (mean=2.37). However, the respondents strongly disagreed that parental income (mean=2.84) and the low prices of drugs

(mean=2.56) contributes to drug abuse prevalence in secondary schools. In a nutshell, the respondents agreed (mean=2.444) that economic determinants contributed to drug abuse among secondary school adolescents.

## DISCUSSION

The study findings in this research showed a prevalence rate of students abusing drug in the secondary school to be 19.5%. The prevalence rate got in this study was low compared to that of 33% got in a study conducted among adolescents in secondary schools in selected districts of Central and Northern Uganda [18].

The prevalence rate of drug abuse found in this study was somehow low compared to the prevalence of 22 % found in a study carried out in Nyendo, one of the towns in Masaka City among people aged below 24 years [20]. The prevalence rate found in this study was also somehow low compared to that of 22 percent in a study conducted in Uganda's capital city, Kampala by UHRN in 2013 [21].

However, the prevalence rate found in this study was similar to a study conducted in Uganda among the youth that noted a prevalence rate of drug abuse among secondary school students to be 19% [22].

The study findings in this research found out that cigarette (43.5 %) was the most abused drug followed by alcohol (24.8), then marijuana (10.9%) and lastly Khart (8.1%). These findings in our study were similar to findings in study on drug abuse carried out by [18] students aged between 12 to 24 years from Gulu and Kampala schools found out that common drugs of

abuse were tobacco in form of cigarettes, Shisha and Kuber, Marijuana (Weed), Mairungi (Khart), and some adolescents from affluent families get access to cocaine and heroin.

However, in a study about drug abuse among those aged below 24 years carried out in Nyendo, one of the towns in Masaka City, found out that alcohol was the most abused at 70.1% [23], this finding was different in a way that our study found out that cigarette was the most abused drug at 43.5%. Globally the prevalence rate of drug abuse differs for specific drugs among adolescents as; 34% for alcohol, 8.5% for tobacco smoking, 2.7% for marijuana [24], therefore the findings in our study revealed cigarette being the most abused drug and not alcohol.

This study found out that of 63 respondents who admitted to abusing drugs, majority were males (73%). This was consistent with the findings of a study carried out among the sampled students from selected public secondary schools in Kiambu district, Kenya indicated that male students have a higher prevalence of drug abuse (55.0%) than their female counterparts (18.0%) [25].

These results agree with those of a study carried out in Uganda by [26], that found out that the males have a higher



prevalence (52%) compared to that of the females (19%). This study also found out that majority of the drug abusers were between the age of 17 and 19 years (85.7%). This was consistent with the findings of [27] that indicated most users fall between 16-26 years of age. However, this study finding was inconsistent with the findings of [25] that found out drug abuse was slightly higher (39.8%) for students aged between 15-17 years than 18 and above (31.7%). This study found out that 77.8% of the students abusing drugs were living in urban centers. This was consistent with the findings of [1] that showed adolescents residing in urban areas having a higher prevalence of drug abuse compared to their counterparts living in rural areas.

This study found out that 68.3% of the students abusing drugs were in the boarding section of the school compare to 17% of the day section. This was inconsistent with the findings of a study carried out in eastern Uganda reported that drug abuse was more serious in day schools at a prevalence of 22% compared to those in boarding schools at 14% [25].

This was consistent with findings of empirical studies that have showed that adolescents whose parents exercised effective behavioral control were less

likely to consume alcohol, tobacco, or illicit drugs [28, 29, 30, 31].

This was also consistent with the literature review of [32, 33], that indicated parental behavioral control being very crucial as it transmits behavioral norms to adolescents which has been considered a protective factor in adolescents' positive development and problem prevention. More specifically, it helps reduce adolescent exposure to risky environments, "curb" their impulsive misbehaviors, hence preventing adolescent substance use behaviors [28, 29, 32]. In this study the respondents also strongly agreed that peer groups at school (1.64) contribute to drug abuse among secondary school students.

These findings were consistent with those of a study carried out in Nyendo town one of the towns of Masaka city assessing factors associated with drug abuse among youths below the age of 24 years by [20], found out a positive relationship between drug abuse and peer pressure. In another study carried out by [34], found out that peer pressure was the major leading factor at 56% that led to drug abuse among youths below the age of 25 years in Kampala district.

### CONCLUSION

In the overall analysis, prevalence of drug abuse found in this study was 19.5% and somehow low compared to that found in other studies carried out in adolescent age group in other areas. Social demographic determinants such as age between 17 to 19 years, male sex, and boarding school section, psychosocial determinants that include stress, low self-esteem, and low confidence were determinants of drug abuse. Social cultural determinants that were associated with drug abuse were poor

parenting, peer pressure, and parental separation and family violence. Economic determinants of drug abuse among the secondary school adolescents were wealthy parents and civilization. Religiosity, strict parents and strict rules and regulations are most outstanding protective factors against drug abuse. Common drugs of abuse were cigarette (tobacco), followed by alcohol, marijuana and khart.

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**CITE AS: Siire Hillary Kiiza (2023). Adolescent drug misuse prevalence and factors influencing it at secondary schools in Fort Portal City's Kabarole district. IAA Journal of Scientific Research 10(3):90-100.**