

**SUBSTANCE USE AMONG THE YOUTH AT CHAMINADE BOYS SECONDARY
SCHOOL IN KARONGA DISTRICT, MALAWI**

BY

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**(BSc. In Mental Health and Psychiatric Nursing, Diploma in Nursing and University
Certificate in Midwifery)**

**A RESEARCH THESIS SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL
FULFILMENT OF THE AWARD OF MASTER OF SCIENCE DEGREE IN
COMMUNITY HEALTH NURSING.**

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

26th April, 2018.

DECLARATION

I declare that **Substance use among the youth at Chaminade Boys Secondary School in Karonga district, Malawi** is my own original effort and that of others has been duly acknowledged.

LIZZIE MARGARET MZUMARA (KCN/MScCOM/14/02)

Signature_____ Date_____

CERTIFICATE OF APPROVAL

This is to certify that this thesis by Lizzie Margret Mzumara entitled

Substance use among the youth at Chaminade Boys Secondary School in Karonga district, Malawi is her original work and where any additional information has been used, this has been duly acknowledged. It is therefore submitted with our approval.

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DEDICATION

I dedicate this work to my husband Peter Michael Mzumara and my two children Francis and Elizabeth Chimwemwe Mzumara whose humble life has taught me to excel and glorify God always in my life.

ACKNOWLEDGEMENTS

This research would not have been possible without the generous and unconditional support of many people; to each and every one I offer my sincere thanks, a number of whom deserve a special mention.

- I am deeply thankful to God Almighty and my Guardian Angel, who gave me the strength, will-power and perseverance to complete this study.
- To my supervisors, Ms. Lucia Collen (Main Supervisor) and Mr. Anthony Sefasi (co-supervisor) for your patience and dedication to see me through my studies. Their genius scholarly guidance has equally transformed me intellectually, I am very grateful.
- To the Director of St John of God, Mr Charles Masulani Mwale for the statistical direction he gave by encouraging clear and concise thinking.
- Gratitude is also directed to all the research respondents who offered their time and valuable insights on this study. I also thank the head teacher for granting me permission to conduct this study.
- I am full of gratitude to my dear husband Peter Michael Mzumara. His patience and perseverance helped me to have an ample time during the entire period of my studies.
- My two children Francis and Elizabeth Chimwemwe Mzumara share this success. I could not have achieved this work without your constant love, care and support throughout the entire period of my study. Their physical, moral and spiritual support has formed a precious part of my life. May the Almighty God bless you and give you a healthy life.
- May the Almighty God bless my mother Emily Ruth Manda and my siblings for the trustworthy love and encouragements which gave me confidence throughout this course.

- I am equally grateful to my classmates of the third Cohort in Community Health Nursing Course of Kamuzu College of Nursing (KCN) for the wonderful collaboration we enjoyed together.
- KCN library staff, my gratitude for your continued support.
- My course facilitators for their continued support and encouragement.
- My sincere appreciations to COMREC for approving this study.

ABSTRACT

The aim of this study was to describe the present situation of substance use the youth at Chaminade Boys Secondary School in Karonga district.

Substance use among adolescents and the youth continues to be a major public health and socioeconomic problem worldwide. Substance use is harmful for the adolescents and it leads to decreased academic performance, increased risk of contracting Human Immunodeficiency Virus, other sexually transmitted infections and mental health related problems.

A quantitative study was done utilising a cross sectional descriptive design. The study was conducted, guided by four specific objectives; to determine the extent of substance use among the youth, to investigate the commonly used substances among the youth, to investigate the factors that influence the youth to use substances and to determine the knowledge level of the youth on the consequences of substance use.

The study took place at Chaminade Boys Secondary school. The target population were males 18 years and above in forms 1 to 4 at Chaminade Boys Secondary School in Karonga district, Malawi. The sample size was 144 respondents. Simple random sampling technique was used to select the study respondents. The self-reported semi- structured questionnaire was used as an instrument of data collection. Data was analysed using Statistical Package for Social Sciences (SPSS) software Version 20.

The study results showed that the 52.8 % of the respondents were using substance and 47.2 % had never used substances. The most commonly used substances were cannabis sativa 69.4 % and alcohol 66.0 %. The results also showed that there was a strong positive association between reasons for substance use and religious affiliations. The association was found $p=0.03 < 0.05$.

Substance use among the students was prevalent. Based on the above results the researcher suggests to initiate awareness and coordination program with nearest health facility. Hence, there is need for collaborative initiatives in developing intervention strategies that will reduce substance use among adolescents and the youth. Laws and policies that facilitate and reinforce parents and educators in controlling substance use among adolescents should be clearly be put in place and be implementable.

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ABBREVIATIONS AND ACRONYMS

COMREC	College of Medicine Research and Ethics Committee
CPD	Continuing Professional Development
HIV	Human Immunodeficiency Virus
KCN	Ministry of Health
SOS	Societas Socialis
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
UNODC	United Nations Office on Drug and Crime
WHO	World Health Organization

CHAPTER ONE

1.0 Chapter Overview

This chapter presents the background of the study by describing the concept of substance use among adolescents globally as well as national level as experienced in Malawi's social-economic status. Other important aspects of the chapter include problem statement, rationale of the study and study objectives.

1.1 Introduction

Substance use among adolescents continues to be a major public health and socioeconomic problem worldwide (Peterson, 2010). The World Health Organisation (WHO) (2014) estimates that total worldwide substance use will consist of 2 billion consumers of alcohol, 1.3 billion smokers and 185 million users of other drugs in the near future. The WHO (2014) further reports that global burden of disease due to alcohol and illicit drug jointly contribute to 12.4% of all deaths in 2000 and 8.9% of total years of lost life. However, Feinstein, Richter, and Foster (2012) states that adolescents live in a culture in which family, social, community and the media influence them regularly and attack them with substance use messages creating an environment where substance use is considered as an expected behaviour, rather than a considerable health risk.

The United Nations Office on Drugs and Crime (UNDC) (2008) observe that substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These factors can open the door to drug dealers who attract young people into misusing substances (UNODC, 2008). UNDOC 2008 further states that these factors can lead adolescents

to risky experimentation with misuse of substances which may be viewed as an acceptable part of their transition into adulthood thereby creating social problems that damage the individual, families and communities.

World Health Organisation (2015) defines adolescence as individuals in the 10-19 years age group, youth as the 15-24 year age group while young people covers the age range 10-24 year. This is a developmental period of peak risk for onset of substance use and substance related problems and is also considered as the stage of experimentation.

Palen (2008) views the term adolescence as a critical developmental period that involves pubertal maturation, continuing brain development, changes in social roles and increase in risky behaviour, such as substance use. In contrast, Ministry of Health (MOH) (2009) defines the term adolescence as a phase of physical development on many levels that is from appearance of sex characteristics (puberty) to sexual and reproductive maturity. MOH (2009) further elaborates that emotionally it is a period of mental developmental processes and is the transition period from socio – economic and emotional dependence to relative independence hence an adolescent is at risk of using substance and other risky taking behaviour. Although adolescence is a universal global experience it is important to note that adolescents and youth have strong socio-cultural context therefore, adolescents and youth are not an identical group and their needs vary with their sex, stage of development, life circumstances and socio-economic condition of their environment (Ministry of Health, 2009; Palen, 2008). In view of the above definitions, for the purpose of this study the researcher adopts the WHO definition of the youth as individuals in the age group of 15 to 24 years.

The National Center on Addiction and Substance Abuse (2011) concludes that risky substance use is a major public health problem. The extent of the problem can be investigated through evidence-based public health measures and these measures include risk factor identification, clinical interventions and health education about the disease. Therefore this study will assist to understand the extent of substance use among adolescents in Karonga. The study findings will further give direction to policy makers to institute effective strategies of reducing substance use among adolescents in order to enhance the physical and mental health of the adolescents and improve their personal and academic performance.

1.2 Background Information

Leslie (2008) observes that early initiation of substance use in early school age implies substance dependence in adulthood. The WHO (2014) defines a drug as a chemical substance that affect the central nervous system, such as tobacco, alcohol, cannabis, cocaine and heroin. Mohasoa (2010) further states that these drugs can be delivered into the body system in many forms (orally, inhaled, injected and or rectally) in order to get the perceived beneficial effects. Oshodi, Aina, and Onajole (2010) state that the use of alcohol, tobacco and other substances constitutes one of the most important risk-taking behaviours by adolescents in secondary schools.

The (National Survey on Drug Use and Health (U.S.), 2012) report states that despite worldwide concern and education about psychoactive substances, many adolescents have limited awareness of the adverse consequences of substance abuse. In addition, the National Survey on Drug use et al. (2012) report on substance use in South Africa observes that negative consequences of substance abuse (criminal activity, neglect of social responsibilities, disease, injury and death)

has been brought about on the society as a result of substance abuse by its members. However, Birhanu, Bisetegn and Woldeyohannes (2014) states that substance use is harmful for adolescents and it leads to decreased academic performance, increased risk of contracting Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs), psychiatric disorders, and depressive symptoms. Nonetheless, little is known about prevalence of substance use among adolescents in Malawi and no study has been conducted in relation to substance use in Karonga although MOH, (2009) reports that alcohol, tobacco and marijuana are commonly being abused by adolescents in secondary schools.

In the literature reviewed, the prevalence of substance use is observed to be different from country to country and when evaluated is not the same. This is evidenced by these results from Ethiopia and Nigeria respectively. Birhanu et.al (2014) found out that the prevalence of substance use among high school students was at 47.9% whereas Oshodi et.al, (2010), the prevalence was at 87.3%. However, in the researcher's own understanding of the reviewed literature, the pattern and magnitude of the factors contributing to why adolescents use substance is not well articulated in Malawi. Hence, it is in this view that the researcher has conducted this study in order to explore the prevalence and associated factors that contribute to substance use among secondary school adolescents at Chaminade secondary school in Karonga district.

1.3 Problem Statement

Arria, Caldeira, Bugbee, Vincent and O'Grady (2013) states that the secondary school adolescents' misuse substances which later affect them academically, psychologically and socially. Mwale (2010) states that drug and alcohol use among adolescents stand out to be at a high side as compared to other substances and adolescents were observed to be involved in other

risky taking behaviours. Mwale (2010) further points out that the frequently abused substances among adolescents in Malawi are alcohol, tobacco and marijuana. However, Bisika, Konyani, and Chamangwana (2004) report that data on the trends of substance abuse and outcomes of addiction among adolescents in Malawi remain undocumented. The problem of substance abuse is a threat to the society of Malawi especially among adolescents therefore; the current study was conducted in order to describe the current situation of substance use among male adolescents at Chaminade Boy secondary school in Karonga district.

1.4 Rationale for the Study

Understanding the nature and magnitude of the youths' substance use as well as the associated socio-cultural factors that contribute to substance use:

- will allow policy makers and other stakeholders involved with the youth to design effective evidence -based strategies and policies in order to control the problem.
- help the researcher to advocate for health promotion and prevention intervention programmes in order to ensure effective control of substance use among the youth at Chaminade.

1.5 Main Objective

The purpose of this study was to describe the present situation of substance use among the youth at Chaminade Secondary School in Karonga District.

1.6 Specific Objectives.

The specific objectives of this study were to:

- i. determine the extent of substance use among the youth.
- ii. identify the commonly used substances among the youth.
- iii. investigate the influencing factors to substance use among the youth.
- iv. determine knowledge level of the youth on the consequences of substance use.

1.7 Operational definition

Substance use: Is any substance that if taken by a person modifies perception of one or more of the five senses and it may further modify mood, cognition, behaviour and motor function.

Youth : WHO (defines the term youth as the 15-24 year age group.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter two presents a review of current literature which deals with the variables of substance use and secondary school adolescents and youth. (Burns & Grove, 2009), state that literature review provides an understanding of what is known about the topic and knowledge gaps that exist. Polit & Beck (2012) further illustrate that a literature review serves to identify a relevant theoretical or conceptual framework for a research problem. In this study, the review of literature reflects the objectives of the study.

In order to come up with a detailed literature review section, the researcher has reviewed peer-reviewed articles between 2004 and 2015 in order to have recent information which is relevant and related to the topic. The following electronic data bases were used: HINARI, Pub Med, Google Scholar, African Journals Online and British Medical Journals. Search terms such as substance use AND secondary adolescents, types of substance AND adolescents, factors influencing substance use AND male adolescents in secondary school, adolescents' substance use AND Malawi, adolescents' substance use AND Africa were used. Additional articles were retrieved using reference list of published journal articles. This review helped the researcher to have a comprehensive background for understanding already known facts about substance use among adolescents.

2.2 Global Picture of Substance Use

World Health Organisation (2011) report states that globally, the prevalence rates for use of all substances are higher among males than females. Similarly, Onya and Flisher (2008) assert that the prevalence rates for use of all substances remain higher in males than in females. Lennox and Cecchini (2008) indicate that an estimated 13 million youths aged 12 and 17 become involved with alcohol, tobacco and other substances annually. Likewise, Chen, Storr and Anthony (2009) have the same opinion that early alcohol use may have lifelong consequences, including increased risk of later substance use disorders. Likewise, Leslie (2008) observes that early initiation of substance use in early school age implies substance dependence in adulthood. However, Kokkevi, Richardson, Florescu, Kuzman, and Stergar (2007) in their study conducted in Czech Republic, the results revealed that 37 % of new users were youths ranging from 15-19 years. Kalpana and Kavya (2013) observe that the number of youths continuing to use substance remains a major public health problem globally. According to the 2008 World Drug Report (UNODC, 2008), globally, illicit drugs are used by slightly less than 5 % of the world's population in the age group 15-64 years.

Research update (2010) revealed that in 2009 Hazelden Centre for Youth and Families in Plymouth, Minnesota provided residential addiction treatment services to 652 young people aged 14 to 25. Over 50 % of the population were dependent on both alcohol and at least one other drug; 86 % were dependent on marijuana and 66 % were dependent on alcohol. The report further states that in addition to dependence, many adolescents have mental health concerns. However, worldwide different studies have presented evidence of substance use amongst high school learners. For instance, according to United Nations (2014) a survey carried out by the

USA government amongst grade 10 learners showed a prevalence rate of 1.3 % of young people who had ever used heroin.

(Moodley, Matjila and Moosa (2012) state that the three commonly used substances among adolescents in Atteridgeville, Gauteng are cannabis, alcohol and cigarettes whereas Nutt, King, Saulsbury and Blakemore (2007) claim that the commonly used substances in Norway are opioids and cocaine. Richmond, Mermelstein, and Metzger (2012) state that the following factors are considered facilitators of alcohol use among young people: lifestyle, high levels of stress and anxiety, low self-esteem, depressive symptoms, susceptibility to peer pressure and problems associated with school. The (National Survey on Drug Use and Health (U.S.), 2012) report states that despite worldwide concern and education about psychoactive substances, many adolescents have limited awareness of the adverse consequences of substance use. These drugs may predispose the user to some serious implications like life threatening conditions globally and Malawi is no exception.

2.2 African Region

The United Nations Office on Drugs and Crime (2011) states that cannabis, methaqualone and khat are substances of abuse that are deep-rooted in the African region. The UNODC (2011) also estimates that annual use prevalence rates to be 2.9 % for Comoros, 2.1 % for Kenya, 9.1 % for Madagascar, 3.9 % for Mauritius, 2.5 % for Somalia, 3.9 % for Namibia, 4.3 % for South Africa, 9.5 % for Zambia and 6.9 % for Zimbabwe. Birhanu et.al (2014) found out that the prevalence of substance use among high school students was at 47.9% whereas Oshodi et.al, (2010), the prevalence was at 87.3%.

Kabiru, Beguy, Crichton and Ezech (2010) conducted a study using a nationally representative data from 9,819 adolescents aged 12-19 year from Burkina Faso, Ghana, Malawi and Uganda found out that overall, 9 % of adolescents reported that they had been drunk in the 12 months preceding the survey. In the investigator's interpretation, this literature on alcohol consumption among adolescents in Sub-Saharan Africa suggests that significant proportions of adolescents have consumed or are currently consuming alcohol.

Ndetei, Khasakhala, Mutiso, Ongecha-Owuor and Kokonya (2010) state that substance use is prevalent in Kenya as evidenced by the following findings: alcohol 5.2 %, tobacco 3.8 %, khat 3.2 % and bhang 1.7 %. This study was done in Kenya in order to estimate the prevalence of drug abuse, knowledge about psychosocial well being and induced behavioural problems among students of a rural secondary school. Ndetei, Khasakhala, Mutiso, Ongecha-Owuor and Kokonya (2010) further pointed out that age at initiation varies according to the type of substance taken (tobacco was initiated at 10 years while cannabis, heroin, cocaine, khat and alcohol were initiated at 11, 12,13, and 15 years). (Deressa and Azazh (2011) pointed out that substance abuse is a common public health risk that peaks in persons between 18 and 25 years of age and is highly prevalent among college students. Likewise, Chesang (2013) indicated that drug abuse was one of the top problems challenging the nation today especially among the youth.

Furthermore, Chesang (2013) noted that substance knew no boundaries. It affects people irrespective of race, political and economic standing, gender and sexual orientation, socio-educational standing, age and place of residence. Deveau (2008) expressed that the spread of HIV amongst youth substance users, as a high risk group, is a significant problem in Africa and is not only restricted within certain border, but is a global event that causes health and social pathologies amongst the youth population at large.

UNODC (2011) stated that cannabis is primary drug of abuse in Southern Africa, with the prevalence rate estimated at 3.9 – 9.8 %. However, comparatively little is known about the use of drugs that have the potential to be injected such as opiates, cocaine and Amphetamine – Type Stimulants (ATS). The WHO (2011); UNODC (2011) report stated that the regional prevalence rate for opiate use is estimated to be at 0.1 % for population and the report further revealed that ATS related problems have been reported in South Africa, Zambia and Zimbabwe.

Rudatsikira, Maposa, Mukandavire, Muula and Siziya (2009) conducted a study among school going adolescents aged 13-15 years in Harare, the study findings revealed that marijuana and glue use by high school adolescents was associated with male gender, sexual activity, alcohol use, current cigarette smoking and parental supervision. The National Survey on Drug Use and Health (2012) report states that despite worldwide concern and education about psychoactive substances, many adolescents have limited awareness of the adverse consequences of substance abuse. In addition, the National Survey on Drug Use and Health (2012) report on substance use in South Africa observes that negative consequences of substance use (criminal activity, neglect of social responsibilities, disease, injury and death) has been brought about on the society as a result of substance use by its members. However, Birhanu et al (2014) states that substance use is harmful for adolescents and it leads to decreased academic performance, increased risk of contracting Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs), psychiatric disorders, and depressive symptoms. However, when regional patterns of illicit drug use were considered, a more worrying picture appeared.

2.4 Substance Use in Malawi

Bisika, Konyani, Chamangwana and Khanyizira (2008) reported that the limited substance use among young men is associated with risky sexual behaviours. Bisika et al, (2008) further reported that alcohol and marijuana are the most common substances used. Similarly, Mwale (2010) conducted a study on psychosocial challenges of adolescents, the findings revealed that drug and alcohol use among adolescents stand a high correlate in other behaviours. Mwale (2010) further pointed out that alcohol and marijuana are frequently abused and that youth are trying drugs at an early age in both rural and urban areas in Malawi. Looking at alcohol and marijuana, all these are dangerous. Consequently, Maithya (2009) claims that it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as a whole.

On the other hand, Ministry of Health (2009), pointed out that some adolescents who abuse psycho active substances are also affected with HIV and AIDS. John-Lengba, Ezeh, Guiella, Kumi-Kyereme, & Neema (2006) found out that many adolescents in Malawi have ever used alcohol (68%) or drugs (74%) and did not use condom during their last sexual intercourse. Jere et al, (2017) found out that young men in the country who use alcohol engaged in risky sexual behaviour. This shows that drug and alcohol use are some of the major factors that increase the spread of HIV infection among the youths.

2.5 Knowledge on consequences and sources of information

A study conducted by Selamu, Abreha, and Feyissa (2017) on drug and substance abuse, knowledge and attitudes among youth in Addis Ababa Ethiopia revealed that most respondents stated that knowledge of the side effects of the drug use on addicts was madness. Selamu et al. (2017) further articulate that respondents also revealed that some users may have poor academic

performance, contract HIV and AIDS, family break-ups, high rate of school dropouts and at community level it creates a bad image of the community. Similarly, Embleton, Ayuku, Atwoli, Vreeman and Braitstein (2012) articulate that 98 % of the study subjects responded that using drugs is bad for a person's health and 67 % agreed that they were aware of harms of using drugs. The respondents further said that the family and friends had told them drugs were bad. On the other hand Theou, Nayak and Jose (2015) found out that 90.6% of their study respondents had an average knowledge, 1.9 % had poor knowledge whereas 7.5 % had good knowledge on substance abuse and its consequences.

Nebhinani, Nebhinani, Misra and Grewal (2013) found out that majority of the students had adequate knowledge about harmful effects of addictive substances but had limited information regarding treatment options. Likewise, Haddad, Shotar, Umlauf and Al-Zyoud (2010) observed that the study subjects were aware about harmful effects of substances such as liver damage with longer duration of substance, oral throat cancer with chewing tobacco and HIV with injecting drugs. Haddad et al. (2010) further articulate that the youth got information about the consequences of substance use from parents, friends and teachers.

2.6 Conclusion

This chapter has discussed the related literature that has attempted to investigate the four objectives under study. The reviewed literature indicated that adolescent substance use is an ongoing and increasing global health problem. Nevertheless, there is an exception of South Africa and other countries like Kenya and Tanzania where some concrete studies have been conducted in this regard. In Malawi, substance use among adolescents has infiltrated in secondary schools, but literature has revealed very few studies dealing with adolescents in male

boarding secondary schools. Therefore the study was conducted to describe the present situation of the phenomenon at length within the social, cultural, political, economic and educational context of Malawian setting.

The next chapter describes the methodology that was utilized in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter three describes the methodology used by the researcher. The description includes research design, study setting, the study population, sample size, sampling technique, and instrumentation, how data was collected and analysed, as well as limitation of the results and ethical considerations.

3.2 Research Design

This was a quantitative research approach. According to Burns Grove (2011), quantitative research is a formal, objective systematic process in which numerical data are utilized to obtain information about the world. This approach was used because this study focused on a relatively small number of specific concepts, used structured procedures, collected data under conditions of control and took specific safety measures to ensure objectivity (Polit & Beck, 2011). The following characteristics of the quantitative research made it suitable for this study:

- The research began with preconceived ideas obtained from the literature and the researcher's experience of the research problem and the interrelatedness of the various concepts.
- The researcher used structured approaches and formal instrument to collect data.
- The researcher collected the data under conditions of control using a copy of the same instrument on each respondent.
- The data collected was analysed by statistical procedures.

It utilized a cross-sectional descriptive design. This design was appropriate because it describes what exists at one time and then goes on to uncover new facts and meanings (LoBiondo-Wood & Haber, 2010; Polit & Beck, 2011; Schmidt & Brown (2012) further state that cross-sectional descriptive design is recommended in areas where little is known such as substance use among adolescents in Malawi, hence this design was ideal for this study. In view of this, the researcher had considered utilization of this design in order to determine the extent of substance use among adolescents, assess the substances commonly used, investigate the factors that influence adolescents to use substances and finally determine the knowledge on the consequences of substance use by secondary school adolescents at Chaminade Secondary school in Karonga district.

3.3 Study Setting

The study was conducted at Chaminade Boys Secondary School in Karonga district, Malawi. This setting was purposively selected because it had a large enrolment of male adolescents amongst the secondary schools in Karonga to suffice an adequate sample size for this quantitative study. Onya and Flisher (2008) as well as Moodley et al, (2012) discovered that the prevalence rate of substance use was higher amongst boys in comparison to girls. Reza Hosseini, Roohbakhsh, Tavakolian and Assar (2014) state that one of the probable reasons for such difference is that, in most cultures, substance use is tolerated amongst males and often not tolerated amongst females especially in black communities. Likewise data from Karonga mental health clinic shows an increased number of male adolescents using substances than females. Hence this study setting.

3.4 Study Population

Polit and Beck (2011) state that the target population is the entire population in which a researcher is interested and includes all members who are under study that conform to designated set of specifications. In this study, the population consisted of the youth aged 18 years and above from form one to four at Chaminade Boys Secondary School in Karonga district.

3.5 Inclusion Criteria

Adolescents 18 years and above, willing to participate in the research and a student of Chaminade Boys Secondary School were included as respondents into this study.

3.6 Exclusion Criteria

All adolescents below 18 years were excluded in this study because they needed parents or their guardians to consent. Adolescents who were not willing to provide consent were not allowed to participate in this study (the researcher was considering the voluntary participation principle).

3.7 Sample Size

The study population were male adolescents 18 years and above in all forms (1 – 4). There were 124 students in form 1, 127 students in form 2, 123 students in form 3 and 80 students in form 4. The school had a total population of 454 students. The population of the 18 years and above age group in all forms was 227. The researcher calculated the sample size basing on the population of the 18 years and above age group. The actual sample size for the study was hundred and forty four (144) study respondents, determined using the formula for simple random sampling for single proportion by (Israel, 2012).

Sample Size Calculation

$$n = [z^2 p (1-p)] / c^2$$

Whereas:

z = z value (1.96 for 95 % confidence level)

p = percentage of picking a choice or maximum variability expressed as decimal (0.5 used for sample needed). In this case estimated proportion of those using substances.

C = significance level expressed as 0.05

$$n = [(1.96)^2 \times 0.5 (1 - 0.5)] / (0.05)^2$$

$$0.9604 / 0.0025$$

$$n = 384.16$$

Finite population correction for proportion

$$\text{New } n = n / [1 + (n - 1 / N)]$$

Where N = given population thus 229

$$384.16 / [1 + (384.16 - 1 / 229)]$$

$$384.16 / [1 + 1.67319]$$

$$384.16 / 2.67319$$

$$143.70845$$

$$\mathbf{n = 144}$$

3.8 Sampling Method

One hundred and forty four youths were selected using simple random sampling technique after meeting the study inclusion criteria. Burns & Grove (2011) define the term sampling as the process of selecting subjects who are representative of the population being studied, for participation in the study. Simple random sampling technique is one of the probability sampling methods. The sampling method was chosen because it was considered the best of all the probability sampling as it involves randomization which means each student within a sampling frame had an equal chance of being selected from the population (Basavanthappa, 2007).

3.8.1 Recruitment Strategies

The researcher requested a class list aged 18 years and above (students identity numbers) from the headmaster's office. The researcher extracted the numbers from the sampling frame of all students who were meeting the inclusion criteria, wrote them on the pieces of paper, folded and mixed them in a box. The researcher randomly picked the papers from the box until the sample size was reached. The selected numbers corresponded to the students who participated in this study and a hundred and forty four (144) students were recruited as a sample size. This sample size was statistically large enough in quantitative research (Polit and Beck 2011).

3.9 Data Collection

Burns and Grove (2010), defines data collection as the precise systematic gathering of information relevant to research specific objectives. Polit and Beck (2011) point out that in quantitative research, a researcher moves for the beginning point of a study to the end point in a logical sequence of predetermined steps that are similar across studies.

In this study, a Self – administered Questionnaire, semi-structured with closed and open ended questions was used as a data collective instrument. This tool is used to collect data on adolescents’ substance use prevalence and trends. The instrument was adapted from World Health Organization with few modifications made by the researcher. The few modifications made were that the questionnaire had more open-ended questions in order to capture a variety of responses so as to enhance and enrich the quantitative data. It is one of the standardize tools for data collection pertaining to substance use among adolescents and the youth. The questionnaire was self – administered. The data instrument had five sections. Section A was capturing information on respondents’ social demographic characteristics. Section B was capturing information on extent of substance use, section C was capturing information on commonly used substances, section D was capturing information on possible contributing factors to substance use and finally section E knowledge of the youth on consequences of substance use on adolescents (Refer Appendix 7).

The credibility of the collected information was ensured by the use of the self-administered questionnaire which was anonymous. This was so because the current research topic is sensitive and that the study setting belongs to Catholic School. The self-administered questionnaire also helped the respondents to express themselves as opposed to socially desirable answers if an interview was conducted. Therefore, a guarantee of anonymity was crucial in this current study (Polit and Beck 2011).

Distributing a self – administered questionnaire to the study respondents was inexpensive and convenient approach for the researcher. The respondents were left alone to fill the questionnaire. The absence of the researcher ensured no interviewer bias hence true reflections from the study respondents. Thereafter the researcher collected the completed questionnaires personally, this

ensured high response rate as she was in the position to know how many questionnaires were distributed in relation to how many collected. Furthermore, the self-administration of the questionnaire and anonymity helped the researcher to be more assured that the information collected was credible

3.10 Pre-testing of the Data Collection Instrument

Pretesting of the data collection instrument was done in order to determine whether the questions were clear with an aim of refining the methodology, the instrument and data collection process. Furthermore, pretesting of the instrument was done to ensure validity and reliability of the data collection instrument. The questions on the questionnaire which were irrelevant and repeated were discarded. Both validity and reliability were established by administering a questionnaire to five students from the same school with the same characteristics as the study respondents a week prior to actual study. In support to this, Burns Grove (2011) affirm that the pre testing should be carried out at the same place a week before the actual study in order to allow the researcher to have ample time to refine the questions that do not make sense to the respondents and even to identify problems with the instrument that might lead to subjective answers. The results of the pretesting are not included into this final project report. Polit and Beck, (2011) assert that pretesting will ultimately assist the researcher to evaluate the instrument and thereafter refine the methodology.

3.11 Reliability

Basavanthappa (2007) defines reliability as the consistency of information obtained in a study. In order to ensure reliability of the data collection instrument, the researcher pre tested the instrument for its consistency that is if it yielded the same information on each respondent (Lo

Biondo – Wood and Haber, 2010). As elaborated in the preceding paragraph, the researcher administered the questionnaire to five students from the same school with the purpose of investigating the feasibility of the proposed study and to detect possible flaws in the data collection instrument.

3.12 Validity

Validity is the degree to which an instrument measures what it is supposed to be measured (Polit and Beck (2008). Creswell (2002) recommends that the tool should be pre-tested in order to establish the content validity of an instrument and to improve questions, format and the scales. Lastly the data collection instrument was scrutinized by the research supervisor in order to verify accuracy and comprehensiveness of the content.

3.13 Data Collection Procedure

Upon the receipt of approval from College of Medicine Research and Ethics Committee (COMREC), the researcher sought permission from the headteacher of Chaminade Secondary School through the district educational manager of Karonga district education office to start data collection. The principal investigator recruited the study respondents. The information letter which stated the current study broad objective was read to the eligible respondents (Appendix 3). Consent to participate in the current study was sought from the respondents as a proof of their voluntary participation in the study (Appendix 5). In order to ensure credibility of the information collected, the respondents used a self-administered questionnaire and anonymity was encouraged

3.14 Data Management

All the data obtained from the study respondents was stored by the principal investigator in a safe environment to ensure safety and privacy. Data entry, data cleaning and data analysis was done consequently using Statistical Package for Social Sciences (SPSS) Version 20.

3.15 Data Analysis

Data from the questionnaires was analysed using SPSS. The analysis involved the process of coding, entering, verifying and cleaning data and documenting the analysis file processing. Descriptive statistics such as frequencies and percentages were used for categorical and means for continuous variables. The association between substance use and demographic characteristics was investigated using a Chi- Square test. The results were presented in tables and figures.

3.16 Ethical Considerations

Burkhardt and Nathaniel (2008) define ethical considerations as logical and consistent decisions based upon moral beliefs. It is therefore important as a researcher to be aware of research ethics as it reminds the researcher's own obligations, responsibilities and that the respondents have the basic human rights that should be protected. This was a sensitive topic and bearing in mind that adolescents are always secretive in revealing what they do, the researcher had to adhere to the research ethics otherwise if the respondents were not protected then the researcher could not proceed with the study.

Ethical clearance to conduct the current study was sought from College of Medicine Research and Ethics Committee (COMREC) (Appendix 1). Permission to conduct the study was obtained

from the Headteacher of Chaminade Secondary School through the education manager (Appendix 2). Consent was sought from the eligible study respondents (Appendix5).

The respondents were informed about the aim of the study and asked for their voluntary participation in the study. This promoted their right to self- determination. It was also made clear both orally and in written consent form that acceptance or refusal to participate in the study had no unpleasant consequences. They were assured of confidentiality and that questionnaires would be kept anonymous with no respondent name only code numbers were used. Burns and Groove (2011) define privacy as the freedom of an individual to determine the time extent and general circumstances under which private information can be shared with or withheld from others. They were also informed of the benefits and risks from the study though no risks from this study were anticipated. In addition, respondents were informed that no financial gain would be obtained as a result of participating in this study. They were also given the contact address of the principal researcher as well as the contacts of the supervisors and COMREC secretariat for communicating issues regarding the study if need arose.

Written informed consent was also sought from all the study respondents. All the study respondents who were 18 years and above were given the consent form to read and they were required to sign if they agreed and willing to participate in the study.

3.17 Dissemination of the Study Results

The study findings will be submitted to COMREC library, Ministry of Health, Kamuzu College of Nursing library and Chaminade Secondary School library. Results presentations will be shared at different forums such as research seminars and continuing professional development (CPD) meetings. A manuscript will be submitted to a peer-reviewed journal and if accepted, the results

will be available for publication locally and internationally in order to reach the majority in community and mental health nursing professionals and other health related professionals.

3.18 Conclusion

In a nut shell, this chapter has dealt with the methodology on how the researcher planned and conducted the research study following the quantitative approach by utilizing descriptive cross – sectional design. The chapter has described further on the study setting, study population, sample size and sampling method that was used. An inclusion and exclusion had also been explained. The data collection instrument has also been discussed. Issues of validity and reliability as well as the process of data collection and analysis have been equally explained. Ethical considerations for conducting research have also been explained as well as the limitation of the research. It can therefore be concluded that chapter three guided the researcher to undertake the study in a systematic manner following the major principles of conducting research. The next chapter presents study results.

CHAPTER FOUR

STUDY RESULTS

4.1 Introduction

This chapter presents the findings of this study. Data was analysed using SPSS. The main objective of the study was to describe the present situation of substance use among male youths at Chaminade Secondary School in Karonga District. Computation of descriptive statistics were used to determine the frequencies and percentages. Chi-Square test was used to investigate the association between substance use and the demographic characteristics.

4.2 Sample Description

The sample size consisted of hundred and forty four (144) male adolescents. Response rate for the questionnaires was 100% with no missing data.

4.3 Demographic Characteristics of the Respondents.

The section below describes the demographic characteristics of the study respondents. Only valid percentages are reported since there was no missing data.

4.3.1 Age

The respondents were within 18 to 21 year age range with a mean age of 18.51. The results indicated that 62 % (n = 90) respondents were aged 18, 28 % (n = 40) were aged 19, 16 % (n = 8) were aged 20 and lastly 4 % (n = 6) of the respondents were aged 21. The majority (62 %) of the respondents were 18 years old. (Refer to Table 1 below for details).

Table 1: Age distribution of the respondents (N = 144)

Age in years	Frequency	Percentage
18 years	90	62.5%
19 years	40	27.8%
20 years	8	5.5%
21 years	6	4.2%
Total	144	100.0

4.3.2 Level of education

The study results revealed that 17 % (n = 24) of the respondents were in form 1, 18% (n = 26) were form in 2, 32 % (n = 46) were in form 3 and 33 % (n = 48) were in form 4. The majority of the respondents were in form 4 (33 %) with a mean of 2.82.

4.3.3 Length of stay at this school.

Length of stay was categorised in three (3) categories (less than 1 year, 1-2 years and 3-4 years).

The study results showed that 18% of the respondents had stayed at this school for less than a year, 16% stayed 1-2 years and 66% stayed for 3-4 years.

4.3.4 Place of origin

Place of origin were categorised in two (2) categories (Karonga and other districts).

The analysis indicated that 33.3 % (n = 48) respondents were coming from within Karonga and 66.7 % (n = 96) were coming from other districts.

4.3.5 Religion

The group was dominated by Christian respondents who were 140 in number (97.2 %) as against Moslems who were 2.8 % (n = 4) (See Table 2 for details).

Table 2: Religion of respondents (N = 144)

Variable	Frequency	Percentage
Religion		
Christianity	140	97.2
Islamic	4	2.8

4.3.6 School fees payment responsibility

The results of this study indicate that 70.1% of the respondents reported that their school fees was paid by parents, 9% paid by guardian, 0.7% government sponsored, 11.1% Marianist bursary, 6.9% Non-Governmental Organisations (NGOs), 1.4% Lusubilo Orphan Care and 0.7% Societas Socialis (SOS) bursary. The majority of the respondents' school fees were paid by their parents.

4.4 Determine the Extent of Substance Use.

In this section, the extent of substance use was investigated.

4.4.1. Substance use

The study found out that 52.8 % of the respondents used substance and 47.2 % had never used substance (Refer Table 3 for details).

Table 3 showing number of respondents ever used drugs (N=144).

Variable	Frequency	Percent
Yes	76	52.8
Never	68	47.2
Total	144	100.0

4.4.2. Previous use of drugs

The study results showed that 16.7% of the respondents used drugs for less than one year, 3.5% for 1-2 years, and 32.6% not applicable because they were current users and 47.2% had never used.

4.4.3. Current use of drugs

The findings of this study reveal that 5.6% have used substances for less than 12 months, 11.8 % for 12-24 months, 6.3% for 25-36 months, 9 % for more than 36 months, 20.1% not applicable because are captured in **4.4.2 item** and 47.2% never used drugs.

4.4.4 Age at first initiation of drugs (n = 76)

Here the respondents were required to mention the age when they started using drugs for the first time (See Figure 1 for details).

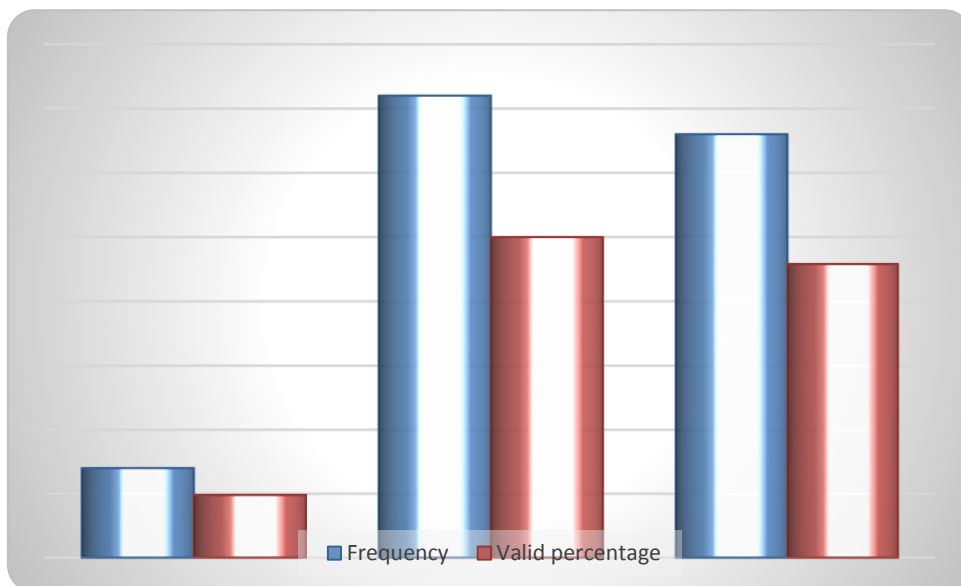


Figure 1 Showing Respondents' Age at first initiation of substance (n = 76)

The study results revealed that 4.9 % (n =7) indicated that they had started using drugs between the ages of 7-10 years, 25.0 % (n =36) 11-14 years and 22.9% (n=33) 15-18 years.

4.4.5 Number of friends using substance at this school (N=144)

This question required respondents to mention the number of friends who use substance at this school. The study results showed that 25 % of the respondents indicated none, 54.9% (n = 79) 1-20 friends, 5.6% (n=8) 21-40, 4.9% (n=7) 41-60, 6.9% (n=10) more than 60 friends and only 2.8% (n=4) reported do not know the number of their friends.

4.4.6 Which form uses drugs most? (N=144)

Table 4 Showing the class that used substances most

Variable	Frequency	Valid Percent
None	5	3.5 %
All classes	1	0.7%
Form 1s	5	3.5%
Form 2s	3	2.1%
Form 3s	20	13.9%
Form 4s	104	72.2 %
Don't Know	6	4.2 %
Total	144	100.0

The study results reveal that 72.2% (n = 104) of the respondents reported that students in form four used substances most as compared to the rest of the classes.

4.5 Commonly used Substances.

4.5.1 The most commonly used substances (N=144)

In this question respondents were asked to identify the most commonly used substance by indicating very often, often, not often and not at all.

(a)Alcohol

The study findings showed that 66 % (n=95) of the respondent cited that alcohol was very often used, 13.2% (n = 19) often, 12.5% (n = 18) not often, 8.3% (n = 12) cited not at all.

(b) Tobacco

Of the respondents who participated in this study, 5.6 % (n=8) reported that tobacco was very often used, 20.1 % (n=29) often, 32.6 % (n = 47) not often, 41.7% (n = 60) reported that tobacco was not at all used.

(c) Cannabis Sativa

The study results showed that 69.4 % (n = 100) reported that cannabis sativa was very often used, 13.9% (n = 20) often, 9.7 % (n = 14) not often, 6.9% (n = 10) not at all.

(d) Sleeping Pills

2.8% (n = 4) of the respondents indicated that sleeping pills were very often used, 6.9 % (n = 10) often, 20.8 % (n = 30) not often and 69.4 % (n = 100) not at all.

(e) Glue

The study results indicated that 2.8% (n = 4) of the respondents indicated that glue was very often used, 5.6 % (n = 8) often, 9 % (n = 13) not often and 82.6 % (n = 119) not at all.

According to the findings it can be concluded that the most commonly used substance was cannabis sativa (69.4 %).

4.5.2 Place where substances come from (N=144)

In this question respondents were required to state where the substances were coming from. The study results indicate that 53.5 % of the respondents revealed that substances were coming from outsiders surrounding the school, 23.6 % students bring from home, 8.3% shops and market (Refer Table 5 for details).

Table 5: Showing sources of substances (N=144).

Variable	Frequency	Valid Percentage
Outsiders surrounding the school	77	53.5 %
Market	12	8.3 %
Students bring from home	34	23.6 %
Shops	12	8.3 %
Bars and saloons	2	1.4 %
Teachers	4	2.8%
Support staff	1	0.7 %
Don't Know	2	1.4 %
Total	144	100.0 %

4.5.3 Substances encouraged by friends to take at this school (N=144)

The study results showed that 46.5 % (n = 67) of the study respondents indicated that cannabis sativa was encouraged by friends, 43.1 % (n = 62) indicated alcohol, 2.1 % (n = 3) indicated glue, 1.4 % (n = 2) indicated sleeping pills and 6.9 % (n = 10) indicated none of the substances were encouraged.

4.5.4 Way of getting substances.

This question examined the respondents' opinions on how they got the substances. The study results revealed that 27.8 % (n = 40) of the respondents indicated that the substances were bought from drug dealers or outsiders from a nearby village, 46.5% (n = 67) indicated fellow students/students themselves, 13.9 % (n = 20) indicated links with teachers, 5.6 % (n = 8) indicated support staff, 1.4 % (n = 2) % friends from open school, 4.9% (n = 7) indicated do not know.

4.6 Contributing Factors to Substance Use

This section was meant to investigate the influencing factors to substance use among adolescents.

4.6.1 Reasons for using substances.

It was found that of the respondents who participated in this study 10.4 % (n = 15) indicated peer pressure as a reason for abusing substances, 22.2 % (n = 32) indicated gives energy to study from evening hours to early morning hours (Transmbembe), 19.4 % (n = 28) indicated increase intelligence, 17.4 % (n = 25) remove shame and shy, 13.9 % (n = 20) indicated forget problems both at home and school, 9.7 % (n = 14) indicated experimentation, 6.3 % (n = 9) remove stress

and anxiety and 0.7 % (n = 1) indicated do not know. The majority of the respondents have showed misconception that substances give energy to study and increase intelligence.

4.6.2 Number of family members using drugs (N=144)

In this area, respondents were required to mention the number of family members who were using the drugs. The study findings revealed that 63.9 % (n = 92) of the respondents indicated none of their family members had used substances, 33.3 % (n = 48) indicated 1-10, 2.1 % (n = 3) indicated 11-20, 0.7 % (n = 1) indicated more than 20.

4.6.3 Do students like to use the same substances as their friends do? (N=144)

The study findings showed that 56.3 % (n = 81) of the respondents revealed yes and 43.8 % (n = 63) revealed that none of the students liked to use the same substances as their friends did.

4.6.4 Friends encourage others in school to take drugs (N=144)

Of the respondents who participated in this study, 38.2 % (n = 55) indicated that friends encourage others very often, 13.9 % (n = 20) indicated often, 26.4 % (n = 38) indicated not often, 20.1 % (n = 29) indicated not at all and 1.4 % (n = 2) indicated do not know.

4.6.5 Place where the substances were taken (N=144)

In this question respondents were required to mention the place where these substances were used. The study findings showed that 28.5 % (n = 41) used the substances outside the campus, 60.4 % (n = 87) used within school environment, 2.1 % (n = 3) used at home during holidays, 2.1 % (n = 3) social events and 6.9 % (n = 10) responded they do not know the place (See Figure 2 for details). The majority of the respondents indicated on campus.

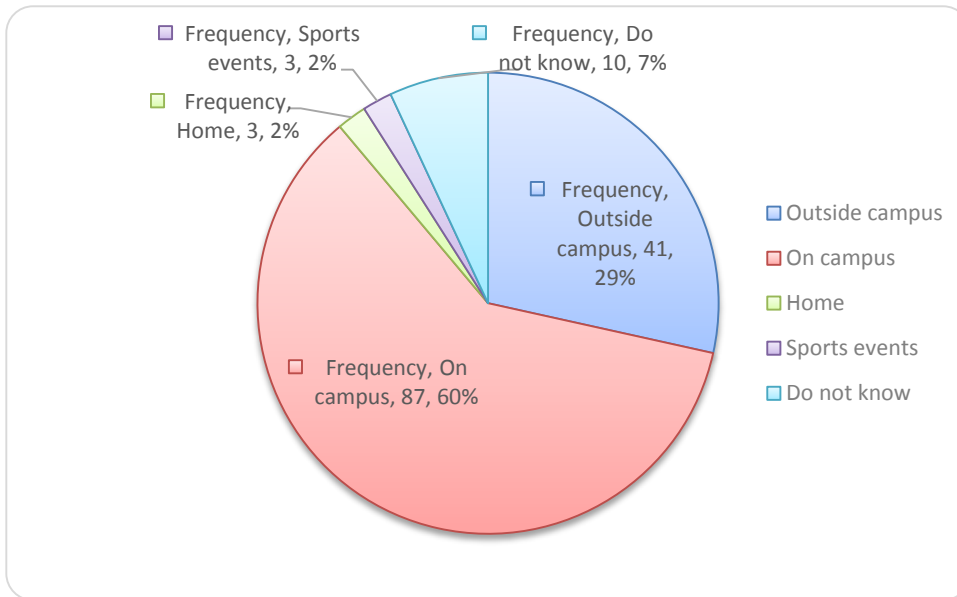


Figure 2: Showing the place where the substances were used (N=144)

4.7 Consequences of Substance Use

The researcher wanted to determine knowledge level of the adolescents on the consequences of substance use.

4.7.1 Effects of substance use on the user

The study findings showed that of the respondents who participated in this study, 16.0 % (n = 23) indicated lack of concentration in class, 59.0 % (n = 85) indicated mental health related problems, 15.3 % (n = 22) indicated school dropout, 6.3 % (n = 9) conflicts with teachers and fellow students, 2.8 % (n = 4) contracting of STIs HIV and AIDS, 0.7 % (n = 1) indicated do not know.

Table 6: Respondents' knowledge on consequences of substance use on User

Item	Frequency	Valid percentage
Lack of concentration in class	23	16.0 %
Mental health related problems	85	59.0%
School drop out	22	15.3 %
Conflicts with teachers and fellow students	9	6.3 %
Contracting HIV & AIDS	4	2.8 %
Don't Know	1	0.7 %
Total	144	100 %

4.7.2 How does substance use affect one's studies? (N=144)

The study findings revealed that out of 144 respondents, 68.1 % (n = 98) indicated poor academic performance as effect on one's studies, 7.6 % (n = 11) conflicts with teachers, 11.8 % (n = 17) booster of knowledge 11.8 % (n = 17) school dropout and 0.7 % (n = 1) indicated do not know. Majority of the respondents 68.1 % indicated that poor academic performance was one of the effects of substance use on one's studies as compared to 0.7 % who did not know any effect.

4.7. 3 Trouble with your family, friends, teachers and even missing classes as a result of using substances (N=144).

The study findings showed that of the respondents who participated in this study, 72.2 % (n = 104) had never got into any trouble, 18.1 % (n = 26) got into trouble 1-10 times, 6.3 % (n = 9) had got into trouble 11-20 times and 3.5 % (n = 5) had got into trouble more than 20 times.

4.8 Association between Demographic Characteristics and reasons for Substance Use.

The study results revealed that demographic characteristics like age and education were not statistically significant associated with reasons for substance use. However other variables had shown some association. These are:

(a) Religion: Christianity

Respondents' perception as being a Christian was more associated with reasons for substance use compared with being an Islam (56.2 %, 0.03). Chaminade being a Catholic institution we anticipate to have more Christian than Muslims therefore the researcher could not conclude that Christian use substance more than Muslims [See Table 7 (a) for details] The results also showed that the other variable of who pays school fees was significantly associated with commonly used substance (sleeping pills) (78.6 %, 0.03) [Refer Table 7 (b) for details]. In addition, the same demographic characteristic who pays school fees was also associated with commonly used substance (glue) (78.6 %, 0.03) [See Table 7(c) for more details] and finally was significantly associated with reasons for substance use (87.5 %, 0.01) [See Table 7(d) for details].

Table 7 (a): Association between reasons for substance use and religion.

Variab le Religi on	Peer Press ure	Give s ener gy	Increase intellige nce	Remo ve sham e & shyne ss	Forget proble ms	Experiment ation	Remo ve stress & anxiet y	Don 't know	Tot al	Chi- Squa re Test
Christi an	15	31	27	25	20	12	9	1	140	0.03
Islami c	0	1	1	0	0	2	0	0	4	
Total	15	32	28	25	20	14	9	1	144	

(b) School fees payment with sleeping pills

	Identify the commonly used substances by adolescents in schools (d) Sleeping pills.					
State who pays your school fees	Very often	Often	Not often	Not at all	Total	Chi-Square Significance
Parents	2	6	22	71	101	0.03
Guardian	1	2	3	7	13	
Government	0	0	0	1	1	
Marianist Bursary	0	2	1	13	16	
NGOs	1	0	4	5	10	
Lusubilo	0	0	0	2	2	
Save Our Souls	0	0	0	1	1	
Total	4	10	30	100	144	

(c) State who pays School Fees with Commonly used Substance Glue

	Identify the commonly used substances by adolescents in schools (e)					Chi-Square Tests
	Glue					
State who pays your school fees	Very Often	Often	Not Often	Not at all	Total	
Parents	3	7	10	81	101	0.03
Guardian	1	0	0	12	13	
Government	0	0	0	1	1	
Marianist Bursary	0	1	1	14	16	
NGOs	0	0	0	8	10	
Lusubilo Orphan Care Bursary	0	0	0	2	2	
Save Our Souls	0	0	0	1	1	
Total	4	8	13	119	144	

(d) State who pays school fees with reasons for using substances

Who pays school fees	What are the reasons for using substances								Total	Chi-Square Tests
	Peer Pressure	Gives energy to study	Increase Intelligence	Remove shame and shyness	Forget problems	Experiment	Remove stress & anxiety	Don't know		
Parents	14	20	17	18	10	13	8	1	101	0.01
Guardian	0	7	2	1	2	1	0	0	13	
Government	0	1	0	0	0	0	0	0	1	
Marianist Bursary	1	3	6	1	4	0	1	0	16	
NGOs	0	1	2	4	3	0	0	0	10	
Lusubilo	0	0	1	1	0	0	0	0	2	
Save Our Souls	0	0	0	0	1	0	0	0	1	
Total	15	32	28	25	20	14	9	1	144	

4.9 Summary

Data was analysed using descriptive statistics and association between substance used and demographic characteristics were investigated using a Chi- Square test. The study results revealed that respondents 52.8 % (n = 76) were using substances and 47.2 % (n = 68) had never used substances. The results also showed that there was significant association between extent of substance use and other characteristics of the respondents.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

In this chapter, the researcher discusses major research findings as presented in the previous chapter (Chapter 4) in relation to relevant literature. This study aimed at describing the present situation of substance use amongst the youth at Chaminade Boys Secondary School in Karonga district. The specific objectives were to:

- determine the extent of substance use amongst the youth.
- identify the commonly used substances amongst the youth.
- investigate the influencing factors to substance use amongst the youth.
- determine knowledge level of the youth on the consequences of substance use.

5.2 Summary of the Major Findings

The study results revealed that 52.8 % of the respondents were using substance and 47.2 % had never used the substances. Furthermore the results demonstrated a statistically significance association between substance use and other variables of the study respondents at Chaminade Secondary School in Karonga district.

5.3 Demographic characteristics of the study Respondents

The results indicated that the respondents were within 18 to 21 years old. Of the respondents, 62.5% (n = 90) were 18 years old, 27.8% (n = 40) were 19 years, 5.5 (n = 8) % were 20 years and 4. 2% (n = 6) of the respondents were 21 years.

On level of education of the study respondents, the results showed that of the hundred and forty four (144) respondents 17 % were in form 1, 18 % were in form 2, 32 % were in form 3 and 33 % were in form 4. The majority of the respondents were in form 4. In contrast, Mhlongo (2005) found that 65% of the respondents were in form 2. Majority of the study respondents had stayed at this school for 3-4 years which meant that they knew all the tactics of using substances.

5.4 Extent of Substance Use amongst the Youth.

This section tested the study respondents' opinion on what they perceived as the extent of substance use. 52.8 % of the respondents had used substances and 47.2 % had never used drugs. The high prevalence rate of substance use among adolescents could be explained as partly by its availability and it could be that substance policy is poorly implemented making it accessible even to the adolescents in boarding secondary schools. This is in contrast to the discovery of Tshitangano and Tosin (2016) the findings of their study showed a very low prevalence rate of substance abuse amongst the learners with only 6 % male and 2 % female learners confirming to have ever used substances. However, the prevalence rate in this study are a bit higher probably because of the reason that this population used substances with a misconception that substances increase intelligence and that it enhances academic performance. This can be viewed as a risk factor because Karonga is growing rapidly as a township and it is a border district therefore sooner or later there will be exposure of the drugs.

The initiation of substance use in this study was at an early age of 7 - 10 years and majority of respondents used substance at the age between 11 – 14 years (25%). The current findings are in line with other findings across the world, including South Africa as evidenced by the following studies, Tshitangano and Tosin (2016); Moodley, Matjila and Moosa (2012) who observed that

the age of initiation of substance use for most of the secondary school learners falls within the adolescent period. At this age group it means substance use is being used even in primary school because the majority in this age group are in primary school. In a study on alcoholism in high schools, Baddy (2002) as cited in Mhlongo (2005) found that children experiment substance use as early as primary school level in preparation for using hard drugs in high schools. Baddy (2002) as cited in Mhlongo (2005) further states that some students realize the consequences of substance use as they progress in high school and ultimately withdraw and become responsible in life. Oshodi et al. (2010) confirmed the adolescent age as the high risk age group for substance use. So messages on dangers of substance use needs to be crosscutting in order to capture those at primary school.

The study results further showed that a number of respondents indicated that they had friends who use substance at this school. Nash, McQueen and Bray (2005) emphasize that it is very important to communicate with children to help them minimise their susceptibility to the influences of negative peer pressure and prevent them from picking up bad habits including drug use.

5.6 Commonly used Substances amongst the Youth.

In this section respondents were required to identify the commonly used substances by indicating very often, often, not often and not at all. The study found that cannabis sativa (69.4 %) and alcohol (66%) were the most commonly used substances among adolescents. The current study findings are supported by the study done by Mwale (2010) on psychosocial challenges of adolescents, the results revealed that marijuana and alcohol were the most frequently abused substances and that youth are trying drugs at an early age in both rural and urban areas in

Malawi. The study results revealed that, the prevalence rate of cannabis sativa was high (69.4%) likewise, Onya and Flisher (2008) as well as Moodley and Matjila (2012) discovered that the prevalence rate of substance use was higher amongst boys in comparison to girls. Reza Hossein, Roohbakhsh, Tavakolian and Assar (2014) observe that one probable reason given for such difference is that, in most cultures, substance use such as cigarette smoking is tolerated amongst male and often not tolerated among females, especially in black communities in Iran.

The study results further revealed that cannabis sativa was encouraged by friends (46.5%). Glusson and Harper (2005) as cited in (Mhlongo, 2005) emphasize that it is very important to communicate with children to help them minimise their susceptibility to the influences of negative peer pressure and prevent them from picking up bad habits, including drug use. The study further found that the commonly used substances were coming from villages surrounding the school with a response rate of 53.5 % this can also be one of the contributing factors to a high prevalence of substance use in this study and 34% students brought these substances as they were coming from home. It is therefore, necessary for the authorities to reinforce bill that address substance control in the country.

5.7 Contributing Factors to Substance Use

This section was meant to investigate the influencing factors to substance use among adolescents. Whitesell, Bachand, Peel and Brown (2013) state that adolescents are particularly susceptible to involvement in substance use due to the under developed state of the adolescent brain which can lead to reduced decision – making ability and increased long term effects of substances. Whitesel, Bachand, Peel and Brown (2013) further illustrate that adolescent substance users are often individuals with low self esteem or self-confidence. They use

substances to help them cope with the problems of living because they have not developed coping skills and feel inadequate for various reasons, such as lack of opportunities due to poverty and that they are not as intelligent as their peers. Therefore they engage in substance use to give them confidence, to become accepted by their peers, to seek the attention they need and to become popular. They may also use substances to hide their true feelings, shyness.

The study results revealed that the respondents engaged into substance use for the following reasons: peer pressure 10.4 %, gives energy to study from evening to early morning hours (Transmbembe) 22.2%, increase intelligence 19.4%, remove shame and shyness 17.4 %, forget problems both at home and school 13.9%, for experimentation purposes 9.7%, remove stress and anxiety 6.3% and 0.7% indicated did not know.

The study results indicated that more than any other reasons of respondents' substance use: gives energy to study, increase intelligence, forget problems both home and school and peer pressure seem to be the major causes. However the majority of the respondents have showed misconception that substance use give energy to study and increases intelligence. This study has brought in new factors that contribute to substance use by adolescents in secondary school.

Therefore these study results have important implications for policies and programs to address factors supporting substance use at different levels. Scribner, Theall, Simonsen and Robinson (2010) point out that policies reducing alcohol availability or increasing cost tend to reduce its use. The study results on the other hand are consistent with Trucco, Colder, Bowker and Wiczorek (2011) found out that peer pressure and perceived popularity have been shown to be associated with increased risk for adolescents substance use.

On number of family members using drugs, the study results have showed that 63.9% of the respondents indicated that none of their members had used substances, 33.3% indicated 1-10 members, and 2.1% indicated 11-20 and 0.7% indicated more than 20. This was investigated in order to determine the contributing factors to substance use. When family members are substance users it is more likely that the children too will follow suit. Bezinović and Malatestinić (2009) agree that pupils whose parents, siblings and peers used substances significantly more often developed the same behavioural patterns. Bezinovic and Malatestinic (2009) further indicate that girls and boys exposed to substance use engaged more often in risk taking and potentially delinquent behaviours. Similarly, Verkooijen (2006) adds that many adolescents practice risk taking behaviours as they are trying to find their own identity and independence.

The study results also showed that 9.7% of the respondents were in view that substance use was illegal, 38.9% bad and harmful, 12.5% energy booster, 25.7% positively enhances academic performance 9.0% part of life and 4.2% indicated did not know. The responses suggest that the majority of the respondents had an opinion that substance use was bad and harmful. The results indicated that majority of the respondents knew enough about substances and the legality governing their usage. It is therefore essential to talk about substances to adolescents at large. Everybody concerned about adolescents' lives should do such communications.

The study results also showed that 31.3% of the respondents indicated peer pressure as one of the reasons why other students engage in using substance. Other reasons were as follows: for enjoyment/fun 20.8%, 20.1% increase energy for study, 9.0% reduce stress and anxiety, 9.0% forget home problems, 8.3% remove shy and 1.4% indicated that they did not know why other students were using substances. Similarly, the study done by Mhlongo (2005) revealed that peer pressure, curiosity, escape problems at home/poor relationship at home were the major causes for

substance use by adolescents in Swaziland. Glusson and Harper (2005) as cited in Mhlongo (2005) state that most people start drug abuse while still very young and peer pressure is to blame for this. Glusson and Harper (2005) as cited in Mhlongo (2005) further emphasize that it is very important to communicate with children to help them minimise their susceptibility to the influences of negative peer pressure and prevent them from picking up bad habits, including substance use.

The study results showed that students like to use the same substances as their friends do. This is evidenced by the following study results: 56.3% respondent indicated yes and 43.8% responded no. The study results further showed that substance use was being encouraged by fellow students. 38.2% of the respondents indicated that friends very often encouraged others to indulge in substance use, 13.9% indicated often, 26.4% indicated not often 20.1% indicated not at all and 1.4% indicated did not know. This shows that friends also play a part in substance use in boarding schools.

On the place where substance were used, the study results showed that 60.4 % used it on campus, 28.5% used outside the campus, 2.1% used at home during holidays, 2.1% social events. The majority indicated on campus this is alarming. The results indicate that the respondents had a better chance of using substances at school although some respondents indicated at home during holidays. Perhaps the parents were unaware of this. The fact that most of the respondents used drugs at school concurred with their misconception that substance use gives energy to study and increases intelligence. These misconceptions have played an important role in drug use at Chaminade Boys Secondary School. The alarming figure of using substance on campus raises a lot of questions. The study results have an important implication for policies and programs to address the problem.

5.8 Knowledge on consequences of substance use

The researcher wanted to determine the knowledge level of the respondents on the consequences of substance use. On the effects of substance use on the user the study findings revealed that 16 % indicated lack of concentration in class, 59% indicated mental health related problems, and 15.3% indicated school dropout 6.3% conflicts with teachers and fellow students, 2.8 % contracting STIs, HIV and AIDS and 0.7 % indicated did not know.

The study results further revealed that 72.2% of the respondents had never got into trouble with their family members, friends, teachers and even missing classes. However, 18.1% got into trouble 1-10 times, 6.3% had got into trouble 11-20 times and 3.5 % had got into trouble more than 20 times. It has been observed that some of the respondents had been engaged into trouble more than once as 3.5 % of them had been engaged more than 20 times. Although the results indicate that a high percentage of the respondents had not been engaged into trouble, there is a possibility that through others' influence or being too secretive to be caught, the number of trouble making could be higher. The study results may assist policy makers to re-enforce law measures against substance users.

5.9 Association between demographic characteristics and reasons for substance use

The study findings revealed that the demographic characteristics like age and education were not statistically significant associated with reasons for substance use.

5.10 Limitation on the generalizability of the study findings

The perceived study limitation was that the study limited itself to one male boarding secondary school in the Northern Region of Malawi due to financial as well as time constraints since this study was for academic purposes thus to be done within the stipulated academic timeframe.

Study results are limited to adolescents at Chaminade Secondary School in Karonga district in the northern part of Malawi. Therefore the study results are not truly representative of other secondary schools hence its credibility to generalization of the results to all schools in the northern Education Division and Malawi as a whole could be questioned.

5.11 Summary

The results of the study indicate that substance use is prevalent at Chaminade Boys Secondary School. The study results further revealed that there was a strong positive association between other variables in the respondents profile and reasons for substance use.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

Chapter six presents the recommendations the researcher has made with specific preference to policy makers and nursing research and finally makes the study conclusion.

6.2 Recommendations

The Researcher

- Advocate for initiation of supportive programmes that have an impact on the health and development of the youth.
- Advocate for the strengthening collaboration with other sectors in dealing with the mental health of the youth.
- Facilitate counselling services at district level as to deal with the substance use problem at the school and the district at large.

Policy Makers

- Policy makers should recognise the need for more information campaigns and services to address mental health issues related to substance use and addiction.
- Peer education programmes for high risk youths in the community. The results also showed that friends have a very high influence on adolescents substance use. Apart from starting school programmes on substance use, there is need to extend them to the high risk youths in the community and in this study it has been shown that these adolescents

use substances even at home when they are on holidays so there is a high possibility that even in the community there are friends who use the substances.

- Adding substance use topic in primary school curriculum would also assist in dealing with this problem. As evidenced by the study results, it has been shown that the age of initiation of substance use was at an early age of 7-10 years probably when the children are in their primary education. The study results are in line with other results across the world, including South Africa as evidenced by the following studies, Tshitangano and Tosin (2016); Moodley, Matjila and Moosa (2012) who observed that the age of initiation of substance use for most of the secondary learners falls within the adolescent period and that the majority in this age group are in primary school. It is therefore recommended that the Ministry of Health in collaboration with Ministry of Education and other stakeholders develop strategies to address substance use problems hence protect the adolescents from abusing substances.
- Effective implementation of well stipulated laws, regulations and policies on substance use. The high prevalence of substance use in this study implies that the laws, regulations and policies on substance use are not effectively implemented. The government through the concerned parties should work towards making these policies implementable.
- School programs on health promotion programs should be developed because schools provide a natural and convenient setting for the delivery of mental health prevention programs. Griffin and Botvin (2010) observe that programs that teach goal setting, self-monitoring, self-reinforcement and other skills to enhance self-regulation among early adolescents have been found to be significantly more effective in decreasing adolescent

substance use than didactic programs that focus solely on the negative effects of substance use in schools.

Nursing Research

- Replication of the study to include qualitative research could be used to explore and describe the experiences of adolescents in secondary school on substance use.
- Research at family and community level would help in order to identify specific ways in which families and communities can be protective and help adolescents abstain from substance use.

6.3 Study Conclusion.

In a nutshell, this study was conducted to describe the present situation of substance use amongst the youth at Chaminade Secondary School in Karonga district in the Northern Region of Malawi. A quantitative method was employed by utilising a cross sectional design. Hundred and forty four male adolescents were selected using simple random technique for the study. Data analysis was done using SPSS.

The study results can be concluded that substance use among the youth at Chaminade is a significant problem. Cannabis sativa and alcohol have been found to be the most commonly used substances by the youth. In addition the pattern of their use indicates serious long term consequences if effective interventions are not developed and implemented. It is also evident that substance use starts at a relatively early age at 7 years probably when children are in their early primary education. It then peaks at 11 to 14 years when they are in their late primary and junior secondary school education. These results can be utilised for future planning as to develop

effective and implementable strategies in reducing substance use amongst the youth at family, community and national level.

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LIST OF APPENDICES

Appendix 1: Certificate of Approval



Appendix 2: Permission letters

Letter to the Head Teacher on “Substance use among male adolescents at Chaminade Secondary School in Karonga district, Malawi.”

From: Kamuzu College of Nursing

Private Bag 1,

Lilongwe.

10th February, 2016.

To: The Head Teacher,

Chaminade Secondary School,

Post Office Box 45,

Karonga.

Dear Sir,

Application for permission to conduct a research at your institution

I write to request for permission to conduct a research in your institution in form 1, 2, 3 and 4 students. The title of the study is “substance use amongst the youth at Chaminade Boys Secondary School in Karonga district, Malawi.” I am a student at Kamuzu College of Nursing pursuing a Master of Science degree in Community Health Nursing (MSc COM). In partial fulfillment of this course I am required to conduct a research study on any topic related to the field. The results will be used to understand the current prevalence of substance use among male secondary school adolescents in order to improve adolescents’ mental health services in Malawi.

Your consideration is highly appreciated.

Yours faithfully,

Lizzie Margaret Mzumara (Student Researcher).

Appendix 3: Respondents information letter: English version

INFORMATION LETTER TO THE RESPONDENTS ON SUBSTANCE USE AMONGST
THE YOUTH AT CHAMINADE BOYS SECONDARY SCHOOL IN KARONGA DISTRICT,
MALAWI. Code Number.....

Would you please read the information below and may you sign the consent form attached next page if you are voluntarily participating into this study.

My name is Lizzie Margaret Mzumara, Registered Mental Health and Psychiatric Nurse, currently pursuing a Master of Science Degree in Community Health Nursing at Kamuzu College of Nursing. Part of the academic requirement towards achieving this course is to conduct a research study. The title of this research study is **Substance use amongst the youth at Chaminade Boys Secondary School in Karonga District, Malawi**. The purpose of this study is to describe the present situation of substance use amongst the youth aged 18 years and above at Chaminade Boys Secondary School in Karonga, Malawi. The results of this study will be used for academic purposes and for improving the current adolescents' mental health services in secondary schools. Therefore I would like to request your participation in this study.

Participation in this study is voluntary and you are free to withdraw at any time if you intend to do so. There will be no punishment and your academic work will not be affected should you choose not to participate. You are further informed that all the information to be collected from you shall be kept safe and will be accessed by the **research team (eg. supervisors, statistician etc)**.The questionnaire is completely anonymous, so you are not asked to put your name on it or to identify yourself in any way. Your information will be identified by code numbers in order to maintain anonymity. Publications will also be in general instead of having names.

The questionnaire will be answered at a time that is most suitable and convenient enough for you to avoid disturbances and to maintain privacy. Filling in the questionnaires will take approximately 30 minutes. I therefore, hope that you will feel free and more relaxed to express yourself when responding to the questions on the questionnaire. If you prefer not to answer any particular question, please feel perfectly free to leave it blank.

This study is expected to have no foreseeable risks or discomfort to the study respondents. However, in cases of any psychological or emotional discomforts, please forward your complaints and concerns to the researcher for assistance.

There will be no financial or material benefits for participating in this study, however, it is hoped that the findings from this study will assist in identifying appropriate strategies to reduce substance use among adolescents in secondary schools in so doing improving the mental health services in Malawi.

In case of any questions you are urged to contact the following people: Lizzie Margaret Mzumara, Kamuzu College of Nursing, Private Bag 1, Lilongwe. You can also reach her through a mobile phone number +265888302865, +265995432555 or email lizziemzumara@gmail.com.

Ms. L.Collen (Main Research Supervisor) Kamuzu College of Nursing, Private Bag 1, Lilongwe. Cell phone number +265881687824 and can also be reached through her email lcollen@kcn.unima.mw. Mr. A. Sefasi (Second Research Supervisor), Kamuzu College of Nursing, Post Office Box 415, Blantyre. Cell phone number +265995819755. Email asefasi@kcn.unima.mw. For clearance issues, you can contact COMREC Secretariat, College of Medicine, Private Bag 360, Chichiri Blantyre 3. The Secretary can be contacted through a ground phone: 01877245/01877291 or through this email address: Comrec@medcol.mw.

If you have understood the information given above and you have no questions or your questions have been clarified you are politely asked to sign a consent form to act as a proof for your voluntary participation in this study.

Thank you very much for cooperation and assistance in this study.

Appendix 4: Respondents information letter: Chichewa version

Kalata yolongosola zakafukufuku ofuna kudziwa ngati achinyamata akutenga nawo mbali pongwiritsa ntchito mankhwala ozunguza bongo pa sekondale ya Chaminade muboma la Karonga, Malawi. Nambala yamtenga mbali.....

Chondewerenganimofatsandikusayinirapatsambalakupelingatimukutenganawombalimukafukufuku uwuyu.

Dzinalangandine Lizzie Margaret Mzumara wophunzira pa sukulu yaukachenjede ya Anamwino kunthambiya Univesiteya Malawi, Kamuzu Koleji, ndipo ndikupanga kosi yazaukadaulo okhuza anamwino azaulangizi wammudzi. Ndikupanga kafukufuku wofufuza ngati a chinyamata akutenga nawo mbali pogwiritsa ntchito mankhwala ozunguza ubongo pa sekondale ya Chaminade, ndiye ndalemba chikalata chindicholinga chofuna kukupemphani mwakufuna kwanu osati kukukakamizani kuti mutengepo mbali polowa nawo mukafukufukuyu.

Nanga cholinga cha kafukufukuyu nchani?

Cholinga chakafukufukuyu ndikufufuza ngati ophunzira achinyamata a zaka khumi ndi zisano ndizitatu (18) kupita mtsogolo akutenganawo mbali pa nkhani yosuta fodya, kumwa mowa kapenanso mankhwala ena aliwonse omweangathe kuzunguza bongo.

Izi zithandiza kupeza njira zopewera zinthu ngati zimenezi.

Kodi ndinga tengepo mbali pakafukufukuyu?

Dziwani kuti simukukakamizidwa kutengapo mbali. Ndikufuna kwanu kusankha kutenga nawo mbali mukafukufukuyu kapena ayi. Muli ndi ufulu kufuna kusiya nthawi iliyonse mukafuna kutero ndipo izi sizizasokoneza inu kumaphunziro anu omwe munabwerera pano.

Mayankho anu azasungidwa mwachinsinsi ndipo dzina lanu silizalembedwa pena paliponse chifukwa tizagwiritsa ntchito ma nambala. Mafunso amenewa mudzayankha pano nga panthawi yomwe mwayiwona kuti ndiyoyenera ndiponso yabwino kwa inu eniake kuwopesa chisokonezo komanso kutitikusungireni chinsinsi. Mapepala omwe tidzagwiritse ntchito mukafukufukuyu adzawotchedwa pomaliza penipeni pakutelo kufuna kukusungirani chinsinsi.

Kodi chidza chitike ndi chiyani ngati nditenge nawo mbali?

Mukavomereza kutenga nawo mbali mukafukufukuyu mudzafutsidwa mafunso okhuzana ndimuchitidwe osuta fodya, kumwa mowa kapenanso kugwiritsa ntchito mankhwala ozunguza ubongo. Kuyankha mafunso kudzatha pafupifupi mphindi makumi atatu.

Kodi kuopsya kwake nkotani ngati nditenga nawo mbali pakafukufukuyu?

Dziwani kuti palibe chiopsyezo china chilli chonse chokhudzana ndi thupi la munthu chomwe chingadze chifukwa chotenga nawo mbali mukafukufukuyu.

Kodi phindu lotenga nawo mbali ndilo tani?

Muyenera kudziwanso kuti palibe cholowa kapena phindu lapa dera lomwe mudzalandira chifukwa chotenga nawo mbali mukafukufukuyu monga ndalama kapena mphatso inailiyonse koma dziwani kuti zosatira zakafukufukuyu zidzathandiza kupeza njira zabwino zochepesera muchitidwe wakumwa, kusuta kapena kugwiritsa ntchito mankhwala ozunguza bongo kwa achinyamata.

Chithandizo mungachipeze kuti ngati pangapezeke zovuta zokhuza fukufukuyu?

Likulu lowona zakafukufuku ku sukulu yama dotolo lavomereza kuti kafukufukuyu apangidwe. Ngati pangapezeke zovuta kapena nkhwala ina iliyonse yokhuzana ndikafukufukuyu, khalani

omasuka popereka madandaulo anu kwa Lizzie Margaret Mzumara, Kamuzu College of Nursing, Private Bag 1, Lilongwe. Nambala yalamya +265888302865, +265995432555. Ms. L. Collen (Mulangizi wa Kafukufuku woyamba) Kamuzu College of Nursing, Private Bag 1, Lilongwe. Nambala yalamya 0881687824. Mr A. Sefasi (Mulangizi wakafukufuku wachiwiri) Kamuzu College of Nursing, Post Office Box 415, Blantyre. Namabala yalamya 0995819755.

Mukhozanso kupitiliza kupereka nkhawa zanu kwa Secretary (Mulembi) wa College of Medicine Research Ethics Committee, Private Bag 360, Chichiri, Blantyre 3. Malawi. Nambala yalamya 01871911, 01874107. Fax 01874700.

ZIKOMO KWAMBIRI CHIFUKWA CHOWERENGA KALATAYI

Appendix 5: Respondents Informed consent form: English version

**Respondent's Informed Consent Form on Substance use among male adolescents at
Chaminade Boys Secondary School in Karonga District, Malawi.**

Code Number.....

Make sure that you have read and understood the above information then you proceed signing below.

I have read the attached information sheet for this study and have understood the purpose of the study.

I agree to voluntarily participate in the study and provide the responses to the best of my knowledge.

I understand I am free to withdraw from the study any time and this will not affect my academic performance. I know that in this study there is no foreseeable risk during the research process. However in cases of emotional or psychological discomforts, I know who to contact if need arises.

I agree that the information will be kept confidential and will be accessed by the research team and the questionnaires will remain anonymous.

I understand that there are no personal benefits as a result of participating in this study, but the study results may help researchers and other health professionals to have a better understanding of substance use and initiate effective strategies in reducing substance use among adolescents.

I therefore voluntarily consent to participate in this study.

Respondent's name.....Signature.....Date.....

Researcher's name.....Signature.....Date.....

Your contributions are highly appreciated

Appendix 6: Respondents Informed Consent form: Chichewa version

Kalata ya chivomerezo

Nambala yamtenga mbali.....

Kalata yachivomerezo yolowera mu kafukufuku ofunakudziwa ngati a chinyamata akutenga nawo mbali posuta fodya, kumwa mowa kapena kugwiritsa ntchito mankhwala ozunguza ubongo pa sukulu ya anyamata ya Chaminade mu boma la Karonga, mudziko la Malawi.

Onetsetsani kuti mwawerenga mokwanira ndikumvetsa zakafukufukuyu musanasayinirem' musimu.

Ndawerenga momveka bwino kalata yolongosola zakafukufukuyu amene ali pamwambayu ngakhalenso mafunso anga onse ayankhidwa mogwira mtima. Ndamvetsa cholinga cha kafukufukuyu.

Ndavomereza kutengapo mbali pa kafukufukuyu mosakakamizidwa ndikuyankha mafunso okhuza kusuta fodya, kumwa mowa kapenanso kugwiritsa ntchito mankhwala ozunguza ubongo ndiponso ndamvetsa kuti ndili ndi ufulu kusiya kafukufukuyu nthawi ina iliyonse.

Ndatsikimirizidwa kuti dzina langa silizalembedwa pena paliponse ndipo m' malo mwake padzakhala nambala. Ndikumvetsa kuti zonse zomwe ndiyankhe mukafukufukuyu zizasungidwa mwachinsinsi ndikugwiritsidwa ntchito ndi anthu okhawa aliokhuzidwa ndi kafukufukuyu.

Ndamvetsa kuti palibe phindu kapena chiwongola dzanja china chilli chonse monga ndalama chifukwa chotengapo mbali mukafukufukuyu.

Ndalongosedwa kuti kafukufukuyu sakuyembekeredwa kupereka chiwopsyeyo china chilichonse.

Ndapatsidwa makeyala yaa wokhuzidwa ndikafukufukuyu, ndipo nditha kupereka zovuta zanga mosavuta.

Ine ndi kupereka chilolezo changa chotengana wombali pakafukufukuyu.

Ndasankha ndekha mwaufulu ndi mosakakamirizidwa kutero.

Dzina la wotenganawo mbali.....Sayini.....Tsiku.....

Dzina la wofufuza.....Sayini.....Tsiku.....

ZIKOMO KWAMBIRI POTENGA NAWO MBALI MUKAFUKUFUKUYU

Appendix 7: Data Collection Instrument.

**Semi-Structured Questionnaire on substance use amongst the youth at Chaminade Boys
Secondary School in Karonga District, Malawi.**

SECTION A: Demographic characteristics **Code Number.....**

1. How old are you? []

2. In what class are you? []

3. For how long have you been at this school? []

4. Where do you live?[]

5. Which religion do you belong to?_____

6. State who pays your school fees. Give your responses below.

SECTION B: Extent of substance use

7. Have you ever used drugs other than for medicinal purposes? Tick one response

(a) Yes []

(b) No []

If your response in question 7 is (NO) go to question 11.

8. If yes and not currently using, for how long did you use the drugs? []

9. If yes and currently using for how long have you used the drugs? []

10. How old were you when you first used the drugs other than medicinal purposes? []

11. How many of your friends take drugs at this school? []

12. Which form uses drugs most? []

SECTION C: Commonly used substances.

13. Identify the most commonly used substances by adolescents in school by indicating the relevant number in the box.

Measure	Very Often (1)	Often (2)	Not Often (3)	Not at all (4)
Alcohol				
Tobacco				
Cannabis Sativa (Chamba)				
Sleeping pills				
Glue				

14. Where do these substances come from? Give your responses in the space provided.

15. Which substances are encouraged by friends to take at this school? Write your response below.

16. How do you get these substances? Give your options below.

SECTION D: Contributing factors to substance use among adolescents.

17. What are the reasons for taking substances? Give your responses below.

18. How many of your family members use drugs? []

19. What do other students think about drugs at this school? Write your response below.

20. As far as you are concerned why do other students use substances? Write your responses below.

21. Do students like to use the same substance as their friends do? Tick one response

(a) Yes []

(b) No []

22. How often do friends encourage others in school to take drugs? Write your response below.

23. Where are these substances taken? (Mention the place). Write your response below.

SECTION E: Knowledge on consequences of substance use

24. What effects does substance use have on the user? Give your responses below.

25. How does substance use affect one's studies? Write your response below.

26 During your life time how many times have you got into trouble with your family, friends, teachers and even missing classes as a result of using substance. Write your response below.

Thank you for your participation.

End of questions.