



UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

A STUDY ON KNOWLEGDE AND PERCEPTION ON THE DANGERS OF  
SUBSTANCE ABUSE AMONG THE YOUTH AT ZOMBA MENTAL  
HOSPITAL, OPD.

BY

MISS JANE N NYEKANYEKA

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BY


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**DECLARATION**

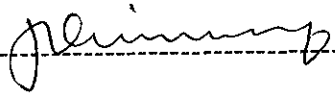
I here by declare that this research dissertation is a result of my work. It has not been presented for a degree anywhere.

Student: Miss Jane. N. Nyekanyeka


Signature-----

Date-----29/11/2010-----

Supervisor: Mrs J. Chimango

Signature-----

Date-----24-11-2010-----

University of Malawi  
Kamuzu College of Nursing  
  
31050000514625

## ABSTRACT

Substance abuse is on increase among the youth though it has negative effects on health status of an individual. This study aimed at exploring knowledge and perception on the dangers of substance abuse among the youth. Specifically was assessing knowledge on substance abuse as a cause of mental illness, assessing reasons that contribute to substance abuse, assessing knowledge on the preventive measures of substance abuse and assessing knowledge on the adverse consequences of substance abuse. The study results helped in the development of programmes and interventions will assist in stopping and preventing substance abuse among the youth. The study was conducted at Zomba Mental hospital, Out Patient Department. Qualitative research design was employed and interviews were used during data collection. The data was analysed manually using content analysis. The study subjects consisted of 20 youth who were attending the OPD.

The study has revealed that 90% of the youths have knowledge on the dangers of substance abuse. Despite having knowledge on the dangers of substance abuse, Most of the youth have different perceptions on the adverse consequences of substance abuse. The study has also indicated that 90% of the youth abuses different types of substances.

Basing on the findings, this study recommends that there is a need for Ministry of Health and Ministry of Education to disseminate information through Information, Education and Communication on the dangers of substance abuse.

## **OPERATIONAL DEFINITONS**

**SUBSTANCE ABUSE:** The use of drugs, alcohol or tobacco to the extent that it interferes with one's health and social functioning.

**YOUTH:** A person who is 14 to 25 years regardless of marital status and whether one has children or not.

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## **CHAPTER 1**

### **1.1 INTRODUCTION**

Taking of illicit drugs has become a social problem in Malawi, many youth found themselves in mental asylum due to the practice, which is becoming a health menace. According to a study done by Southern African Development Community Epidemiology Network on Drug Use (SENDU) in 2003 from Zomba Mental Hospital, Lilongwe psychiatric unit, and St John of God treatment centre, alcohol is the most common substance of abuse among the youths seen at the psychiatric treatment facilities, accounting for 19.6 percent of patients for substance use disorders during January to June 2003. The most common form of alcohol used traditionally brewed beer (Kachasu, Mtonjani, Masese and Chikokeyani).

### **1.2 BACKGROUND**

Substance abuse is a problem of concern to health care professionals and other people because it causes harm to the individuals and others. Such harm may follow a single event of excessive use of substance or as result from prolonged use of substance for a period of years. Though substance abuse causes harm, there is an increase of substance abuse among the Malawian youth. The prevalence rate of substance abuse among the youth is increasing in Malawi because of lack of policy, guidance and counseling for youth and children (Drug Fight Malawi, 2009). The main drugs which are mostly consumed by the youth in Malawi are Marijuana, locally known as Chamba, tobacco and alcohol. The wide use of these substances is due to local availability of the drugs both regular and hidden markets making the youth to be exposed to use of these drugs. On tobacco abuse, Malawi depends on tobacco farming as the earner of forex. It means that the youth have an easy access to the substance since it is grown in their surrounding (Drug Fight Malawi, 2009).

According to unpublished records, there is evidence that the number of marijuana (chamba) related admissions at Zomba Mental Hospital between 1995 and 2003 ranged from 143 to 326. In 2003 alone, out of 1890 admissions, 269 were admitted for cannabis use and alcohol, representing 88 percent and 12 percent respectively. This shows that

drugs and alcohol abuse contributes to a greater proportion of mental illness in Malawi. Unfortunately, the most victims of drug abuse in Malawi are the youth who should actively contribute the economic and social development of the country.

Substance abuse is a term that refers to the non therapeutic use of psychoactive agents or the illicit use of prescribed drug on a regular, binge, or episodic basis (Carson, 2000, p727). The term psychoactive substance refers to any mind- altering agents capable of modifying a person's behavior, mood, thinking, arousal level, state of consciousness, and perceptions (Carson, 2000, p727).

The internet had had widespread effects and impact of the substance abuse on the individual, their families, and society as a whole. Among the many, health related issues associated with substance or drug abuse are cancer, HIV/AIDS, heart disease, mental illness, injuries, and death ("internet substance abuse", 2010). Drugs can impair the judgment and cause a person to act violently or commit crimes. The person may also lose his or her job and finances.

Therefore this study will look at the knowledge and perceptions of the youth on dangers of substance abuse.

### **1.3 PROBLEM STATEMENT**

Although substance abuse has been along standing problem, it is observed that not much effort has being done to alleviate the problem. A study done at Zomba Mental Hospital indicates that the problem of substance abuse is still high among the youth. In comparison with other African countries, Malawi appears to have an increase in Chamba, alcohol and tobacco use among the youth (Drug Fight Malawi, 2009). This can be due to lack of knowledge and misconceptions towards substance or drug abuse. This is indeed a problem that needs to find a gap of knowledge and perception on the dangers of substance abuse among the youth.

#### **1.4 SIGNIFICANCE OF THE STUDY**

Although there is a large increase of the youth being involved in substance abuse, there are few programs developed by Malawi's health care delivery that can assist the youth in alleviating or preventing the problem. For instance, there is no policy that has been formulated about substance use and abuse in Malawi. It is felt that these problems left unresolved can contribute to chronic disturbance of the youth mental health which can affect their contribution to the development of the country. The information from this study will help in the development of programs that will assist youth to stop use of substance, and it will also help in the development of the national policy on substance use and abuse in Malawi as a country. The study will also give feedback which might form the basis for improving health interventions for substance abuse in our health facilities.

#### **1.5 MAIN OBJECTIVE**

To explore knowledge and perceptions on the dangers of substance abuse among the youth at Out Patient Department. Zomba Mental Hospital.

#### **1.6 SPECIFIC OBJECTIVES**

- To assess knowledge on substance abuse as a cause of mental illness.
- To assess reasons that contributes to substance abuse among the youth.
- To explore knowledge on the preventive measures of substance abuse among the youth.
- To assess how the youth perceive the adverse consequences of substance abuse.

## **CHAPTER 2**

### **2.1 LITERATURE REVIEW**

This chapter will focus on specific studies that have been done in the international, African, and Malawian perspective on substance abuse.

#### **2.1.1 KNOWLEDGE ON SUBSTANCE ABUSE AS A CAUSE OF MENTAL ILLNESS**

Centre for Drug Research (CDR) in Malaysia conducted a study on health knowledge and attitudes towards drug taking among students in 2001. The study was done to provide the necessary base of knowledge about what young Malaysians know about health and their attitudes towards smoking and drug use. The results indicated that the sampled population was generally weak in all topics of health knowledge and most basic concepts about health issues were misconceptualised. It was also indicated that there was an average negative attitude towards smoking. The study concluded that health knowledge should be improved; health education programs should be planned and delivered effectively, taking into consideration the characteristics of the youths.

American Academy of Pediatrics did a study on the acute effects of marijuana smoking on cognition in 2000 at American high school. The study was done to measure learning, associative processes, abstraction, and psychomotor performance. The results showed that marijuana impairs all capabilities except abstraction and vocabulary. Problem solving skills that were required while using the drug were decreased, learning occurs more slowly, and 'state-independent learning occurs. Although information acquisition occurs, high quality of learning experience is diminished because the data or skills learned in the drug-intoxicated state are decreased or impaired. Marijuana seems to exert a major effect on learning and memory.

Furthermore, many troubled youth escape from their problems; thus marijuana abuse may result in preexisting behavioral problem rather than the cause (American Academy of Pediatrics, 2001). This notion is supported by a study conducted by American Academy of Pediatrics in 2000. The study consist of 133 marijuana users selected through random urine testing of Army draftees identified comorbid psychiatric disorders by using the

structured clinical interview from the Diagnostic and Stastical Manual of Mental Disorders, Third edition Revised (DSM-III-R) after 2 to 5 days of abstinence. The prevalence of comorbid psychiatric disorders varied with the pattern of marijuana use as defined by DSM-III-R, 83 percent of young men with marijuana dependence disorder, 48 percent of those with marijuana abuse, and 29 percent of occasional users received at least one DSM-III-R comorbid psychiatric disorders.

Most of the youth are not aware of effects of substance abuse in this country; this is supported by a newspaper report on a young man who was receiving counseling at Active Youth Organisation. In an interview he said that his stomach started swelling in March 2010 following intensified drinking of ten kwacha sachets from late last year (2009). "I used to drink a lot of sachet spirits because they are cheap and with one hundred kwacha, I was sure of getting drunk," said a 23 year old man. He was feeling some stomach-ache before his belly started swelling and he thought it was due to mere reactions after drinking beer and he continued to drink the sachets on a daily basis. He was diagnosed with liver cirrhosis and spleen damage caused by excessive alcohol drinking. This indicates that youths lack knowledge on the dangers of substance abuse, as a result they are realizing the dangers after they are already encounter with health problems at the hospital.

### **2.1.2 REASONS THAT CONTRIBUTE TO SUBSTANCE ABUSE**

One study done by American Academy of Pediatrics of more than 200 students with substance abuse disorders at American high schools showed that 79 percent of the students had marijuana dependence, and found that two thirds of the marijuana – dependence adolescents reported withdraw symptoms. Of patients 13 to 19 years of age admitted to the trauma service in a pediatric emergency department in United States, 34 percent had toxicology screen positive for alcohol, 1 percent for other drugs of abuse, and this positive rate was significantly higher than the percentage of positive screens in the control group of asthmatic, 2 percent.

Alcohol related motor vehicle crashes are the leading cause of death for 15 to 24 year old American drivers and passengers. This evidence is supported by a study of the effects of the legal drinking age on fatal injuries in 15 to 24 year olds in the United States of

America. The results indicated that a higher legal drinking age was associated with deaths of motor vehicle drivers and pedestrians, unintentional injuries, and suicides. A decrease in the number of deaths of 0.7 percent was observed for each year that the legal drinking age was increasing. This result indicated that the net benefit of a higher legal drinking age is found for adolescents as well as for motor vehicle drivers.

Otieno and Offulla conducted a study to determine the factors associated with drug abuse among secondary school students in nine schools in Kisumu town, western Kenya in 2009. The objective of this study was to determine the effect of age, gender and peer influence on drug abuse and to establish the reasons why students abuse drugs. Nine schools were randomly selected for the study. A total of 458 students (243 males and 215 females) were interviewed using a close ended questionnaire. The data were then categorized into non-abusers and abusers and the degree of association between the variables was tested using Chi-square test. A total of 458 students (243 males and 215 females), were interviewed using a close-ended questionnaire. The results showed that 265 (57.9%) of the respondents had consumed alcohol at least once in their lives, 159 (34.7%) had abused tobacco, 84 (18.3%) had abused cannabis, 106 (23.1%) had abused *khat* and 24 (5.2%) had used inhalants and/or cocaine. The age group most at risk was 16-18 years, the age at which most students are in secondary school. The reasons given for the abuse of the drugs were: experimentation 92 (38.2%), enjoyment of the feeling they experience 114 (47.3%), influence from friends 21 (8.7%), influence from relatives 5 (2.1%) and for treating stomach ailments 7 (2.9%). More boys were found to be abusing drugs (36.9%,  $n = 169$ ) compared to girls (27.3%,  $p = 0.007$ ). Also, drug abuse was found to be higher in students living in low socioeconomic class areas of the town (30%,  $n = 122$ ) compared to high-class areas (21.6%,  $n = 94$ ,  $p = 0.004$ ) and peer influence had no effect on drug abuse ( $p = 0.249$ ). From this study, drug abuse is widespread among the youth and although it is affecting both sexes boys are more involved in the practice than girls. This can be due to lack of knowledge on the dangers of substance use pertaining to the perceptions they have. Therefore early intervention should target school attendees at early age with the aim of preventing drug abuse among the youths.

Study done at Zomba Mental Hospital, the biggest mental asylum in the country, indicates that three in every ten mentally deranged persons admitted to smoking marijuana. Mwenechanya (2000) agreed that marijuana is widely used in Malawi. He declared that 'marijuana' has of late become the most sought after drug by young people. To some youth it has come to symbolise the new generation of free thinking, relaxed and untamed individuals in the society. Vokhiwa (1999) stated that smoking of marijuana is on increase in Malawi youths, as many youths abdicate their social responsibilities and turn to drugs.

Kateta (2009) reported that many young men had given up the hunt for employment. Mchesi, one of the most densely populated location in Malawi's capital of Lilongwe; many youths are ruining their lives by drinking local brews like kachasu and mtonjani. The shabeens (local drinking place) in Mchesi are full with youth though it was only quarter past eight in the morning. Upon asking them, all of them had same story to tell. They were drinking alcohol heavily and getting high on drugs because they had nothing else to keep them busy.

### **2.1.3 KNOWLEDGE ON THE PREVENTIVE MEASURES OF SUBSTANCE ABUSE**

Most of the youth lacks knowledge on the preventive measure of substance abuse. This notion is supported by the study conducted by Knowledge Exchange Network (KEN). KEN conducted study on youth alcohol intervention under School Health and Alcohol Harm Reduction Project (SHAHRP) in 2007. The aim of the study was to reduce alcohol related harm in young people. The study targeted students aged 13 to 14 and was situated in schools. The research study took place in 14 metropolitan public schools in Perth, Western Australia. At the end of the intervention, SHAHRP students consumed 31.7% less alcohol than control students. The difference in alcohol consumption between intervention and controls lessened at 17 month follow-up (9.2% difference). Knowledge was significantly increased in the intervention group at eight months and was maintained at 20 months.

KEN also conducted a study on preventing substance abuse among aboriginal youth. This intervention aims to prevent alcohol, cigarette, smokeless tobacco, and marijuana use among Aboriginal youth under SHAHRP in 2006. The study intervention targeted third to fifth grade Aboriginal students (mean age 10.28), and was situated in schools. The numbers of male and female subjects were virtually equal. The research study took place in 10 socioeconomically comparable reservations in North and South Dakota, Idaho, Montana and Oklahoma. The results of the study indicated that at 30 and 42 month follow-ups, the intervention group's alcohol consumption, smokeless tobacco, and marijuana use were significantly lower than that of the controls.

There is really in need of interventions to our youths on the preventive measures of alcohol and other substance in order to increase the knowledge among the youth.

#### **2.1.4 YOUTH PERCEPTION ON THE ADVERSE CONSEQUENCES OF SUBSTANCE ABUSE**

Substance Abuse and Mental Health Services Administration (SAMHA) in USA conducted a research on youth perception regarding drug use in 2007. This study concerns a large school system from Suburban County in Southwest Virginia, the sample size was 6,827 students, and a questionnaire was used in this study. The results indicated that 77.1 percent of the students reported that there was moderate risk of harm in using alcohol, 94.1 percent reported moderate risk of harm in using tobacco, and 91.7 percent felt that there was a moderate harm in using marijuana. This study indicates that most of the student perceives harmful effects to alcohol, marijuana, and tobacco use.

The National Survey on Drug Use and Health (NSUDH) did a study on perception of risk from substance use among adolescents in 2009 in high schools of United States of America. The study was to find the information perception of great risk from using various substances. NSDUH studied persons aged 12 to 17. The data was examined by the age and gender. The results of the study indicated that Only 40.0 percent of adolescents perceived great risk from having five or more drinks of alcohol once or twice a week, and just over one third (34.2 percent) perceived great risk from smoking

marijuana once a month. Females were more likely than males to perceive great risk from smoking one or more packs of cigarettes per day, from having five or more drinks of alcohol once or twice a week, and from smoking marijuana once a month; males were more likely than females to perceive great risk from trying heroin once or twice a week. The percentage of adolescents who perceived great risk from smoking one or more packs of cigarettes per day was stable across age groups; however, the perceptions of risk associated with having five or more drinks of alcohol once or twice a week and smoking marijuana once a month decreased with age.

The Center for Disease Control and Prevention conducted a survey on youth risk behaviour survey in United States of America high school students in 2001. The findings indicated that among the students 70 percent had tried tobacco smoking, and of those just over one third became daily smokers. Smokeless tobacco use was quite prevalent, particularly among the boys who reported use of cigar compared with only 1.5 percent of girls. Tobacco is implicated in 430,000 deaths in the United States each year (internet "drug teen abuse,").

A study of marijuana smokers at Mpemba Boys Home, 20 kilometres from Blantyre, found out that most minors placed there had smoked marijuana at one time or another, when they were aged between 8 and 10 years. Unfortunately, in Malawi, *National Statistical Office* in Zomba revealed that 15 to 25 years age group, which is supposed to be the most productive segment of the population, have the highest drug and alcohol abuse.

## **2.8 SUMMARY OF LITERATURE REVIEW**

From the studies done, substance abuse is a problem worldwide. This is due to the various factors that influence the youth to abuse substances. Substance abuse has a negative impact on an individual, family, and society as whole. Most of the youths who are substance abusers present with life threatened effects of the abused substance, but still more, most of the youths are abusing and using the substances. This is an indication that many youths have different opinions and perceptions on the dangers of substance abuse.

No studies have been on the knowledge and perception on the dangers of substance abuse internationally and in Malawi.

## CHAPTER THREE

### 3.1 CONCEPTUAL FRAMEWORK

Conceptual framework is the set of concepts integrated into a meaningful explanation that helps one to interpret human behavior or situation (Allendar and Spradley, 2005.). The conceptual framework used in this study is Health Belief Model (HBM).

HBM is a psychological model that attempts to explain and predict the health behaviours by focusing on the attitudes and believes of individuals (“internet health belief model”, 2010.)

The HBM is based on the understanding that a person will take a health related action, for example stop or abstaining from substance abuse, if that person;

- Feels that negative health condition, like dangers of substance abuse can be avoided.
- Has a positive expectation that by taking a recommended action, he or she will avoid a negative health condition, for example, preventing or stopping abusing substance will be effective in preventing mental disorders.
- Believes that he or she can successfully take a recommended health action, for example the person can stop or abstain from substance use and abuse comfortably and with confidence.

The HBM was spelled out in terms of four constructs representing the perceived threat and net benefits: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. These concepts were proposed as an accounting for people’s readiness to act. An added concept, cues to action, would activate that readiness and stimulate overt behaviour and the other concept is self efficacy, or one’s confidence in the ability to successfully perform an action.

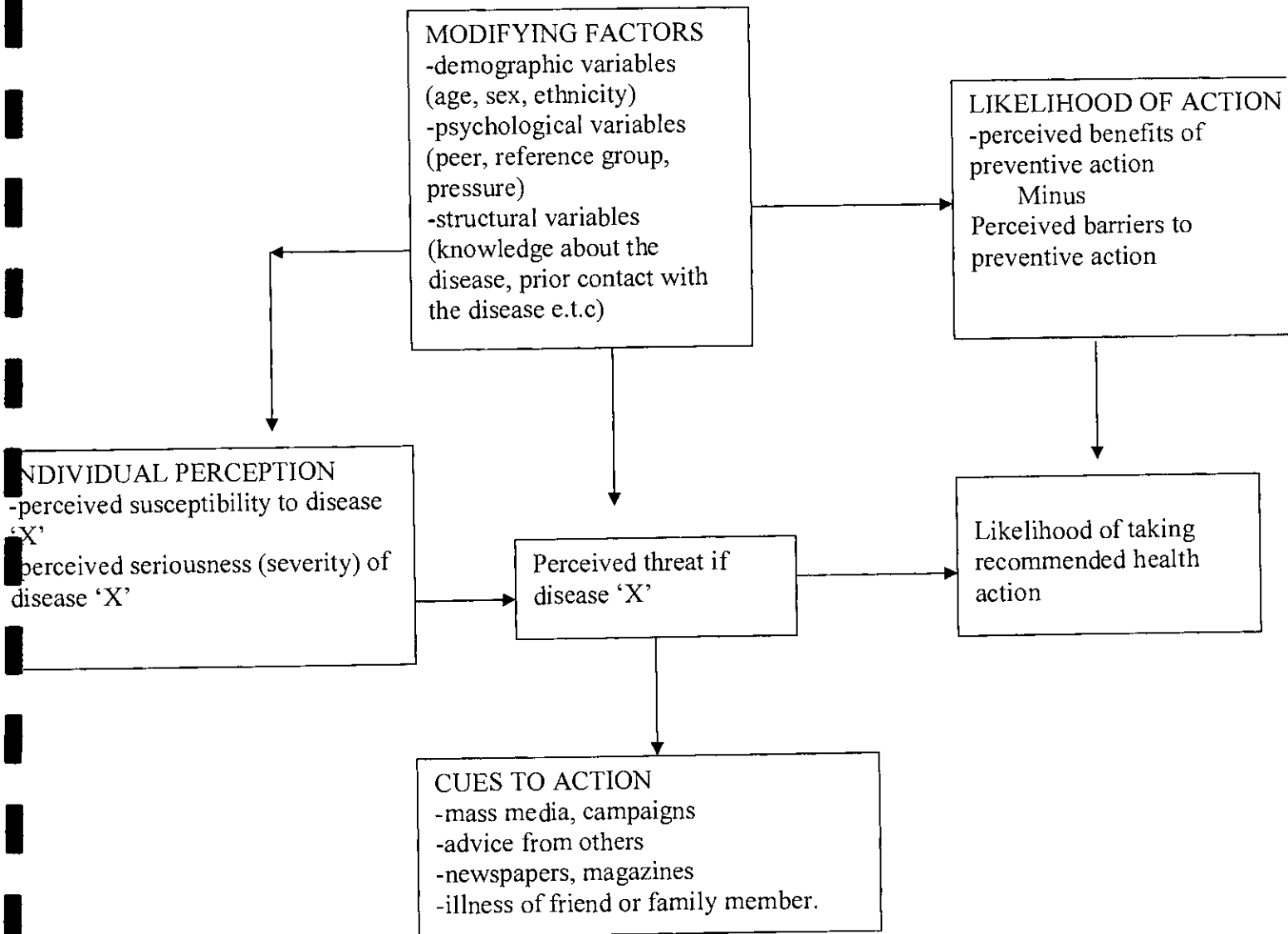
In substance abuse, if the youth perceives and believes that substance abuse has negative outcome on an individual’s health, the person with his or her own belief would abstain or

stop abusing substances to prevent the perceived dangers of substance abuse with confidence.

Substance abuse has negative effects on the health of an individual especially the youths. There is a need to have strategies that will help to disseminate information to the youths on the dangers of substance abuse so that every individual should have knowledge and develop positive attitude on the dangers of substance abuse.

### 3.2 DIAGRAMATIC PRESENTATION OF HEALTH BELIEF MODEL (HBM)

Figure 3.1 Health Belief Model, source ('internet health belief model', 2010).



## **CHAPTER FOUR**

### **4.0 RESEARCH METHODOLOGY**

This chapter focused on the research design, setting, sampling, plan for data correction, pilot testing, plan for data analysis and ethical consideration.

#### **4.1 Research Design**

A qualitative approach was used in this study. This approach was employed in order to determine the opinion and knowledge that youth have on the dangers of substance abuse.

#### **4.3 Sample and setting**

##### **4.3.1 Sampling**

Sampling is the process of selecting a portion of the population to present the entire population so that inferences about the population can be made. Sample is the subset of the population elements (Polit & Beck, 2008, p339). The sampling method that was used in this study was random sampling. Random sampling is selection process, in which each element in the population has an equal, independent chance of being selected (Polit & Beck, 2008). This means that every youth who was attending Out Patient Department (OPD) was having an equal chance of being a subject. The sample size consisted of ten subjects

##### **4.3.2 Setting**

The study was conducted at Zomba Mental Hospital, Out Patient Department (OPD) because it is where the youths who had mental disorders are reviewed and followed up.

##### **4.4.1 Data Collection**

Data collection is the process of selecting subjects and gathering data from these subjects (Burns & Groove, 2005). The data was collected using in-depth interviews. An interview guide with both close and open ended questions was used as a tool for data collection in order to obtain comprehensive information from the subjects. An estimated time for the respondent to be interviewed was 45 minutes. The interview guide was in English and

translated to Chichewa for effective communication for those who was not understand the questions in English (Appendix I). Health Belief Model was used as a framework which served as a guide in data collection and in the process of describing the responses.

#### **4.4.2 Pilot study**

A pilot study is a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study (Polit & Beck, 2008, p213). The pilot study was conducted at Bwaila hospital, mental health department. Two (2) subjects were involved in the pilot study.

#### **4.4.3 Data analysis**

Data analysis entails to organise, provide structure to, and elicit meaning from research data (Polit & Beck, 2008, p507). The data was analysed manually using content analysis. The data was categorized into themes and sub themes based on the specific objectives of the study and then the description of the findings was made according to the themes and sub-themes. Some of the participant responses were quoted during the discussion to illustrate some points that was made during the discussion.

#### **4.5 Ethical considerations**

Several strategies were used to ensure that the subjects are protected. In the first place, the permission to conduct the study was being given from the Kamuzu College of Nursing research committee (Appendix II,). Secondly, the permission was sought by getting a permission from the controller of nursing services, the Chief Nursing Officer and OPD in-charge of Zomba Mental Hospital (Appendix III). Thirdly an informed consent was given to the subjects prior to participation in the study (Appendix IV). Privacy and confidentiality will be ensured throughout the research period. All research notes taken during the interview was kept in privacy by the researcher. Numbers were used during the study instead if name to ensure anonymity of the participants. The subjects were given freedom to withdraw at anytime during the study when they feel to do. The study was associated with minimal risks which were psychological in nature and such occurrences were handled through appropriate counseling. The study was of

beneficial because the results of the study helped health workers to understand the knowledge and perceptions pertaining to the dangers of substance abuse that helped in the development of effective interventions in preventing substance abuse. The study has also given feedback that has formed basis of improving health interventions on substance abuse in health facilities. The subjects were participating in the study voluntary.

#### **4.6 study limitations**

The sample size was small due to limited funding; hence the results were not generalized to the larger population. The study was for educational experience; as a result limited time was given to do the study.

#### **4.7 Data dissemination**

The findings of the study were communicated through a written report to the following:

- The head of basic studies department.
- The research supervisor.
- The Chief Nursing Officer, Zomba Mental Hospital

## CHAPTER 5

### 5.0 PRESENTATION OF THE FINDINGS

#### 5.1 SAMPLE DESCRIPTION

10 youths were studied in this research. The study comprised of 70 percent male (n=7). And 30 percent (n=3), with an age range of 13 to 25. Among ten (10) participants eight (8) were substance abusers. Within the 8 substance abusers, there was one (1) female representing 10 percent and 7 males representing 70 percent.

#### 5.2 DEMOGRAPHIC DATA

##### 5.2.1 AGE RANGE OF THE PARTICIPANTS

Figure 5.2.1

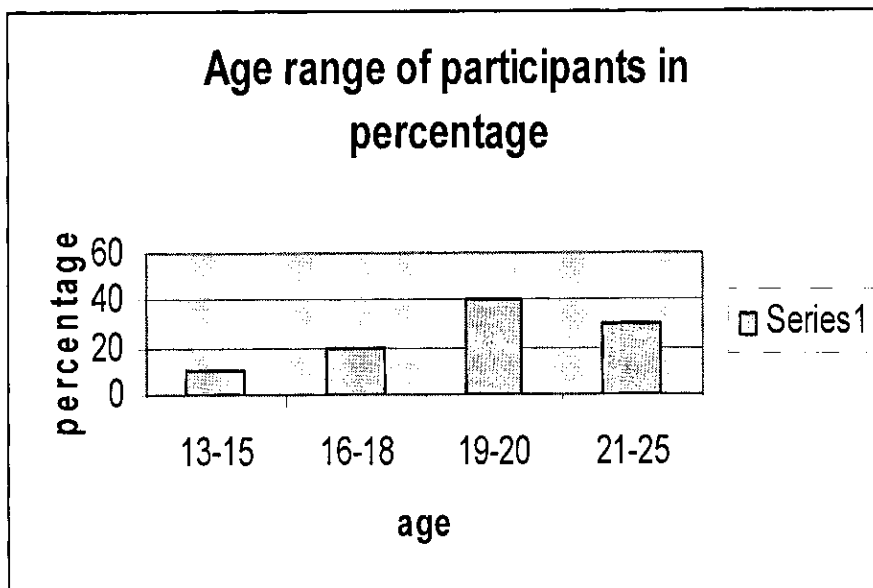
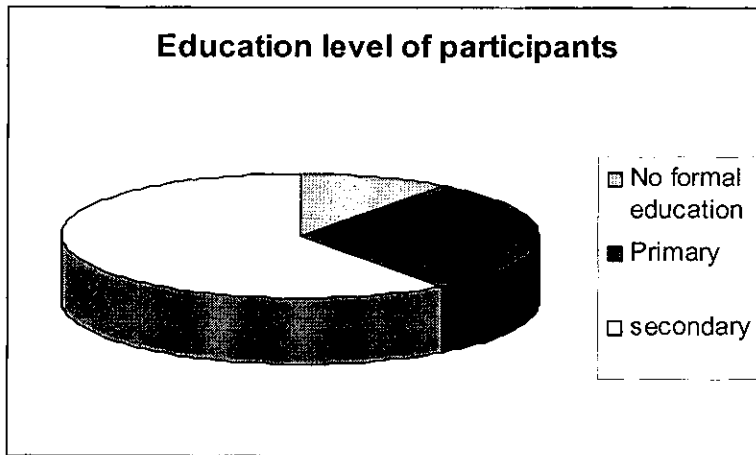


Figure above indicates that the participant's age ranged from 13 to 25 years. 10% (n=1) of the participant was within the age range of 13 to 15, 20% (n=2) of participants were in the range of 16 to 18, 40% (n=4) of participants were in the range of 19 to 21 and 30% (n=3) of the participants were in the range of 22 to 25 years.

### 5.2.2 EDUCATION LEVEL OF THE PARTICIPANTS

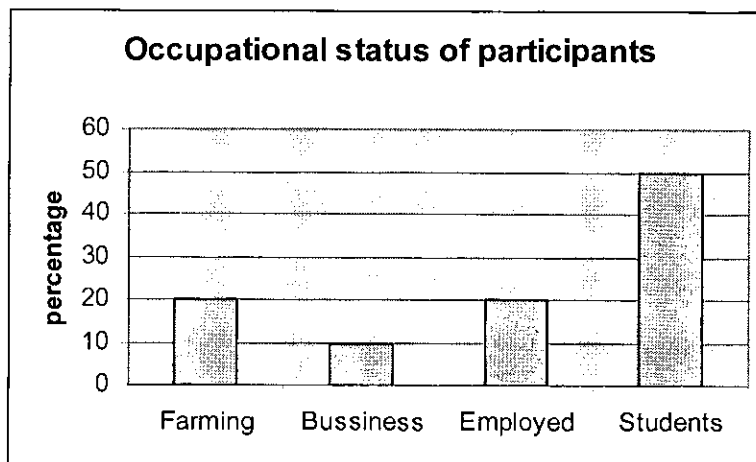
Figure 5.2.2



The above figure is showing the level of education of the participants in percentage, 10% (n=1) of the participants did not receive any formal education. 30% (n=3) of the participants attended formal education at primary level and 60% (n=6) of the participants attended education at secondary level.

### 5.2.3 OCCUPATIONAL STATUS OF THE PARTICIPANTS

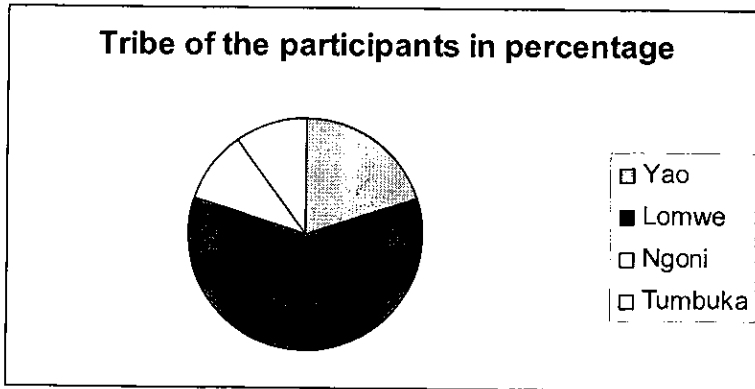
Figure 5.2.3



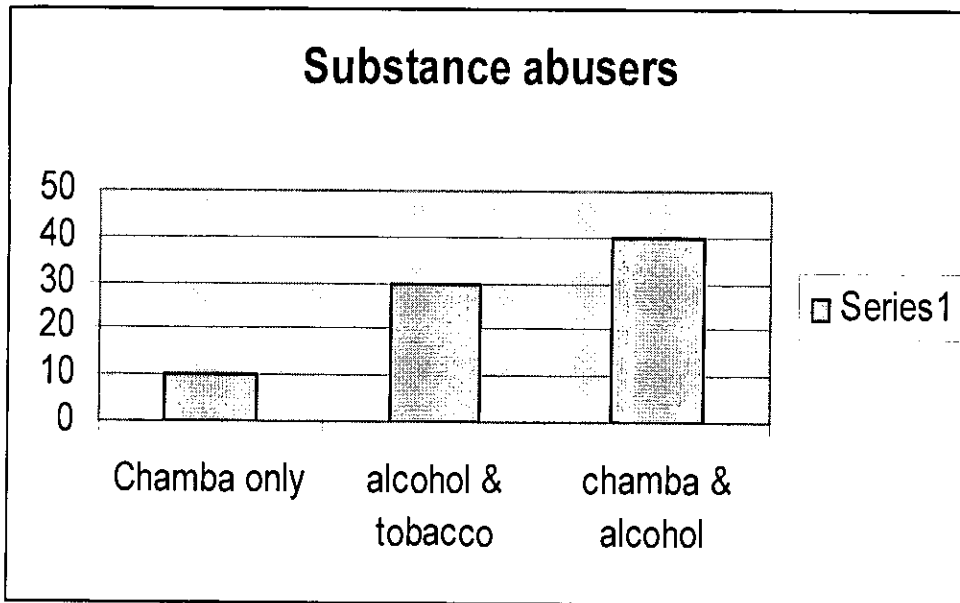
In terms of occupation, 10 % (n=1) of the participants was businessman, 20% (n=2) were farmers, 20% (n=2) were employed and 50% (n=5) were students. This has been illustrated in the above figure.

### 5.3.4 TRIBE OF THE PARTICIPANTS

FIGURE 5.2.4



On tribe, the findings revealed that 20% (n=2) were of Yao tribe, 20% (n=2) were of Ngoni tribe and 60% (n=6) were of Lomwe tribe.



### 5.3 KNOWLEDGE ON SUBSTANCE ABUSE AS A CAUSE OF MENTAL ILLNESS

Participants were asked if they knew that substance abuse causes mental illness and if they knew were asked the source of information. 70% (n=7) of the participants indicated that they had knowledge on the substance abuse as a cause of mental illness. Within the 70%, 10% of the participants got information from the hospital which mental hospital and 60% of the participants got the information from school. 10% (n=1) of the participants indicated that he lacks knowledge on substance abuse as a cause of mental illness. This was reflected by the following statement.

“Substance abuse cannot cause mental illness, it is the individual’s brain which has a mental problem or inherited from his or her relatives not caused by substance abuse.”

### 5.4 REASONS THAT CONTRIBUTE TO SUBSTANCE ABUSE AMONG THE YOUTH

The participants were asked if they had ever abused any kind of substance. 80% (n=8) of the participants abused substance. Within the 80%, 70% were males and 10% was female. 40% of the respondents were abusing chamba and alcohol, 10% were abusing

chamba only and 30% were abusing alcohol and tobacco. 20% reported that they had ever abused any kind of substance. The first respondent indicated that boredom and loneliness are the reasons for taking drugs. The second respondent indicated that parents that are fighting, parents that are having extra-marital relationships and telling each other lies, children who want to know too much (abuse curiosity), peer pressure, to escape problems at home such as poverty. Lack of proper communication in the family and problems with discipline seem to be the major reasons for the respondent to take drugs. The respondents were also given other reasons that were quoted in the following statements;

“I started abusing substance in order to have more friends.”

“Since I was not intelligent in class, my friends told me that smoking chamba gibe intelligent, so I started a busing chamba in order to be more intelligent.”

“According to my religion, chamba is taken as food and we do not eat any kind of meat. So I took chamba as meat that’s why I abuse chamba.”

One respondent also explained that he abuse alcohol in order to have fun, reduce stress, and enjoy the world.

The participants were also asked how they feel after taking any kind of substance. The first respondent responded that he feels rejected. He blames his family and himself. He feels bad and experiences that the family and friends do not trust him. He further mentioned that his schoolwork is poor and that he just goes to school to please his grandmother as she is paying his school fees. He responded that he lost weight because of taking drugs. Other respondents were quoted with the following statements;

“I feel more intelligent when I have smoked chamba and I think wisely”

“I feel high and good about myself.”

## **5.5 KNOWLEGDE ON PREVENTIVE AND TREATMENT MEASURES OF SUBSTANCE ABUSE**

The participants were asked if they had any knowledge on the preventive measures of substance abuse. All participants indicated that they had enough information on the preventive measures of substance abuse. They reported that substance abuse can be

prevented by abstinence from the substances, stopping associating with friends who abuse substances, and engaging in other busy activities like sporting. On the treatment measures of substance abuse, all respondents reported that they do not have any knowledge on the treatment measures of substance abuse.

## **5.6 KNOWLEDGE ON THE ADVERSE CONSEQUENCES OF SUBSTANCE ABUSE.**

The participants were asked if they knew any disease or dangers associated with substance abuse and the source of information about the adverse consequences of substance abuse. 90 % (n=9) of the participants indicates that they had knowledge on the adverse consequences of substance abuse. They had knowledge on mental illness, confusion, injuries, loss of job, school dropout, and violence at home and in public places. For the respondents who were at school experience problems at school due to the use of illegal drugs in the school toilets and the school rules are against it. Several times they have been intoxicated to such an extent that they could not attend school or participate in other school activities. The first respondent experienced problems with the law, where the respondent mentioned that he was arrested for stealing a TV set and a sound system and experienced problems with his family, where they had clashes and fights because of the respondent taking drugs. They experienced problems with members of the community, where both of them were accused of stealing. They also experienced interpersonal difficulties, because their parents are not satisfied with their poor performance at school.

The participants were also asked on source of information about the adverse consequences of substance abuse. 20% (n=2) said they got information from friends, 20% (n=2) reported that they got information from the mental hospital, 60% (n=6) reported that they got information from school.

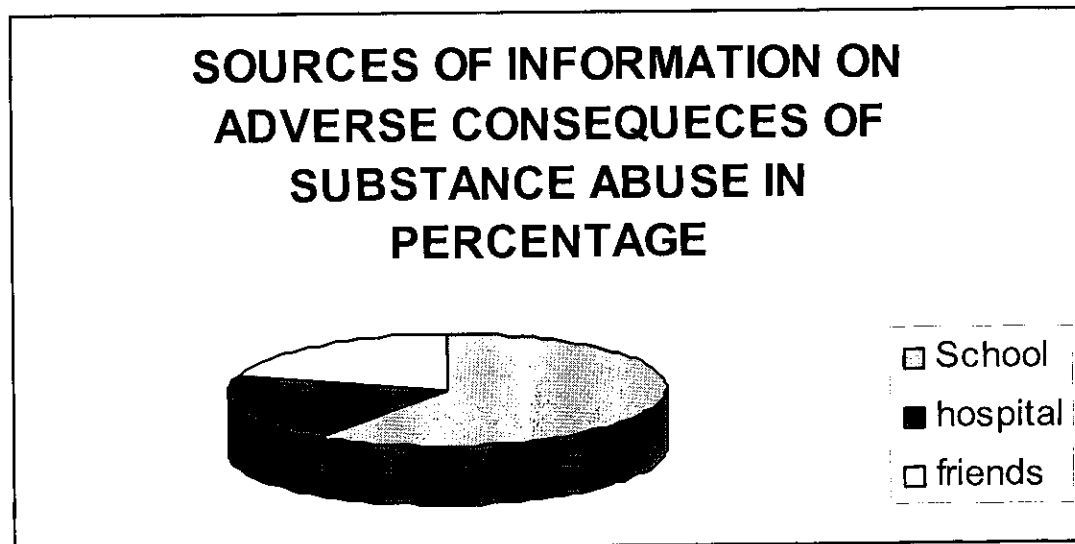
The participants were also asked on their perception on the dangers of substance abuse. The results indicated that the participants had different perceptions on the dangers of substance abuse. This is supported by the following quoted statements.

“People associates with the type of substance that one takes with a health problem that has come due to other causes, for example a certain person was having abdominal problems, the abdomen was swelling, and people were saying the abdomen was swelling due to excessive alcohol intake yet there are different causes of abdominal swelling.”

“Abusing substance especially chamba is taken as food in our religion, something that can be eaten or taken as food cannot bring a health problem in our body.”

“Chamba and alcohol makes a person think widely and activates the brain to think wisely. Everyone has a time of suffering of a certain type of a disease.”

**Figure 5.6 showing the results of sources of information on the adverse consequences of substance abuse.**



## **CHAPTER 6**

### **6.0 DISCUSSION OF THE FINDINGS**

#### **6.1 INTRODUCTION**

This chapter focuses on the discussion of the results on knowledge and perception on the dangers of substance abuse among the youth at Zomba mental hospital.

#### **6.2 DEMOGRAPHIC DATA**

The study findings indicate that most of the respondents were youth aged from 13 to 18 years of which most of them were students (see figure 5.2.1). Substance abuse is high in this age group due to association of friends who abuse substances at school and other young people copy the behavior of abusing substance from their friends. Most of the participants who have knowledge on the dangers of substance abuse are those who have attended formal education. They are other youth who are employed and others do small scale business, and farming to earn their living.

#### **6.3 KNOWLEDGE ON THE DANGERS OF SUBSTANCE ABUSE**

The study revealed that the majority of the youth (90%) have knowledge on the dangers associated with substance abuse. the diseases mentioned were tuberculosis, cancer, mental illness. The results were in agreement with the previous studies that conclude that substance abuse is frequently associated with most lung cancers, cardiovascular problems, respiratory problems, and gastrointestinal problems. According to Anderson and Black (2001) and McCann (2004), nicotine is a harmful particulate in tobacco, which is the psychoactive and frequently associated with addiction. It is believed that the combination of nicotine and carbon monoxide in the body cause most lung cancers, cardiovascular problems and premature deaths. Effect of nicotine on the brain cause disturbance in the brain function, which in the long run leads person to develop mental problems for example drug induced mental disorder.

## **6.4 REASONS THAT CONTRIBUTE TO SUBSTANCE ABUSE AMONG THE YOUTH**

The study findings found that youth started abusing substances for various reasons. They started abusing substances with a belief that they will have more friends, have fun, and enjoy the world. The study also revealed that substance abuse makes the youth to feel good, more intelligent and feel on top of the world. It is believed that nicotine found in tobacco and chamba when absorbed into the mucus membranes of the body, such as the mouth, nose, and the skin travels through circulatory system to the brain where it raises dopamine levels. Arise in dopamine levels in brain produces reactions that underlie a pleasurable sensation that many smokers report to experience.

The study also found that the majority of substance abuser (70%) was in the range of 13 to 18 years (see figure 5.2.1). This is the peak period of adolescences where by the youth are in the process of discovering and experimenting with different behaviors such as substance abuse that include taking alcohol, smoking chamba and tobacco. They took substance abuse as a sign of independence and sophistication. The study has also revealed that other youth abuses substances because of copying behaviors of their parents. Other parents and relatives of the youth are heavy smokers of alcohol and chamba and drinks alcohol heavily, so the youth of this kind of parents are being influenced to imitate their behavior. As we know, charity begins at home and whatever a child learns from home is most likely to remain in and with him for the rest of his life. If at home, a child sees his parents, elder brother, and sisters or member of his extended family smoke, drink or take substances, the child will likely follow after these people and hence poses a great problem to his school mates and authority because of the influence of drug on him. There are genetic factors that also contribute to substance abuse, for example, alcoholism is strongly associated with a familial history of alcoholism. In these individuals, a genetic disposition to alcoholism combines with a learning environment in which the patient develops certain beliefs about the use of a substance and its effects ( Nettina & Mills, 2006). There are many cases where a child received good home training on the evils of substance abuse but on moving out of the home into school, the influence of his peers

may cause such a child to influence in substance abuse. So the foundation which was built by home is destroyed.

## **6.5 KNOWLEDGE ON THE PREVENTIVE AND TREATMENT MEASURES OF SUBSTANCE ABUSE**

The findings indicated that all participants had knowledge on the preventive measures of substance abuse. They reported that substance abuse can be prevented by abstinence from the substances, stopping associating with friends who abuse substances, and engaging in other busy activities like sporting. The findings contradicts with the study done by Knowledge Exchange Network (KEN) in 2007 in Australia, where by the study findings indicated that, youth were abusing substances without knowledge on the preventive measures. On the treatment measures of substance abuse, all respondents reported that they do not have any knowledge on the treatment measures of substance abuse. The treatment of substance abuse and dependence includes outpatient and inpatient treatment modalities. Inpatient modalities include programs of detoxification and therapy sessions designed to aid in the recognition of a substance-related disorder. Outpatient therapies include support groups, continued therapy sessions, and the use of pharmacologic drugs to aid in the maintenance of sobriety (Nettina & Mills, 2006).

## **6.6 PERCEPTION ON THE DANGERS OF SUBSTANCE ABUSE**

Study findings indicated that though the youth have knowledge on the dangers associated with substance abuse, they have negative perceptions towards dangers of substance abuse. This is contradicting with the study conducted by SAMHA in USA. The study concluded that most of the student perceives harmful effects to alcohol, tobacco, and marijuana use. There are some factors that make the youth to have negative perceptions towards dangers of substance abuse. The study finds that they are other religions that allows to chamba smoking for example, Rastafarians. This makes youth of this religion to perceive abusing chamba as a normal thing hence the interventions cannot be effective. The study has also revealed that they are parents who are substance abusers, their children copy the behavior of abusing substance, and they cannot perceive as a wrong

thing though they are dangers attached to. The study also shows that youths learn to use substances in certain situations with certain expectations as to the effects of the substance for example, relaxation, disinhibition, to relieve anxiety or as a means of coping with other traumatic event. As the individual experiences the desired effects, this may reinforce the desire to use the substance. Substance abuse may begin with an attempt to fit in with a larger peer group as a means of boosting self-esteem.

## **6.7 SOURCE OF INFORMATION ON THE DANGERS OF SUBSTANCE ABUSE**

Findings from the study indicated that the youth obtain information on dangers associated with substance abuse from various sources (60%) of the respondents obtain information from school during class lessons, (20%) of the respondents got information from friends, (20 %) of the respondents reported that they got information from the hospital. It can therefore be seen that in a sample of 10 participants, school is the main source of information on the dangers associated with substance abuse. This indicates that schools are playing a major role in dissemination of useful information to the public, especially to the youth (see figure 5.6).

The most interesting thing is that the fact that substance abuse is the health problem, hospital is having a low percentage (20%) in disseminating the information to the public especially the youth. This indicates that the health care providers; especially nurses and clinicians are not taking a greater role in educating the youth on the dangers associated with substance abuse.

## **6.8 CONCLUSION**

Since the youths of now are the leaders of tomorrow, the issue of substance abuse among our youths has become so troubling that if something is not done urgently about it, our future as a country may be reduced to rubble. The manifestations of the dangers of drug abuse among our youths need not to be searched for as they can clearly be seen in the alarming rate at which crimes are being perpetrated by tough people. These days, most often, these youth are people of feeble minds, unable to willfully act unlawfully but when

such substances as alcohol, chamba and tobacco are taken, and they are turned into brutal beasts without the ability to control them and can do anything to get what they want.

Substance abuse can also be clearly seen in the rate at which young people are confined to psychiatric hospitals due to their over use of hard drugs which science has proven to have the ability to damage their brain cells. The reasons that cause drug abuse among youth are; the home, peer group and society. The society which is the larger home of the youth is another factor which causes drug abuse among youths. The influx of erotic western movies into the country society has caused the minds of the youths to get polluted with images of people including in substance abuse on screen. As a child grows and notices that the norms in his society his immorality, perception and substance abuse, he readily concludes that if other people indulge in it without being reprimanded then there would be nothing wrong with him practicing it himself.

## **7.0 RECOMMENDATIONS**

According to the study findings, the following are the recommendation:

- Nurses in various health institutions in Malawi should be involved in school health programs where they should providing health education talks, besides other activities focusing on the youth health. The health education topics should include substance abuse and its associated dangers.
- Nurses and Clinicians in the hospitals especially mental hospitals should take a great part in educating the youth who have been admitted at mental hospital on the dangers of substance abuse during their rehabilitation period since most of the youths are admitted due to substance induced psychosis.
- Ministry of education in collaboration with ministry of Health should work towards promoting awareness to the youths by including substance abuse and the dangers of substance abuse in both primary and secondary school education curriculum. This can also be achieved through radio

announcements, magazines, billboards, posters that convey the message about dangers of substance abuse.

- The Malawi government should establish policy, guidance, and counseling concerning substance abuse and should also establish strict laws concerning selling and abusing substances. There should be age limit of buying alcoholics and tobacco cigarettes. Chamba is illegal in Malawi those who sell chamba if found should be given strong punishment during imprisonment. And any youths who will be found with substances below the age limit should be given punishment so that other friends should learn a lesson. This will prevent earlier manifestation of dangers of substance abuse among the youths.
- Ministry of Health should publish a guideline on preventing, management and counseling of the youth on substance abuse, and during refresher courses, substance abuse should be included so that health workers should have enough knowledge on management and counseling of the youth on substance abuse and the associated dangers.

## **8.0 IMPLICATIONS OF THE STUDY**

- **Nursing Education**

There is need to include substance abuse in the nursing curriculum so that nurses should have enough knowledge on substance abuse and dangers of substance abuse. This will help nurses to disseminate message concerning substance abuse through health education to the public and to student during school health. There is also a need to reinforce community health nurses to implement into the community by giving health education to the public and sensitizing youths in the community on dangers of substance abuse.

**Nursing practice**

Nurses working with the youths in the hospital and in the communities must be sensitive to the needs of the youth. They need to identify needs that trigger youths

to start abusing substances in order to plan for interventions on the triggering factors.

### **Nursing research**

This study was done on a small scale making the results not to be generalized as it would not give a true presentation of the problem; therefore there is a need to conduct another research on a larger scale that would make generalization possible.

## **9.0 AREAS FOR FURTHER RESEARCH**

- The same study should be conducted at a national level to find out a true picture of the problem in Malawi.
- Another study should be conducted to explore factors that contribute to substance abuse among the youth.

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TIME LINE FOR RESEARCH STUDY

ACTIVITY	JUN	JUL	AUG	SEPT	OCT	NOV
Proposal development						
Waiting for approval						
Pilot study						
Data Collection						
Data analysis						
Report writing						
Submission of desertation						

## THE RESEARCH BUDGET

ITEM	COST OF ITEM	TOTAL COST
1. STATIONARY	2 Reams of papers @ K800.00 each	K1,600.00
	4 Ball point pens @K30.00 each	K120.00
	2 Pencils @ K15.00 each	K30.00
	4 Large envelopes @ K50.00	K200.00
	Tipex @ K250.00	K250.00
	<b>SUBTOTAL</b>	<b>K3,200.00</b>
2. PRINTING AND PHOTOCOPY	Printing proposal @K10.00 per page for 40 pages, 3 copies	K1,200.00
	Photocopying questionnaire @ K10.00 per page for 4 pages, 20 copies	K800.00
	Photocopying consent forms @ K10.00 per page for 1 page, 20 copies	K200.00
	Photocopying clearance letters @ K10.00 per page for 5 pages	K50.00
	Binding the proposal, 3 copies @ K140.00	K420.00
	Printing the dissertation, 3 copies @ K500.00 each	K1,500.00
	Binding the dissertation @ K140.00 each for 3 copies	K420.00
	<b>SUBTOTAL</b>	<b>K4,590.00</b>
COMMUNICATION	Air time (10 USD)	K1,600.00
	Transport for data collection	K6,000.00
	<b>GRAND TOTAL</b>	<b>K15,390.00</b>

## **JUSTIFICATION OF THE BUDGET**

The budget was prepared according the expenses from the time of proposal development up the submission of the dissertation. Stationary was used for drafting the proposal, writing letters to various authorities, drafting a questionnaire and data analysis drafting. Other expenditure was on printing the proposal and the dissertation, photocopying questionnaires, consent forms and clearance letters, binding the proposal and the dissertation, transportation and air time for communication. The transport money was indicated since I was away from Zomba for the clinical practical exercise during the time of data collection.

**APPENDIX I: INTERVIEW GUIDE (ENGLISH)**

**INTERVIEW GUIDE FOR THE PARTICIPANTS**

**PART 1: DEMOGRAPHIC DATA**

1. How old are you? (a) 8 – 12   
(b) 13-17   
(c) 18-21   
(d) 22-25   
Other (specify).....
2. Marital status (a) married   
(b) Single   
Other (specify).....
3. Education level (a) none   
(b) Primary   
(c) Secondary   
(d) Tertiary   
Other (specify).....
4. Occupation (a) student   
(b) Business   
(c) Employed   
(d) Farmer   
Other (specify).....
5. Denomination (a) C.C.A.P   
(b) Islamic

- (c) Roman Catholic
- (d) Jehovah witness
- Other (specify).....

6. Tribe
- (a) Chewa
  - (b) Yao
  - (c) Lomwe
  - (d) Sena
  - Other (specify).....

**PART 2: KNOWLEDGE ON SUBSTANCE ABUSE AS A CAUSE OF MENTAL ILLNESS**

1. Did you know that substance abuse cause mental illness?
2. If yes, where did you get the information?

**PART 3: REASONS THAT CONTRIBUTE TO SUBSTANCE ABUSE AMONG THE YOUTH**

1. Have you ever or do you abuse any substances (marijuana, alcohol, tobacco)?
2. If yes, what types of substance(s) have you or do you abuse?
3. What made you to start abusing substances?
4. How do you feel when you have abused substance(s) you have mentioned?
5. What are the reasons why you abuse substance(s)?

**PART 4: KNOWLEDGE ON THE PREVENTIVE AND TREATMENT MEASURES OF SUBSTANCE ABUSE**

1. What are preventive measures of substance abuse?
2. What is the possible treatment of substance abuse?

**PART 5: KNOWLEGDE ON ADVERSE CONSEQUENCES OF SUBSTANCE  
ABUSE.**

1. Did you know any diseases or other dangers associated with substance abuse?
2. If yes, what are they? (Mention).
3. Where did you get the information?
4. How do you perceive the dangers associated with substance abuse?

INTERVIEW GUIDE (CHICHEWA)

CHIGAWO CHOYAMBA: MBIRI YANU

1. Muli ndi zaka zingati? (a) 13- 15   
(b) 16-18   
(c) 19-21   
(d) 22-25   
Zina (tchulani).....
2. Muli pa banja   
Simuli pabanja   
Zina .....
3. Maphunziro anu mudafika nawo pati? (a) pulayimale   
(b) sekondale   
(c) yaukachenjede   
Zina (tchulani).....
4. Mumagwira ntchito yanji? (a) ulimi   
(b) bizinesi/ geni   
(c) Ya boma
5. Mumapemphera mpingo wanji? (a) C.C.A.P   
(b) Katolika   
(c) Chisilamu   
Zina (tchulani) ....
6. Ndinu mtundu wanji? (a) Chewa   
(b) Yao   
(c) Tumbuka   
(d) Sena

CHIGAWO CHACHIWIRI

ZOMWE MUKUDZIWA ZA MAKHWALA OZUNGUZA BONGO NGATI  
AMAYAMBITSA MISALA

1. Kodi mukudziwa kuti mankhwala ozunguza bongo amayambitsa misala?
2. Ngati eya, munamva kuti?

CHIGAWO CHACHITATU

ZIFUKWA ZOMWE ZIMACHITITSA ACHINYAMATA KUGWIRITSA NCHITO  
MANKHWALA OZUNGUZA BONGO MUPITIRIRA MUYESO.

1. Kodi munayambapo kapena mumagwiritsa nchito mankhwala ozunguza bongo mopitilira muyeso?
2. Ngati eya, ndi mtundu uti wa mankhwala ozunguza bongo?
3. Chinakupangitsani ndi chiyani kuti muyambe kugwiritsa nchito moonjeza mankhwalawa?
4. Mumamva bwanji mukagwiritsa ntchito mankhwala ozunguza bongo moonjeza?
5. Ndi zifukwa ziti zomwe zimakupangitsani kuti mudzigwiritsabe ntchito moonjeza mankhwalawa?

CHIGAWO CHA CHINAYI

ZOMWE MUKUDZIWA ZA KAPEWEDWE KA KUGWIRITSA NTCHITO  
MOONJEZA MANKHWALA OZUNGUZA BONGO

1. Ndinjira ziti zomwe ungate kupewera kugwiritsa ntchito mankhwala ozunguza bongo?
2. Nanga kugwiritsa ntchito mankhwala ozunguza bongo kungapewedwe bwanji?

CHIGAWO CHA CHISANU

ZOMWE MUKUDZIWA NDI MAGANIZO ANU PA ZA KUOPSA KAPENA KUIPA  
KWA KUGWIRITSA NTCHITO MANKHWALA OZUNGUZA BONGO.

1. Kodi mukudziwa za kuopsa kapena kuipa kogwiritsa ntchito makhwala ozunguza bongo?
2. Ngati eya, nchulani kapena fotokozani.
3. munamvako kuti za kuipa kwa kugwiritsa ntchito makhwala ozunguza bongowa.
4. Mumaganiza bwanji pa za kuopsa kapena kuipa kodza kamba ka kugwiritsa ntchito mankwala ozunguza bongo.

APPENDIX II

University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
Lilongwe.

The Research Committee,  
Kamuzu College of nursing  
Private Bag 1  
Lilongwe.

14<sup>th</sup> July 2010

ATT: The committee Chairperson

Dear sir / Madam,

**PERMISSION TO CONDUCT A RESEARCH STUDY**

I am a fourth year student nurse at Kamuzu College of Nursing seeking for your permission to conduct a research study on knowledge and perceptions on the dangers of substance abuse among the youths at Zomba Mental Hospital, Out Patient Department (OPD). This is in partial fulfillment for the award of a Bachelors Degree in Nursing.

The study will provide information on how much knowledge and perception on the dangers of substance abuse youths have in order to develop effective interventions to reduce and prevent dangers of substance abuse thus improving health of Malawi nation.

Yours faithfully,

Jane Nyekanyeka

APPENDIX III

University of Malawi  
Kamuzu College of Nursing  
P/ Bag 1  
Lilongwe

The senior government psychiatrist  
Zomba Mental Hospital  
P. O. Box 38  
Zomba

ATT: The principal Nursing Officer

Dear Sir / Madam,

**REQUEST TO CONDUCT A STUDY AT ZOMBA MENTAL HOSPITAL**

I am a fourth year student doing Bachelor of Science in Nursing. In partial fulfillment of my studies for the degree Program, I am required to conduct a study. I write this letter to seek permission to conduct a study on *knowledge and perception on the dangers of substance abuse among the youths*. A sample of youths attending Out Patient Department (OPD), will answer a questionnaire, after getting verbal and written consent, administered by the researcher.

The findings of the study will provide information on how much knowledge and the perceptions on the dangers of substance abuse youths have in order to develop effective interventions to prevent dangers of substance abuse thus improving the health of Malawian youths.

I hope this request will meet your most expected consideration

Yours faithfully,  
Jane Nyekanyeka

APPENDIX IV

Kamuzu college of Nursing  
Private Bag 1  
Lilongwe

14 July 2010

Zomba Mental Hospital  
P.O BOX 38  
Zomba.

ATT: OPD In-Charge

**RE: REQUEST TO CONDUCT A STUDY AT OPD DEPARTMENT**

I am a forth year student at Kamuzu College of Nursing pursuing Bachelor of Science in Nursing. As part of my study, I am supposed to conduct a study as partial fulfillment of the academic award.

The topic of study is *knowledge and perception on the dangers of substance abuse among the youth*. The subjects will be the youths who are attending OPD. The aim of the study is to explore the knowledge and perceptions that youth have on the dangers of substance abuse. This will assist in developing interventions that will assist in preventing the dangers of substance abuse among the youth hence improving the health status of the Malawian youth.

I write to seek your permission to conduct this study at your department.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

Jane Nyekanyeka

The researcher.

## APPENDIX V

University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
Lilongwe.

### **CONSENT TO PARTICIPATE IN THE STUDY**

#### **DEAR PARTICIPANT**

I am Jane Nyekanyeka, a student from Kamuzu College of Nursing, a constituent of University of Malawi. I am writing to request for your participation in a study titled, "Knowledge and perception on the dangers of substance abuse among the youth". The purpose of the study is to explore knowledge and perceptions on the dangers of substance abuse among the youths. The study is for the researcher's partial fulfillment of the nursing degree program.

Interviews will be used during data collection. Data collection will take place from 8 to 14 October 2010. You will be interviewed by the researcher and at a place of your own choice. The conversation might last up to two hours and the interview session will be tape recorded if you consent and nobody will be listening. You're not forced to answer all questions and you can withdraw from participating even if the interview has already commenced. This study is associated with minimal risks which could be psychological in nature and such occurrences will be handled through appropriate counseling. The study will be beneficial because results of the study will help health workers to understand the knowledge and perceptions that youth have pertaining to the dangers of substance abuse that will help in developing effective interventions on preventing substance abuse. It will

also give feedback which might form a basis for improving health interventions for substance abuse in our health facilities.

Should you accept to participate in this study, you will be asked to give both verbal and written consent. Your signature will not be available to any person except the researcher and her supervisor to ensure privacy and confidentiality.

Yours sincerely,

Jane Nyekanyeka (Miss)

.....

**CONSENT FORM**

I, the undersigned accept voluntarily to participate in the study upon the understanding the purpose and the implications of the study.

PARTICIPANT:

Signature (.....) Date.....

RESEARCHER

Signature (.....) Date.....

## INFORMED CONSENT (CHICHEWA)

Kamuzu college of Nursing  
Private Bag 1  
Lilongwe

Kwa otenga mbali,

Ndine ophunzira wa zaunamwino pa sukulu ya ukachenjede ya Kamuzu koleji mu chaka chomaliza. Timayenera kupanga kafukufuku wokhudzana ndi zaumoyo ngati mbali imodzi yokwaniritsa maphunziro anthu. Ine ndikfuna kupanga kafukufuku pa maganizo anu ndi zomwe mukudziwa zokhudzana ndi kuopsa kogwiritsa nchito makhwala ozunguza bongo.

Zotsatira za kafukufukuyu adzathandiza azaumoyo ndi mabungwe ena kupeza njira zothandizira achinyamata kuti apewe zoopsa zakudza kamba ka kugwiritsa ntchito makhwala ozunguza bongo. Izi zidzatheka ngati muli omasuka kufotokoza manganizo anu.

Muli ndi ufulu ofunsa zokhudza ndi kafukufukuyu. Komanso muli ndi ufulu oti mutha kutenga mbali kapena osatenga mbali komanso kusiya kutenga mbali ngakhale mwayamba kale kutenga mbali. Kafukufukuyu alibe kuopsa kwinakulikonse.

Mupatsidwa pepala la mafunso omwe muyenera kuyakha zokhudzana ndi kafukufukuyu. Mayankho anu adzasungidwa mwachinsisi ndipo mukupephedwa kusalemba dzina lanu poyakha mafunso pa pepala ndi cholinga chakuti tisungirane chinsisi.

Ngati mwakonzeka kutenga mbali muyenera kusyina pa fomu yomwe ili musimu.

Zikomo chifuukwa chakumvetsetsa ndi kutenga mbali kwanu.

Ndine

Jane Nyekanyeka

.....

CONSENT FORM (CHICHEWA)

Ine wotenga mbali ndawerenga ndi kumvetsa bwino za kafukufukuyu. Ndikvomereza kutenga nawo mbali.

Saini ya otenga mbali.....

Tsiku.....

Saini ya opanga kafukufuku.....

Tsiku.....