



UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

RESEARCH TITLE

FACTORS ASSOCIATED WITH ALCOHOL AND DRUG ABUSE AMONG
SECONDARY SCHOOL STUDENTS IN LILONGWE URBAN

SUBMITTED BY
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Dedications

This work is dedicated to my husband Walter, my parents who made my study a success through their prayers, support and encouragement.

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Abstract

The purpose of this study was to describe factors associated with drug and alcohol use among secondary school students. The study was conducted in both private and Government secondary schools of Lilongwe urban. The secondary schools were drawn using stratified random sampling technique and four secondary schools were identified. Forty boys and girls from different secondary schools were identified using simple random sampling method. A self administered questionnaire was used to collect data, 40 questionnaires were distributed and all were returned giving a response rate of 100%. Data was analyzed using SPSS software.

Results showed that there is a high percentage of alcohol and chamba use among the students. With 40% of the students taking alcohol and 25% taking Chamba.

Majority of students indicated peer influence as a much factor leading them to have used alcohol and drugs. However, those who do not use either drugs or alcohol indicated that risk to good health was the main factor, giving a percentage of 25%. Most students started taking alcohol at age 15 years.

There was no statistically significant age differences in the types of drugs and alcohol taken by the students.

Therefore, from these results, a discussion is done of the major findings, recommendations for policy and further research.

I. INTRODUCTION

A. Background

Alcohol and drug use or abuse is on the increase among Malawian youths. This evidence is supported by a study done at Zomba psychiatric hospital where it was found out that 50% of the youths admitted for psychosis and depression were as a result of alcohol and drug abuse (Kaponda 1989).

It was observed that there is this high increase of drug and alcohol use because of local availability at regular markets making adolescents exposed (Ali, Nyirenda and MacLachlan, 1994). It is also noted that the adolescent undergoes rapid developmental changes making him/her unable to adequately cope with demands of growing up. This, in addition to exposure to dangerous drugs and alcohol, subject the adolescents to risk behaviors.

The mostly risk population according to Shawa, Mpunga and Mkananga (1994) is between 10-35 years. Studies done in some parts of the country support this notion. A recent government survey done in Blantyre and Lilongwe revealed that 35% of the youths started using drugs between 8-15 years while 40% of them started drinking alcohol at the same age (AIA, 1997).

In their study done at Mpemba Boys Home, Shawa et al, (1994) found that 15% of the juveniles had smoked chamba and some as young as 10 years had access to drugs.

Although this had been a long standing problem, it is observed that not much effort is being done to alleviate the problem. According to the Malawi Police Section, the problem of chamba use among adolescents is now wide spreading based on the arrests being made (Shawa et al, 1994).

Due to this increase in drug and alcohol use or abuse among adolescents, baseline data to describe the magnitude and factors associated with the problem was necessary. Therefore, this study was conducted.

B. Significance of the Problem.

Adolescence drug and alcohol abuse or use is on the increase in Malawi. Although this is the case, very little knowledge is known about the factors that contribute to adolescence drug and alcohol use or abuse in Malawi. Shawa et al, (1994), reported that 90% of the adolescent in their study knew of chamba and alcohol as stimulants and drugs.

A study done at Zomba mental hospital indicate that the problem of drug and alcohol use and abuse is still high among adolescence (Kalemba, 1994). In comparison with western countries, Malawi appears to have an increase in chamba and alcohol use and abuse among its youths (Chawala, 1988). The problem is increasing as such because not much knowledge has been established on what makes the adolescent get involved in drug and alcohol use or abuse.

C Significance of the study

Although there is a large increase of adolescence being involved into drugs and alcohol use or abuse by adolescence, there are no tangible programmes developed by the Malawi's health care delivery to assist the youths in alleviating or preventing the problem. It is felt that these problems left unresolved, can contribute to chronic disturbance of the youths mental health which can affect their contribution to the development of the country.

This study is developed to identify factors that lead adolescents to use or abuse drugs and alcohol. The information would assist in developing tangible programmes which would help adolescents divert from the use of drugs and alcohol.

D. Research Question

What factors influence secondary school students into taking drugs and drinking alcohol?

E. Research Objectives

The objectives of this study include the following:

To:

1. Identify factors that promote alcohol, and drug use among the students.
2. Identify the factors that hinder alcohol and drug use among the students.
3. Examine the common drugs and alcohol used by the youths.
4. Describe the relationship between age and drug / alcohol use or abuse among the pupils.

F. Definition of Terms

Alcohol: A substance formed by creation of chemical from natural substance through fermentation when yeast and sugar react.

Drug: Substances (other than food) which are used for medical purposes of otherwise and that when used, they can change the state or function of the body cell or organ.

Abuse: It is excessive indulgence in drugs or alcohol.

Students: Youths who are doing their secondary school education.

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II. LITERATURE REVIEW

This section had reviewed literature on the development process of the adolescents, factors that influence youths into drug and alcohol use among the youths, specific studies regarding youths influence into drugs and alcohol and the common drugs abused by the youths.

A. The Process of Adolescent Development

In order to understand teenage alcohol and substance abuse, it requires an understanding of the process of adolescence itself (Robinson & Green, 1988). According to Haffman (1983) adolescence is described as the psychological process through which a child becomes an adult.

Three stages of adolescence have been identified by Robinson & Green (1988). These include early, middle and late. All these stages have their own characteristics that must be understood before one can adequately address the teenage alcohol and substance abuse.

1. Early Adolescence

This stage is between ages of 9-13 years. According to Robinson & Green (1988), this stage is marked by appearance of secondary sexual characteristics. The adolescent is still entrenched in concrete thought and cannot see the long term results of decisions. Kaponda (1997), noted that decision making is particularly difficult for most adolescents at this stage because their cognitive development is not well established. It is also during this stage that an adolescent is establishing independence from parents and being part of a peer group.

2. Middle Adolescence

This stage is between 13-16 years. The secondary sexual characteristics are well developed, Robinson & Green (1988). The adolescent finds the need for peer group and emancipation from parents. Due to this, there is potential conflict with

parents regarding activities and friends as the teenager experiments with different behaviors. For example adolescents experiment with drugs, alcohol and sexual relationships. Decision making is still difficult at this stage because the adolescent may have inadequate and inaccurate knowledge to use when considering multiple options before them, (Kaponda 1997). The adolescent may fail to translate knowledge into behavior if they perceive the information to have been given in ways incompatible with their developmental needs.

3. Late Adolescence

This stage is between ages of 17-19 years. During this stage, abstract thinking is usually well established and the young adult sees the implications of decisions made. Yoos 1987, suggested that at this phase adolescents have the ability to think through alternatives and able to make abstractions. It is also this stage that some risk behaviors, for example sexual relationships, drug and alcohol experience are slowly decreasing.

4. Conclusion

Adolescence is a challenging stage in the development of human beings. Challenging in the sense that it makes one at risk of certain risk behaviors, for example drugs and alcohol use and abuse. Therefore, to move from one stage of development to the other and for also consolidating cognitive maturity, the adolescents require experiences and social interactions.

B. Studies Related To Factors Influencing Adolescents Into High Risk Behaviors

1. Peer Pressure

Peer pressure is noted to be predominant in the development of adolescents behavior. In her study of decisions about substance abuse among adolescents in the Juvenile detention (Anderson, 1996), found that peer pressure for better or worse, serve a critical role in adolescents' substance avoidance or development.

The study further found that the young person might start using drugs or drinking alcohol in order to fit in with the group he/she has identified.

Kaponda (1996) also found that peer pressure was a major source of stress influencing senior primary and secondary schools' teens to indulge in risky behavior, for example early sexual activities, alcohol and drug use or abuse.

2. Family

Families play an important role in setting examples to their children. In a study of drug use and anticipated parental reaction among rural school pupils in Zimbabwe, (Munodawafa et al, 1992), reported that nearly 17% of 280 secondary school pupils reported that their parents would be favorable to their alcohol use. It further indicated that the anticipated parental approval for tobacco and marijuana was 13.6% and 10.8% respectively.

In support to this, a study done in Nigeria (Igwe, 1992) found that parents influence their children's propensity to smoke or drink was very high. Therefore, it concluded that children tend to copy their parents' behaviors, either positive or negative. Lawson et al (1983); O'Connor (1975), as cited by Robinson & Green (1988) stated that parents set examples to their children in ways that they do not often realize. As a result, it is observed that the behaviour children model from their parents will have a great impact on the children's future behaviour.

3. Society

Society plays an important role in influencing adolescents into drug and alcohol use and abuse. Igwe (1992) reported that worldwide the tobacco and alcohol industries spend massive sums advertising and promoting their products. However, it is observed that due to these advertisements, consumers, especially young people are carried away and become more susceptible to drinking and smoking.

4. Individual

The child's personality characteristics play a major role in the development of risky behavior. Pasquali, Arnold and Debasco (1989) stated that if a child feels not loved by family, peers or society may develop several personality disorders (Hartocollis, 1982; Smith, 1986). According to Robinson & Green (1988), these personality disorders include poor self-esteem, depression, anger, impulsiveness, feelings of inferiority or dependence. The young persons with these personality disorders are also at risk of developing risky behaviors such as substance and alcohol abuse.

However, some individuals given the peer pressures, family or society not loving them would still not indulge in risky behavior because of their personality characteristics.

C. Common Drugs and Alcohol Used by Adolescents

1. Drugs

Literature has identified several kinds of drugs which are functionally classified. These include narcotics, depressants, stimulants, hallucinogens and inhalants. The most used or abused form of drugs are those in depressants and stimulants groups (WHO, 1985).

WHO (1985) found out that the most used or abused form of drugs are those in depressants and stimulants groups. Examples include Valium or any sleeping pills and chamba (cannabis), mandrax respectively.

In their study, Shawa et al (1994), reported that over 90% of the adolescents knew of chamba as a stimulant. This finding is not surprising because of its local availability at regular market (Ali, Nyirenda and MacLachlan, 1994).

In support to this, Kalemba (1994), also stated that police reports indicated that chamba, mandrax and cocaine are the main trafficked in the country. In addition a newspaper report also indicated that police in 1995 seized about 30,000

kg Chamba and in 1996 22,000 kilograms of the same drug was seized (AIA, 1997). All these indicate that Chamba is commonly available in the country. Therefore, an increased use or abuse is not surprising.

A survey done at Zomba mental hospital also revealed that cannabis is a major problem in the country. It found that Ntchisi tops the list with 75%, Salima 61.5%, and Kasungu 58% of the patients hospitalized due to taking cannabis.

2. Alcohol

Alcohol is found to be the commonest alcohol abused in the majority of African countries (Acuda, 1988). This notion has been supported by Kalemba (1994) who cited that alcohol is the main drug which is mostly used or abused because it is traditionally, socially and legally accepted. Examples include Carlsberg, Chibuku, Napolo, Kachasu, Wine, and Spirits.

In a survey on knowledge and attitudes concerning drug and alcohol abuse conducted in Mzimba, Ntchisi and Mulanje districts, Shawa et al (1994) established that adolescents in these districts were aware about the effects of alcohol as a stimulant (over 90%).

D. Summary and Implications for the Present Study

In summarizing the literature so far, several interesting issues have emerged. Firstly, adolescence process is an important aspect in understanding adolescent drug and alcohol abuse. Secondly, several factors like peer group, society, family and individual play an important role in adolescent drug and alcohol abuse. Lastly, examples of common drugs and alcohol have also been identified.

The implications for this study was centered on the very little or no information on factors associated with drugs and alcohol use or abuse among secondary school students in Malawi. A lot of studies cited above were done in other countries outside Malawi. Therefore, this study has addressed the gap in the body of knowledge that existed.

III. METHODOLOGY

This section aims at describing the research methodology used in the study. The areas high-lighted are:- The research design, setting, sampling and sample size, instrumentation, instrument measurement, measures used to protect the human subjects, data collection, data analysis, dissemination of findings.

A. Research Design

For the purpose of this study, a descriptive research design has been used in order to obtain information in factors associated with drugs and alcohol use among secondary school students.

1. Setting

The study was conducted in Lilongwe urban among Chipasula, Lilongwe Girls, St. Johns and Indaba secondary school students. These were both Private and Government secondary schools.

2. Sampling technique

The sample consisted of forty students of both sexes. The sample was drawn from a population of 429 students in form 3.

A sampling frame was collected from the Ministry of Education which had a total of all private and government secondary schools of Lilongwe urban.

A simple random sampling method was applied in order to select secondary schools to participate in the study. However, in order to avoid bias, only those secondary schools not used in the pilot study were retained.

The selected secondary schools were further stratified according to girls only, boys only private and co-education.

One class of form three was chosen by convenience sampling method. In order to obtain the required number from this class, simple random was used.

B. Instrumentation

A self administered questionnaire designed by the researcher specifically for the study was used. The questionnaire covered several components which included personal, students' social net works, students' experiences with drugs and alcohol (this included personal and other students experiences), family background and students' perception about alcohol and drugs intake. (Refer Appendix A).

Both restrictive (closed) and non restrictive (open) questions were used. The non restrictive questions provided an opportunity to the students to express themselves fully.

C. Validity & Reliability Measures

1. Validity

The validity of the content was established through literature review which gave an indication of common drugs and alcohol used or abused by adolescents, factors contributing to the drug and alcohol use by adolescents.

It was also established through the researcher's clinical experience of drug and alcohol problem among the youths.

Lastly, it was further established through the review of the content by expert to validate the information in the questionnaire.

2. Reliability

A pilot study was done in two secondary schools (1 Private, 1 government). The pilot study data was analyzed which assisted in the refining of structure and content of the instrument. All ambiguous items were clarified and time for administering the instrument was adjusted from 1 hour to 45 minutes.

D. Procedure for recruiting

When a required number was obtained, subjects were assembled in one classroom by the researcher.

The subjects were given a chance either to participate in the study or not. Those who were willing to participate were told about the confidentiality of the

study and a description about the study.

The self administered questionnaires was handed over in order for them to answer. The researcher was available during the whole procedure of answering the questionnaire in order to clarify any question which may not be clear to the respondents.

E. Protection of the Human Subjects

Several strategies were used to insure that the human subjects were protected. In the first place, a permission to carry out the study was sought from the Ministry of Education, (Appendix B).

Secondly, permission was also sought by getting clearance from the headmasters and headmistresses from the identified secondary schools.

Thirdly, an informed consent was also sought from the subjects prior to participation in the study. The subjects were advised verbally and formally not to write down their names and the secondary school name on the questionnaires. Thus insuring anonymity and confidentiality of the study.

The answered questionnaires were accessible to the researcher and research advisor only, this also ensured the confidentiality of the instruments.



F. Data Collection

The researcher took about two weeks to collect data related to factors associated with drug and alcohol abuse among adolescents of Lilongwe urban secondary schools.

In the first place, an appointment was made in all secondary schools participating in the study. Then data was collected from three secondary schools in a day. The other secondary school, data was collected during the second week. Data collection was extended up to the second week because of transport problems that the researcher experienced.

G. Data Analysis

The responses by the subjects were coded. After coding, frequencies and percentages were made using the computer analysis under the SPSS package, tables were produced.

Comparisons of the findings was analyzed using Chi-Squared statistics. Chi-Squared was used to indicate if there is any relationship between age and alcohol / drug abuse.

IV. RESULTS

A. Introduction

The purpose of this study was to explore factors that contribute to alcohol and drug use and abuse among secondary school students.

In this chapter, results and interpretation of the findings are presented. Initially, the sample characteristics are presented followed by results for each objective. These include factors that promote drug and alcohol use and abuse among the students, factors hindering drug and alcohol use and abuse among the students, the common drugs and alcohol used or abused by the students and the age at which the students began to use alcohol and drugs.

B. Characteristics of the Sample

1. General

Forty students drawn from government and private secondary schools of Lilongwe participated in this study. There were all Form 3 students currently in school. Out of the forty respondents, 52.5 % were males and 47.5 % were females.

The students were aged 16 to 22 years old. Their mean age was 18 years and standard deviation was 1.6 years, indicating a small variation in the ages.

Table I.

Shawa et al study which was done in rural areas where media is inadequate. Not only could adolescents copy sexual behavior from media, but are also coerced by adults in exchange with small gifts or money. Kaponda (1997) support this fact when she presented that young girls are sexually abused by older men because of poverty ignorance and power discrepancy between these older men and young girls.

3. Students Experience With Alcohol And Drugs

According to all students who participated in the study, it was reported that they all had knowledge about several types of alcohol. This result is not surprising because as stated earlier, most of the students came from families where different types of alcohol was consumed by parents. Therefore, they were exposed to alcohol available in their homes some even had a chance of taking it. This is in line with what Shawa et al (1994) found in their study. They found out that over 90% of adolescent knew of alcohol and other drugs. Among the types of alcohol mentioned in the study, local beer was the most cited by respondents to be the most preferred by students because it appears to be less expensive as compared to other types like wine, bottled or tinned Carlsberg beer, whisky or spirits. It is also widely available in urban area. Therefore it is easier for students to have access to it without many difficulties. However, in another study done in some parts of this country mainly in rural areas, it was found out that most youths preferred Kachasu to any other types of beer (AIA, 1997). The differences in types of alcohol preferred by students could be due to different settings in which the sample was drawn and the characteristic of the sample itself. In this study, a sample was drawn from urban secondary school students, unlike the other study which drew its sample from rural areas among adolescents who were out of school. It is very common to find youths in rural or remote areas to engage in Kachasu drinking because this type of beer is prepared by women from these areas.

On the part of source of information concerning alcohol, majority of students indicated that they heard about alcohol from peer friends. This result is very true because it is observed that students who are still in the adolescent stage are most of their time involved with other peer. Therefore, they learn most of their behaviors from the peers. The other reason is that, these adolescents spend most of their time at school and they come in to contact with different types of behaviors. As a result, they also model these different types of behaviors, like beer drinking from their friends.

It was also noted that students did not only know the types of alcohol but they were also involved in drinking it. Among the students who drank alcohol, majority of them stated that they started at 15 years of age which is in their middle adolescent group. Middle adolescence is the time when adolescents experiment with different kinds of behaviors, alcohol drinking as part of them. During this stage, adolescents fail to make concrete decisions for example, if they are faced with several compatible situations because their cognitive capabilities are not well established. However, AIA (1997) reported that 40% of the youths who participated in a government survey were found to have started drinking alcohol between 8 - 15 years of age. It can be argued therefore that the majority of the students who participated in this study started drinking alcohol at a late age (15 years) because most of the time they were in school. Therefore, they were restricted against beer drinking because of the rules and regulations of school which do not allow a student to get involved in beer drinking. Unlike those who participated in a government survey who were out of school.

Peer influence was the main reason for most of students to start drinking alcohol. This is not surprising to start drinking alcohol. This is not surprising because according to Anderson (1996), peers play an important role in the development of adolescents risky behaviors. Most of adolescent turn to alcohol

drinking or any other risky behaviour so that they fit in with the group that they are going out with, mainly if that group is involved in those risk behaviors.

Lack of proper parental care or advice was another reason that some students gave as to why they started alcohol drinking. This reason can be attributed to the fact that most parents do not spare much time with their children and also that they fail to direct their children in a proper way. This happens mainly if the parents are also involved in alcohol drinking or other risky behaviors.

Shawa et al (1994) observed that in most Malawian families, there is little or no communication between parents and their children in matters concerning risky behaviors like sex, drugs and alcohol because of cultural respects which is in most families. Parents find it hard to be a taboo to discuss any issues in relation to sex, drugs and other behaviors with their children. As a result, children fail to appreciate the dangers associated with certain behaviors that they may undertake because there is nobody to direct them or assist them when they fall in dangerous situations. If children are not given any guidance or love at home, they may turn to alcohol and other dangerous behaviors in order to overcome their frustrations.

Students were not only involved in drinking alcohol but they were also involved in taking drugs. The majority of students reported that they knew and had used one or more types of drugs in their lives. Chamba being the most cited by the majority of the students. *This supports what Shawa et al (1994) found in their study that 90% of adolescents were aware of drugs used in their communities and knew their effects. Among the drugs known to these adolescents, chamba, mandrax, and alcohol and Valium were the most cited. Chamba seem to be known by majority because it is widely grown and locally sold in Malawi (Ali et al, 1994). Kalemba (1994) also came up with the same result that among the drugs trafficked in Malawi, chamba was the major drug on the market. All these facts make it easier

for an adolescent to have access to drugs, mainly chamba. This tends to support the view that drug abuse is on the increase in this country.

In a study done at Mpemba Boys' Home, 15% of the juveniles interviewed reported to have smoked chamba and other drugs as young as 10 years (Shawa et al, 1994). Drug and alcohol use or abuse is not only on increase in Malawi alone but in other countries as well. A study done in Zimbabwe, among 285 secondary school pupils, it was found out that 17% of the sample had used alcohol, 8% used tobacco and 5% had used marijuana (Munodawafa, 1992).

Among students who took either alcohol or drugs, or both, males were reported to be higher than females. It is assumed that the most risky behaviors are more associated by males than females. This makes it difficult for females to be more involved in drug taking and alcohol drinking. Ali et al (1994) stated that studies done in Malawi and Nigeria came with similar results that more males than females used drugs and alcohol.

However, on preference, alcohol rather than drugs was the most preferred by the majority of the students. They said that they preferred alcohol because of the little effects that it has in one's mental health.

△ In contrast, some students stated that they have not taken either drugs or alcohol. The most reason which was cited by majority of them was that drugs and alcohol was detrimental to one's health.^x Kalemba (1994) indicated that 17% of patients admitted to Zomba mental hospital were a result of abusing chamba. In support of this, a study done by Shawa et al (1994) where adolescents cited madness, violence, aggression, detrimental to good health and school drop out as the effects of drugs and alcohol. All these factors attribute to the fact that drugs and alcohol affect the health of a person in a negative way.

4. Ages OF Students In Relation To Drug And Alcohol Use Or Abuse

Basing on the findings of this study, the majority of the students who took drugs or alcohol reported to have started at 15 years of age. It was found out that there was no statistical significance difference between the age of students who took alcohol and those who took drugs. If there was any difference, this could be by chance in the study.

Similarly, those students who did not take drugs or alcohol, there was also no statistical significance difference between their ages and the reasons they gave for not taking drugs or alcohol.

Majority of students reported to have started it between 11 - 17 years of age. This is not surprising because according to developmental theory, it is during these stages that students experiment with different behaviors, sex as part of them (Robinson and Green, 1988). However, those who reported to have started between ages 5 - 10 years are very unique. These could have been coerced by adults without their knowledge. This is supported by Kaponda (1996) that young girls are sexually abused by older men who had power over them.

On the part of the group of students who reported to have started sex between ages 18 - 19 years. These students were in their late adolescence stage where they had stable friendships and sexual relationships. Therefore, these students were well aware of their sexual intercourse. As a result, proper precautions may have been considered first before engaging in sexual intercourse.

D. Conclūsions

The study has identified and described the factors associated with drugs and alcohol use or abuse among secondary school students of Lilongwe urban.

The study has shown that students are knowledgeable about types of drugs and alcohol used by adolescents and that some practiced drugs and alcohol taking

and drinking respectively. Their main source of information are peers who also play a major role in influencing them to start drinking alcohol and taking drugs. In addition, lack of parental advice or care plays a major role for students to start drinking alcohol and taking drugs. Although this has been the case, it was evident that students were aware of the effects of drugs and alcohol on an individual.

In conclusion, adequate information about drug and alcohol use or abuse, a proper understanding of the developmental process of adolescents, proper youth programmes and government policies in relation to drug and alcohol, can assist students or adolescents in overcoming this problem which is on the increase. This can be facilitated by utilizing fellow youth to educate students or adolescents, utilizing radios, the press, parents, teachers and health professionals in the dissemination of information on dangers of drug and alcohol abuse mainly among the youth. Government policies could also be strengthened in order to combat illicit drugs on the market so that the youth do not have access to them.

E. Implications And Recommendations

i. Implications

This study has provided insight into factors associated with drug and alcohol use or abuse among Lilongwe urban secondary school students.

Kaponda (1997) stated that health status of Malawian adolescents is crucial for both current and future socioeconomic development activities. However, the study has indicated a number of problem areas these adolescents encounter in relation to drug and alcohol problem. These were an increase in drug and alcohol use or abuse among adolescents and the type of relationship between alcohol ingestion* in adolescents and parents. This implies adolescents are not given recommended information regarding their developmental process and on the danger of abusing drugs and drinking alcohol. Hence, the adolescents health need to be improved. This can be done through the introduction of health programmes by the government which will assist the youth either in school or out in sensitizing them on the dangers of taking drugs and drinking alcohol.

ii. Recommendations For Policy

The government should also introduce or strengthen the policy of combating the drug trafficking activities and also the growing of drugs like chamba in the country. The government need also to strengthen the policy of dissemination of information through the radio, local and international press on issues related to drug and alcohol use or abuse. This will enable the youth of this country to be aware of the dangers of drugs and how they can prevent the problem form escalating. Parents also need to be sensitized about the dangers of adolescents alcohol and drug use or abuse so that they can be able to educate their children properly. However, parents also need to be conversant with adolescents developmental process so that they are aware of what is happening to their children as they are growing up and are able to guide them in the right direction.

Schools should also play a part in the prevention of risk behaviors of students. This can be achieved through the introduction of anti drug and alcohol abuse content in their curriculum so that students are taught the dangers and how they can overcome the problem.

Government should also put in place a policy which will prohibit society from selling drugs or alcohol to adolescents. In addition, government should also come up with programmes which will assist the peers in educating other peer groups on the dangers of alcohol and drug use or abuse. This can be done through the radio or formulation of open air drama groups.

iii. Recommendations For Further Research

The Researcher recommends that other in depth studies be done in the near future because the sample used in this study was small and only drawn from urban secondary schools of Lilongwe. As such, caution need to be taken when applying the results to rural secondary schools.

In addition, limited time and resources for research work which came about because research was taking place along with other courses made the researcher to exclude secondary schools in rural Lilongwe and other districts. Therefore, more studies need to be conducted so that in depth information could be solicited which can assist to generalize the results to the whole country.

It would be necessary to conduct a study on the students of parents, society or even teachers towards students who take drugs and drink alcohol. This will assist in determining the ways of assisting adolescents in prevention and controlling problems of drug and alcohol use and abuse.

iv. Limitations Of The Study

A lot of constraining factors contributed to the limitation of the study. Firstly, the college does not have adequate resources of instance, computers, printers, photocopiers and binding machines, as such the researcher

spent most of the time moving up and down in order to produce the research work.

The researcher had limited time due to the fact that the research was carried out alongside other courses. It was therefore impossible to include a large sample in the study. This also contributed to working under pressure in order to hand in the dissertation on the assigned date.

Another constraint which was encountered was little or no studies pertaining to the topic and inadequate articles in the library on drug and alcohol use or abuse. This limited the researcher in making a comprehensive literature review related to the study.

Finally, the study was not funded. Personal funds could not suffice to conduct a comprehensive research project. As a result, the study was limited to one urban setting for easy and inexpensive accessibility of data.

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APPENDIX A

All your answers will be dealt with confidentially. Your Teachers, School Administrators, your friends or Ministry of Education Staff will not be told about your answers.

You are also instructed not to write your name on the answer sheet in order to maintain the confidentiality.

Identity code : _____

1. Please list drug names that you have heard about from
- (a) fellow student
 - (b) family member
 - (c) members of staff
 - (d) radio
 - (e) film on video e.t.c.
 - (f) other sources (specify)

2. What do you think is the main influence for one to drink alcohol

3. What do you think is the main influence for one to take or use drugs

4. Have you ever drank

- (a) _____ bottled beer
- (b) _____ wine / Amarula / cider / cathy
- (c) _____ spirits like gin, brandy e.t.c.
- (d) _____ chibuku / napolo beer
- (e) _____ other (specify)
- (f) _____ smoke a cigarette
- (g) _____ smoke chamba / Indian hemp
- (h) _____ taken other drugs
- (i) _____ have you used chamba for your hair or as medicine
- (j) _____ neither

If your responses are (a) to (I) skip question 5 and answer Question 6.

TABLE I.
CHARACTERISTICS OF THE SAMPLE

<u>Demographic Characteristics</u>	<u>No. of Respondents</u>	<u>Percentage</u>
<u>Sex:</u>		
Male	21	52.5
Female	19	47.5
<u>Age in years:</u>		
16-17	15	37.5
18-19	19	47.5
20-22	6	15.0
<u>Source of Income:</u>		
Mother	4	10.0
Father	2	5.0
Both parents	27	67.5
Others	7	17.5

2. Family Background

Almost three quarters of the respondents (72.5%) were staying with both parents. The others lived with their single parents, sisters and brothers. (Table II).

TABLE II
FAMILY BACKGROUND OF THE RESPONDENTS

Family Characteristics	No. of Respondents	Percentage
<u>Guardian</u>		
Father only	1	2.5
Mother only	1	2.5
Both parents	29	72.5
Other relatives	9	22.5
<u>Family Size</u>		
1-4 Children	17	42.5
5-8 Children	20	50.0
9-10 Children	3	7.5
<u>Perception of Family Income:</u>		
Rich	7	17.5
Poor	10	25.0
None of the above	23	57.5
<u>Parent taking alcohol</u>		
No	22	55.0
Yes	18	45.0

N = 40

3. Family Size

Half of the respondents (50 %) reported to have come from large families of five to eight children. Almost 40 % of the remaining respondents reported to have come from small families of 1 to 4 children. The smallest group reported to have come from large families of nine to ten children. (Table II)

C. Family Socioeconomic Status

Most students (58 %) perceived their families as neither rich nor poor but just to be in the middle. On whether their parents took alcohol or not, out of 40 respondents, 45 % indicated to have come from parents who took alcohol. (Table II)

D. Social Relationships of the Respondents

In response to the number, types and nature of relationships these respondents had, all of them indicated that they had either a male or female friend or both. However, with special reference to the type of friendship they had, on the boy or female lover, only more than half (55 %) stated that they had lovers while the rest denied having any. (Table III)

TABLE III
SOCIAL RELATIONSHIPS OF THE RESPONDENTS

CHARACTERISTICS	No. of Respondents	Percentage
<u>Type of friend:</u>		
Girls	5	12.5
Boys	6	15.0
Both boys / girls	29	72.5
<u>Girl / Boy lover</u>		
No	18	45.0
Yes	22	55.0
N = 40		

E. Respondent's Age at First Sexual Intercourse

The respondents were asked to state the age at which they first had sexual intercourse. The majority (60 %) reported not to have been involved in sexual intercourse. Twenty-two percent had engaged in sexual intercourse between the age of 12-16 years. A few of them (12 %) reported early experiences in sexual intercourse from age 5-8 years. Of these some were coerced by adults while the others had these relations by peers. The smallest number of the respondents had their sexual intercourse experiences late at age 18-19 years. (Table IV)

TABLE IV
AGE AT FIRST SEXUAL INTERCOURSE

Experiences	No. of Respondents	Percentage
<u>Age in years:</u>		
5 - 9	5	12.5
10-17	9	22.5
18-19	2	5.0

N= 16

F. Reasons Students Gave for Using Alcohol

Slightly less than half of the students (45.5 %) indicated that they have tried alcohol. Most of them (82 %) attributed to their use of alcohol on pressure

from friends, while the rest were influenced by parents (11 %) and relatives (7%).

G. Reasons Students Gave for Using Drugs.

Out of forty respondents, one quarter (25 %) reported that they have tried or taken drugs at one time or another. The most frequent drug they reported to have taken was Chamba. Like the response, most of the respondents (90 %) also attributed to taking drugs to peer influence. The remaining 10 % reported that they had been influenced by the media.

H. Reasons Given For Not Taking Drugs And Alcohol.

Out of forty respondents, 23 (58%) indicated that they have never taken drugs or alcohol. Among the reasons given, the majority (39%) stated that it was dangerous for a student to take alcohol or drugs. However, other respondents indicated that they feared their parents and their religion. Others reported that they had no interest in taking drugs. Only one student feared to be expelled from school. (Table V)

TABLE V

FACTORS HINDERING DRUG AND ALCOHOL USE AND ABUSE AMONG THE STUDENTS.

Reasons	Number of Respondents	Percentage
Feared parents	6	26
Religion	2	9
Fear of being expelled from school	1	4
Risky to good health	9	39
Lack of interest	5	22

I. Students' Knowledge of the Common Drugs and Alcohol Used or Abused by Fellow Student

Almost all students surveyed (95%) reported that they knew the type of alcohol commonly used by teenagers. Among the type of alcohol taken, local beer was the most cited, Figure I. In addition, majority of the respondents (80%) indicated that alcohol was preferred to drugs by most students. TABLE VI. Although most respondents cited that students as well as themselves preferred alcohol, it was observed also that the majority (35%) took it occasionally. (Table VII)

TABLE VI
RESPONDENTS PREFERENCE

Preference	No. of Respondents	Percentage
Alcohol	32	80
Drugs	8	20

N=17 (Alcohol)

N=10 (Drugs)

1. DRUGS

All respondents indicated that they know or have heard about one or more types of drugs. Chamba was the most cited type of drug by the majority (65%) of the respondents. Other drugs, like Mandrax and weed were the least cited by these respondents.

On the frequency, the majority (80%) indicated that they took them occasionally while 20% indicated that they had them twice every month. (TABLE VII).

TABLE VII
FREQUENCY OF TAKING
ALCOHOL AND DRUGS

Frequency	No. of Respondents	Percentage
<u>Alcohol</u> N=17		
Twice a week	2	11.8
Once a month	4	23.6
Parties only	5	29.4
Others (Occasionally)	6	35.2
<u>Drugs</u> N=10		
Twice a month	2	20.0
Occasionally	8	80.0

J. Age At Which Students First Used Alcohol and Drugs

In this part, respondents were asked to indicated the year they started or tried alcohol and drugs. The majority (33%) indicated that they started in 1994. As stated earlier, the sample was drawn from form 3 class, therefore most of them were by this year in standard eight. However, others indicated 1995, 1996 and 1997. 1992 was the least with response of 11%. This information indicates that most of the respondents had tried drugs and alcohol when they were almost 15 years old.

TABLE VIII
YEAR STARTED ALCOHOL
AND DRUGS

Year	No. of Respondents	Percentage
1992	3	11.1
1994	9	33.3
1995	6	26.1
1996	4	17.4
1997	5	21.7
N=27		

K. Students Experiences And Exposure to Alcohol And Drugs

1. Alcohol

The respondents in the study indicated that they have heard and know alcohol types. Among the types of alcohol, respondents (60%) indicated that local beer was the most consumed by teenagers. However, spirits and bottled beer were also cited by some respondents giving a 25.5% and 17.5% representation respectively: Figure 1

2. Drugs

The respondents were asked to indicate the types of drugs they have over heard or that they know. The most cited type of drug was Chamba (65% respondents). However, Mandrax was also cited by 25% of respondents and cocaine was indicated by 10% of the respondents Figure 2.

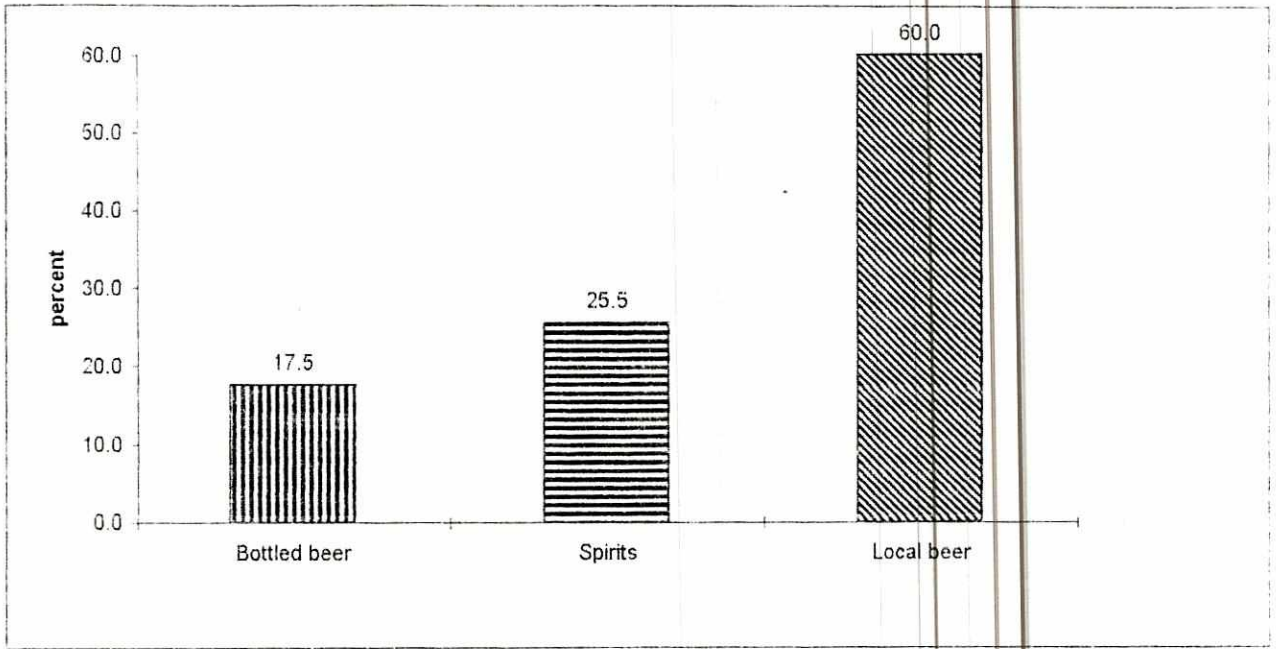


Figure 1 . Alcohol consumed by teens

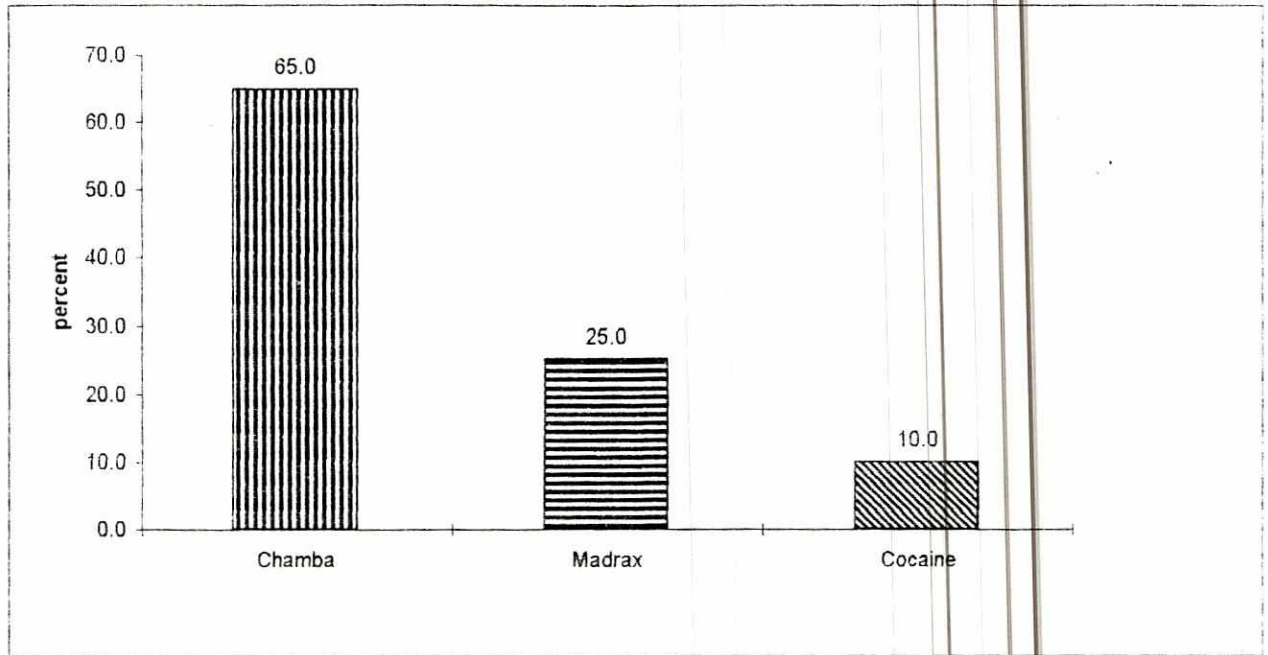


Figure 2 . Drugs consumed by teens .

Among the drugs, Chamba was indicated to be the most preferred by teenagers. TABLE IX.

TABLE IX
ALCOHOL AND DRUGS CONSUMED BY TEENS

Types Most Consumed by Teens	No. of Respondents	Percentage
<u>Alcohol</u>		
Bottled	7	17.5
Spirits	9	25.0
Local beer	24	60.0
<u>Drugs</u>		
Chamba	26	65.0
Mandrax	10	25.0
Cocaine	4	10.0

N=17

L. Respondents source of information About alcohol and drugs

1. Alcohol

The majority of the respondents indicated that they heard about alcohol from friends (55%). However, parents as a source of information on alcohol was cited by 22.5% of the respondents, with other sources being cited least. 5% indicated that they have never heard about alcohol. TABLE X

2. Drug

On the types of drugs, the majority of the respondents indicated friend as their common source of information. However, other respondents indicated parents and media as their source of information. (Table X)

TABLE X
SOURCE OF INFORMATION ABOUT
ALCOHOL AND DRUGS

Source	No. of Respondents	Percentage
<u>Alcohol</u>		
Friend	22	55.0
Parents	9	22.5
Relatives	3	7.5
Teacher	3	7.5
Others	1	2.5
Not Applicable	2	5.0
<u>Drugs:</u>		
<u>Chamba</u>		
Friend	27	67.5
Parents	9	22.5
Teacher	3	7.5
Media	1	2.5
<u>Mandrax</u>		
Friend	18	45.0
Parents	4	10.0
Teacher	7	17.5
Media	2	5.0
Others	1	2.5
Not Applicable	8	20.0
<u>Cocaine</u>		
Friend	14	35.0
Parents	3	7.5
Teacher	2	5.0
Media	10	25.0
Not Applicable	11	27.5
<u>Heroin</u>		
Friend	6	15.0
Parents	2	5.0
Teacher	2	5.0
Media	8	20.0
Others	2	5.0
Not Applicable	20	50.0
N= 40		

M. Respondents Perception Of Students Who Take Drugs And Alcohol

1. Alcohol

Respondents were asked to indicate how they felt about students or youth who take alcohol. Majority (83%) indicated that it was bad giving reasons that it affects one's school performance in a negative way. However, 17% indicated that they preferred students taking alcohol than drugs.

2. Drugs

Respondents were also asked to indicate how they felt about students who take drugs. 100% indicated that it was bad because it affects the students in a very negative way, leading one to drop out from school.

N. Respondents' Perception About Why Students Take Alcohol And Drugs

1. Alcohol

Respondents were asked to indicate the reasons that make students drink alcohol. Several reasons were cited among which peer pressure was cited by the majority (47.5%). However, enjoyment and to forget problems were also cited by most respondents (22.5%) and 20% respectively. Figure 3

2. Drugs

The majority (37.5%) of the respondents indicated peer influence as the main reason for students use of drugs. However, other reasons like lack of proper advice from parents, copying from media (TV, video or magazines) and self enjoyment were also indicated by most of the students. Figure 4

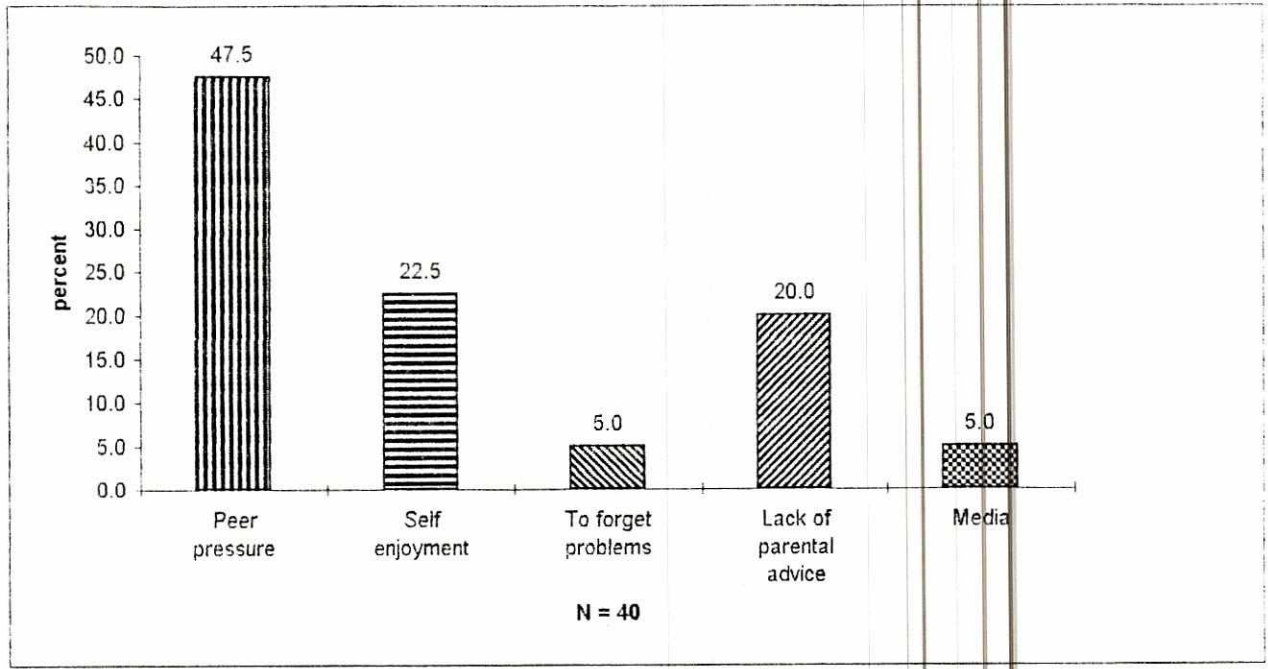


Figure 3 . Students' perception of why students take alcohol .

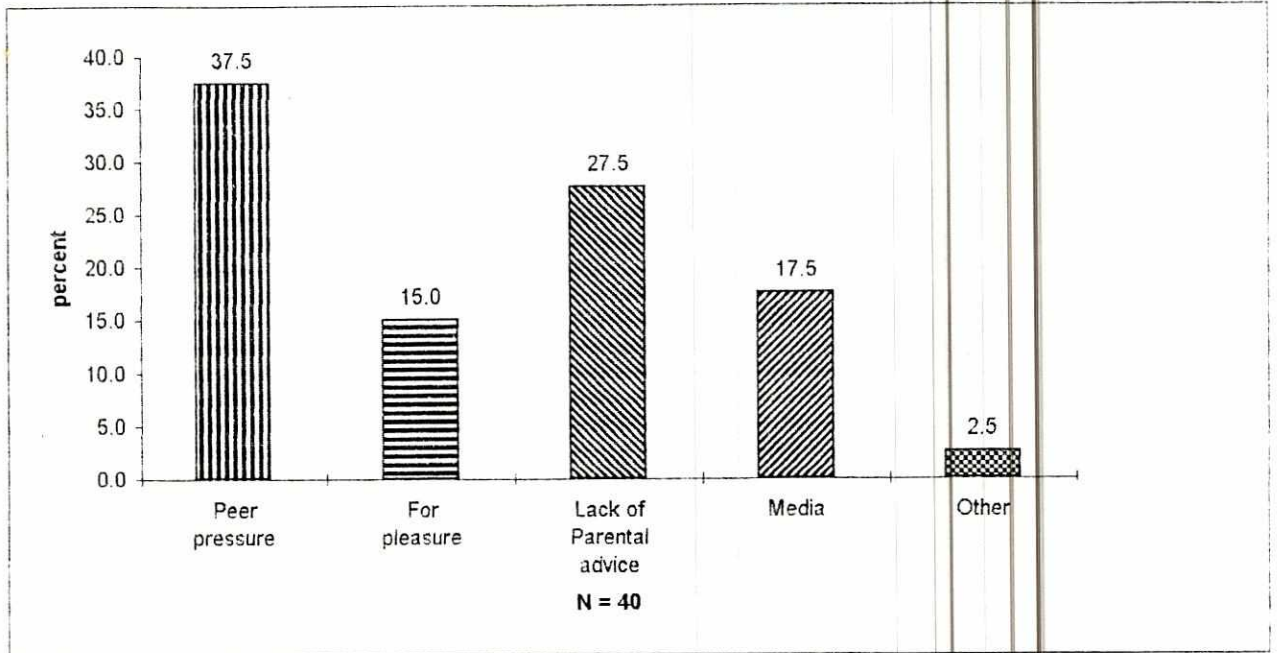


Figure 4. Students' perception of why students take drugs .

0. Age of Students in Relation to Drug and Alcohol Use or Abuse

i. Introduction

An analysis was done in order to compare the relationship between age and the type of drugs and alcohol that were used or abused among secondary school students of Lilongwe urban. This was done using chi-squared statistics in order to identify if there were any significant differences by age among students who used alcohol and drugs, and also among the types of drugs or alcohol used and what students preferred.

ii. Results

There was no statistical significant difference by age among students who used alcohol and drugs. There was also no significance difference by age in the types of drugs or alcohol used; the types of alcohol or drugs used and what students preferred.

In contrast, for students who did not take either alcohol or drugs, there was also no statistical significance difference between their ages and the reasons for not taking either drugs or alcohol. The reasons that were commonly cited among the majority were that drugs and alcohol were detrimental to good health of an individual and also that they feared their parents.

V. DISCUSSION

A. Introduction

The study was designed to identify factors associated with alcohol and drug use or abuse among secondary school students of Lilongwe urban. This chapter therefore, discusses the results presented in the preceding chapter. The chapter begins with a discussion on the characteristics of the sample, students social network, the time students start taking alcohol and drugs, and the common drugs or alcohol used or abused by students. The chapter further discusses the implications of the study, recommendations for policy and further research.

B. Summary Of Major Finding From The Study

The major findings from this study are the following:

The sample consisted of middle and late adolescent secondary school students with a mean age of 18 years. This sample was drawn from an urban setting of Lilongwe, Malawi. The majority of these adolescent students came from middle class families and lived with both parents who supported them financially, physically, socially and psychologically. However, forty five percent of the adolescents lived with parents who took alcohol. This had an impact on the behavior of their children because they need to emulate the behavior of their parents as they grow up.

There were two groups of adolescents in this study. Thirty five percent were involved in risk taking behavior of alcohol drinking or drug taking. Peer influence was the main reason for alcohol and drug indulgence for those adolescents who took them. Among the drugs and alcohol types that adolescents preferred, chamba and local beer in form of Chibuku and Napolo respectively were the most cited by the majority. Chamba was known to be grown widely and sold locally in the country and Chibuku or Napolo was also widely available on urban

market. This made accessibility to be easy for adolescents. However, alcohol was the most preferred to drugs due to the little adverse effects it had on an individuals health.

In contrast, those who took neither drugs nor alcohol cited risk to good health as their major reason. However, overall, both groups of adolescents expressed knowledge about adverse effects to cognitive health for students who took alcohol or drugs as their major effects.

Some students were involved in sexual relationships apart from drug taking and alcohol drinking. Although majority of students who were involved in sexual relationships reported to have started it during their middle adolescent stage, some started during pre adolescent or early adolescent stage.

These major findings will therefore assist in establishing the magnitude of the adolescent problems in relation to drug and alcohol use which will enable policy makers to come up with tangible intervening programmes.

C. Discussion Of Results

1. Characteristics Of The Sample

The sample of forty male (52.5%) and female (47.5%) students drawn from Lilongwe urban participated in the study. These students were from both government and private secondary schools. The majority of these students were in the late adolescent stage with a mean age of 18 years and standard deviation of 1.6 years. This sample was homogeneous in age because they were drawn from one class of form three. Due to this fact, it will be difficult to generalize the results of the study to all secondary school students of Malawi or Lilongwe in particular.

The majority of the students came from middle class families with sizable number (four) of children. This finding is important to this study because it is felt that parents help modeling children behaviour. Parents also help in shaping the

behaviour of children in the family. The small size of the family also enables the parents to be able to monitor the behavior of each child in the family adequately.

However, although it is observed that the majority of the students came from sizable and middle class families, still more students indulged in risky behaviour of drugs, alcohol and sexual interaction. Several factors can contribute to the above factors making it impossible for the families to detect these behaviors in their children. Firstly, peer pressure could be the main cause. This was also found to be the main reason for adolescence indulgence in alcohol and drugs in this study. Robinson and Greene (1988) support this finding that young persons may begin risk behavior of taking drugs, alcohol and sexual experimentation in order to fit in with the peer group.

The other factor may be the family irresponsibility. Although it is noted that parents play a crucial role in monitoring the children's behavior it is noted that most parents fail to play their role. The reason could be attributed to the fact that they themselves also indulge in alcohol drinking or taking drugs. As a result, children also copy the behaviour of their parents. From the finding of this study, nearly half of the students indicated that they came from parents who took alcohol. Therefore, this might also influence students to start drinking alcohol. Robinson and Green (1988) also support this notion that there is higher prevalence of teenage substance abuse in families characterized by alcohol or drug abuse.

However it is noted to be the responsibility of families to protect and support their children if they are to remain healthy and become productive individuals.

The other factor which has been noted to subject adolescents to risk behaviors is the accessibility of financial support from their families. More than half of the respondents indicated that they came from middle class families. This however, made it impossible for the adolescents to have access to drugs and

alcohol and other risky behaviors. This is due to the fact that adolescents possess inadequate cognitive and behavior skill to enable them to utilize the relevant resources effectively. As a result, they end up spending money on unnecessary materials like drugs and alcohol.

2. Social Networks Of The Respondents

Based on the results of this study, all the respondents indicated that they had either male, female or both types of friends. Friends are very important in the development of an adolescent because they tend to influence behaviour of one another. The literature review also indicated that adolescents indulge in risky behaviors in response to peer pressure (Kaponda, 1997). In addition, many adolescents are influenced by peers into risky behaviors because they are not able to make rational decisions about the behavior they may perceive from friends. This is due to inability to think thoroughly alternatives and be able to make proper abstractions for every actions they are faced with.

It was also found out that adolescent are not only involved in peer socialization but in sexual relationship. 40% of the respondents accepted to have had sexual intercourse at one time or another. Some students reported to have started sexual relationship as early as 10 years and below. This is in line with Kaponda (1996) who also found out that primary school girls as young as those of standard five had boyfriends and were engaging in unprotected sexual relationships. These findings contradicts with what Shawa et al (1994) found out in their study. They found out that the appropriate age for adolescents to start sexual relationships was 16 years for girls and 18 years for boys. However, findings for this study could be unique due to the setting that it was done. The majority of respondents who participated in the study came from urban areas where exposure to video, radios, magazines and television are available. Therefore, children tend to copy what they see on media and experiment on them. Unlike the

5. If (j), why is it so?

Go to Question 12.

6. If (a) to (I), What did you do or feel soon after partaking in the drink or drug?

7. Who do you think played a key role in your life for you to learn to drink or take drugs? And why?

8. If you have taken drugs and alcohol which one do you prefer and why?

9. When did you first try
(a) alcohol (give a year)
(b) drug (give a year)

10. Do you take alcohol or drugs frequently?

- (a) _____ Yes
- (b) _____ No

How frequent do you take ?

- (a) only once
- (b) parties only
- (c) once a month
- (d) every weekend
- (e) every day

11. If you do not take alcohol or drugs do you miss them? Explain.

12. What do you think about using alcohol or drugs by students?

13. Do you regard your parents as
(a) rich
(b) poor

If rich or poor how many cars do they have?
If rich or poor how many houses do they have?
If rich or poor what is the size of their farm?

14. How many children are in your family?
(a) 1-2
(b) 3-4
(c) 5-6
(d) 7 and over

15. How many girls _____ boys _____ in your _____ family?

16. Are you
(a) male
(b) female

17. If you ever had sex, how old were you at first encounter? Please give an approximate age

18. Did alcohol and drugs have any influence on your first sexual encounter on you or your partner? Explain.

19. Have you ever been sexually abused?
(a) yes
(b) no

20. List all sources of your pocket money. Example : father, male friend, female friend ,uncle, mother e.t.a.

21. Your date of birth is (day/month/year)

Please feel free to add any comments below.

THANK YOU FOR YOUR CONTRIBUTION.

APPENDIX B

University of Malawi
Kamuzu College of Nursing
Private Bag 1
LILONGWE

The Ministry of Education
Private Bag 328
LILONGWE 3

Attention: Secretary of Education

Dear Sir,

APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

I am a 2nd Year B.Sc. in Health Service Management student at above mentioned college, and as part of partial completion of the programme a research project is required.

I write to apply for clearance to conduct a research study whose title is "Factors associated with drug and alcohol abuse among secondary schools of Lilongwe urban.

Your favourable consideration is greatly appreciated.

Yours faithfully

Louisa Mphatso Saukila Nkhope