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KNOWLEDGE AND PERCEPTIONS OF THE DANGERS OF SUBSTANCE ABUSE AMONG AFFECTED YOUTH ATTENDING ST. JOHN OF GOD COMMUNITY SERVICES, MALAWI

A Dissertation submitted to:

FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING, UNIVERSITY OF KWAZULU-NATAL

As a partial Fulfilment of the Requirement for the Degree:

MASTERS DEGREE IN MENTAL HEALTH NURSING

BY

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DECEMBER, 2005

DEDICATION

This dissertation is dedicated to my lovely son **Blessings Chirambo**. My son, strive to succeed in life.

DECLARATION

I **Griphin Chirambo** declare that this research entitled "**Knowledge and Perceptions of the dangers of substance abuse among the affected youth attending St John of God Community Services in Mzuzu, Malawi,**" is my own work. It is submitted for the Masters Degree in Mental Health Nursing. It has never been submitted before for any other purposes. All the references and quotes used have been acknowledged by means of references.

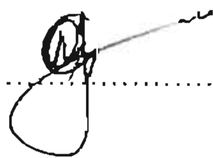
Griphin Baxter Njeresa Chirambo

Signature .... Date. 14 – 12 – 2005

This Dissertation has been examined and approved for submission.

Gugu Mchunu

(Supervisor)

Signature ............ Date 14/12/2005

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ABSTRACT

Substance abuse is a major problem amongst the youth worldwide. The goal of this study was to explore the knowledge and perceptions on the dangers of substance abuse among the affected youth attending St John of God Community Services, in Mzuzu, Malawi. The participants in the study were selected on the basis that they had been diagnosed as having a substance induced psychotic disorder and are currently receiving treatment from the hospital either as hospitalised or as outpatients.

The study used both quantitative and qualitative research designs. The purposive sampling method was used to identify the quantitative sample while the qualitative sample was selected by using the theoretical sampling method. Forty-five participants completed the questionnaire to provide the quantitative data and 7 participants were interviewed to provide the qualitative data. The quantitative data was analysed by using Statistical Package for Social Sciences (SPSS) and the results were presented in tables and graphs. The qualitative data was analysed manually and the results were presented by using the participants' direct quotes.

The findings of the study revealed that lack of knowledge and perceptions of the dangers of substance abuse are not the only contributing factors to substance abuse amongst the youth. As the results showed, that the youth had vast knowledge on the dangers of substance abuse and they also perceived these dangers negatively. However, it was found that other factors such as the enjoyment aspect and unemployment influenced the youth to start abusing substances.

TABLE OF CONTENTS

ITEM		PAGE
Dedication		ii
Declaration		iii
Acknowledgements		iv
Abstract		v
Table of contents		vi
List of tables		xii
List of figures		xiii
Abbreviations		xiv
List of appendices		xv
CHAPTER ONE: INTRODUCTION		
1.1	Introduction	1
1.2	Background to the problem	2
1.3	Problem statement	7
1.4	Purpose of the study	8
1.5	Objectives	8
1.6	Research questions	8
1.7	Significance of the study	9
1.8	Operational definitions	9
1.9	Conceptual framework	10
1.9.1	The Health Belief Model	11
1.10	Conclusion	14

CHAPTER TWO: LITERATURE REVIEW

2.1	Introduction	16
2.2	Cocaine abuse	17
2.2.1	Effects of cocaine	18
2.3	Mandrax abuse	18
2.3.1	Effects of Mandrax	18
2.4	Heroin abuse	19
2.4.1	Effects of heroin	19
2.5	Kachasu abuse	19
2.6	Marijuana abuse	20
2.6.1	Religious use of marijuana	20
2.6.2	Therapeutic use of marijuana	21
2.6.3	Social / Recreational use of marijuana	22
2.6.4	Effects of marijuana on mental health	22
2.7	Alcohol abuse	25
2.7.1	Effects of alcohol abuse	27
2.8	General effects of substance abuse	28
2.8.1	On the individual	28
2.8.2	On the family	29
2.8.3	To the society	30
2.9	Knowledge of the dangers of substance abuse	31
2.10	Conclusion	33

CHAPTER THREE: METHODOLOGY

3.1	Introduction	34
3.1.1	Research design	34

3.1.2 Population 35

3.1.3 Sampling 35

3.1.4 Sample 36

3.1.5 Setting 37

3.1.6 Data collection and instrumentation 37

3.2 Validity of the study 40

3.2.1 Bracketing 40

3.2.2 Establishing trust 40

3.2.3 Triangulation 41

3.2.4 Member checking 42

3.2.5 Reliability and validity of data collection instrument 42

3.3 Data analysis 43

3.4 Ethical consideration 43

CHAPTER FOUR: FINDINGS

4.1 Introduction 45

4.1.1 Sample realisation and description 45

4.2 Quantitative data 46

4.2.1 Socio-demographic variables 46

4.2.1.1 Gender 46

4.2.1.2 Age 47

4.2.1.3 Marital status 48

4.2.1.4 Occupation 48

4.2.1.5 Level of education 49

4.2.1.6 Religion 49

4.3 Type of substances abused in relation to modifying factors 50

4.3.1 The marijuana abuse 50
4.3.2 Alcohol abuse 51
4.3.3 Kachasu abuse 51
4.4 Knowledge of the dangers of substance abuse. 52
4.5 Perceptions of the youth of the dangers of substance abuse 55
4.5.1 Individual perceptions 55
4.5.1.1 Perceived threat 55
4.5.1.1.1 Perceived susceptibility 56
4.5.1.1.2 Perceived severity of the problem 57
4.5.2 Perceived benefits of stopping substance abuse 59
4.5.3 Likelihood to action 61
4.5.3.1 Perceived barriers to stopping substance abuse 61
4.5.3.2 Self efficacy 63
4.5.4 Interpersonal variables 64
4.6.1 Qualitative data: Introduction 65
4.6.2 Process of data analysis 65
4.6.2.1 Documenting raw data 65
4.6.2.2 Content analysis 65
4.6.3 Categories of the findings 66
4.6.3.1 Socio-demographic details 66
4.6.3.2 Factors contributing to substance abuse 66
4.6.3.3 Perceptions of the youth of the dangers of substance abuse 70
4.6.3.4 Interpersonal and situational variables 73
4.6.3.5 Cues to action 74
4.6.4 Conclusion 74

CHAPTER FIVE: DISCUSSION OF RESULTS, SUMMARY AND RECOMMENDATIONS

5.1 Introduction 76

5.2 Discussion of the results of the study 76

5.3 Knowledge on the dangers of substance abuse. 76

5.3.1 Knowledge and socio-demography 77

5.3.1.1 Age 77

5.3.1.2 Marital status 78

5.3.1.3 Gender 78

5.3.1.4 Occupation 78

5.3.1.5 Level of education 79

5.3.1.6 Religion 80

5.3.2 Knowledge and individual perceptions. 81

5.3.3 Knowledge and interpersonal variables 82

5.3.4 Knowledge and the abuse of marijuana 84

5.3.5 Knowledge and the abuse of alcohol 85

5.3.6 Knowledge and the abuse of Kachasu 85

5.3.7 Knowledge and cues to action 86

5.3.8 Knowledge and self efficacy 87

5.4 Perceptions of the youth on the dangers of substance abuse. 88

5.4.1 Perception and demographic variables 88

5.4.2 Perceived susceptibility to the problem. 90

5.4.3 Perceived severity of the problem 91

5.4.4 Perceived benefits of stopping substance abuse 93

5.4.5 Perceived barriers to stopping substance abuse 94

5.5 Factors contributing to substance abuse 96

5.6 Summary of the study findings 99

5.7 Recommendations 100

5.7.1 Education on substance abuse 100

5.7.2 Psycho-education in the hospital 101

5.7.3 Youth support groups 102

5.7.4 Control of unlicensed beer selling points 102

5.8 Recommendations for further research 102

5.9 Limitations 103

REFERENCES:

6.1 BIBLIOGRAPHIC REFERENCES 104

6.2 INTERNET REFERENCES 115

7 APPENDICES

- APPENDIX I – IV: Data collection instruments
- APPENDIX V – X: Permission letters
- APPENDIX XI: Editors invoice

LIST OF TABLES

Table 1-	Age of participants	47
Table 2-	Marital status of participants	48
Table 3-	Educational qualifications of participants	49
Table 4-	Religion of participants	49
Table 5-	Substances abused by participants	50
Table 6-	Gender differences in the abuse of marijuana	51
Table 7-	Educational differences in the abuse of kachasu	52
Table 8-	Knowledge of the youth on the dangers of substance abuse.	53
Table 9-	Confidence level to stop substance abuse after receiving information	54
Table 10-	Perceived susceptibility of the youth.	56
Table 11-	Perceived severity of the problem	58
Table 12-	Perceived benefits of stopping substance abuse	60
Table 13-	Perceived barriers to stop substance abuse.	62
Table 14-	Confidence to stop abusing marijuana	63
Table 15-	Sources of information on the dangers of substance abuse.	64

LIST OF FIGURES

Figure 1.1- Diagram showing the Health Belief Model 14

Figure 4.1- Pie Chart showing the gender of participants 47

Figure 4.2- Graph showing occupation of participants. 48

Figure 4.3- Graph showing risk of developing mental illness after engaging in substance abuse 55

Figure 4.4- Graph showing participants level of confidence to stop substance abuse 63

ABBREVIATIONS

A.D. –	Anno Domin
AIDS –	Acquired Immune-deficiency Syndrome
APA –	American Psychiatrists Association
DSM IV –	Diagnostic Statistical Manual for Mental disorders 4th Edition.
HIV –	Human Immune-deficiency Virus
JCE –	Junior Certificate of Education
MSCE –	Malawi Schools Certificate of Education
NSDUH –	National Survey on Drug Use and Health.
PHC –	Primary Health Care
PSLC –	Primary School Leaving Certificate.
SANCA –	South African National Council on Alcoholism and Drug Dependence
SPSS –	Statistical Package for Social Scientists
U.S. -	United States
WHO –	World Health Organisation

APPENDICES

Appendix I : The questionnaire

Appendix II : The interview schedule

Appendix III: The questionnaire in Tumbuka

Appendix IV: The interview schedule in Tumbuka

Appendix V: Ethical letter from university research committee.

Appendix VI: Request letter for Regional Health Officer (North)

Appendix VII: Permission letter from Regional Health Officer (North)

Appendix VIII: Request letter for St John of God management

Appendix IX: Permission letter from St John of God management

Appendix X: Consent letter for participants.

CHAPTER ONE:

1.1 INTRODUCTION

Substance abuse has an enormous impact on people's health worldwide. This, being the case, it has attracted intense international interest and concern. In response to the magnitude of the problem worldwide, the World Health Organisation (WHO) instituted a global policy against substance abuse (US Department of Labour, 1998). The policy against substance abuse has been received with mixed reactions. One reaction to the policy has been that most countries are campaigning against substance abuse but on the other hand other people do not see the necessity to campaign against the abuse.

Most people who use marijuana are campaigning to get a new international treaty which would legalise marijuana use. The result of this marijuana campaign was that during the first week of May 2004, many marijuana users in the world's big cities marched in the streets in protest against the global campaign against the use of marijuana. In South Africa, more than 600 protesters marched in the streets of Cape Town to demonstrate their interest in the legalisation of the use of marijuana (Associate Press, 2004).

Substance abuse can be linked to various problems, which vary depending on the individual's level of involvement in the substance abuse. Some of these problems are transient whilst others may be life-long. There may also be social problems, which may be brought about by substance abuse. According to American Psychiatric Association (1995), one of the many problems that are brought about by substance abuse is mental health problems. Studies have shown that the group of people who are most affected by substance-induced mental illness are young people (Barnes, 1996). This is of great concern and it made this study greatly necessary.

1.2 BACKGROUND TO THE PROBLEM

At the Alma Ata Conference (1978) where Primary Health Care (PHC) was defined, health for all by the year 2000 was the vision of the World Health Organisation (WHO). The focus of this conference was the promotion of health. The information derived from this conference was used by different countries as they developed their health policies and objectives towards achieving the delivery of primary health care (PHC). In the Primary Health Care approach, health promotion is one of the strategies or components for a successful PHC delivery. Health promotion is defined as the art or science of helping people change their lifestyles to move towards a state of optimal health (Green and Kreuter, 1991). The argument central to the health promotion debate is that for people to change their health behaviour, they need to understand the seriousness of contracting the illness. According to Bandura's (1997) health belief model, knowledge of the outcomes of the behaviour plays a greater role in whether the behaviour is to continue or to extinct. The argument is that unless people believe that their actions can produce the outcomes they desire, they are not willing to continue with the behaviour they are geared for. The assumption is that for an individual to change a bad practice such as substance abuse, they need to perceive the consequences of the behaviour as very serious for their health.

In Malawi, the Ministry of Health focuses on health promotion and strives to prevent the occurrence of diseases through its various programmes such as health campaigns. Youth programmes, especially those focusing on the promotion of mental health, are still problematic. One of the identified problems amongst the youth is their continued indulgence in substance abuse irrespective of the government's interventions to help them stop the behaviour. According to Barnes (1996), youths are the most affected group with substance abuse. The author refers to the adolescents and early adult years as a time of exploration when

the youth make lifestyle decisions, including those affecting their health. But the decisions made by the youths regarding health are often characterised by a lack of knowledge about the consequences of those behaviours on their health (Barnes, 1996 and Millstein, 1998). Studies have shown that most youths' decision - making in terms of their involvement in substance abuse is often influenced by peer pressure (Dunu, 2003). Most of what the youth do is because their friends also do it. But all this may be attributed to the lack of knowledge of the dangers of substance abuse, which is why they even encourage each other to start engaging in the behaviour.

Traditional beliefs also play a great role in the decisions or behaviours of people. This may be supported by the fact that in the African context, substance use is attached to traditional beliefs (Newcomb and Harlow, 1986). The findings of a study on substance use among South African University students, Peltzer and Phaswana (1999) showed that in Africa the combination of traditional cultural practices and the increasingly pervasive ethos of modernity and westernisation may be responsible for an increase in substance abuse. These authors further acknowledged that the consumption of alcoholic beverages in South Africa dates back to pre-colonial times where the drinking of alcohol was mainly for elders and senior members of the society including traditional leaders, but it was uncommon among the youth. During this period, alcohol was consumed mostly during festivities and ritual ceremonies.

On the same perspective of traditional beliefs on the use of drugs and alcohol, marijuana was first used in India because it was used as a means of driving away evil spirits from people. They believed that there were no evil spirits among the people who used marijuana (The Ministry Amsterdam, 2003). But the use of substances in rituals cannot be blamed for a person to start abusing substances as these were only taken on special occasions. The other

concern has been why there has been an increase in the number of youth who are using these substances which were only meant for the elders use for special purposes (Peltzer and Phaswana, 1999).

The situation in Malawi is not very different from South Africa where alcohol was used by traditional leaders when they prayed to ancestral spirits (Tenthani, 2000). Alcohol was only used on these special occasions and the youth were not involved in this prayer service to the ancestors. But of late, they have become the ones who are using alcohol and drugs even more than the adults (Barnes, 1996). This poses a big problem as there has been an increase in the number of youths admitted in psychiatric hospitals, and most of them admit that they use either alcohol or illicit drugs (Vokhima, 1999). Hence their mental health problems might be attributed to their involvement in substance abuse.

In a study by the National Household Survey on Drug Abuse (2001), a primary source of statistical information on the use of illegal drugs by the U.S. population, it was found that 4.3 million Americans (or 1.9% of the total population) ages 12 years or older were current illicit drug users, 7.1 million Americans (or 3.2% of the total population) were dependent on illicit drugs or alcohol, and 5.1 million Americans (or 2.3% of the total population) were dependent on alcohol. Amongst these, most of the participants reported that they had little knowledge of the dangers of substance abuse when they began using them. Furthermore, a study conducted by Bardwin (2003) supported these findings. This study was conducted in America and it was aimed at determining the level of knowledge of substance abuse problems in clients. The findings of the study reported that only 16.4% of the substance abuse clients claimed that they knew the after-effects of abusing drugs at the time when they started the behaviour. This

means more than half of the substance abuse clients were not aware of the dangers of substance abuse.

If there is little knowledge on the dangers of substance abuse, the youth can easily get involved in the behaviour through peer pressure (Brook et al., 2001) hence they may end up experiencing the after-effects of substance abuse. Using the same principle, Peleg et al., (2001) carried out a study in Israel to help students stop abusing drugs and alcohol. The findings of this study demonstrated that there is a significant difference in levels of knowledge between the pre-test and the post-test. The author then proposed that assessing the level of knowledge is vital when carrying out a behavioural change programme. Therefore, one step in encouraging the youth to stop using drugs and alcohol would be to assess their knowledge and perceptions of the dangers of substance abuse.

It is also important to determine those people who are at risk of developing substance abuse problems and assess their knowledge of the dangers of abusing drugs (Goldston and Klein, 1977). Felner et al., (1983) and Barnes (1996) already identified the youth as the most at risk group. Therefore what remained was to assess the affected youth's knowledge and perceptions of the dangers of substance abuse. In so doing, the goals of primary prevention which includes both efforts to reduce the number of new cases of substance abuse clients and to promote optimal health (Gullota, Adams and Montemayor, 1995) will be achieved. The Ministry of Health in Malawi, with the few resources they have, have strived to achieve this goal.

St John of God Community Services is a non-governmental institution run by the St John of God Brothers of the Catholic denomination. It provides services to mentally ill people. At

present, it acts as a referral hospital for mentally ill people in the northern region of Malawi. But because of the good quality of services rendered to the clients, it receives clients from all over the country and some clients come from neighbouring countries like Zambia and Tanzania. The hospital has an admission capacity of 50 beds. Therefore, only those who are acutely ill are admitted to this hospital in the acute care ward. Others are managed in their homes through a community facilitation group of health care workers.

The hospital also offers outpatient services to clients, and this is the place where clients are screened for their mental health problems. Counselling services at a professional level are offered to clients and the community at large when necessary. These counselling services help the youth to make an informed choice of stopping their abuse of substances. The institution has a halfway house which is used for rehabilitation and skills training for those clients who lost their skills during their illness. When clients have stabilised from the acute symptoms which they had, they join a vocational training centre which trains them in different skills. While clients attend this vocational training centre, their condition continues to be monitored. Most clients who have a history of substance abuse are attached to this vocational training centre when stable so that they may get trained in a skill, which might help them not to return to substance abuse thereafter.

The services are expanding at a steady rate and there is a strategic goal to start a substance abuse prevention programme within the services of St John of God. This programme will commence as soon as there is baseline data on the knowledge and perceptions of the affected youth of the dangers of substance abuse.

1.3 PROBLEM STATEMENT

Substance abuse amongst the youth is increasingly becoming a public health problem. However, the Malawi government through the Ministry of Health and Population devised strategies to help in promoting the health of every citizen including the youth. Despite all the efforts made by the government of Malawi on health promotion, substance abuse still remains a serious problem amongst the youth in Malawi. In recent years there has been a growing number of youth admitted to the under resourced psychiatric hospitals in Malawi such as St John of God Community Health Services and Zomba Mental Hospital with problems related to substance abuse.

In 2003 alone, Zomba Mental Hospital, the biggest mental hospital in Malawi admitted 1 890 clients. Of these, 262 were admitted with a DSM 1V diagnosis of substance induced psychotic disorder. This hospital has only two registered psychiatric nurses to look after all these clients (Zomba Mental Hospital database, 2004). While at St John of God Hospital which has a bed capacity of 50 clients, 256 clients with a DSM IV diagnosis of substance induced psychotic disorder were admitted in the period from January to December 2003 (St John of God Data base, 2004). This creates a problem for the clients in the psychiatric hospitals in Malawi in terms of receiving quality care.

In an effort to fight against substance abuse in the community, the St John of God Community services drew up a strategic plan to implement a substance abuse prevention programme in 1999. By 2001 the objectives of the plan were still not met and it was discovered that the structures necessary to meet the objective such as the youth awareness programmes were not in place. So far, no study has been conducted in Malawi to determine the youth's knowledge on the dangers of substance abuse. Hence the St John of God

Community Services recommended that a study be carried out on substance abuse in the community to act as a base line data for the implementation of the programme (St John of God Strategic Review, 2001). This motivated the researcher to do this study on the knowledge and perceptions of the affected youth of the dangers of substance abuse.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to explore the affected youth's knowledge and their perceptions of the dangers of substance abuse.

1.5 OBJECTIVES

The objectives of the study were:-

1. To explore the knowledge of the affected youth of the dangers of substance abuse.
2. To determine the affected youth's perceptions of the dangers of substance abuse.
3. To determine the factors which contribute to the youth's engagement in substance abuse.

1.6 RESEARCH QUESTIONS

The study aimed at answering the following research questions:-

1. What is the affected youth's knowledge of the dangers of substance abuse?
2. How does the affected youth perceive the dangers of substance abuse with regard to their health?
3. What factors contribute to the youth's engagement in substance abuse?

1.7 SIGNIFICANCE OF THE STUDY.

The Ministry of Health and Population in Malawi recommended that interventions aimed at increasing the youth's awareness of the dangers of substance abuse need to be put in place. Before this intervention can be implemented, it is imperative to conduct a study to gather a baseline data on what the target population already knows of the dangers of substance abuse. Hence the findings of this study will serve the purpose of acting as baseline data and will be a starting point for the interventions on the substance abuse prevention programmes. Therefore the information from this study will not only act as baseline data for substance abuse prevention programmes at St John of God, but also on a regional level since the hospital caters for the entire Northern Region of Malawi.

The results of this study will also assist in the development of the teaching curriculum on the dangers of substance abuse. In addition to this, relevant policy makers may utilise the results of this study to review the policies on the prevention of substance abuse.

1.8 OPERATIONAL DEFINITIONS

Affected youth refers to the youths who have been diagnosed as having a DSM IV AXIS 1 diagnosis of substance abuse disorder.

Knowledge is information associated with rules which allow inferences to be drawn automatically so that the information can be employed for useful purposes (http://www.seanet.com/~daveg/glossary.htm, 11-11-2004). In this study, knowledge on the dangers of substance abuse refers to the youth's awareness of any danger substance abuse has on their health and the impact it may have on them physically, socially and economically.

Perception is the process of acquiring, interpreting, selecting, and organising sensory information. (http://www.wordiq.com/definition/Perception, 11-11-2004). In this study, Perception of the dangers of substance abuse entails the way the youth understands the dangers of substance abuse.

Substance usage is referred to as the use of any chemical legally and in an accepted manner that will not cause any danger to the individual physically, mentally or socially.

Substance abuse refers to the maladaptive use of any chemical, legal or illicit, to produce alterations in brain functioning, mood, behaviour and / or level of perception (Freeman, 1993). In this study substance abuse will refer to the maladaptive use of alcohol, marijuana and other illicit drugs.

The youth is described as those individuals below a certain age limit. The age limit varies from country to country. This age is 18 years in most countries, and once a person is above this age, they are considered an adult (United Nations Division for Social Policy and Development, 2004). The youth in this study refers to those affected young people who have already been diagnosed as having a substance induced psychotic disorder and they are between ages of 10 and 25 years. This included both males and females.

1.9 CONCEPTUAL FRAMEWORK

The knowledge of an individual about a certain issue influences him / her in terms of what they choose to do. It follows therefore that the individual's behaviour is firstly influenced by knowledge, beliefs, attitudes and some other environmental factors. Assessment of knowledge is therefore the first step to promoting good health behaviour in youths. This

section will focus on the Health Belief model which guided the researcher to conduct his study.

1.9.1 THE HEALTH BELIEF MODEL

The Health Belief Model was used to guide the researcher to carry out this study. The model has been used in most of the previous studies assessing the knowledge and perceptions of people (Mpotokwane, 1999; Eisen, Zellman and Mc Alister, 1985 and Green and Kelly, 2004). Hence this was found to be the most suitable model to guide the researcher in exploring the knowledge and perceptions of the affected youth of the dangers of substance abuse. The model has the following concepts:-

- **Importance of health**

  A person looks at the importance of engaging in a health promotion strategy. He gets to this stage after obtaining some information on how good it is to stop the unhealthy behaviour.

- **Perceived threat**:- This consists of two parts which are perceived susceptibility and perceived severity.

  - **Perceived susceptibility**:- This concept deals with one's opinion of the chances of getting a condition. Depending on the knowledge of someone and how they perceive a situation, the person may be able to analyse and see himself as being at risk of getting affected by the problems of substance use. In this study the affected youth may start to perceive themselves as susceptible to developing a health condition such as mental illness because they are abusing substances.
  - **Perceived severity**:- This concept explains the feelings a person has concerning the seriousness of the health condition he may contract. In

this study, a person may look ahead and perceive the gravity of the health condition he may suffer from after abusing substances. For instance, the affected youth may look ahead and see how severe the condition is which they may develop. This can help to change the mind set of an individual in terms of whether to get involved in substance abuse or not.

- **Perceived benefits:** - This explains the believed effectiveness of the strategies designed to reduce the threat of the illness. An affected youth may look at the better options of the way he will be leading his life after he stops abusing substances. For him / her to do this, it depends on the knowledge he has of the dangers of substance abuse.
- **Perceived barriers:**- This explains the potential negative consequences that may result from taking a given health action. In this case, an affected youth may perceive problems like the environment where he is staying as it might happen that there may be many people who abuse substances hence he may look at it as a barrier to him to stop substance abuse. At the same time it might happen that all his friends he had also abuse substances, therefore he must be ready to lose friends whom he used to associate with at the time be was abusing substances.
- **Cues to action:**- The concept explains what health professionals should do to impart knowledge to the affected youth on the dangers of substance abuse. This might be in the form of available media like the radio, television, magazines and pamphlets.
- **Self efficacy:**- In the Health Belief Model, self efficacy is explained as the confidence in one's ability to take action and persist in this action. In this study, it is when an affected youth becomes confident that he / she will change the behaviour of substance abuse and how he/she will persist in the strategies to stop abusing substances.

- **Other variables:-** These are the factors which will help someone to gather information on the health condition to increase the knowledge which he has or to feel the knowledge gap existing in the affected youth. This knowledge will help to bring confidence to him to go through health promotion series. These variables are the demographic variables like age and marital status, interpersonal variables like having a partner or having close friends and situational variables like being exposed to magazines, television or radio.

The Health Belief Model is diagrammatically explained in the figure 1.1 that follows.

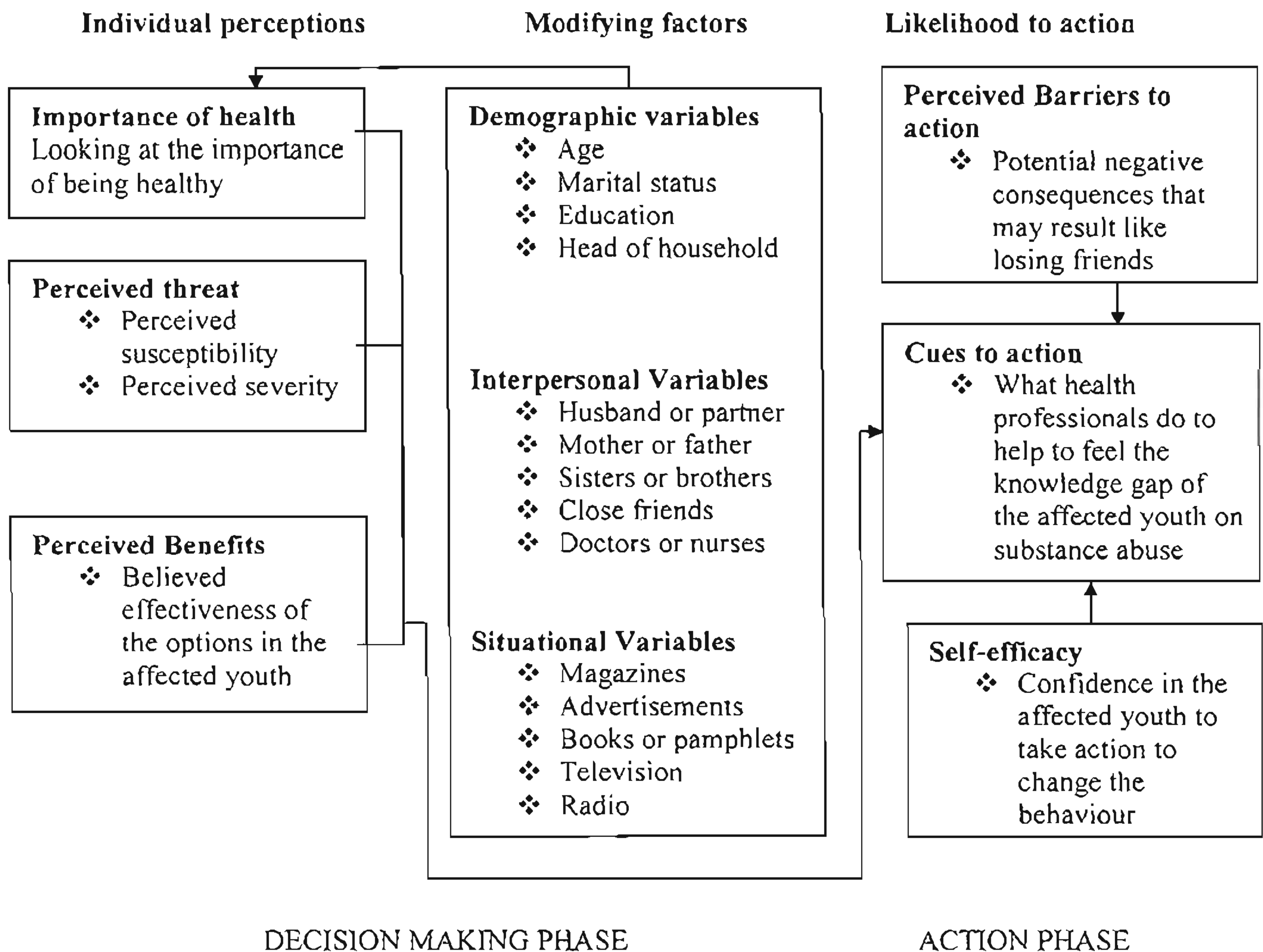


Figure1.1: An illustration of the health belief model {Adopted from health promotion in nursing practice, 1982}

1.10 CONCLUSION

Knowledge and perceptions of the dangers of the behaviour someone is involved in is crucial if the person is to decide either to proceed or to stop the behaviour. Therefore, it is imperative that the affected youth have enough knowledge of the dangers of substance abuse and also that they should perceive these dangers as very dangerous to their health. It is only when the

knowledge gap they may have is filled, that they may take an action to stop the behaviour of substance abuse.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Substance abuse refers to the maladaptive use of any chemical, legal or illicit, to produce alterations in brain functioning, mood, behaviour and / or level of perception (Freeman, 1993). It can also be defined as the taking of alcohol or other drugs at dosages that place a person's social, economic, psychological and physical welfare in potential hazard, or endanger public health, morals, safety or welfare, or a combination thereof (Concise English Oxford Dictionary 1999).

This chapter will present several substances which are abused and their effects to the individual, the society and the community. It will also highlight the knowledge and perceptions people have of the dangers of substance abuse. The focus will be on alcohol and marijuana which are commonly abused in Malawi. However, other substances like cocaine, heroin, Kachasu and mandrax will also be briefly highlighted.

In a study of the persons who are admitted to psychiatric hospitals, Hartfield (1993), found that as many as 50% of the mentally ill population also had a substance abuse problem. The drugs most commonly used were alcohol, followed by marijuana and cocaine. He also found that the incidence of abuse was greater in males of age between 18 years and 44 years. In a study conducted at Leeds University it was found that the youth are at the forefront of abusing alcohol and drugs. This particular study revealed that 86% of the students consumed alcohol (Pickard et al., 2000). In the same study, it was found that among those who were abusing substances, a high proportion was males (52.6%) and the rest were females. Thirty-three percent of the students were abusing illicit drugs. The drug most commonly used was marijuana, but other drugs were used as well (Pickard et al., 2000).

South Africa's most commonly abused drug is marijuana (Pickard et al., 2000). Some of its street names include cannabis, weed, dope, pot, boom, ganja, herb, bang, insangu, matekwane, kaya, dagga and Durban person (Baumann, 1998). In Malawi marijuana is commonly known as chamba. It is usually smoked but may also be taken orally and is sometimes mixed with tea or food (American Psychiatric Association, 1995).

In Malawi, most people abuse alcohol and marijuana (Zomba Mental Hospital database, 2004). This is supported by the statistics from St John of God psychiatric hospital which indicates that of all the clients admitted with a DSM IV AXIS 1 diagnosis of substance abuse disorder, 71% abuse both alcohol and marijuana, 12% abuse alcohol, 16% only abuse marijuana and less than 1% abuse either mandrax or cocaine (St John of God database, 2004). On a national level, statistics were not available in the Malawi Health Information Management Systems office for those clients who are admitted to hospitals because of abusing substances (Sambakunsi, 2004). This shows that not much effort is being made to help the prevention of substance abuse. So far no research has been done on the topic. Below are the different substances of abuse and their effects on an individual, society and community.

2.2 COCAINE ABUSE

Cocaine is one of the drugs which is greatly abused by the youth worldwide (Maurice et al., 2002). It is an alkaloid found in leaves of erythroxylon coca. According to Maurice et al., (2002), people abuse cocaine because it induces a sense of exhilaration in the user primarily by blocking the re-uptake of the neurotransmitter dopamine in the midbrain. Cocaine is usually taken as a powdery substance that is snorted through the nose, but there are some other forms which are smokable or injectables.

2.2.1 Effects of Cocaine

Studies have shown that cocaine causes an individual to feel euphoric which is thereafter followed by a crash. According to Jessor and Jessor, (1980), a cocaine crash involves anxiety, depression, irritability, extreme fatigue and possibly paranoia. This shows that cocaine causes mental health problems, as the symptoms of a cocaine crash are also the symptoms of mental illness. This is supported by Schinke, Botvin and Orlandi, (1991), who further add that with the use of cocaine, some users may feel tactile hallucinations of insects crawling underneath their skin. The authors further state that some people may even become isolated and suspicious. There has been no study done on cocaine use in Malawi.

2.3 MANDRAX ABUSE

Mandrax also known as methaqualone usually comes in the form of light and dark blue capsules or white scored tablets (http://www.health24.com/mind/Sexualdysfunction/1284-1300,14259.asp.12-10-2004). The author further asserts that at times mandrax is crushed and smoked with marijuana in what is commonly called a white pipe.

2.3.1 Effects of Mandrax

Mandrax has been known to be one of the leading causes of mental health problems. This is indicated in a report by SANCA where it is stated that mandrax use leads an individual to staggering, impaired thinking, slurred speech and distortions in perceptions. The report also states that withdrawal symptoms of cocaine includes restlessness, anxiety, insomnia, delirium and convulsions (Parry, 2000). This shows that with the abuse of mandrax, it is likely that an individual may develop mental illness.

2.4 HEROIN ABUSE

Heroin is a white powder most often used for injecting but is also available in brown granulated form used for smoking. Therefore heroin can either be snorted or injected. According to Harding et al., (1996), heroin is one of the most powerful painkillers. Despite it being a pain killer, people abuse it because it produces a mental and physical state of euphoria.

2.4.1 Effects of Heroin

Studies have shown that heroin has the effect of depressing the central nervous system including the respiration and heart rate. Studies have also shown that heroin users often experience constipation (Schinke, Botvin and Orlandi, 1991). Other studies have shown that a person can develop a tolerance to heroin use. This happens where a user moves from snorting or smoking to injecting to maximise the effect for the amount of heroin used. This implies that when the youth engage in heroin use, they will eventually end up abusing it as the demand for more heroin comes soon after one starts using it.

2.5 KACHASU ABUSE

Kachasu is a strong locally distilled alcoholic drink. It is distilled in most townships and villages of Malawi. The alcoholic percentage of the drink is not known as no laboratory testing has been done to estimate the alcoholic percentage. Kachasu is mostly abused by people who find problems to get intoxicated with other types of alcoholic drinks. No published study has been done on the use Kachasu.

2.6 MARIJUANA ABUSE

Many people use marijuana for several purposes. It is used for medicinal purposes, social purposes and for religious purposes. In all these uses, everyone who abuses marijuana claims to be using it for one of the above mentioned purposes.

2.6.1 Religious Use of Marijuana

In the religious arena, marijuana is used in Rastafarianism as a 'wisdom weed.' The Rastafarians claim that marijuana should be smoked as a religious rite. It is alleged that marijuana was found growing on the grave of King Solomon of the Bible to whom God gave Wisdom. Hence it is believed that after smoking marijuana, a person becomes more wise (Bennet,1998). Despite this information, religious critiques argue that there is no where in the Bible where it is stipulated that Marijuana was found growing on the grave of King Solomon. Therefore those who use Marijuana should not hide under the cover of the Bible (Kiefer, 2002). This indicates that the use of Marijuana can not be justified by religion and the use of it is therefore abusing it.

According to Mazur (2003), Rastafarians also believe that Marijuana should be used as a Holy sacrament. They state that God gave grass for the use of cattle and herb for the service of man (Psalm 104:14). But according to the Bible, the sacraments in which believers are called to partake are baptism and the lords supper (Acts 2: 41-42; 1 Corinthians 10: 1-4). This is supported by Kiefer, (2002) who state that there is no scripture in the Bible in which God commands people to smoke Marijuana. The author states that smoking is not mentioned in the Bible. In Malawi, the situation is not different where on several occasions, Rastafarians have gone to the courts fighting for their rights to legalise the smoking of Marijuana. They claim that since there is a freedom of worship in Malawi, they should also be allowed to smoke

Marijuana as it is part of their religious doctrines (Tenthani, 2000). But on a Christian perspective, substance abuse and use is regarded as a spiritual disorder. Adolescents who claim to have a personal relationship with the Devine are less likely to abuse drugs. This was found in a study on strong religious beliefs and substance abuse (Miller, 2000). The author then concludes that personal spirituality strongly protects against ever developing alcoholism or drug abuse. While on the other hand, Mason and Windle (2002) state that sometimes religious beliefs can influence people to start using substances like marijuana which they would not have been using if they were not belonging to that religious denomination.

2.6.2 Therapeutic Use of Marijuana

On therapeutic purposes, the use of Marijuana dates back to 500 A.D. when the Chinese used the drug to treat menstrual problems (Grinspoon, and Bakalar, 1993). Since then several studies have been done to find out if the drug can be used to treat some other diseases. Hence in 1850 it was found that marijuana is the main ingredient in the drugs known to treat impotence (Abel, 1985). This made several researchers to continue their studies on the drug. In a study by Abel (1985) it was found that marijuana was used to facilitate child birth. It was indicated that Marijuana increases the force of uterine contractions and shortens labour considerably. Marijuana was also administered to patients who were suffering from a variety of disorders such as tetanus, rabies, epilepsy and rheumatism. In the same study it was found that marijuana was believed to treat broncho-spasm in patients with asthma (Grinspoon, and Bakalar,1993 and Graham, 1976). However, contemporary studies have not yet proved in a laboratory whether marijuana is a pharmaco-therapeutic drug and can really cure these disease ailments or not, hence the drug was banned from being prescribed in America in 2003 (Bardwin, 2003).

2.6.3 Social / Recreational Use of Marijuana

From a social perspective, marijuana is viewed as a recreational drug as it is used by man because of its effects on emotions. The authors argue that smoking marijuana produces almost instant effects lasting one to four hours. It makes people relaxed and talkative. It is also used because of peer pressure, relief of pressure, to increase energy, to relax, to escape reality, to feel more self esteem and for recreation (Goddard, 1997; Mechoulam, 1990 and Newcomb and Harlow, 1986). In Malawi, most youths use marijuana for recreational purposes. Statistics at Mpemba Boys Home, where boys with behavioural problems are placed to reform them, indicate that most youths who are there had smoked marijuana before but they stated that they used it for recreational purposes (Vokhima, 1999).

2.6.4 Effects of Marijuana on Mental Health

Several studies have been carried out on the relationship between marijuana and mental health problems. Manno et al., (1970) did several experiments regarding the effect of marijuana on cognitive function. The results in all the experiments showed that there were impairments of motor-function of the individual. There was a notable impairment after smoking in five out of nine tests of mental acuity. As a consequence of these effects on mental functioning, it has been noted that marijuana impairs the capacity to communicate by speech (Weil and Zinberg, 1969) but that the principal defect is due to impairment of memory for recent events or the capacity to recall recent acquired information (Tinklenberg et al., 1970; Abel, 1971; Dornbush, Fink and Freedman 1971; Darley et al., 1974 and Vachon, Sulkowski, and Rich 1974).

Block (1996) found that heavy marijuana use produces alterations in the brain structure hence the changes in the brain functions. He noted that impairments may be due to a drug residue of

cannabinoids lingering in the brain after the acute intoxication has subsided. This is supported by the American Psychiatric Association (1995), who state that intoxication in someone who has used it develops within minutes if it was smoked, but may take a few hours to develop if ingested orally. Their study also stipulates that the magnitude of the behavioural and physiological changes depends on the dose, the method of administration, and the individuals characteristics such as rate of absorption, tolerance and sensitivity to the effects of the substance. Some studies show that frequent marijuana users, have impairment in mental flexibility and abstraction as well as some aspects of learning. Some evidence that certain cognitive deficits persist for prolonged periods following cessation of marijuana use was found which was consistent with marijuana induced brain alterations. The prolonged periods of cognitive deficits are because cannabinoids are fat soluble, hence there is a slow release of psychoactive substances from fatty tissue (Block, 1996; Mendhiratta et al., 1999 and American Psychiatric Association, 1995). In his study to find out if marijuana use is associated with the onset of depressive symptoms, Kuo (2003) strongly supported that marijuana use at baseline is associated with the incidence of suicidal ideation. The author found that abusers were three times as likely to develop suicidal ideations as non abusers ($P<0.01$).

To the contrary, the study by the Congressional Office of Technology carried out over a period of a decade proves that marijuana has no effect on dopamine related brain systems. The neuropsychological variables and urine cannabinoid metabolites in ten subjects born, raised, and educated in the United States of America and having histories of heavy or prolonged use of marijuana were evaluated. The results showed that there was no impairment of cognitive function (Russo, 2001 and Andrysiak, Schaeffer, and Thomas, 1981). In response to this, Brown (1999) in Mendhiratta et al., (1999), gives his own personal experience where

he associates drinking marijuana tea with the experiences of perceptual and mood disturbances which he had. He states that each time he drunk marijuana tea he could experience these symptoms which could last for a few hours or a few days. He later developed depression which led him to have problems with schooling. He was then taken to a drug rehabilitation centre where he stopped drinking marijuana tea and eventually he recovered. To prove that mental illness symptoms were caused by marijuana use, the symptoms disappeared with abstinence from the drug.

In a study conducted on students who were abusing marijuana, a sample of 6641 people was randomly selected from students of Grades 7 to 13. It was found that 20% of them reported confusion, anxiety or other unpleasant effects. These results were supported by a survey carried out on heavy marijuana users where it was reported that 50% of the respondents had occurrences of anxiety, fear, confusion and bewilderment during the time of acute intoxication. It also provokes relapses and aggravates existing symptoms in those with major mental illness (Annis and Smart, 1973; Halikas, Goodwin and Guze, 1971, Johns, 2001 and British Journal of Psychiatry 2001,Vol.13, p8). In his arguments to marijuana causing confusion and anxiety disorders, Grinspoon, and Bakalar (1993) argue that marijuana does not cause anxiety problems but instead it is used to rift the moods in patients suffering from anxiety disorders.

The personality profiles of 29 student smokers who had used marijuana for over three years were examined in detail. They were compared with 29 students who were not smokers of marijuana. The results showed that there was no evidence of impairment of cognitive functioning or brain damage among the users (Brill, 1971 and Weckowicz and Janssen, 1973. In their reaction to this study, the National Household Survey on Drug Abuse (2001) reports

that amongst a population of 18 years and older, 7.3% of the population with serious mental illness was associated with the use of illicit drugs. And amongst these, males were more likely than females to receive treatment for alcohol or illicit drug problems where 1.9% were males and 0.9% were females. Hence it concludes that marijuana has an impact on the development of mental health problems.

In Malawi, marijuana has been the major cause of the admission of youths to mental hospitals. Statistics at Zomba Mental Hospital indicate that one in every ten mentally deranged persons had admitted to smoking marijuana. Most of them state that they started smoking when they were still between the ages of 10 and 16 years (Vokhima, 1999). Usually at this age, most youths do not know the dangers of substance abuse (Sigelman et al., 2002). If the youth start to get admitted to the mental hospital at the age of between 10 and 16, it shows that the extent of the problem of substance abuse amongst the youth is worthy a prevention programme.

2.7 ALCOHOL ABUSE

Teenagers may start abusing alcohol in various ways. Experimentation with drugs during adolescence is common. Unfortunately, teenagers often do not see the link between their actions today and the consequences tomorrow. Despite the fact that they may see others having problems with the same drugs and alcohol, they feel indestructible and immune to the problems that others experience (Assanangkomchai et al., 2002). Using alcohol and tobacco at a young age increases the risk of using other drugs later. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs.

Adolescence is a time for trying new things. Teens use drugs and alcohol for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. At the same time, if a child spends time amongst substance abusers, they are at risk of becoming a substance abuser in the future (American Psychiatric Association, 1995).

According to Romero – Daza, Weeks; Singer (2003) and Moss, (2000), adolescents who have been abused or who have witnessed abuse may resort to using alcohol as a coping mechanism. These authors further stated that adults who were abused as children may use substances to deaden the pain of past memories. At the same time, victimisers may abuse substances to diminish their feelings of guilt or shame or to assist in denial of the acts.

"South Africa is a nation of beer drinkers. The majority of the alcohol consumed is beer, where roughly half of which is traditional sorghum beer. However, there is a trend towards a greater consumption of western style beer" (Baumann, 1998). Many people use alcohol regardless of age, sex, race and ethnic background. When it is used excessively, a person may become alcoholic in which case he develops alcoholism where he has alcohol craving and continued drinking despite alcohol-related problems (American Psychiatric Association, 1995).

A number of studies have looked at the prevalence of alcohol abuse in Africa. The rates of alcohol abuse are considerably higher in males than in females. Males in urban areas have the rates of abusing alcohol in the range of 34-37% versus 16% in rural areas. For females, the rates were 17-25% versus 5% in the rural areas. Particularly high rates of alcohol abuse are found amongst wine farm workers and high rates of binge drinking are found in the youth (Baumann, 1998). This is supported by the studies done in Cape Town by Strachan (1999), which shows that there is a greater number of youths who are involved in alcohol abuse. In

this study, 72% of the youth were found to consume alcohol and amongst these, 46% were heavy drinkers while as 26% were light drinkers. The level of knowledge of the dangers of alcohol abuse amongst these youths was not assessed, leaving questions as to whether they knew the dangers before they started the behaviour or not.

2.7.1 Effects of Alcohol Abuse

Alcohol abuse affects human health in several ways. The effects may be physical, psychological, social, economical and even moral.

With the heavy use of alcohol, sudden abstinence from use results in withdrawal symptoms which may be manifested as convulsions, and delirium. At the same time, with the continued use of alcohol, tolerance develops and as a result constantly increasing amounts of alcohol are needed to duplicate the initial effect (Baumann, 1998).

Studies done in Cape Town, Durban, Port Elizabeth and Gauteng provinces in the first half of 1998 as part of the South African Community Epidemiology Network on Drug Use reveal that alcohol is widely abused and a great number of people seek treatment from medical centres. Out of the people discharged from the Lentegeur Hospital's psychiatric in-patient unit in 1998, 17% received an alcohol related discharge diagnosis (Strachan, 1999).

Various studies have uncovered high levels of alcohol related trauma. Parry et al., (2002) state that a clinical assessment of the general Hospital admissions in 1991and 1992 found alcohol to be a contributing factor in general trauma cases, both in the Cape Metropolitan Area (38%) and in rural communities (49%). By using a biological marker, 48% of 80 consecutive trauma cases admitted to the casualty department of the Chris Hani Baragwanath

Hospital in Soweto on a Saturday night were found to be intoxicated. Almost 80% of all assault patients (both male and female) presenting at an urban hospital trauma unit in Cape Town were either under the influence of alcohol or injured because of alcohol-related violence. Over 50% of non-natural deaths seen at the two state mortuaries in Cape Town in 1996 had excess alcohol concentration in their blood. Data collected in 1995 from the same two mortuaries indicate that blood alcohol concentrations were highest for homicide victims (Strachan, 1999).

2.8 GENERAL EFFECTS OF SUBSTANCE ABUSE

2.8.1 On The Individual

Individuals who abuse drugs experience a wide array of physical effects other than those expected. The rush of cocaine high, for instance, is followed by a 'crash': a period of anxiety, fatigue, depression, and an acute craving for more cocaine to alleviate the feelings of the 'crash'. Marijuana and alcohol interfere with motor control and are factors in many automobile accidents (Baldacchino, 2002).

Substance abuse comes in many forms, and it is common for a drug abuser to be addicted to one or more drugs at the same time. An example is the combination of alcohol with marijuana or cocaine. Alone, each of these drugs has dangerous effects. When taken in combination, the effects on an individual can be even more serious. Severe depression, cirrhosis of the liver and heart failure are all life-threatening side effects from substance abuse (Todd et al., 2003).

Pernanen, (1991) argues that substance abuse or dependence can affect a person's overall health and functioning. Sudden abstinence from certain drugs results in withdrawal symptoms. For example, heroin withdrawal can cause vomiting, muscle cramps, convulsions,

and delirium. Todd et al., (2003) echoed this argument as he stated that with the continued use of a physically addictive drug, tolerance develops as a result constantly increasing amounts of the drug is needed to duplicate the initial effect. Sharing hypodermic needles used to inject some drugs dramatically increases the risk of contracting AIDS and some forms of hepatitis. In addition, Strachan (1999) points out that increased sexual activity among drug users, both in prostitution and from the disinhibiting effect of some drugs, also puts them at a higher risk of contacting HIV/AIDS and other sexually transmitted infections. At the same time, because the purity and dosage of illegal drugs are uncontrolled, drug overdose is a constant risk (Todd et al., 2003).

2.8.2 On The Family

Substance abuse not only affects the individual who uses them. The family and the society are equally affected. According to Strachan (1999), family problems which can arise may range from physical abuse to psychological problems. For instance, drug use can disrupt family life and create destructive patterns of co-dependency where the spouse or whole family out of love or fear of consequences. This inadvertently enables the user to continue abusing drugs by covering up, supplying money or denying that there is a problem (Baldacchino, 2002).

In related studies, Roberts, (1988) and Leonard and Jacob (1988), found that members of the family in which one or both parents abuse substances are considered to be at high risk for physical abuse and particularly for neglecting their children. In its report, the National Violence against Women Survey (1993) indicates that alcohol is a prominent factor in wife assault. They state that in 50% of all the violent partnerships, the perpetrator was usually drinking. Using data from 1985 National Family Violence Survey, Roberts, (1988) and Leonard and Jacob (1988) found that for episodes of man to woman abuse, 22% of the men

and 10% of the women report they had been using alcohol at the time of violence. In 3 out of 4 episodes of woman abuse, either party was intoxicated (Baldacchino, (2002). Coleman and Straus (1983) indicate that the proportion of men in the United States of America who batter their wives increases with the frequency of getting drunk or being intoxicated with other substances of abuse.

In a study of women abused by their spouses, (Strachan, 1999), 69% of the respondents identified substance abuse as the main cause of conflict which resulted them in being abused. Statistics from the National Research Council's National Trauma Research Programme show that in 1990, 67.4% of domestic violence in the Cape Metropolitan area was alcohol-related. In 1992, 76.4% of domestic violence in rural areas in the South Western Cape was found to be alcohol-related. In a survey of divorce conducted in South Africa in 1987, alcohol was cited as a contributing factor in marital discord and break up.

2.8.3 To The Society

Society in general is affected by drug abuse in many ways. Many drug users engage in criminal activities such as burglary and prostitution to raise money to buy drugs. Some drugs like alcohol are associated with violence. According to Dolan et al., (1999) drug related crime can disrupt neighborhoods due to violence among drug dealers, threats to residents, and the crimes of the addicts themselves. In some neighborhoods, young children are recruited as lookouts and helpers because of the lighter sentences given to juvenile offenders. This disturbs the young children's future since they are being exposed to criminal acts while still young hence are at risk of being involved in the same activities when they grow up (American Psychiatric Association, 1995).

The use of marijuana and other illicit drugs results in dangerous consequences. According to Shufman and Witztum, (2000) many people run the risk of becoming either psychopaths or sociopaths after abusing drugs for sometime. In case of juvenile offenders, substance use has a great contribution. In a study done by Dolan et al., (1999), among 192 juvenile offenders who appeared before Manchester court in 1992, 42% of them had a history of substance abuse.

In the workplace, substance abuse is costly since many more drug users are involved in occupational accidents than non-users thus endangering themselves and those around them (Baumann, 1998).

2.9 KNOWLEDGE OF THE DANGERS OF SUBSTANCE ABUSE

Usually knowledge of the dangers of substance abuse is not taken into account when the behaviour is started. Most young people become contented with the immediate effects of the drugs without knowing what might follow (Bandura, 1997). This has been supported in many studies which assessed the prevalence, attitudes and knowledge of high school students towards the implications of drugs and other addictions in Israel. The studies revealed that knowledge of the youth about the dangers of illicit drugs was inadequate (Brook et al., 2000). Hence it was recommended that a subject on illicit drugs, their dangers and prevention of their use be part of the official school curriculum starting from elementary school through to college.

Of late most youth have acquired knowledge about the drugs which are commonly used in the street to such an extent that they do not have problems in accessing them. But, despite the steady increase of the number of the drugs used by the youth, knowledge of the effects of

these drugs to them has remained limited (Wright and Pearl, 2000; Anderson, 1999; Kelly 2003; Lilia et al., 2003 and Abide, Richards and Ramsay, 2001).

According to Sigelman et al., (2000), most youths do not have specific knowledge about the after-effects of different drugs. While Davies and Stacey (2004) argue that not only do the youth not know the dangers of drugs, they also do not know the mechanism of action of these drugs. This is because most youths have not mastered the biological background of human physiology (Sigelman et al., 2000 and Sigelman et al., 2002) thereby making it difficult for them to understand the effects of substance abuse on them. The author then recommends that drug and alcohol health education programmes can be enhanced if the gaps in the youth's background knowledge are filled (Sigelman et al., 2002 and Bridges et al., 2003). Knowledge on its own about the dangers of substance abuse is not enough to make people stop abusing substances (Sigelman 2003), there is also a need to include other strategies in behaviour change programmes. This is supported by several studies on the knowledge and perception about the risk of contracting HIV among drug abusers, where it was found that although most drug abusers were able to recognise the effects of their behaviour, most of them still went ahead with the behaviour (Amadora-Norasco et al., 2002; Rocha-Silva, 1993 and Robertson, 1998). Rocha-Silva, (1993), echoed that people know the dangers of sharing needles but in the study of drug abusers he found that more than two thirds claimed that they still shared needles and almost two thirds also stated that they did not use condoms despite the fact that they knew the possible consequences.

No published study has been carried out in Malawi on the knowledge of the youth of the dangers of substance abuse in an effort to develop substance abuse prevention program.

2.10 CONCLUSION

In respect to the above-mentioned studies which were done on the effects of substance abuse, it has been noted that substance abuse plays a great role in an individual's way of living. Consequently, an individual's lifestyle changes gradually and eventually the abuser does not mind about what type of lifestyle they lead. Society and the government at large are equally affected. But it has been noted that although most youth abuse drugs and alcohol, they do not have enough knowledge about the dangers of substance abuse. Most of these studies were done outside Malawi. It is not clearly known whether the youth in Malawi have any knowledge of the dangers of substance abuse.

The Malawi National Health Policy stipulates that the government is committed to fighting substance abuse and its related effects. Despite this commitment, little research has been done in the field of substance abuse. This leads to a huge gap which necessitates a study to be done so that the information can be used in the substance abuse prevention program.

CHAPTER THREE: METHODOLOGY

3.1 INTRODUCTION

The choice of methodology was guided by the objectives of the study. Yin (1994) asserts that a careful selection of the methodology is of utmost importance as it is likely to determine the outcome of the research. This chapter therefore outlines the methodological tools the researcher used in this study.

3.1.1 Research Design

The study made use of both the qualitative and quantitative research designs. The study followed a descriptive approach in both the qualitative and quantitative designs. Burns and Grove (2001) state that descriptive research approaches are designed to gain more information about characteristics within a particular field of study.

According to Yin (2003), quantitative studies are geared towards the collection of quantifiable data. This data is then analysed and interpreted in a way that generally provides standardised information to explain social phenomenon and to create generalisations in order to predict the outcomes of similar situations. Leinninger (1985), argue that qualitative types of research refer to the methods and techniques of observing, documenting, analysing and interpreting attributes, patterns, characteristics and meaning of specific, contextual or gestaltic features of phenomenon under study. The focus of this method is on identifying the qualitative features, characteristics or attributes that make the phenomenon what it is. This design is often described as holistic since it is concerned with humans and their environment in all of their complexities.

This study captured the information that could have been found in a qualitative research and quantitative research separately. All the narrative information was captured under the qualitative design while all the numerical and quantifiable data was captured under the guidance of the quantitative design. Therefore, the study has produced the results rich with information on the affected youths' knowledge and perceptions of the dangers of substance abuse.

3.1.2 Population

Population is the total possible membership of the group being studied (Polit and Hungler, 1997). In this study, the population was all the youth aged between 10 and 25 years who are involved in substance abuse within the St John of God catchment's area. The population for those who were admitted in 2003 to St John of God Community Services was 256 youths. But there are some clients who were not admitted to the hospital and they are looked after in the community. Hence, it meant that the total population was in fact larger than 256 youths as the number would increase because of those who were treated as outpatients but are still regarded as being within the target population.

3.1.3 Sampling

The study used both purposive sampling and theoretical sampling method.
For the quantitative design, a purposive sampling method was used to identify the study participants. According to Burns and Grove (2001), purposive sampling involves the conscious selection by the researcher of certain subjects or elements to include in the study. It allows flexibility with regards to targeting relevant clients to be respondents. Therefore, in this study, study participants were selected from the affected clients who were in the hospital at the time of the study, those who attended the clinic and those who were attending

vocational training in various skills training. Only those who were on substance abuse treatment and whose ages were between 10 and 25 years were selected to be study participants.

For a qualitative design, a theoretical sampling method was used to identify the respondents for the qualitative component of the study. By using this sampling method, participants were identified from those who were in the hospital but in a stable condition, those who came for their review at the outpatients department and those who were attending vocational training at the St John of God vocational training centre. Only those with a DSM IV diagnosis of substance abuse disorder were included as study participants. These were also between the ages of 10 and 25 years old. The researcher continued selecting the study participants until data was saturated. The participants were approached individually for an informed consent.

3.1.4 Sample

The sample size for the quantitative study is determined by the population of the affected youths. Since data collection was to be done over a period of one month, to calculate the sample size, the population of 256 and more, was divided by the total number of months in a year which is 12 in order to estimate the number of youths who might be in the hospital on average in a month. This brought the number of admitted youths to 22. Since the population is more than 256, the researcher found other respondents at the vocational training centre and at the outpatients department. The researcher was working towards achieving a number of 40 as a sample size. The quantitative sample size in this study was in fact 45. According to Burns and Grove (2001), in quantitative studies, the sample size should be at least 30.

For the qualitative design, the sample size was to be determined by the saturation of the data, as the theoretical sampling method was used to select the sample. This implied that the researcher would continue interviewing the respondents until the data was saturated. In this study, 7 respondents participated in the qualitative part of the study.

3.1.5 Setting.

The study was conducted at St John of God Community Services in Mzuzu, Malawi. St John of God Community Services is located in the city centre of Mzuzu. This hospital acts as a referral psychiatric hospital for the Northern region of Malawi and offers both in-patient and out-patient services to those with mental health problems. It has an in-patient bed capacity of 50 where only acutely mentally ill clients are admitted while the rest are attended to in their communities. The site was chosen because it is the place where the researcher works. The study site was also chosen because the organisation has a goal to implement a substance abuse prevention programme and they have the required resources in place for the programme.

3.1.6 Data Collection and Instrumentation

Data was collected by using both a questionnaire and semi-structured interview guide. The quantitative data was collected using a 50-item questionnaire which was developed by the researcher (refer to Appendix I). The questionnaire consisted of two sections namely: Section A and Section B.

Initially, the questionnaire consisted of 52 questions but after doing a pilot study, two questions were removed from the questionnaire (questions number 23 and 51) because they

were thought to be a repetition of other questions. At the same time, some questions had to be rephrased so that they can be clearer to study participants.

In Section A, questions 1-6 were used to obtain the demographic data. Section B was divided into sub-sections depending on the area of focus for the data to be collected. The following are the subsections of Section B of the questionnaire:

- Questions 7 – 13 focused on determining the present status of the client in terms of whether they are taking drugs or have stopped and also determining which drugs the client is on.
- Questions 14-22 focused on the knowledge of the client of substance abuse.
- Questions 23– 50 focused on clients' perception of substance abuse and their health.

The process of data collection started with approaching the study participants individually. After explaining the study to them, they were requested to participate either by filling the questionnaire or being interviewed. Those who agreed were asked to sign a consent form. Participants were then randomly allocated into two groups i.e. one group for those who were to fill the questionnaire to provide quantitative data and the other group for those who were to be interviewed to provide qualitative data.

To collect the quantitative data, participants were given the questionnaires to complete. For those participants who were unable to read and write, questions were read to them by the researcher as they appeared in the questionnaire. The researcher also assisted them to complete questionnaires basing on their responses.

Qualitative data was collected by using a semi-structured interview guide developed by the researcher (refer to Appendix II). Polit and Beck (2004) state that the primary method of collecting qualitative data is through self-report, that is by interviewing study participants. In this study, data was collected by means of face-to-face individual interviews using a semi-structured interview guide.

Probing questions were used to clarify the meaning of responses in some cases and to illicit more information. The researcher's aim was to encourage the respondents to talk freely about what they were asked. Burns and Grove (1987) state that interviewing is a flexible technique that can allow the researcher to explore more information. The other advantage of the interview is that it ensures that all questions have been answered and when in doubt, the interviewer can reassure and encourage the respondents to answer. The data was recorded on the interview schedule sheets at the time of data collection. The interviewer recorded copious notes on what was said by the participants. Lengthy statements and other comments from the respondents were recorded at the back of the interview guide.

Both the questionnaire and the interview guides were developed in English. However the researcher was aware that the target population speaks Tumbuka. Therefore the interview schedule was translated into Tumbuka (refer to Appendix III and IV). Difficulties in terms of losing some information during translation were anticipated. To deal with this limitation, the researcher used three people to help him translate the information from English to Tumbuka and back into English. Then the translated questionnaires and interview guides were taken to the fourth person to countercheck them and help to choose the best translation. After data collection the information went through the same process to be translated back into English for the researcher to analyse.

3.2 VALIDITY OF THE STUDY

For a study to be important the results have to be valid. Bassey (1999) asserts that validity is the extent to which a research fact or finding is what it is claimed to be. Cohen, Kahn, and Steeves (2000) suggest that validity may be addressed through:- honesty, depth, richness and scope of the data achieved, the participants approached, the extent of triangulation and objectivity of the researcher. In this study, the following measures were used to ensure validity of the study.

3.2.1 Bracketing

In this study, the researcher firstly took his time to acknowledge his own experiences and biases before conducting the interviews. This was in order to ensure his objectivity in the study. Polit and Beck (2004) defines bracketing as the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study. This follows that the researcher did not observe and interpret findings according to his values, beliefs and preconceived ideas.

3.2.2 Establishing Trust

In psychiatric nursing, establishing trust is one of the core duties of a psychiatric nurse. For a mentally ill person to verbalise his or her feelings and perceptions on a particular phenomenon there should be a trusting relationship between a client and a nurse. Guba and Lincoln (1989) argue that respondents are more likely to be forthcoming in their responses if they respect the evaluator and have faith in his integrity. In this study, the researcher established trust amongst the participants by explaining the objectives and the nature of the study to them.

The researcher was also unobtrusive and non judgmental of the participants during data collection. Since the researcher has been working with the clients of St John of God for a long time, there is already an existing relationship between the researcher and the clients. Some participants have been nursed by the researcher before hence it was easy for the researcher to establish trust with them as the researcher just consolidated the existing relationship before collecting data from the participants.

3.2.3 Triangulation

Triangulation refers to the use of multiple referents to draw conclusions about what constitutes the truth, and has been compared with convergent validation (Denzin, 1989). The aim of triangulation is to overcome the intrinsic bias that comes from single method, single observer and single theory studies. Triangulation helps to give a wider dimension to the study and increases the validity of the study. In this study, triangulation of data was done by collecting data from three different groups of clients. Study participants included the youth who were hospitalised at the time of data collection and were being treated for substance abuse (only those who were in a stable condition), the youth treated for substance abuse attending St John of God outpatients department and those who are attending the vocational training centre. Data was also collected from clients of varying ages between 10 and 25 years old.

Collecting data from clients in different settings and different age groups helped the researcher to obtain a complete, holistic and contextual portrayal of the knowledge and perceptions of the affected youth of the dangers of substance abuse.

For triangulation of the methods, this study used both the qualitative and quantitative research designs. This greatly contributed to the validity of the results of this study.

3.2.4 Member Checking

Member checking is the most important technique for establishing the credibility of the qualitative data (Lincoln and Guba, 1985). It is referred to as recycling of information back to the study participants and obtaining a feedback from them regarding the accuracy of the content (Polit and Beck 2004 and Blink, 1993). In this study, member checking with participants was carried out informally in an ongoing way as data was collected. In this case the researcher was giving a feedback to the participants to validate it and to add new information to it if necessary during data collection process.

3.2.5 Reliability and Validity of Data Collection Instrument

It is essential to ensure reliability and validity of the instrument used in the study. Reliability is the degree of consistency with which an instrument measures what it intends to measure (Babbie, 1990 and Polit and Hungler, 1997). While Polit and Beck (2004) asserts that validity of an instrument refers to whether an instrument accurately measures what it is supposed to measure, given the context in which it is applied. The data collection instrument which was used in this study was developed by the researcher and has therefore not been used before. To ensure validity and reliability of the data collection instrument, a pilot study was conducted where the instrument was first used on four affected youths who were not part of the study sample. However, the results obtained in the pilot study were also incorporated in the final results.

3.3 DATA ANALYSIS

Data was analyzed both manually and by using Statistical Package for Social Sciences (SPSS) for Windows.

Qualitative data was analysed manually by using a strategy known as constant comparative analysis. This strategy of qualitative data analysis involves taking one piece of data and comparing it with all others that may be similar or different in order to develop conceptualisations of the possible relations between various pieces of data. In this analysis, the researcher read and re-read the transcripts to seek meaning in the data. According to Polit and Beck (2004), qualitative researchers typically scrutinise their data carefully and deliberatively by reading the data over and over again in search of meaning and deeper understanding.

The data was then coded which later led to the development of themes and sub-themes. Desantis and Ugarriza (2000) in Polit and Beck (2004) define a theme as an abstract entity that brings meaning and identity to a current experience and its variant manifestations. The themes were then put together to form categories in a process called constant comparison.

To analyse the quantitative data, the data was entered into computer software SPSS 11.5 for Windows. By using SPSS, descriptive statistics were used to describe and synthesize data. Frequency distributions were used to analyse the data generated. Then the results were presented in the form of tables and charts.

3.4 ETHICAL CONSIDERATION

This study was first approved by the University of Kwazulu-Natal, Ethics Committee for clearance (refer to appendix V). Thereafter, a letter was written to the Director of St John of

God Community Services to seek approval to conduct the study in their hospital (refer to Appendix VIII). Another letter was sent to the Ministry of Health, Northern Region headquarters (refer to Appendix VI). Both these letters for the Director of Services and for the Ministry of Health in the north were approved to allow the researcher to carry out the study (refer to Appendix VII and IX). Since the study participants were those clients who had stabilised from their mental disorders, each client was verbally asked for his or her informed consent to participate in the study as a respondent and after they accepted, all of them signed an informed consent document (refer to Appendix X). Confidentiality was ensured by not putting the names of the respondents on the transcripts. Respondents were informed that the information in the transcripts would be destroyed after data had been analysed. Polit and Beck (2004), assert that in any research, the ethical principle of beneficence must be exercised. This principle states that the research should do no harm to the participants. This principle was adhered to in this study as the study strived to minimise all types of harm and discomfort to respondents.

Furthermore, the respondents were informed that participation in this study would not compromise their treatment in any way. In addition, participants were informed that they were to receive no benefit for their participation in the study.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.1 INTRODUCTION

This chapter will focus on the major components of the research findings. Quantitative data was analysed using computer software known as Statistical Package for Social Sciences (SPSS) 11.5 to give numerical values to responses while the qualitative data was analysed manually. The findings of the quantitative data will be presented using tables and graphs while the findings of qualitative data will be presented by using the participants' direct quotes.

The analysis was guided by both the research questions of the study and the theoretical framework used to guide this study. The findings will be presented into different sections and sub-sections basing on the category to be presented. There are two main sections to be presented namely:-

- A section that will present the quantitative data analysis and
- Another section will present qualitative data analysis.

4.1.1 Sample Realisation and Description

The target population of the study were the youth who abuse substances. Initially it was proposed that the study would have about 40 participants for the quantitative sample. The number for the sample for the qualitative data was not estimated as the study used theoretical sampling. The researcher ended up with 45 respondents for quantitative data and 7 participants were interviewed for qualitative data.

Before data collection commenced, all participants were reminded that participation was voluntarily and that participation in the study would not interfere with the treatment they are

receiving from the hospital. The participants were also assured of confidentiality of their participation in the study.

4.2 QUANTITATIVE DATA

This section will present the findings of the quantitative data analysis. There are several different sub-sections to be presented under this section. In the presentation, the following will be geared to answer the research questions:

- Knowledge of the dangers of substance abuse
- Perception of the dangers of substance abuse

While at the same time issues such as individual perceptions, likelihood to action, self efficacy, interpersonal and situational variables which are discussed under the perceptions of the youth on the dangers of substance abuse arise from the theoretical framework.

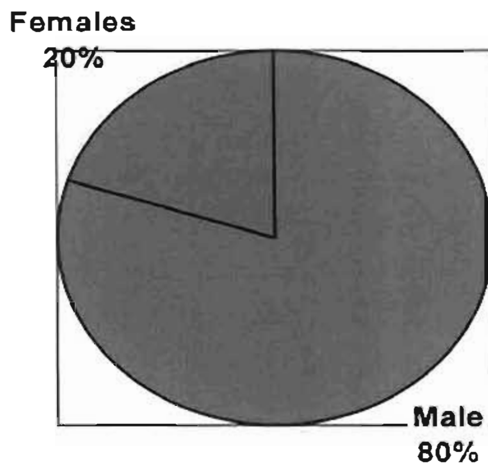
4.2.1 Socio-Demographic Variables

The socio-demographic variables looked at in this study are age, gender, marital status, level of education, religion and occupation of respondents. To analyse the socio-demographic data, descriptive statistics were applied. The following are the findings in this category.

4.2.1.1 Gender

This study incorporated both males and females as long as they met the criteria to be study participants. In this study, out of 45 participants, 36 (80%) were males and 9 (20%) were females. These findings are shown graphically under the following chart.

Figure 4.1: The gender of the participants



4.2.1.2 Age

The study targeted the youth who were below 25 years old. The participants of the study were within the age range of between 10 and 25 years. Their ages were grouped into categories of below 15 years, 15 to 19 years old and 20 to 25 years old. According to the findings, 27 (60%) of the participants were in the age group of 20 – 25 years old and none was below 15 years old. The table below illustrates the ages of the participants.

Table 4.1: The age of participants

Age range	Frequency	Percentage
Below 15 years	0	0%
15 – 19 years	18	40%
20 – 25 years	27	60%

4.2.1.3 Marital Status

The majority of the participants 30 (66.7%) were not married. Eleven (24.4%) of them were married and 4 (8.9%) were divorced. There was no widow in the study participants. This is illustrated in the table below.

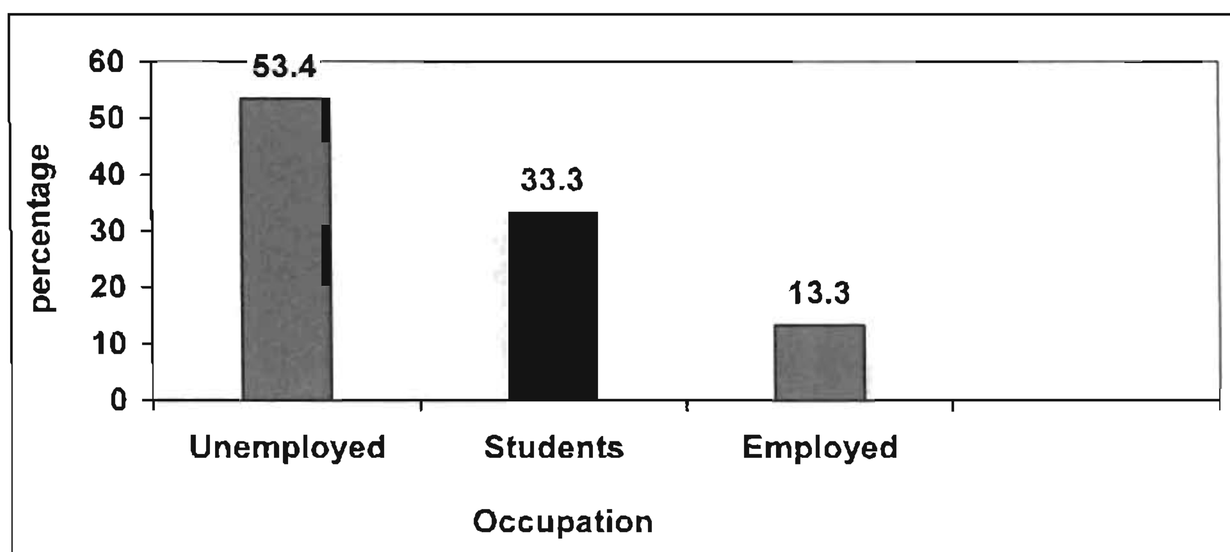
Table 4.2: The marital status of participants

Marital status	Frequency	Percentage
Married	11	24.4%
Never married	30	66.7%
Divorced	4	8.9%

4.2.1.4 Occupation

According to the results, out of the 45 participants in the study, 15 (33.3%) were students at high schools while 24 (53.4%) were unemployed. Only 6 (13.3%) were employed. This has been shown in the graph below.

Figure 4.2: The occupation of participants



4.2.1.5 Level of Education

The results show that 20(44.4%) youths who were abusing substances had a standard 8 Certificate and below. There were 12 (26.7%) study participants who had obtained a JCE and 8 (17.8%) went as far as MSCE. There were only 5 (11.1%) with tertiary education. This is illustrated in a table below.

Table 4.3: Educational qualifications of the participants

Level of education	Frequency	Percentage
Tertiary education	5	11.1%
MSCE	8	17.8%
JCE	12	26.7%
PSLC	20	44.4%
Total	45	100%

4.2.1.6 Religion

In this study, 37 (82.2%) of the participants were Christians, 3 (6.7 %) were Muslims and 3 (6.7%) belonged to Rastafarianism while 2 (4.4%) could not define their religious denominations. This is shown in the table below.

Table 4.4: Religion of the participants

Religion	Frequency	Percentage
Christians	37	82.2%
Moslems	3	6.7%
Rastafarianism	3	6.7%
Others	2	4.4%

4.3 TYPE OF SUBSTANCES ABUSED IN RELATION TO MODIFYING FACTORS (age, level of education, religion, and gender)

The results indicated that marijuana (80%) is the most abused drug followed by alcohol (73.3%). Cocaine (2.2%) emerged as the least abused drug amongst the youth of Mzuzu. These results are tabulated in the table below:-

Table 4.5: The substances abused by participants

Substance	Percentage
Marijuana	80%
Alcohol	73.3%
Kachasu	13.3%
Mandrax	8.9%
Cocaine	2.2%

4.3.1 Marijuana Abuse

The results show that marijuana is highly abused by the youth in Mzuzu as out of 45 participants, 36(80%) reported to have been abusing marijuana.

It was found out from the results that of the 36 youths who were abusing marijuana, 16 (44.4%) were between 15 and 19 years old while 20 (55.6%) were between 20 and 25 years old.

The analysis also revealed that there is a gender difference in the abuse of marijuana. Of the 36 participants who abuse marijuana, 31 (86.1%) were male while out of the 9 females of the study, 5 (55.5%) were smoking marijuana. This is shown in the table 4.6 that follows.

Table 4. 6: Gender differences in the abuse of marijuana

Gender	Frequency	Percentage
Males	31	81.6%
Females	5	55.5%

4.3.2 Alcohol Abuse

Alcohol was found to be the second most prevalent drug being abused by the youth. Of the 45 participants of the study, 33 (73.3%) reported to have been abusing alcohol and amongst these, 15 (45.4%) reported that they were currently still abusing alcohol while 18 (54.5%) had already stopped abusing alcohol at the time of the study.

The results indicate that of the 33 respondents who abuse alcohol, 11 (33.3%) were from the age group of between 15 and 19 years old while 22 (66.7%) were between 20 and 25 years old.

The results also indicate that of the 33 respondents who abused alcohol, 26 (78.8%) were males while 7 (21.2%) were females.

The results of the study also revealed that of the 45 participants of the study, 24 (53.3%) were abusing both marijuana and alcohol while 21 (46.7%) of them were either using only alcohol or marijuana only.

4.3.3 Kachasu Abuse.

The results of the analysis have shown that the higher a person goes with education, the less they get involved in abusing the local beer (Kachasu) which is very strong and is mainly consumed by those who need strong spirits to get intoxicated. The analysis showed that there

were 6 (11.6%) youths who were involved in the abuse of Kachasu. Of these six who were abusing Kachasu, 3 (50%) were still using it while 3(50%) had already stopped using it the time of the study.

The analysis shows that out of the six youths who were abusing Kachasu, 4 (66.7%) of them were having an educational qualification of standard 8 and below, 1 (16.7%) of them had obtained a Junior Certificate of Education (JCE) and 1 (16.7%) had the Malawi Schools Certificate of Education (MSCE). None of those who were abusing Kachasu had attended a tertiary education. This is shown in the table below.

Table 4.7: Educational levels and the abuse of Kachasu

Educational qualification	**Frequency**	**Percentage**
Tertiary	0	0%
MSCE	1	16.7%
JCE	1	16.7%
Standard 8 and below	4	66.7%

The results of the analysis also show that of the six youths who abused Kachasu, 2 (33.3%) were between 15 and 19 years old while 4 (66.7%) were between 20 and 25 years old.
The results also show that out of 6 participants who were abusing Kachasu, 5 (83.3%) were males and 1 (16.7%) of them was female.

4.4 KNOWLEDGE OF THE DANGERS OF SUBSTANCE ABUSE

The results of the study show that out of 45 participants, 43 of them responded to the question on whether they know that substance abuse contributes to the development of mental illness.

Amongst them, 34 (79%) agreed that substance abuse really contributes to development of mental illness while 9 (20.9%) did not agree. But the study also found that out of 45 respondents, 35 (79.5%) of them had the idea that the risk of suffering from the dangers of substance abuse is greater when abusing substances in old age, while 9 (20.5%) were not of this view. It is also seen from the results that 31 (70.5%) of the study participants knew that everyone is at risk of developing mental illness when abusing substances while 13 (29.5%) said they did not know that they are at risk. These results are shown in the table that follows.

Table 4.8: The level of knowledge of the youth on the dangers of substance abuse

Statement	**True**	**False**
Substance abuse contributes to the development of mental illness	75.6%	20%
Substance abuse affects older people	65.9%	34.1%
The risk is greater when abusing substances in old age	79.5%	20.5%
Everyone is at risk of developing mental illness if they abuse substances	70.5%	29.5%
Substance abuse has no danger to a person	54.5%	45.5%
Stopping substance abuse helps to prevent the bad effects of substance abuse	63.6%	36.4%

Despite the youth having received the information on the dangers of substance abuse, the knowledge they had did not have any impact on their behaviour. The results of the study show that out of 45 participants, 39 of them had received information on the dangers of substance abuse. 34 (87.1%) of those who had received information on the dangers of substance abuse were not concerned with developing mental illness at the time they started abusing substances, while 4 (10.3%) of them were concerned and 1 (2.6%) of them neither

agreed nor disagreed with the statement of being concerned about developing mental illness the time they started abusing substances.

The results also indicate that out of 39 participants who had received information on the dangers of substance abuse, only 22 of them responded to the question if they were confident that they could stop substance abuse or not. The results show that out of 22 participants who responded, 3 (13.6%) of them were still not confident, 8 (36.4%) were slightly confident and 11 (50%) of them were very confident of stopping substance abuse. This is shown in the table that follows.

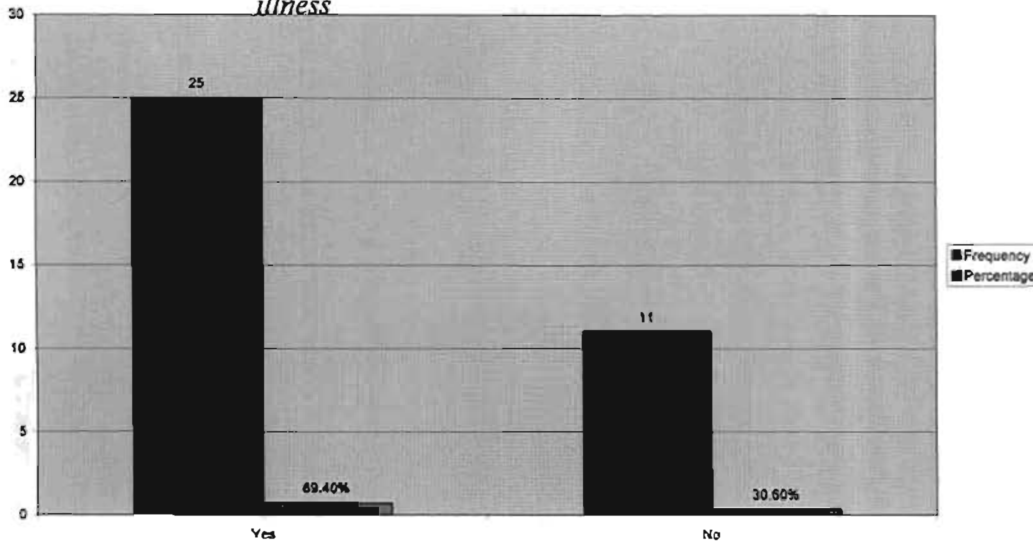
Table 4.9: Confidence in the ability to stop substance abuse after receiving information

Level of confidence to stop substance abuse	**Frequency**	**Percentage**
Not confident	3	13.6%
Slightly confident	8	36.4%
Very confident	11	50%

The analysis further shows that among the 36 participants who abused marijuana, 29 (80.5%) of them admitted that marijuana may contribute to the development of mental illness while 7 (19.4%) did not agree.

The results also show that out of 36 participants who were abusing marijuana, 25 (69.4%) knew that they were at risk of developing mental illness when abusing substances like marijuana while 11 (30.5%) still did not think that they were at risk of developing mental illness by abusing substances like marijuana. This is also illustrated in the chart that follows.

Figure 4.3 Showing perceived risks of developing mental illness



4.5 PERCEPTIONS OF THE YOUTH ON THE DANGERS OF SUBSTANCE ABUSE

The perceptions of the youths on the dangers of substance abuse may have a great impact on their behaviour. These perceptions have been categorised into several sub categories guided by the categories in the theoretical framework. The major subdivisions are individual perceptions and likelihood to action. These two categories are further subdivided into perceived threat, perceived benefits, perceived barriers, cues to action and self efficacy.

4.5.1 Individual Perceptions

The individual perceptions are how the individual youth perceive the dangers of substance abuse. This includes the perceived threat of suffering from the dangers of substance abuse and the perceived benefits of stopping substance abuse.

4.5.1.1 Perceived Threat

Perceived threat is further subdivided into perceived susceptibility to suffering from the dangers of substance abuse and perceived severity of the dangers of substance abuse.

4.5.1.1.1 Perceived Susceptibility

Perceived susceptibility refers to whether the youth perceive themselves as being prone to suffering from the dangers of substance abuse. The results of the study indicate that out of 45 participants of the study, 44 of them responded to the question to find out if it is likely that a person can be mentally ill when he/she abuses substances. Among them, 29 (65.9%) of them agreed with the perception while 15 (34.1%) disagreed with this perception. It was also found that out of these 44 respondents, 36 (81.8%) were not concerned about developing mental illness when they started abusing substances while 7 (15.9%) were concerned. One (2.3%) of them neither agreed nor disagreed that he/she was not concerned about developing mental illness when they started abusing substances. There was no significant difference between those who agreed (47.7%) that substance abuse makes people prone to other diseases and those who disagreed (50%) with the perception. These results are shown in the table that follows.

Table 4.11: The perceived susceptibility of the youth

Statement	Responses in Percentages
It is likely that a person can be mentally ill when he /she abuses substances	
➢ Agree	65.9%
➢ Disagree	34.1%
➢ Neither agree nor disagree	–
I was not concerned about developing mental illness when I started using substances	
➢ Agree	81.8%
➢ Disagree	15.9%
➢ Neither agree nor disagree	2.3%
Substance abuse makes people prone to other diseases	
➢ Agree	47.7%
➢ Disagree	50%
➢ Neither agree nor disagree	2.3%

4.5.1.1.2 Perceived Severity of The Problem

Perceived severity refers to the way the youths who abuse substances perceive the seriousness of the dangers of substance abuse. The study results show that out of 45 participants, 44 of them responded to the question to find out if they became scared of thinking that they might develop mental illness at the time they started using substances. The results further showed that there was no significant difference between those who were scared 22 (50%) of the thought of developing mental illness and those who did not 21 (47.7%), while 1 (2.3%) was not sure whether he/she was scared or not. The results also found that of the 45 study participants, 27 (60%) perceived mental illness as changing someone's life negatively while 18 (40%) disagreed with this perception.

The results also show that of the 45 respondents, 30 (66.7%) perceived mental illness as endangering their relationship with others while 15 (33.3%) disagreed with this perception. But the results have shown that there is no significant difference between those who perceived mental illness as endangering a person's financial security 23 (51.1%) and those who did not agree 22 (48.9%). There was also no significant difference between those who perceived mental illness as more serious than other illnesses 21 (46.7%) and those who perceived that other illnesses are more serious than mental illness 22 (48.9%), while 2 (4.4%) of them neither agreed nor disagreed with this perception. These results are tabulated in the table that follows.

Table 4.12: The perceived severity of the dangers of substance abuse to the youth

Statement	Percentage
The thought of developing mental illness scared me at first	
➢ Agree	50%
➢ Disagree	47.7%
➢ Neither agree nor disagree	2.3%
Mental illness changes someone's life badly	
➢ Agree	60%
➢ Disagree	40%
➢ Neither agree nor disagree	–
Mental illness endangers someone's relationship with others	
➢ Agree	66.7%
➢ Disagree	33.3%
➢ Neither agree nor disagree	–
Substance abusers are not afraid of developing mental illness	
➢ Agree	54.5%
➢ Disagree	40.9%
➢ Neither agree nor disagree	4.5%
Mental illness endangers one's financial security	
➢ Agree	51.1%
➢ Disagree	48.9%
➢ Neither agree nor disagree	–
Mental illness leads to someone having a lot of problems	
➢ Agree	64.4%
➢ Disagree	31.1%
➢ Neither agree nor disagree	4.4%
Mental illness is more serious than other illnesses	
➢ Agree	46.7%
➢ Disagree	48.9%
➢ Neither agree nor disagree	4.4%

4.5.2 Perceived Benefits of Stopping Substance Abuse

Perceived benefits in this study refer to what good things might follow if the youths who are abusing substances stop their behaviour. The results of the study show that of the 44 study participants who responded to the question of the benefits of stopping substance abuse, 31 (70.5%) agreed that stopping substance abuse may help to prevent the development of mental illness, while only 13 (29.5%) of them disagreed with this perception. On the other hand, of the 45 study participants, 35 (77.8%) participants agreed that stopping substance abuse may help open up life opportunities while 10 (22.2%) disagreed. There was no significant difference between those who perceived stopping substance abuse as having long-term benefits 23 (51.1%) and those who disagreed with this perception 22 (48.9%). These results are shown in the table that follows.

Table 4.13: The perceived benefits of stopping substance abuse

Statement	Percentage
Stopping substance abuse may help to prevent the development of mental illness	
➢ Agree	70.5%
➢ Disagree	29.5%
➢ Neither agree nor disagree	-
Life becomes good after stopping substance abuse	
➢ Agree	61.4%
➢ Disagree	38.6%
➢ Neither agree nor disagree	–
Stopping substance abuse may help to open up life opportunities	
➢ Agree	77.8%
➢ Disagree	22.2%
➢ Neither agree nor disagree	–
It is easy for someone to get married after stopping substance abuse	
➢ Agree	62.2%
➢ Disagree	33.3%
➢ Neither agree nor disagree	4.4%
Stopping substance abuse opens employment opportunities	
➢ Agree	60%
➢ Disagree	37.8%
➢ Neither agree nor disagree	2.2%
Stopping substance abuse has long term benefits	
➢ Agree	51.1%
➢ Disagree	48.9%
➢ Neither agree nor disagree	–

4.5.3 LIKELIHOOD TO ACTION

4.5.3.1 Perceived Barriers To Stopping Substance Abuse.

Perceived barriers are what might hinder the youths from stopping substance abuse. The study results show that out of 45 participants, 44 of them responded to the question to find out if their friends are also involved in substance abuse. Amongst them, 35 (79.5%) reported that all of their friends were abusing substances while 9 (20.5%) had friends who do not abuse substances. The results also found that out of 45 study participants, 37 (82.2%) stay in places where a lot of drugs are sold and only 8 (17.8%) stay in places where drugs are not sold. However the results show that out of 45 participants, 5 (11.4%) are involved in the selling of substances and 40 (88.6%) of them were not involved in selling substances like beer.

It was also found that out of 45 participants of the study, 11 of them were married. And amongst those who were married, 3 (27.2%) had wives who were encouraging them to smoke marijuana because they work harder after smoking while 8 (72.7%) had their wives who disapproved of them smoking marijuana.

The study also found that there was no significant difference between those who believed that smoking marijuana gives them more energy to work 22 (48.9%) and those who disagreed with this perception 16 (35.6%), while 7 (15.6%) of them neither agreed nor disagreed with the belief that smoking gives them more energy to work. It was also found that there was no significant difference between those who perceived that after smoking marijuana they can study the whole night 17(47.2%) and those who disagreed 16 (44.4%) with this perception. At the same time there was no significant difference between those who perceived substances as giving them more wisdom 21(46.7%) and those who disagreed with the perception 18(40%)

while 6(13.3%) neither agreed nor disagreed with this perception. Some of these barriers are shown in the table 4.14 that follows.

Table 4.14: Perceived barriers for the youth to stop substance abuse

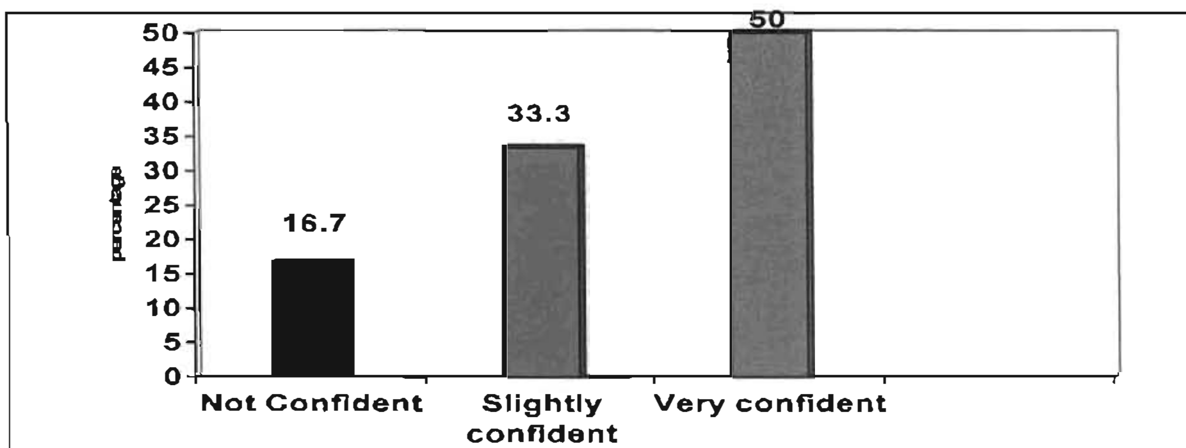
Barriers	Responses in %
All my friends use substances	
➢ Agree	79.5%
➢ Disagree	20.5%
➢ Neither agree nor disagree	–
Drugs are sold in a lot of places where I am staying	
➢ Agree	82.2%
➢ Disagree	17.8%
➢ Neither agree nor disagree	–
My parents brew beer for commercial purposes	
➢ Agree	33.3%
➢ Disagree	66.7%
➢ Neither agree nor disagree	–
My work is to sell beer	
➢ Agree	11.4%
➢ Disagree	88.6%
➢ Neither agree nor disagree	–
I often get substances for free	
➢ Agree	48.9%
➢ Disagree	51.1%
➢ Neither agree nor disagree	–
My wife encourages me to smoke marijuana	
➢ Agree	27.2%
➢ Disagree	72.7%
➢ Neither agree nor disagree	–
After smoking marijuana I rarely sleep	
➢ Agree	53.3%
➢ Disagree	31.1%
➢ Neither agree nor disagree	15.6%

4.5.4 SELF EFFICACY

The results of the study showed that out of 45 participants, 24 of them responded to the question to find out if they were confident that they would be able to stop abusing substances. Among them, 12 (50%) were very confident that they were ready to stop substance abuse, 8 (33.3%) were slightly confident while 4 (16.7%) were not confident that they will stop substance abuse.

This is presented graphically below.

Figure 4.4: Participants confidence level in their ability to stop substance abuse



The results also indicate that out of the 36 participants who were abusing marijuana, 17 (47.2%) responded to the question on whether they have the confidence to stop abusing marijuana. It was found that among them, 3 (17.6%) were not confident, 7 (41.1%) were slightly confident and 7 (41.1%) of them were very confident. This is shown in the table that follows.

Table 4.15: The confidence level in the participants to stop abusing marijuana

Confidence level	Frequency	Percentage
Not Confident	3	17.6%
Slightly confident	7	41.1%
Very confident	7	41.1%

4.5.5 INTERPERSONAL AND SITUATIONAL VARIABLES

This section will present the findings to show if the youth ever received information on the dangers of substance abuse and how they got the information.

The analysis of the results show that out of 45 participants in the study, 39 (86.7%) had received information before on the dangers of substance abuse and 6 (13.3%) of them had never received information on the dangers of substance abuse.

On how the youth got the information on the dangers of substance abuse, it was also found that the hospital (75.6%) was the best source of information for the youth on the dangers of substance abuse, followed by the radio (62.2%) while school (20%) emerged as the least effective source of information on the dangers of substance abuse to the youth. This is shown in the table below.

Table 4.16: The source of information on the dangers of substance abuse

Source of information	Percentage
Hospital	75.6%
Radio	62.2%
Church	31.1%
Friends	28.9%
Newspaper	24.4%
School	20%

The results of the study also found that out of 45 study participants, 41 (91.1%) were not involved in any youth support group where they would have been able to discuss the dangers of substance abuse. Only 4 (8.9%) were involved in these youth groups.

4.6 QUALITATIVE DATA

4.6.1 INTRODUCTION

This section will provide the findings of the study after analysing the qualitative data manually. During analysis of qualitative data, several categories and sub-categories were developed. To develop these categories, the researcher was guided by the theoretical framework and the research questions of the study.

The following were aimed at answering the research questions:

- Contributing factors to substance abuse.
- Perceptions of the youth of the dangers of substance abuse.

While the following arose from the theoretical framework guiding the study:

- The interpersonal and situational variables.
- Cues to action.

4.6.2 PROCESS OF DATA ANALYSIS

The following was the process on how data analysis took place.

4.6.2.1 Documenting Raw Data

Data was documented on the transcripts with pages of the transcripts numbered sequentially. Study participant's responses were filled with pseudonyms. This was to ensure their anonymity.

4.6.2.2 Content Analysis.

Data reduction was done by using summary sheets where coding was done. The data was then put together according to meaning in an organised system. Meaning systems that depicted almost the same meaning were then put together and condensed in a category system. The

categories were based on the aims and objectives of the study. The theoretical framework also guided the researcher in establishing the categories. These categories will be presented independently below.

4.6.3 CATEGORIES OF THE FINDINGS

This section will present the findings of the study analysis into different categories and sub-categories.

4.6.3.1 SOCIO-DEMOGRAPHIC DETAILS

There were 7 participants who were interviewed. Their ages ranged between 15 and 25 years old. There were four males and three females. One of them was married while the rest were not married. Five of the participants were unemployed while only two were employed.
Five participants were smoking marijuana and four of them were combining both marijuana and alcohol. All the participants denied having ever used either cocaine or mandrax in their lifetime. Six of the participants were Christians and one belonged to the Rastafarian religion.

4.6.3.2 FACTORS CONTRIBUTING TO YOUTH'S ENGAGEMENT IN SUBSTANCE ABUSE

The results show that there are several factors which led the youth to start using substances. The following categories depict a number of contributing factors which the youth in Mzuzu reported that led them to start using substances.

Category 1:- Peer pressure

Most youths interviewed in this study reported that they started using substances because they were influenced by their friends. Some of them reported that they saw their friends using the

substances and then they were also encouraged to start using so that they may keep the company of their friends. Some of the quotes from the data are as follows:

"All my friends were smoking chamba so it was difficult for me to resist the influence of my friends hence I also started smoking."

"………with my friends every month end we could buy some beer until a time when it became a habit to me."

"I was able to socialise properly with my friends after I had also drunk some beer just like my friends."

Category 2: - Experimentation

The results of the analysis show that some youths started using substances because they wanted to experiment how it felt to use them. The youth reported that as a young person they explore and during their exploration they also needed to know how it feels to drink or to smoke marijuana. Some of the quotes from the data are:

"………………and they told me that it was good so I wanted to see how good it was. I needed to experiment the feeling."

"……………because I was told that you feel better and on top of the world after smoking so I wanted to try the feeling."

"As a young person you always want to experiment with things so even drugs are being experimented with and eventually one becomes addicted and doesn't want to stop using them."

Category 3: - To reduce worries

The analysis found that some youth started using substances because they wanted to reduce worries. The youth reported that most of them are faced with a lot of problems in their day to

day lives and in order to escape from being worried by those problems, they started using substances. The following are the subcategories which emerged during the analysis of the results:

Sub-category i: - Worries from lack of social support

Some youth reported that they started using substances because they had nobody to support them at home. Hence they had a lot of worries. In order to reduce these worries, they resorted to using substances like beer. The following are some of the quotes from the data:

> *"I started drinking beer because of poor social support. There was no one who could support me in any form. I do not have parents so to avoid those problems I started drinking."*
>
> *" .... To forget worries"*
>
> *"......it's because of problems the youth encounter at home"*

Sub-category ii:- Worries from unemployment

Some youth reported that they resorted to using substances because of the worries they had from unemployment. They reported that because of unemployment, they started selling beer which later led them to become alcoholics. The following is a quote from the data:

> *"Because of the problems I have met. I started drinking so that I could reduce my worries as there was no one who could help me. Hence I decided to start working in pubs and I have been there for more than ten years now. Mostly lack of good employment makes people to start abusing drugs."*

Category 4: - Enjoyment

Some youth started using substances because of the pleasure they got from the use of these substances. Some reported that they started because they were enjoying the feeling of being drunk while others said they felt good after smoking marijuana. Some of the sub-categories which emerged from the analysis of the data are as follows:

Sub-category i: - To enjoy the feeling of drugs

Some of the youth reported that they started using substances because of the enjoyment they got from using them while others reported that the feeling of using substances was nice to them. Some of the quotes from the data are:

> *"I started because of the enjoyment I got from using it........"*
>
> *"I started using these drugs because it was nice by then to use them"*
>
> *"In general I was feeling good."*

Sub-category ii: - For recreational purposes

Some youths reported that they started to become seriously involved in substance abuse after they started using the substances like beer for relaxation purposes. They reported that most people use substances as a means for them to relax after a heavy day's work. One of the quotes from the data reads: -

> *"After a month long of working, at month end, myself and my friends would organise that we would buy some beer so as to relax ourselves."*

4.6.3.3 PERCEPTION OF THE DANGERS OF SUBSTANCE ABUSE

The results of the study show that the youth perceived the dangers of substance abuse as being bad for their health. Some of the categories on the perceptions of the youth of the dangers of substance abuse are as follows:

Category 1: - Development of mental illness

The analysis showed that most youth perceived substance abuse as contributing to the development of mental illness. Almost all the participants interviewed reported that one of the dangers of substance abuse is that it leads people to develop mental illness. Some of the quotes from the data are:

> *".....the worst thing is that substance abuse causes mental illness."*
>
> *"Most people have developed mental illness because of using drugs."*
>
> *"........Mental illness. I am told that my mental illness was triggered by excessive beer drinking which I did during Christmas."*

Category 2: - Poor interpersonal relationship

The youth reported that substance abuse leads to poor interpersonal relationships between the one who uses drugs and others. The results found that after using substances, people lose control of their behaviour and start talking abusively to others, while others do not respect their friends because of the influence of drugs. It was also reported that in some cases, some develop indecent behaviour because of the influence of substances. The following are the sub-categories which emerged during the analysis of the data:

Sub-category i: - Poor relationship with spouses

The youth reported that substance abuse causes most people to have a poor relationship with their partners which eventually end in divorce. One participant stated:

"I have seen most families break up because the husband is drinking beer excessively and when he comes back he starts talking abusively to his wife and sometimes they even fight for no reason."

Sub-category ii: - Poor relationship with family members

It was found from the results that because one member of the family abuses substances, he does not respect other family members including parents. This results in a poor relationship between the abuser and other members of the family. Some of the quotes from the data are:

"………..people who abuse drugs do not have respect for other people.."

"…… You treat a good thing as a bad thing and a bad thing as a good thing. You have no respect. You treat your parent's house as if it belongs to you."

"Most people who drink become violent after drinking, some start talking abusively and generally they lose respect."

" some youth start selling their parent's property because they want money to buy substances like beer hence they end up having a poor relationship with their parents and other family members"

Category 3: - Poor social support

The other problem of substance abuse reported by the youth was poor social support. They reported that most substance abusers fail to support themselves as well as their families. The results found that most substance abusers spend much of their money buying drugs. The following are the sub-categories which emerged from the analysis of the data:

***Sub-category i: -	Failure to look after themselves***

The results showed that most people who abuse substances fail to look after themselves. This is because most of the money they find is used to buy substances. Some of the quotes from the data are:

"..........and even failing to look after yourself"

"...........Poor management of money since they use most of their money to buy beer"

***Sub-category ii: -	Failure to support the family***

The results found that most people who engage in substance abuse fail to support their families. The youth reported that substance abusers fail to support their families because they spend most of their money buying drugs. Some quotes from the data are:

".........Failing to look after your family......."

"We could spend most of our money in drinking"

"...even fail to support their families and themselves because they spend their money on beer."

**Category 4: -	Involvement in criminal offences**

It was also found from the analysis that the youth perceive substance abuse as the cause for violent behaviour. In others it was reported that it leads to domestic violence between spouses. They reported that most men start fighting their wives after they are drunk or after they have smoked marijuana. The following are the quotes from the data:

"I have seen my parents fighting mostly after my father is drunk."

"...........also involved in violence and a lot of crimes."

"..........and often get involved in violent acts......"

"Most people who drink become violent after drinking, ... "

4.6.3.4 INTERPERSONAL AND SITUATIONAL VARIABLES

The interpersonal and situational variables help the youth to get the information on the dangers of substance abuse and how to help the youth stop substance abuse.

One of the interpersonal variables identified in the analysis of the data was the support the youth receive from people around them to stop substance abuse. This is presented in the following sub-section:

Category 1: - Support received by the youth to stop substance abuse

Some participants reported that they get enough support to help them stop abusing substances while others reported that they do not get any support. The following are the sub-categories which emerged:

Sub-category i: - Support from the family.

Some youths reported that they get enough support from their family members which will help them to stop abusing substances. One participant stated:

> *"At first I started drinking badly because there was no one to support me at home hence I was drinking to reduce worries. Now that my uncle is providing me with most of the things I want, I do not see the reason why I should go back to drinking"*
>
> *"Nobody at home supports the smoking of chamba. Everyone is against me because I smoke"*
>
> *"Yes I get enough support from my parents"*

At the same time some youths reported that they do not get any support from their family members in terms of stopping substance abuse. Some quotes from the data are:

"At home there is no one who tells me to stop smoking marijuana. They even give me marijuana at times when I do not have. My father also smokes so how can he make me stop."

Sub-category ii: - Support from the Church

It was found that despite the fact that some youth do not get support from the family and friends for them to stop substance abuse, certain community social groups such as the church provides them with support though they said it was not enough. One participant stated:

"I do not have any support apart from the prayers from church, but it was not enough as they came home only once when they were going house to house praying for people who have problems."

4.6.3.5 CUES TO ACTION

These are what health professionals do to help change the behaviour of people in the community. The results revealed that health professionals play an important role in helping the youth to stop abusing substances. Some of the youth reported that they have made up their minds to stop substance abuse because of the counselling they got from the hospital. One participant stated:

"…..after the counselling sessions I got, I found that it is not good to start drinking again because I do not want to go back to the hospital with the same problem I had."

4.6.4 CONCLUSION

The findings of the study show that the youth have vast knowledge of the dangers of substance abuse. The results also show that before the youth start abusing substances, most of them had already received information on the dangers of substance abuse. Although the youth

received information on the dangers of substance abuse, the knowledge they had did not change their perception which they had towards the dangers of substance abuse. Thus despite having the knowledge on the dangers of substance abuse and perceiving the dangers of substance abuse as bad to their health wellbeing, the youth went ahead and used these substances. The results also showed that the youth did not perceive themselves as being at high risk of suffering from the dangers of substance abuse. This might be one reason why they engaged in substance abuse. At the same time the results show that despite the fact that the youth had knowledge of the dangers of substance abuse and perceived the dangers of substance abuse as bad, they had other reasons which outweighed their knowledge and perceptions of the dangers of substance abuse. These other reasons were the one's which led the youth to start using substances.

CHAPTER FIVE

DISCUSSION OF RESULTS, SUMMARY AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will present the discussion, the summary all the findings of this study and thereafter, recommendations will be provided on how best the problem of substance abuse amongst the youth can be dealt with so as to promote the health of the youth.

5.2 DISCUSSION OF THE RESULTS OF THE STUDY

This section will present a discussion of the various subjects of this study. The discussion will be centred on the objectives of the study which were:

1. To explore the knowledge of the affected youth on the dangers of substance abuse.
2. To determine the affected youth's perceptions on the dangers of substance abuse.
3. To determine the factors which contribute to the youth's engagement in substance abuse.

Therefore the discussion of this study will be presented into three major groups based on the objectives.

5.3 KNOWLEDGE OF THE DANGERS OF SUBSTANCE ABUSE

The general assumption is that when an individual is equipped with the knowledge of the dangers of certain behaviour, they will try their best to avoid doing that behaviour (Sigelman et al., 2002 and Bridges et al., 2003). This was not the case with the results of this study where it was found that the majority of the youth (86.7%) had received information on the dangers of substance abuse but they went ahead and used them. The information given to the youth on the dangers of substance abuse was expected to increase their knowledge of the dangers of substance abuse so that they could refrain from using them.

However, the discussion will also show how demographic profiles of the youth affected them in terms of the knowledge of the dangers of substance abuse and their involvement in the behaviour.

5.3.1 Knowledge and Socio-Demography

This section will discuss issues under the subheadings of age, marital status, occupation, level of education and religion.

5.3.1.1 Age

The study targeted the youth who were below 25 years of age at the time of the study. According to the results of this study, most youths who were abusing substances ranged between 20 and 25 years old (60%). This is not in line with the study done by Pickard et al., (2000) where it was found that the age group which was mostly involved in substance abuse was between 18 and 44 years old. The difference might be due to the fact that all the study participants in this study were below 25 years old. While as the National Household Survey on Drug Abuse (2001) found that illicit drug use tends to increase with age among young persons. It peaks among 18 to 20 year olds and declines steadily after that point with increasing age. While at the same time, the results of the study also found that amongst 39 (86.7%) of the youth who had received information on the dangers of substance abuse, 24 (65.5%) of them belonged to the age group of 20 and 25 years. This means that the older the youth became, the more knowledgeable they became on the dangers of substance abuse, but the more they got involved. This poses a great threat as this is the time of life for preparation of what a person is likely to be during adulthood. The study results were different from what

was found by Kasirye (2002) in Uganda where it was found that the number of youths abusing substances was greatest at the age of between 14 and 17 years old.

5.3.1.2 Marital Status

The demographic profile of the respondents indicated that the majority (66.7%) of the participants were not married. The results also indicate that amongst those who had received information on the dangers of substance abuse, 30 (76.9%) were either never married or divorced. The results of the study are in line with the NSDUH report (29th -10-2004) which stated that marital status has a bearing on people's substance abuse in that those who are not married or divorced abuse substances more than those who are married.

5.3.1.3 Gender

In this study, the results indicated that more males (80%) abuse substances than females. Both males and females may have the same knowledge of the dangers of substance abuse. Despite this knowledge on the dangers of substance abuse, most males reported that they were influenced by peer pressure to start the behaviour. Hence knowledge of the dangers of substance abuse did not count. These results are supported by the results found by the National Survey on Drug Use and Health which found that males aged 18 to 25 years had a higher rate of abuse of substances than females in the same age group (NSDUH, 2003).

5.3.1.4 Occupation

Unemployment also seems to account for much of the youth's involvement in substance abuse. The study found that out of 45 participants, 53.4% were unemployed. And the results further indicated that 33.3% were still students. Only 13.3% of the participants were employed. This shows that unemployment has an influence on the youth to start substances

abuse or not. It can be inferred from the results of this study that most youth who did not have something to do ended up abusing substances. As indicated in the qualitative data, some participants cited some of the reasons for them to start abusing substances as their lack of employment. They stated that they started abusing substances so that they could relieve themselves of the stress caused by being unemployed. According to a study done in America on the effects of unemployment, it was found that most people who are unemployed end up abusing substances while others end up committing crimes (NSDUH, 2004). Although the youth stated that they had started substance abuse because of lack of employment, the very same youth also reported to have known the dangers of substance abuse. Therefore, unemployment surpassed the knowledge they had of the dangers of substance abuse.

5.3.1.5 Level of Education

An increase in the level of education usually leads to an increase in knowledge of different aspects of life. In this study, it was found that the level of education also accounts for the abuse of substances by the youths. According to the results, 44.4% of the respondents had an educational qualification of below Standard 8. The study found that as the youth became more educated, their involvement in substance abuse decreased. As such those who had their educational qualification at tertiary level accounted for only 11.1% of abusers. This may imply that the lower the level of education the youth have, the less knowledge they have of the dangers of substance abuse. Conversely, the higher the level of education of the youth, the more knowledge they have of the dangers of substance abuse and the more they refrain from using them. This is in line with the study done by Thompson (2000) who found that illicit drug use rates are generally correlated with educational status. It was found that among adults aged 18 or older in 2001, college graduates had the lowest rate of current use (4.3 %). The rate was 7.6 percent among those who had not completed high school. This is despite the fact

that adults who had completed 4 years of college were more likely to have tried illicit drugs in their lifetime compared with adults who had not completed high school (47.2% vs. 32.0 %).

However, this is contrary to what Peltzer and Phaswana (1999) found in South African universities where they found that there is an alarming rate of students in South African universities who are involved in substance abuse. The same was found at Columbian universities where most students were found to be involved in substance abuse (Califano 1994). However, Resnick et al., (1997) and Gottfredson (1986), as cited in Hayes and Emshoff (1993) found that in most youths, poor academic performance, truancy and leaving school early are some of the risk factors for the youth to start abusing substances. He further found that many people with low level education lack knowledge of the dangers of substance abuse, and end up abusing substances more than those who go higher with their education.

5.3.1.6 Religion

Religion has in most cases been taken as a social group which helps to reinforce moral values amongst people. This includes providing information on the dangers of substance abuse so that people should refrain from using the substances. Hence it is believed that religion helps to prevent people from abusing substances. According to Miller (2000), religious faith helps to discourage the youth from engaging in substance abuse. The author states that people who believe in religious values do not involve themselves in using substances. To the contrary, the results of this study indicated that 95.6% of the participants belonged to at least one of the religious groups with the Christians comprising 82.2% of the respondents. Despite belonging to a religious group, they were still involved in substance abuse. This shows that some people do not make use of the preaching made against substance abuse in most religious denominations. However, the results also showed that the youth did not get much information on the dangers of substance abuse from the church since the church was rated at 31.1% as a

source of information to the youth on the dangers of substance abuse. This may also help to explain why most youth, despite that they belonged to religious denominations, still got involved in substance abuse.

The study also found that all the respondents who were Rastafarians abused marijuana. They reported that their denomination allows them to do so to help them in meditation. This is in line with the findings of Mazur (2003) who stated that Rastafarians believe that marijuana is used as a holy sacrament. The author stated that Rastafarians use marijuana for meditation. This may be the reason why religion can sometimes be said to have an influence on people to start abusing substances like marijuana (Mason and Windle, 2002). According to Tenthani (2000), Rastafarians in Malawi staged demonstrations for the legalisation of marijuana smoking.

5.3.2 Knowledge and Individual Perceptions

Despite the fact that the majority of the youth got information on the dangers of substance abuse, 87.1% reported that they were not concerned with developing mental illness at the time they started using them. While at the same time, 79% knew that substance abuse may contribute to the development of mental illness. Despite the youth having this perception, they still got involved in using substances. This might partially be due to their beliefs regarding the risk of developing mental illness when abusing substances since they believed that they were not at high risk of suffering from the consequences of substance abuse because they were still young. According to the results of the study, although most youths (70.5%) knew that everyone is at risk of developing mental illness when abusing substances, 79.5% of them thought that the risk of developing mental illness is greater when abusing drugs in old age other than when they are still young. With such an attitude, it is easy for the youth to get

involved in substance abuse. According to APA (1995), everyone is at risk of developing mental illness when they are abusing substances irrespective of the age of an individual. A study carried out in America found that the youth may be more at risk of suffering from the after-effects of substance abuse than those who start drinking in their old age (Buddy, 2005). Therefore the belief of the youth that they are not at risk of developing mental illness because they are still young, may just put the youth in danger of abusing substances and thereby suffering from the consequences of substance abuse. The belief that they are not at risk may be as a result of the inability of the youth to focus on their future. According to Bandura (1997), most youth make decisions with little regard of what will happen in future. In this regard, the youth made a decision to start using substances despite having knowledge of the dangers of substance abuse. This is because the perception they had was that they were not at great risk of suffering from the dangers of substance abuse because they were still young.

5.3.3 Knowledge and Interpersonal / Situational Variables

The interpersonal and situational variables help to bring knowledge to the youth on the dangers of substance abuse. These interpersonal and situational variables may include people and various types of mass media.

In this study, the youth received information on the dangers of substance abuse through several modes of communication. Amongst the sources of information on the dangers of substance abuse to the youth, it was encouraging to find that more youth got the information from the hospital (75.6%) followed by the radio (62.2%). Surprisingly, the school (20%) came last as a source of information to the youth on the dangers of substance abuse, hence there was a substantially large number of students (33.3%) found to be abusing substances. The results are in line with Parry, (2000) who stated that in South African high schools, there is an alarming rate of students who are involved in substance abuse, while Peltzer and

Phaswana (1999) state that in South African universities, there is a growing number of youth who get involved in substance abuse. The situation in South Africa may not be different to the situation in Malawi since in a study carried out in the developing countries of sub-Saharan Africa, it was found that the situation in schools on the abuse of substances was similar in that there was an increasing number of youth who are getting involved in substance abuse (Peltzer and Phaswana, 1999). Malawi being one of the developing countries in sub-Saharan Africa, therefore shares this scenario. However, this is against the notion by Conte and Fogarty (1990), who stated that school education should not be limited to purely academic subjects but that the education system should take more responsibility for the production of capable, functioning members of the society. On this point, the author stated that it is imperative that many schools should teach courses on a number of social problems such as substance abuse, AIDS and suicide. The inclusion of such courses may help to increase the knowledge of the youth thereby help them to refrain from involvement in risky behaviours.

Youth support groups are very important in that they help the youth to get information and to increase their knowledge on various aspects of life including substance abuse. Most youths' behaviours are modified after attending these youth support groups. Therefore, some of the youth would have gained important information on the dangers of substance abuse through the youth support groups. However, the study found that of all the participants, 91.1% were not involved in any youth support group where they could discuss the dangers of substance abuse. The situation in Malawi on the use of youth support groups is totally different from the one in South Africa where there are several youth support groups where the youth are able to discuss issues concerning their lives. One such youth support groups in South Africa is Alcoholics Anonymous in Durban where youth and other people meet to share their experiences on substance abuse (http://www.angelfire.com/ 25-06-2005). Parker (1993),

states that in the support groups, people share information and experiences. They also encourage one another and share knowledge on how best they should deal with certain situations. It therefore follows that most youths in Mzuzu are deprived of the social support they needed from their fellow youths. They are also deprived of other youths' perceptions of the dangers of substance abuse.

5.3.4 Knowledge and The Abuse of Marijuana

The results of this study show that marijuana abuse is the most common problem amongst the youths of Mzuzu. The results indicated that 80% of the participants abuse marijuana. This is in line with the study by the National Household Survey on Drug Abuse (2001) where it was found that marijuana is the most abused illicit drug among the youth in America. At the same time, the results indicated that 80.5% of the youth who abuse marijuana know that substance abuse contributes to the development of mental illness. Although they had this knowledge, they went ahead abusing marijuana. It was also found that 69.4% of the youths knew that they were at risk of developing mental illness at the time they started using the drugs but this knowledge did not help them to refrain from involving themselves in the abuse of marijuana. This might mean that apart from the knowledge the youth may have of the dangers of marijuana use, they may be influenced by some other factors which may lead them to start the abuse. According to Leshner (1997) most youth start abusing drugs like marijuana for experimental purposes. This is in response to what they observe their friends doing and they also want to experience the same. This was also spotted in the youth of Mzuzu where the results in the qualitative data revealed that some youth started abusing drugs because they wanted to experiment how it felt to use those drugs. This indicates that the youths may have the knowledge of the dangers of substance abuse but the knowledge only may not be enough to help them not to get involved in substance abuse.

5.3.5 Knowledge and The Abuse of Alcohol

Alcohol abuse is also very common amongst the youth in Mzuzu where it was found to be the second highest abused drug. The results found that 87.8% of the youths who were abusing alcohol had already received information on the dangers of substance abuse which included the dangers of alcohol abuse. This knowledge did not change their perception on the use of alcohol as they went ahead using alcohol. This might be because they were influenced by other factors like the environment where they are staying, peer pressure and others (Leshner, 1997).

According to the results of the study, 36.3% of those abusing alcohol started because their parents were brewing beer for commercial purposes. This means that despite these youth having the knowledge of the dangers of alcohol abuse, they may have been forced by the environment where they were staying to start abusing alcohol. At the same time, most of the participants stated that they had their friends who were also abusing substances. So apart from having the knowledge on the dangers of alcohol use, they might have been influenced by their friends to start using substances. Most studies have shown that the environment in which the youth are brought up, has an enormous impact on the behaviour of the youth. The studies show that environment may determine the youth's behaviour as to whether they start abusing substances or not (Leshner, 1997 and Buddy, 2005).

5.3.6 Knowledge and The Abuse of Kachasu

Kachasu is one of the commonly used spirits distilled locally in the villages and townships of Malawi. It has a huge command of people who abuse it, especially those who have found that they do not get intoxicated with other types of beer. Most people know that Kachasu is a very strong alcoholic drink and most people know the severity of the after-effects of Kachasu. With this knowledge, no wonder the study results indicated that it is not in high demand by

the youth of Mzuzu as only 6 (11.6%) were found to have been abusing it. Amongst them, 3 had already stopped abusing it at the time of the study while the other 3 were still using it. The results also found that as people became more educated, they got involved in the abuse of Kachasu less. According to the results of this study, there were more youths (4) who had an educational qualification of Standard 8 and below who were abusing Kachasu as compared to only one who had a Junior Certificate of Education and another one with Malawi Schools Certificate of Education. No abuse of Kachasu was found amongst those who had attended tertiary education. This might be due to their knowledge on the dangers of Kachasu when compared to other types of alcoholic drinks. Up to now, no study has been done on the youth's involvement in the abuse of Kachasu.

5.3.7 Knowledge on The Dangers of Substance Abuse and Cues To Action

Cues to action are what health professionals do to help the youth to stop substance abuse. According to the results of the study, some youths reported that they have decided to stop substance abuse because of the counseling they received from the hospital. This shows that health professionals at St John of God played a major role in helping the youth to stop the behaviour by providing them with counseling services. At the same time, some youths may have been influenced by the psycho-education they received from the hospital at the time of their admission. According to the focus on adolescent services newsletter (2005), counseling is one of the most critical components among other therapies to be given to the youth to help them to stop substance abuse while Uys and Middleton (2004) recognise psycho-education as one of the best tools to help change the behaviour of people including substance abuse. Hence with the combination of psycho-education and counseling services, the youth developed the confidence to stop substance abuse while others reported to have already stopped.

5.3.8 Knowledge and Self Efficacy

It was also worthy to note from the results that the youth are confident that they can stop the abuse of substances. According to the results of the study, 50% of the participants were very confident that they would stop substance abuse, while 33% were slightly confident of stopping the behaviour. On the other hand, 16.7% were still not confident that they would stop the abuse of substances despite the knowledge they had of the dangers of substance abuse.

At the same time, the results of the study indicated that the youth were confident that they could 'stop the use of marijuana after they had experienced the dangers of using marijuana like the development of mental illness. This means knowledge alone of the dangers of substance abuse did not bring this confidence to the youth to stop their substance abuse but after experiencing the problems of substance abuse, they came to a decision to stop. This is because at first they had the knowledge of the dangers of substance abuse but still they went ahead and used them. The confidence they had developed to stop substance abuse came because they had experienced the dangers of substance abuse and had recognised that they could live a better life after stopping the behaviour. This is in line with the self efficacy belief in the Health Belief Model (Bandura, 1969) which states that unless an individual has seen dangers of the behaviour and has foreseen the benefits of stopping the behaviour, they will continue with the behaviour they are involved in. In the same way, it follows that after the youths have seen the importance of being out of marijuana use, they have now developed the confidence to stop the behaviour. While the results in the qualitative data also affirms this where some youth reiterated that since they have experienced the dangers of substance abuse and have seen how severe these dangers are, they will not go back to the abuse of substances again.

5.4 PERCEPTIONS OF THE YOUTH ON THE DANGERS OF SUBSTANCE ABUSE

It is assumed that the knowledge of the dangers of substance abuse may influence an individual's way of perceiving those dangers. According to the study results, most study participants knew the dangers of substance abuse. The results, however, show that to some youth, the knowledge of the dangers of substance abuse did not change their perception while for others they perceived the dangers of substance abuse as very bad to their health.

People's perception on the dangers of substance abuse determines whether they will continue involving themselves in the behaviour or not. In the same way, if the youth perceive the dangers of substance abuse as having a severe impact on their lives, they would not get involved in the behaviour. However, this was not the case with the youth in Mzuzu where they perceived the dangers of substance abuse as bad for their health but went ahead to use them.

5.4.1 Demographic Variables and Perception

The study results show that age and occupation did not have much impact on the youth's way of perceiving the dangers of substance abuse. However, it was found that gender, marital status, level of education and religion had an impact.

According to the results of the study, there were no major age differences in the youth's perception of the dangers of substance abuse. The same applied to the occupation of the youth where, despite the fact that most of them were unemployed, their perception of the dangers of substance abuse did not matter. What mattered was the use of substances to suppress the worries they had from being unemployed.

While on the other hand, religion showed to have an effect on the perception of the youth of the dangers of substance abuse. Most of the youth belonged to a religious group which was expected to change their perception on the dangers of substance abuse. The results shows that they really had a negative perception of the dangers of substance abuse but despite this perception, they went ahead to use them. Only those who belonged to Rastafarianism reported that alcohol was bad but marijuana was not bad, showing that they perceived the dangers of alcohol as bad to them but the dangers of marijuana as not so bad. This may be in line with Hager (1993), who states that there has been no documented research done to prove the bad effects of marijuana use.

The results also showed that gender had an influence on the youth's perception since females said they feared the dangers of substance abuse more than males. This might be the reason why there were more males involved in substance abuse than females. No study has been found to show the difference between males and females on their perception of the dangers of substance abuse.

In terms of marital status, most of the youths abusing substances were either not married or were divorced as opposed to those who were married. It can be inferred that for those who are married, their perception of the dangers of substance abuse may be controlled by their spouses unlike those who are not married or are divorced. Most studies find that those who are married abuse substances less than those who are not married or divorced (Martin et al., 1999) However, it is not certain whether married abusers perceive the dangers of substance abuse as worse than those who are not married.

Level of education also plays a role as it is assumed that the higher a person goes with education, the more knowledge they acquire and the more they perceive the severity of the dangers of substance abuse. This might be true with this study where it is found that only 11.1% of the youths abusing substances had attended tertiary education as compared to 44.4% who had Standard 8 and below.

5.4.2 Perceived Susceptibility

Perceived susceptibility refers to how individuals look at how prone or vulnerable they are to be affected by a certain disease or ailment. In this study, perceived susceptibility refers to the perception of the youth on whether they view themselves as prone to suffering from the after-effects of substance abuse. The study results indicated that 65.9% of the study participants perceived that a person is prone to suffering from mental illness if they abuse substances. Despite this perception, 81.8% indicated that they were not concerned about the development of mental illness at the time when they started abusing the substances. This might be because at the time they started using the substances, they were carried away by the pleasures they got from substances. Hence their perception about being prone to suffering from the consequences of substance abuse was outweighed by the pleasures they experienced from the substances leading them to continue with the behaviour. Goddard, (1997); Mechoulam, (1990) and Newcomb and Harlow, (1986) state that most youths start abusing substances because of enjoyment they get from the substances. This was also true for the results of this study where some youth stated that they had started using the drugs because of the enjoyment which they experienced the time they started using them.

5.4.3 Perceived Severity of The Problem

On the perceived severity of the problem, the study examines how the youth perceives the seriousness of the dangers of substance abuse. The results indicated that most youth perceive the problems resulting from substance abuse as very bad to their general well being.

According to the qualitative results, amongst these problems, the study found that mental illness was one of the most serious problems resulting from substance abuse. The results of this study showed that almost every participant interviewed reported that mental illness is one of the problems that result from substance abuse. These results concurred with what other studies had already found that substance abuse contributes to the development of mental illness in an individual (Tinklenberg et al., 1970; Abel, 1971; Dornbush, Fink and Freedman, 1971; Darley et al., 1974 and Vachon, Sulkowski, and Rich, 1974). The youth perceived mental illness as an illness which has a bad effect on them as 60% of study participants stated that mental illness changes the life of someone badly.

It was also found that 64.4% perceived mental illness as leading someone to having many other problems. The results also indicated that 66.7% perceived mental illness as endangering a person's relationship with others. With this perception of mental illness, it clearly demonstrates that the youth in Mzuzu perceived it as a serious illness which has a serious negative impact on their lives. Deegan (1988) in her personal experience reported that with having mental illness, there is dehumanisation, degradation, being disenfranchised and being unemployed. This sums up the perception of the youth on the severity of the problem as it clearly shows that the problems resulting from substance abuse such as mental illness can seriously affect the livelihood of people.

However, on comparing mental illness with some other illnesses in order to check how seriously it is perceived, the study found that there was no significant difference between those who perceived mental illness as more serious than other illnesses (46.7%) and those who disagreed (48.9%) with the perception. This shows that the youth views mental illness in just the same way as they view other illnesses in terms of the seriousness of the illness. In this study one participant even stated that the most serious illness is when one suffers from HIV /AIDS and not suffering from mental illness. This perception can be argued as being the same perception that health policy makers in most countries in the world have on the seriousness of mental illness as they do not put mental illness on the priority list during their health planning (WHO, 2003). Its only after mental illness is perceived as very serious to the life of people that substance abuse which contributes to the development of mental illness can be reduced amongst the youth.

Apart from the development of mental illness, violence and disrespectful amongst the users were found to have some other problems resulting from substance abuse. This might result from the mental disturbance the substances bring to people, since after using substances, they lose the control of their actions hence leading to violence (Tinklenberg et al., 1970; Abel, 1971; Dornbush, Fink and Freedman, 1971; Darley et al., 1974 and Vachon, Sulkowski, and Rich 1974). These results found in Malawi were similar to those found in South Africa where it was found that substance abuse is the leading cause of violence among the users. While Strauss, Gelles and Smith, (1990) also found that most cases of domestic violence in America could be attributed to substance abuse.

On the other hand, studies have shown that with substance abuse, people fail to support their families financially. This is because they spend more money on buying the substances which

in most cases are expensive. The same scenario was found in this study where it was found that those who abuse substances fail to support themselves and their families. The participants reported that instead of supporting their families financially, substance abusers quarrel with family members because they want money from them to buy drugs. The same was found by Roberts (2004), who stated that most people who abuse substances find problems to support themselves and their families while Baldacchino (2002) states that instead of supporting their families they manipulate family members to give them money to by drugs. Hence most children from parents of substance abuse also end up abusing substances because of lack of support both socially and financially (Romero-Daza, Weeks and Singer, 2003; Strauss, Gelles and Smith, 1990 and Moss, 2000).

5.4.4 Perceived Benefits of Stopping Substance Abuse

This section will discuss the youth's perception on the benefits of stopping substance abuse. According to the Health Belief Model, if stopping substance abuse is be perceived as having some beneficial effects, it will be easy for people to stop. While Stuart (1984) also states that the youth will always change the behaviour if they see that there is some benefit in stopping the behaviour they are involved in. In this study, the results indicated that 70.5% agreed that stopping substance abuse may help to prevent the development of mental illness. While 77.8% agreed that stopping substance abuse may help to open up life opportunities. One of the benefits stipulated in this study was to be able to get married where 62.2% agreed that stopping substance abuse makes it easy for a person to get married and 60% stated that stopping substance abuse opens up employment opportunities. Such perceptions on the benefits of stopping substance abuse can make it easy for the youth to stop the behaviour. This is because they have perceived that there are a lot of beneficial effects in stopping the behaviour. Maurice et al., (2002) indicated that substance abuse causes a lot of problems to

people on the job. He found that a lot of employers on the job market would rather employ someone who is not involved in substance abuse than someone who uses drugs. This implies that stopping substance abuse may really open up employment opportunities to the youth.

On the other hand, although the youth perceived stopping substance abuse as having some benefits to them, they did not perceive those benefits as having a long-term effect on them. The study results found that there was no significant difference between those who perceived stopping substance abuse as having long-term benefits (51.1%) and those who disagreed (48.9%) with the perception. According to Bandura (1997) this might be due to the narrow angled focus of the youth when it comes to making future decisions.

5.4.5 Perceived Barriers To Stopping Substance Abuse.

The youth might be willing to stop substance abuse but there might be some other hindrances which might hamper them from stopping the behaviour. According to the results of this study, one of the barriers of the youth to stop substance abuse is that 79.5% of the study participants reported that they have their friends who are also involved in substance abuse. Therefore despite the fact that they may think of stopping the behaviour, they will still be influenced by peer pressure to continue with the behaviour. Their friends will be acting as a barrier for them to stop the behaviour. The study results are in line with what Leshner (1997) found, that peer pressure plays a vital role in the decision of the youth to start the behaviour of substance abuse while at the same time it also blocks them from stopping the behaviour.

The other barrier found in this study is the environment where the youth are staying. The study found that 82.2% of the participants stay in places where substances are sold. This implies that the environment where the youth are staying is not conducive for them to stop the

behaviour of substance abuse. In relation to this, most studies have found that the environment where people stay has an important role to play to help people change their behaviour, especially substance abuse. As long as substances are found locally and are sold in places where the youth are staying, the efforts to help them to stop the behaviour will not yield anything (Office of the National Drug Control Policy, 2002). While Cicchetti and Olsen (1990), also found that factors such as community norms, neighborhood disorganisation, cultural disenfranchisement and the unavailability of community education on substance abuse have been posited as exacerbating the risk of substance abuse amongst the youth.

On the other hand, traditional beliefs attached to the substances being used also play a role in encouraging the youth to continue with the behaviour (Newcomb and Harlow, 1986; Peltzer and Phaswana, 1999 and Vokhima, 1999). However, the results of this study found that there was no significant difference between those who believed that after smoking marijuana they become more powerful to work (48.9%) and those who did not agree with this perception (35.6%) that marijuana gives them more energy. The other belief mostly attached to the students is that after smoking marijuana, one can study the whole night without getting tired and without falling asleep. In this study, 42.2% agreed that after smoking marijuana they can study the whole night without getting tired while 40.0% disagreed with this belief. It therefore follows that most youths do not believe that marijuana can give them more energy and they also do not believe that it can make them study for a long time so that they can pass the examination. It is therefore important to note that with this perception on what substances bring to them, it makes traditional beliefs not a barrier for the youth to stop the behaviour of substance abuse. It therefore follows that it can be easy to institute behaviour modification strategies for the youth to change their behaviour of substance abuse as they do not strongly share these traditional beliefs on substances.

When an individual wants to change their behaviour, they need support from people around them. If no support is rendered to them, their efforts to change their behaviour will prove futile. In the same way, if the youth are to change their behaviour of substance abuse, it is imperative that they receive necessary support from relatives and other people in the community. In this study, some youth's indicated that they receive necessary support from their relatives such that they are sure that they will completely stop the behaviour of substance abuse. On the other hand, the results indicated that there were some youths who do not receive any support from their relatives. They reported that their relatives could even provide them with drugs like marijuana at the time when they did not have a supply. It was also found that it is difficult for such relatives to give proper guidance to those who abuse to help them stop the behaviour. Instead of helping the youth to stop the behaviour, they acted as barriers to prevent them from stopping the behaviour. Arehart-Treichel (2004) indicated that family support is crucial for an individual to change the behaviour of substance abuse. The author found that for an individual to change their behaviour of substance abuse, it is imperative for the individual and the people around him to have the same perceptions of the dangers of substance abuse. The community at large where the individual is staying should also perceive the dangers of substance abuse more serious to their lives. It is only when the community views the dangers of substance abuse as dangerous to them and the abusers life that they may take responsibility to help to change the behaviour of substance abuse to the youth.

5.5 FACTORS CONTRIBUTING TO YOUTH'S ENGAGEMENT IN SUBSTANCE ABUSE

There are a lot of factors that leads the youth to start the behaviour of substance abuse. According to the results of this study, it was found that peer pressure was one of the major

contributing factors. The participants of this study indicated that for them to start using substances, they were influenced by their friends. Goddard, (1997); Mechoulam, (1990) and Newcomb and Harlow, (1986) found that most youths start using substances because of the pressure they get from friends. The authors found that most people who abuse substances had their friends who were also abusing substances at the time they started the behaviour. In such cases where peer pressure leads them to start the behaviour, knowledge of the youth of the dangers of substance abuse and their perceptions may not count. With peer pressure, some participants reported that after they saw their friends using these substances, they also wanted to experiment how it felt to be on drugs. This infers that at that time, they did not consider the knowledge they had of the dangers of substance abuse and also they did not consider their negative perceptions on the after effects of substance abuse. This is in line with Leshner (1997) and http://www.focusas.com/SubstanceAbuse.html(01/06/05), where it was found that some youth started using drugs because they wanted to experiment the use of drugs. The authors state that the youth is a stage of exploration and they explore everything in life including the use of drugs which eventually leads them to be addicted. This was also true with some participants who reiterated that they started using substances because they wanted to experience the feeling of the use of substances after they had been told by friends that a person feels good after using the substances.

Social problems were also found to make the youth get involved in substance abuse. According to the results of this study, some participants reported that they started using substances because they did not find someone who could support them. They also reported that they were also not employed. This led them to have a lot of worries so they used substances to suppress those worries. These results are supported by Arehart-Treichel (2004) who found that social problems are the worldwide cause of substance abuse in people. He

cited homeless children as an example of people who have social problems and found that many street children end up abusing substances because of the problems they are confronted with. While Romero-Daza, Weeks and Singer, (2003) and Moss, (2000) found that most youth who have been brought up in disorganised families where the parents abuse substances and do not pay attention to support their children, end up abusing substances. This follows that if parents do not provide social support to their children because of substance abuse, their children may also end up abusing substances. While Leshner (1997), states that factors leading to the abuse of substances may include peer or group pressure, emotional distress that is symptomatically relieved by specific drug effects, sadness, social alienation, and environmental stress.

Some youth stated that they started using substances because of the enjoyment they got from substances. They reported that the use of substances made them feel on top of the world. According to Goddard (1997); Mechoulam (1990) and Newcomb and Harlow (1986), many people start to use substances because of the enjoyment and for recreational purposes associated with the drugs. That is why most people involved in sports activities use drugs because they feel their bodies relaxed but in the end they become addicted to those drugs.

The results of the study also found that some youths started using substances like alcohol because their parents were selling such substances. This means that in those circumstances, parents have played a role in contributing to their children's involvement in substance abuse. However, most studies have found that parental attitudes and behaviour regarding substance use play an important role in determining how children and adolescents view substance use and whether they should use it or not. According to Adger (1991), a family history of antisocial behaviour and poor parenting skills increases the risk of having children who will

use substances. He further states that in most cases, the home is the primary source of alcohol for adolescents, although drinking customs and patterns differ among ethnic groups. The author found that in some families, children are introduced to alcohol as a beverage at an early age, but these families do not drink excessively, do not tolerate or condone excessive drinking in others, and experience low levels of problem drinking. Other families, however, may accept and encourage excessive drinking, especially among males of any age, reinforcing the image of alcohol use as an indicator of maturity and masculinity. However Kandel (1985) found that in some cases, older siblings often influence their younger brothers or sisters to initiate using substances. In this case, if parents are involved in the selling of substances to people, it shows that they perceive those substances as good so it is easy for them to influence their children to start using them. Therefore in such circumstances, the knowledge and perceptions of the youth of the dangers of substance abuse may not count much as they might feel it is good to use substances since they see a lot of people around them using those substances.

5.6 SUMMARY OF THE FINDINGS

The study aimed at exploring the affected youth's knowledge and perceptions of the dangers of substance abuse. It was guided by the following objectives:-

- To explore the knowledge of the affected youth on the dangers of substance abuse.
- To determine the affected youth's perceptions on the dangers of substance abuse.
- To determine the factors which contribute to the youth's engagement in substance abuse.

The theoretical framework which guided this study was the Health Belief Model by Bandura. The findings of the study have revealed that most affected youth have the knowledge of the dangers of substance abuse. The results show that the youth received their information on the dangers of substance abuse from the hospital, radio and school among others. However, the results show that the school was not a good source of information to the youth. The same applied to the church where it was found that it was also not one of the best sources of information on the dangers of substance abuse to the youth. However, the results show that the youth perceived the dangers of substance abuse as severe enough to their health wellbeing. They cited mental illness, violent acts and poor family support as some of the problems which resulted from substance abuse.

Despite the youth having knowledge of the dangers of substance abuse and despite having a negative perception of the dangers of substance abuse, the results showed that the youth went ahead and used the substances. The findings revealed that some of the factors contributing to the youth to start abusing substances like experimenting the drugs, peer pressure, for enjoyment and poor social support outweighed the knowledge and the perceptions the youth had of the dangers of substance abuse. This led the youth to start using the drugs.

5.7 RECOMMENDATIONS

In the light of the findings and issues identified in this study, the researcher made the following recommendations.

5.7.1 Education on Dangers of Substance Abuse

Substance abuse awareness campaigns in the community are of paramount importance and they can be a solution to the problem of substance abuse. In view of this, the researcher

recommends that the St John of God Community Services, in collaboration with the Ministry of Health should strengthen teaching programmes to the community in Mzuzu to educate the community on the dangers of substance abuse. The teaching programmes should run all year round as opposed to only teaching during specified periods of time like the mental health campaign days.

At the same time, the researcher recommends that the Ministry of Education Science and Technology should incorporate some topics on substance abuse in the teaching curriculum of students in most high schools. This will help to intensify the teachers' efforts to teach on substance abuse.

On the other hand, there are a variety of clubs set up in schools which all aim at helping the students in one way or another. Since the study found that the school came last in providing information to the youth on the dangers of substance ábuse, the researcher recommends that the St John of God Community facilitation group should initiate the formation of substance abuse awareness clubs in high schools within Mzuzu city.

5.7.2 Psycho-Education in The Hospital

On daily basis, the nursing staff provides psycho education to hospitalised clients at St John of God Hospital. Substance abuse is also one of the topics which are discussed. It is therefore the recommendation of the researcher that these psycho education groups are intensified and that substance abuse topics should be discussed on several occasions in order to curb the problem of substance abuse amongst the youth. The education should not only be given to those involved in substance abuse but also to those who have not yet been involved in substance abuse. This will help to increase their knowledge of the dangers of substance abuse

so that they can also perceive the dangers of substance abuse as a serious threat to their lives and stop their involvement in the behaviour.

5.7.3 Youth Support Groups

The youth support groups helps the youth to share information and experiences on various issues affecting their lives. The study found that the majority of the youth in Mzuzu are not attached to any youth support group. Therefore the researcher recommends that the St John of God Community facilitation group should initiate the formation of youth support groups in the townships of Mzuzu where substance abuse among other topics will be discussed.

5.7.4 Control of Unlicensed Beer Selling Points

There are a lot of shabeens and unlicensed beer selling places within the townships of Mzuzu. These places do not observe age restriction on people who patronise them. This being the case, a lot of youth gets involved in beer drinking through these selling points. It is therefore important that the Mzuzu City Assembly should close all the shabeens and unlicensed beer selling points within the city of Mzuzu so that everyone should be buying beer in legal places where age restriction is adhered to.

5.8 RECOMMENDATIONS FOR FURTHER RESEARCH

This study will provide baseline data for further studies to be carried out on substance abuse in Malawi. Therefore the researcher recommends that there is a need to do action research where substance abuse awareness programmes will be put into practice and their effectiveness to the youth in Mzuzu city will be assessed.

5.9 LIMITATIONS

The major limitation of this study is that it is difficult to generalise the results because of the sampling method used and the sample size used. Polit and Hungler (1997) state that the results found in a study where purposive sampling was used are difficult to generalise to the entire population. The other limitation of the study is that important information may have been lost in the process of translation from English to Tumbuka, or from Tumbuka to English.

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APPENDIX I - IV

DATA COLLECTION INTSRUMENTS

Appendix 1 NO:

QUESTIONNAIRE

SECTION A

Demographic Data

1. **Age:-** ....

(*Tick which is applicable for questions 2 – 13*)

2. **Sex :-**

Male ☐

Female ☐

3. **Marital status**:

Married ☐

Never married ☐

Widow ☐

Divorced ☐

Other ☐

Please specify....................

4. **Religion**:

Christian ☐

Moslem ☐

Hindu ☐

Buda ☐

African religion ☐

Other ☐

Please specify ....

5. **Highest educational qualification:**

Tertiary education ☐

MSCE ☐

JCE ☐

PSLC ☐

Others ☐

Please specify.....................

6. **Occupational status:**

Unemployed ☐

Civil servant ☐

Private sector ☐

Self employed ☐

Student ☐

SECTION B

Present status of the client

7. **Are you still using substances?** (If you answer no to question 7, go to question 8, 9 and 10 then the rest. If you answer yes go to question 11).

Yes ☐

No ☐

8. **If no, for how long have you stopped?**

Less than a month ☐

One month to six months ☐

Six months to one year ☐

More than one year. ☐

9. **For how long were you involved before you stopped?**

Less than a year ☐

One month to three years ☐

Three years to 6 years ☐

More than six years. ☐

10. **How confident are you that you will maintain this?**

Not confident ☐

Slightly confident ☐

Very confident ☐

11. **What substances do you use?** (you can choose more than one)

Marijuana ☐

Alcohol ☐

Kachasu ☐

Mandrax ☐

Cocaine ☐

Others ☐

Please specify ....

12. **How often per day do you smoke?**

Less than 3 times ☐

3 – 5 times ☐

6 – 8 times ☐

9 - 10 times ☐

More than 10 times. ☐

13. **How many bottles of beer do you take to get intoxicated?**

Less than 5 bottles ☐

5 – 9 bottles ☐

10 – 14 bottles ☐

15 bottles and above ☐

Exploring Knowledge of the youth

Answer the following questions by ticking true or false.

Statement	True	False
14. Substance abuse contributes to the causes of mental illness		
15. Substance abuse affects only older people.		
16. Risk of mental illness is greater when someone abuses substances in old age		
17. Both men and women are at risk of mental illness when they		

involve in substance abuse.		
18. Substance abuse has no danger on a person.		
19. Stopping substance abuse may help to prevent the bad effects of substance abuse		

20. **Have you received any information on the dangers of substance abuse?** (If you answer no, go to question 22)

Yes ☐
No ☐

21. **If yes, by what means?** (Tick what ever applies)

Through the radio ☐
Through newspapers ☐
From school ☐
From friends ☐
From hospital / clinic ☐
From church (religious denomination) ☐
Others ☐
Please specify ....

22. **Are you involved in any substance abuse awareness youth group?**

Yes ☐
No ☐

Perceptions of the youth on the dangers of substance abuse

Answer the following questions on perception by ticking agree, disagree or neither agree/ disagree.

Perceived Susceptibility

Statement	Agree	Disagree	Neither agree nor disagree
23. It is extremely likely that someone may get mental illness because of substance abuse.			
24. I was not concerned that I may develop mental illness in future.			
25. Taking drugs makes someone more prone to health problems?			

Perceived Severity of the problem

Statement	Agree	Disagree	Neither agree nor disagree
26. The thought of getting mental illness scared me			
27. When someone has mental illness, his/her life changes badly.			
28. Mental illness endangers my relationship with others.			
29. When someone abuses substances, he doesn't become afraid of developing mental illness.			
30. When you get mental illness, your financial security becomes endangered.			
31. When you develop mental illness, a lot of problems also fall on you.			

32. Getting mental illness is more serious than suffering from other illnesses.			

Perceived benefits of stopping substance abuse.

Statement	Agree	Disagree	Neither agree nor disagree
33. Stopping substance abuse helps to reduce the possibility of developing mental illness.			
34. Life becomes good when you stop substance abuse.			
35. Life opportunities are open when you stop substance abuse.			
36. It is easy to get married when you stop substance abuse			
37. Employment opportunities open up if you stop substance abuse.			
38. Stopping substance abuse will have long term benefits for me.			

Perceived barriers of stopping substance abuse.

Statement	Agree	Disagree	Neither agree nor disagree
39. All my friends abuse substances			
40. The environment where I am staying has a lot of			

places where they sell illicit drugs.			
41. My parents brew beer for commercial purposes			
42. I am working in a factory where they sell beer			
43. I usually get substances I abuse for free.			
44. My wife encourages me to smoke marijuana because I work hard in the field after smoking.			
45. When I smoke marijuana I become more powerful to work.			
46. When I smoke marijuana I don't feel asleep hence I become alert all the time.			
47. After using substances, I think more wisely.			
48. After smoking marijuana, I can study the whole night without getting tired.			
49. The church I belong to recommends smoking of marijuana and drinking of beer.			
50. Being a tour guide I easily get drugs like cocaine and mandrax.			

Appendix II

INTERVIEW SCHEDULE FOR QUALITATIVE DATA NO…

SECTION A

Demographic Data

1) **Age:-** ……………………………..

(Tick which is applicable for questions 2 – 6)

2) **Gender:-**

Male ☐

Female ☐

3) **Marital status**:

Married ☐

Never married ☐

Widow ☐

Divorced ☐

Other ☐

Please specify…………………..

4) **Religion**:

Christian ☐

Moslem ☐

Hindu ☐

Buda ☐

African religion ☐

Other ☐

Please specify …………………...

5) **Highest educational qualification:**

Tertiary education ☐

MSCE ☐

JCE ☐

PSLC ☐

☐

Others

Please specify....................

6) Occupational status:

Unemployed ☐

Civil servant ☐

Private sector ☐

Self employed ☐

Student ☐

SECTION B

Open ended questions

1. What led you to start using substances?
2. What substances are you using?
3. What are the dangers of substance abuse?
4. What kind of support do you get from other people around you? Who are they?
5. Do you think the support provided to you can help you to change the behaviour of substance abuse? Explain?

Appendix III: Questionnaire in Tumbuka

CHIGAWA CHAKWAMBA

DEMOGRAPHIC DATA.

1. Vyaka: ....

   (Chongani icho mwasolapo mumafumbo ghachiwiri mpaka la khumi na chitatu)

2. Munthu uli

   Mwanalume ☐

   Mwanakazi ☐

3. Vyanthengwa

   Nili wakutengwa / Wakutola ☐

   Nindatengwepo / Nindatolepo ☐

   Ndine chokolo ☐

   Nthengwa yili kumala ☐

   Panji chifukwa chinyakhe ☐

   Longosolani chifukwa ichi apa ....

4. Mpingo

   Mkhristu ☐

   Musilamu ☐

   Muhindu ☐

   Mubuda ☐

   Mpingo wa chifipa ☐

   Mpingo unyakhe ☐

   Longosolani za mpingo unyakhe apa ....

5. Masambiro ghapachanya

   University / College panji kosi ☐

   MSCE ☐

   JCE ☐

   Standard 8 ☐

   Masambiro ghanyakhe ☐

   Longosolani ....

6. Vyantchito / Uteweti

   Mulova ☐

   Wantchito wa Boma ☐

Wantchito wa kampani ☐
Wabizinesi ☐
Mwana wa sukulu ☐

CHIGAWA CHACHIWIRI

Umo Mulwari Waliri Panyengo Yasono

7. Kasi muchali kumwa mankhwala ghakuzunguzga wongo? *(Pala zgolo linu pafumbu ili (7) ni YAYI, mbwenu zgolani mafumbo 8, 9, 10 ndipo nakumalizga ghose. Pala ni Enya lutani pa fumbo la nambala 11).*

   Enya ☐
   Yayi ☐

8. Kasi mwaleka kwakuyana na nyengo yitali uli?

   Mwezi undakwane ☐
   Pakati pa mwezi umoza na yinkhonde na umoza ☐
   Pakati pa miyezi yinkhonde na umoza na chaka ☐
   Kujumpha chaka chimoza ☐

9. Apo mukawa mundaleke kasi mukamwa / mukakhwewa kwanyengo yitali uli?

   Chaka chikakwana yayi ☐
   Pakati pa chaka chimoza na vyaka vitatu. ☐
   Pakati pa vyaka vitatu na vyaka 6 ☐
   Kujumpha vyaka 6 ☐

10. Kasi ndimwe wakukholwa uli kuti mulutilirenge kuleka kumwa / kukhwewa mankhwala agha?

    Wakukholwa yayi ☐
    Wakukholwa pachoko ☐
    Wakukholwa chomene ☐

11. Kasi mukumwa / mukugwiriska ntchito mankhwala uli? (*Mungasankha kujumpha munkhwala umoza)*

    Chamba ☐
    Mowa uliwose ☐
    Kachasu ☐
    Mandrax ☐
    Cocaine ☐
    Mankhwala ghanji ☐

Zulunani apa ....

12. Pala ni chamba, mandrax na vinyakhe, kasi pazuwa mukukhwewa kalinga?

    Katatu kakukwana yayi

    Pakati pa 3 – 5 ☐

    Pakati pa 6 – 8 ☐

    Pakati pa 9 – 10 ☐

    Kujumpha 10 ☐

13. Kasi mukumwa mabotolo ghalinga ghamowa kuti mulowele

    Ghankhonde ghakukwana yayi ☐

    Mabotolo 5 – 9 ☐

    Mabotolo 10 – 14 ☐

    Kunjumpha mabotolo 15 ☐

Kuyezga Maghanoghano gha Muluwali

Zgolani mafumbo ghose agha pakuchonga enya panji yayi

Fundo	**Enya**	**Yayi**
14. Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax vingapangiska kuti munthu wafunthe		
15. Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kukukhwaska wanthu walala pela		
16. Nhtapafupi chomene kuti munthu wafunthe pala wa Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax.		
17. Wose wanalume panji wanakazi wangafuntha usange wa Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax		
18. Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax nvyakofya yayi kwa munthu.		
19. Kuleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kungawovwira kumazga uheni uwo ukwiza chifukwa cha vinthu nga ni ivi.		

20. Kasi muli kupulikapo za uheni wa Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax? (*Pala zgolo ni yayi, lutani pa fumbo 22*)

    Enya ☐

Yayi ☐

21. Kasi mukapulika munthowa uli?

Pa wayilesi ☐
Pa nyuzi pepa ☐
Ku sukulu ☐
Kwa wanyinu ☐
Ku chipatala ☐
Ku tchalitchi ☐
Kunyakhe ☐
Zunulani ....

22. Kasi mukukhwaskika na wupu wuliwose wawaukilano uwo ukuyowoya za uheni wa Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax?

Enya ☐
Yayi ☐

Maghanoghano Gha Wawukilano Pa Vya Kuwofya Kwa Kukhwewa Chamba, Cocaine, Panji Kumwa Mowa Mwauchidakwa Panjiso Mandrax

Zgolani mafumbo agha pa kuchonga nkhupulikana navyo, panji nkhupulikana navyo yayi, panji vyose yayi.

Perceived susceptibility

Fundo	**Nkhupulikana navyo**	**nkhupulikana navyo yayi**	**Vyose yayi**
23. Ntchinthu chambula kukayikiska kuti munthu wangafuntha pala wa Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax			
24. Vikandikwaskanga yayi kuti ningazakafuntha munthazi			
25. Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kukupangiska kuti chiwe chusu kuti munthu wafunthe.			

Perceived severity of the problem

Fundo	Nkhupulikana navyo	nkhupulikana navyo yayi	Vyose yayi
26. Wofi ukanikolanga apo Nkhaghanaghananga kuti nifunthenge.			
27. Munthu usange wali na vifusi umoyo wake ukusintha uheni chomene.			
28. Vifusi vikutimbanizga ubale na ukhaliro pakati pa munthu wa vifusi na wabale wake.			
29. Munthu usange wakwamba Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kuti wakopa chala kuti wangazakafuntha munthazi.			
30. Pala munthu wafuntha, chuma chake nachoso chikutimbanizgika chomene.			
31. Pala munthu wafuntha, masuzgo ghanandi ghakwamba kumusanga.			
32. Vifusi nivyakofya chomene kuluska kuluwala matenda ghanyake.			

Perceived benefits of stopping substance abuse

Fundo	Nkhupulikana navyo	nkhupulikana navyo yayi	Vyose yayi
33. Kuleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kukovwira kupewa matenda gha vifusi.			
34. Umoyo ukuwa makola usange munthu waleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax.			
35. Mwawi wa vinthu ukuwa unandi usange waleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso			

mandrax			
36. Ntchapafupi kutengwa panji kutola usange munthu waleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax.			
37. Ntchapafupi kusanga ntchito usange munthu waleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax.			
38. Kuleka Kukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax kungamuphindulira munthu paumoyo wake.			

Perceived barriers of stopping substance abuse

Fundo	Nkhupulikana navyo	nkhupulikana navyo yayi	Vyose yayi
39. Wanyane wose waKukhwewa chamba, cocaine, panji kumwa mowa mwauchidakwa panjiso mandrax.			
40. Kuchigawa uko nkhukhala kuli malo ghanandi agho wakuguliskilako chamba, panji mowa panjiso Mandrax.			
41. Wapapi wane wakuphika mowa wamalonda.			
42. Nkhugwirantchito yakuguliska mowa panji chamba.			
43. Nkhusanga chamba, panji mowa mwambula kusuzgika.			
44. Muwoli wane wakunihaya pala nakhwewa chamba chifukwa nkhulima chomene.			
45. Pala nakhwewa chamba nkhuwa nankhongono chomene.			
46. Pala nakhwewa chamba tulo nkhuwavye			

ndipo nkhuwa wakuchangamuka nyengo zose.			
47. Pala nakhwewa chamba nkhuwa na zeru chomene.			
48. Pala nakhwewa chamba, nkhuwerenga usiku wose kwambula kuvuka.			
49. Mpingo uwo nkhusopako ukuzomerezga kumwa mowa nakubema vyamba.			
50. Chifukwa cha ntchito yane yakulongola malo walendo, chikuwa chipusu kuti nisange cocaine panji Mandrax.			

Appendix IV: **Interview guide in Tumbuka**

CHIGAWA CHAKWAMBA

DEMOGRAPHIC DATA.

51. Vyaka: ....
   (Chongani icho mwasolapo mumafumbo ghachiwiri mpaka la khumi na chitatu)
52. Munthu uli
   Mwanalume ☐
   Mwanakazi ☐
53. Vyanthengwa
   Nili wakutengwa / Wakutola ☐
   Nindatengwepo / Nindatolepo ☐
   Ndine chokolo ☐
   Nthengwa yili kumala ☐
   Panji chifukwa chinyakhe ☐
   Longosolani chifukwa ichi apa ....
54. Mpingo
   Mkhristu ☐
   Musilamu ☐
   Muhindu ☐
   Mubuda ☐
   Mpingo wa chifipa ☐
   Mpingo unyakhe ☐
   Longosolani za mpingo unyakhe apa ....
55. Masambiro ghapachanya
   University / College panji kosi ☐
   MSCE ☐
   JCE ☐
   Standard 8 ☐
   Masambiro ghanyakhe ☐
   Longosolani ....
56. Vyantchito / Uteweti
   Mulova ☐
   Wantchito wa Boma ☐

Wantchito wa kampani ☐

Wabizinesi ☐

Mwana wa sukulu ☐

CHIGAWA CHACHIWIRI

6. Kasi ntchifukwa uli mukamba kugwiriska nchito mankwala ghakuloweleska wongo?
7. Kasi nimankhwala uli agho mukugwiriska ntchito?
8. Kasi uheni wamankhwala ghakuloweleska wongo ni vichi?
9. Kasi mukupokela wovwiri uli kuti muleke kugwiriska ntchito mankhwala agha? Ndipo manjani wakumupasani wovwiri uwu?
10. Kasi wovwiri uwo mukupokela ngwakukwanila? Longosolani.

APPENDIX V - X

PERMISSION LETTERS

Appendix V : Ethical letter from University Research Committee.

RESEARCH ETHICS COMMITTEE

Student: GRIPHIN BAXTER NTERESA CHIRAMBO

Research Title: KNOWLEDGE AND PERCEPTIONS OF THE DANGERS OF SUBSTANCE ABUSE AMONG AFFECTED YOUTH ATTENDING ST. JOHN OF GOD COMMUNITY SERVICES, MALAWI.

A. The proposal meets the professional code of ethics of the Researcher:

YES ✓ NO

B. The proposal also meets the following ethical requirements:

	YES	NO
1. Provision has been made to obtain informed consent of the participants.	✓	
2. Potential psychological and physical risks have been considered and minimised.	✓	
3. Provision has been made to avoid undue intrusion with regard to participants and community.	✓	
4. Rights of participants will be safe-guarded in relation to: 4.1 Measures for the protection of anonymity and the maintenance of confidentiality.	✓	
4.2 Access to research information and findings.	✓	
4.3 Termination of involvement without compromise.	✓	
4.4 Misleading promises regarding benefits of the research.	✓	

Signature of Student: [signature] Date: 06-12-2004.

Signature of Supervisor: [signature] Date: 06/12/2004

Signature of Head of School: [signature] Date: 06/12/2004

Signature of Chairperson of the Committee (Faculty): [signature] Date: 09/12/04

School of Nursing, Howard College Campus

Postal Address: Durban, 4041, South Africa

Telephone: +27 (0)31 260 2499 Facsimile: +27 (0)31 260 1543 Email: Website: www.ukzn.ac.za

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Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix VI: Letter asking for permission from the Regional Health Officer (North).

UNIVERSITY OF
KWAZULU-NATAL

Community and Development disciplines
School of Nursing.

6th December, 2004.

The Regional Health Officer (North)
Mzuzu Central Hospital,
Mzuzu.

Dear Sir,

RE: REQUEST TO CONDUCT A RESEARCH STUDY AT ST JOHN OF GOD COMMUNITY SERVICES, MZUZU IN MALAWI.

I am a student at the University of Kwazulu-Natal in South Africa pursuing Masters of Nursing Mental Health.

I will conduct a research study on the topic " **Knowledge and perceptions of the dangers of substance abuse among the affected youth attending St John of God Community Services in Mzuzu, Malawi.** I would like to request for your permission to allow me to conduct this study at the above mentioned hospital.

Your favourable consideration will be highly appreciated.

Yours Sincerely,

Griphin Baxter Njeresa Chirambo.

Appendix VII: Acceptance Letter from the Regional Health Officer (North)

Telephone 01 333 916 / 878
Email: directormch@malawi.net

In reply please quote No............

The Hospital Director,
Mzuzu Central Hospital,
Private Bag 209,
Luwinga,
Mzuzu 2.

Ref. No. MCH/ADM/14

17th December, 2004

The Director of Services
St. John of God Community Services
P.O. Box 744
Mzuzu

CC: Griphin Baxter Njeresa Chirambo

RESEARCH AT ST. JOHN OF GOD COMMUNITY SERVICES, MZUZU

Please assist him conduct his research for academic purposes. Authority is granted.

Dr B. Khosa
for: **HOSPITAL DIRECTOR**

Appendix VIII: Letter asking for permission from St John of God Hospital Management.

UNIVERSITY OF
KWAZULU-NATAL

**Community and Development Disciplines,
School of Nursing.**

15th December 2004

The Director of Services
St. John of God Community Services
P.O. Box 744
MZUZU

Dear Sir

RE: REQUEST TO CONDUCT A RESEARCH STUDY AT ST. JOHN OF GOD COMMUNITY SERVICES, MZUZU IN MALAWI

I am a student at the University of Kwazulu-Natal in South Africa pursuing Masters of Nursing Mental Health.

I will conduct a research study on the topic **"Knowledge and perceptions of the dangers of substance abuse among the affected youth attending St. John of God Community Services in Mzuzu, Malawi"**. Hence I would like to request for permission to allow me to conduct this study at the above mentioned hospital.

Your favourable consideration will be highly appreciated.

Yours sincerely

Griphin Baxter Njeresa Chirambo

Appendix IX: Acceptance letter from St John of God Management.

St. John of God Community Services

P.O. Box 744, Mzuzu, Malawi
E-mail: sjog@sdnp.org.mw

Tel (265) 332 411
(265) 332 495
Fax(265) 334 213

Att. Sharon.

15th December 2004

Griphin Baxter Chirambo
C/o University of Kwazulu-Natal

Dear Griphin

RE: REQUEST TO CONDUCT A RESEARCH STUDY AT ST. JOHN OF GOD COMMUNITY SERVICES

Refer to your letter requesting permission to conduct a research study on knowledge and perceptions of the dangers of substance abuse among the affected youth attending St. John of God Community Services in Mzuzu, Malawi.

I wish to express my approval to your request.

Wishing you success in your research study.

Sincerely,

Aidan Clohessy

Br. Aidan Clohessy O.H.
DIRECTOR

cc : Regional Health Officer (N)
: Administrative Manager, St. John of God Community Services
: The Clinical Director, St. John of God Community Services

Appendix X: Consent letter for participants.

Faculty of Community and development Disciplines
School of Nursing

Date: ....

Dear participant,

I am **Griphin Baxter Njeresa Chirambo**, a student at the University of KwaZulu-Natal in South Africa, pursuing a Masters Degree in Mental Health Nursing. As part of the requirement for the programme, A student is required to conduct a research study.

This letter serves to ask for your consent to take part in this study. The study aims at exploring the knowledge and perceptions of the affected youth on the dangers of substance abuse. The results of the study will help the authorities in the Mental Health sector to develop strategies to help in combating the problem of substance abuse amongst the youth.

You are therefore requested to take part in this study. The study is sorely for academic purposes. No names will be used in this study. Taking part in this study will not compromise your treatment at St John of God Community Services. You will either be asked to fill the questionnaire or the researcher will ask you questions directly and write the information on the questionnaire sheet.

Yours Truly,

Griphin Chirambo

If you accept to take part in the study, sign below.

....

Thank you for accepting to take part in the study.