Factors Influencing Drug Abuse among Youth (15-24 Years) in Kisenyi Slum, Kampala District of Uganda

Immaculate Nakibuuka[1]; Margaret Joy Nalubega[2]

¹International Committee of the Red Cross, Uganda
²Faculty of Health Sciences at Uganda Martyrs University, Uganda
[1] inakibuuka11@gmail.com; [2] mjoynalubega@gmail.com

Abstract

Introduction: *Globally, youths are at risk of engaging in drug abuse. In Uganda, the prevalence of drug abuse among youths is 70.1% which is a lot higher than that of East Africa which is approximated at 45.5%. The study examined the factors influencing drug abuse among the youth in Kisenyi slum of Kampala district. It specifically assessed the relationship between socio-cultural factors, economic factors, and individual factors on drug abuse among youth.*

Methods: *The study adopted a cross-sectional survey design in which a quantitative data collection approach was applied. Questionnaires were used to collect data from 239 youths. Data was cleaned, coded and entered into SPSS software for analysis. The results generated were in the form of descriptive statistics, Pearson chi-square analyses and binary logistics regressions.*

Results: *The study found that the following factors had a statistically significant relationship with drug abuse in Kisenyi slum; religious service attendance (AOR=0.12; 95%CI=0.02-0.68; p=0.03*), family structure (AOR=20.04; 95%CI= 1.75-29.66; p<0.001*), family member smoking cigarettes/tobacco (AOR=0.83; 95%CI= 0.21-3.35; p=0.001*), a friend who drinks alcohol (AOR=1.21; 95%CI= 0.50-2.95; p=0.050*), a friend who smokes cigarettes/tobacco (AOR=0.47; 95%CI= 0.06-3.75; p=0.003*), television watching (AOR=3.56; 95%CI= 1.19-10.71; p<0.001*), social media access (AOR=1.51; 95%CI= 0.51-4.42; p=0.002*), type of house lived in (AOR=3.64; 95%CI= 0.91-14.5; p<0.001*), source of livelihood (AOR=0.88; 95%CI= 0.06-13.39; p=0.014*), drug availability (AOR=0.18; 95%CI= 0.03-1.20; p=0.029*), cost of drugs (AOR=5.92; 95%CI= 1.81-19.40; p<0.001*), perceptions on drugs (AOR=0.70; 95%CI= 0.17-2.88; p=0.002*), and convenience in talking (AOR=1.41; 95%CI= 0.48-4.15; p=0.002*).*

Conclusion: *It can be concluded that socio-cultural, economic and individual factors have a statistically significant influence on drug abuse among youths in Kisenyi Slum, Kampala district. The study recommends engagement of religious leaders to include drug abuse and its effects in their sermons, regular police patrols to remand street children, rolling out business, technical vocational education and training (BITVET) to provide skills to youths, support youth businesses with seed capital and identification of youth champions to sensitize youths on drug abuse, its dangers and how to overcome addiction.*

*Keywords— **youth, adolescents, drug abuse, marijuana, champion, slum.***

I. INTRODUCTION

Drug abuse is a common problem of public health importance globally and it poses a big threat to public and social health (1). Drug abuse refers to the use of drugs for pleasure other than legitimate medical purposes (2). A UNODC report showed that 269 million people abuse drugs globally (3). Of these, about 467,000 comprising of youths aged 15-24 years have used at least one drug. In 2015, drug abuse was the main cause of death for 228,000 youths within the 15-24 age group globally (4). In addition, a WHO 2016 report established that 5% of all deaths among youths aged 15-25 years were due to drug abuse (5). Deaths due to drug overdose among the youth are more prevalent in developed countries than the developing ones (6). A case in point is the United

States of America where 4,777 youths aged 15-24 years died of drug overdoses in 2019 (3). According to (4), the high death rates among youths in developed countries are attributed to late detection of drug disorders. Another study by (7) noted that the misuse of drugs was often offset by experimentation of youths who are lured by their peers.

In Sub-Saharan Africa, about 28 million people are drug abusers and about 37,000 people in Africa die annually from diseases associated with drug abuse (6). A study by (8) revealed that Nigeria has the highest drug prevalence rate among the youth at 20.9% and followed by South Africa at 15%. Further, (9) based on a sample of 143,201 youths with a mean age of 17.5 years, established that the prevalence of drug abuse among youths in Sub-Saharan Africa was 41.6%. The drugs consumed by the youth in this study included; caffeine products (41.2%) but this was only in the West African countries. This was followed by alcohol (32.8%), tobacco products (23.5%), khat (22.0%), cannabis (15.9%), depressants (11.3%), amphetamines (9.4%), the heroine (4.0%) and cocaine (3.9%) (9).

In East Africa, the prevalence rate of drug abuse among the youth is 45.5% (10). It was projected that East Africa will have a third of all drug abusers in Africa by the year 2050 due to a high level of urbanisation (10). This is attributed to the easy availability and affordability of drugs facilitating the abuse of drugs among youths in East Africa (11).

In Uganda, the prevalence of drug abuse among youths aged 15-24 years is 70.1% (12). Of these 39.1% use drugs regularly and the common drugs consumed include: alcohol (23.3%), kuber (10.8%), khat (10.5%), aviation fuel (10.1%), Cannabis (9.2%), and cigarettes (5.9%). However, the occurrence of drug abuse in males was twice as much as in females who are usually initiated at a later stage (12). In addition, traditional cultural values influence youths' attitudes and beliefs, which in turn influence their health risk behaviours hence abuse of drugs (13).

In Kampala city, a study by (14) revealed that drug abuse is notably very common among youths in Kampala city suburbs and slums. This is because these areas are highly populated with Ugandans from different tribes as well as other nationalities including Somali, Eritrean and Ethiopian refugees (14). In the same study, it was revealed that the most noteworthy users of drugs were youths aged 15-24 years. The study showed the commonly abused drugs in Kisenyi as Khat (52.6%), alcohol (25.6%), marijuana (15.4%), cocaine (6.4%) and heroin (0.8%). This was partly attributed to the fusion of cultures with some of the Ugandans adopting drug use from their non-Ugandan friends in the neighbourhood (14). However, all the drug users identified in this study were male and did not explore drug abuse among females. This study was therefore timely as it examined the factors influencing drug abuse among the youth in Kisenyi slum of Kampala district.

Broad Objective

To examine the factors influencing drug abuse among the youth in Kisenyi slum, Kampala district of Uganda.

Specific Objectives

i. To establish the socio-cultural factors influencing drug abuse among youth in Kisenyi slum.
ii. To assess the economic factors influencing drug abuse among youth in Kisenyi slum.
iii. To explore the individual factors influencing drug abuse among youth in Kisenyi slum.

II. METHODS

Study Design

The study adopted a cross-sectional survey design using purely quantitative data collection approaches (15). This research design enabled the researcher to collect data using both close-ended and open-ended questions.

Study Population

The study population comprised of youths aged 15-24 years in Kisenyi slum. These youths were chosen because they are a large group and therefore their data could be quantified to draw meaningful conclusions on drug abuse in Kisenyi slum.

Study Area

The study was conducted in the 3 parishes of Kisenyi slum located in the central division of Kampala district. In particular, the study was conducted at Muzaana village of Kisenyi I parish, Kiganda village of Kisenyi II Parish and Nook Village of Kisenyi III parish. This area was appropriate because it is the largest slum in

Kampala that attracts people including youths of a different descent (16). Moreover, Kisenyi slum is an urban refugee-hosting settlement and it is widely known for its high drug prevalence (17, 18).

Inclusion Criteria

The study included youth that either lived or worked in the Kisenyi slum within Kampala central division. The youth considered for the study were both young males and females aged between 15 and 24 years in line with the definition of WHO (19).

Exclusion Criteria

The study excluded youths who had lived or worked in the Kisenyi slum for less than six months. In addition, visitors and customers who were youths in Kisenyi slum were excluded from the study.

Sample size Estimation

The sample size (n) for the study respondents was obtained based on the Kish Leslie formula as shown below:

$$n = \frac{Z_{\alpha/2}^2 pq}{d^2}$$

Where;

n=Sample size; $Z_{(\alpha/2)}^2$ score at 95% confidence interval=1.96; p=current prevalence of drug abuse among youths in Uganda=0.2; q=(1-p) = (1-0.2) =0.8; d=5%=0.05.

$$n = \frac{1.96^2 \times 0.2 \times 0.8}{0.05^2}$$

n=246

A total of 246 youth was sampled for the study. These respondents were selected using systematic random sampling.

Sampling Procedure

A systematic random sampling technique was employed to select the youth in Kisenyi slum. Following systematic random sampling, every 3rd youth working or staying/present in a household within each village was sampled until a sample size of 246 youths was achieved.

Data Collection Tools

A questionnaire structured with a combination of open-ended and close-ended questions was used to inform the study. Both English and Luganda-translated questionnaires were used in the data collection.

Data Analysis and Presentation

The data collected from the field was cleaned, coded and entered into Statistical Package for Social Scientists (IBM SPSS 26) for analysis. In univariate analysis, descriptive statistics were mainly performed through the creation of frequency distribution tables. In bivariate analysis, the researcher performed the Pearson chi-square test (χ^2). The variables with a p-value less than 0.05 were statistically significant and considered for further multivariate analysis using a binary logistic regression model. However, those with a p-value greater than 0.05 were statistically insignificant and excluded from further analysis.

Ethical Considerations

The study protocol was approved by Uganda Martyrs University Faculty of Health Sciences Internal Review Board before data collection. The researcher sought permission to interview the respondents and access relevant documents by presenting an introductory letter from Uganda Martyrs University. In addition, informed consent was obtained from respondents before involving them in the research study. A high level of confidentiality was ensured during data collection by not disclosing sensitive information of the respondents to people that were not part of the research.

III.RESULTS

Socio-demographic Characteristics of the respondents

The demographic characteristics of the study respondents are presented in Table 1.

Table 1: Demographic characteristics of the respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	185	77.4
	Female	54	22.6
	Total	239	100
Level of Education	No Education	32	13.4
	Primary	104	43.5
	Secondary	94	39.3
	Tertiary/University	9	3.8
	Total	239	100
Marital Status	Single/Never Married	164	68.6
	Married	67	28.0
	Divorced/Separated	8	3.3
	Total	239	100
Religion	Catholic	93	38.9
	Anglican	44	18.4
	Seventh-day Adventist	5	2.1
	Muslim	67	28.0
	Pentecostal	29	12.1
	Atheist/Non-believer	1	0.4
	Total	239	100
Age of the youth in Kisenyi slum	Mean Age	20.1 (std=3.03)	

Source: Primary data (2021).

As indicated in Table 1, majority (77.4%) of the youths that responded to the questionnaire were male. Most (43.5%) of the youths had attained primary education (43.5%) while 39.3% had secondary education. More than half (68.6%) of the youth were single or had never been married. A significant (38.9%) number of youths were catholic. The average age of youths was 20.1 years with a standard deviation of 3.03 years.

The Influence of Socio-cultural factors on drug abuse among youths in Kisenyi slum

The Pearson chi-square test ($\chi2$) was performed to establish the influence of socio-cultural factors at bi-variate analysis and the results are illustrated in Table 2.

Table 2: Relationships between Socio-cultural factors and drug abuse among youth in Kisenyi slum

Socio-cultural Factors (n=239)	Category	Drug abuse			Chi Sq. (χ^2)	p-value
		Yes (%)	No (%)	Total (%)		
Number of times attended religious services in a year	Never	26 (63.4%)	15 (36.6%)	41(100.0%)	16.79 df=4	**0.002***
	Daily	19 (29.2%)	46 (70.8%)	65(100.0%)		
	Weekly	26 (29.2%)	63 (70.8%)	89(100.0%)		
	Once a Month	11 (36.7%)	19 (63.3%)	30(100.0%)		

cognizancejournal.com

Immaculate Nakibuuka *et al*, Cognizance Journal of Multidisciplinary Studies, Vol.2, Issue.9, September 2022, pg. 89-99

(An Open Accessible, Multidisciplinary, Fully Refereed and Peer Reviewed Journal)

ISSN: 0976-7797

Impact Factor: 4.843

	Once a Year	4 (28.6%)	10 (71.4%)	14(100.0%)		
Family structure	Nuclear family	36(29.0%)	88(71.0%)	124(100.0%)	30.59 df=5	0<.001 *
	Single parent family	5(31.3%)	11(68.8%)	16(100.0)		
	Extended family	14(25.5%)	41(74.5%)	55(100.0%)		
	Step-parent family	2(66.7%)	1(33.3%)	3(100.0%)		
	Child headed family	5(50.0%)	5(50.0%)	10(100.0%)		
	Street child	24(77.4%)	7(22.6%)	31(100.0%)		
Have a family member who smokes cigarettes/tobacco	Yes	54(47.0%)	61(53.0%)	115(100.0%)	11.59 df=1	0.001*
	No	32(25.8%)	92(74.2%)	124(100.0%)		
Have a friend who drinks alcohol	Yes	65(40.1%)	97(59.9%)	162(100.0%)	3.74 df=1	0.033*
	No	21(27.3%)	56(72.7%)	77(100.0%)		
Have a friend who smokes	Yes	61(43.9%)	78(56.1%)	139(100.0%)	9.00 df=1	0.003*
	No	25(25.0%)	75(75.0%)	100 (100.0%)		
Television watched in a week	Daily	21(20.6%)	81(79.4%)	102(100.0%)	24.50 df=3	<0.001 *
	At least once a week	10(33.3%)	20(66.7%)	30(100.0%)		
	Rarely	7(35.0%)	13(65.0%)	20(100.0%)		
	Never/have no access	48(55.2%)	39(44.8%)	87(100.0%)		
Social media use and internet consumption in a week	Daily	12(20.3%)	47(79.7%)	59(100.0%)	11.19 df=3	0.011*
	At least once in a week	13(39.4%)	20(60.6%)	33(100.0%)		
	Rarely	6(26.1%)	17(73.9%)	23(100.0%)		
	Never/have no access	55(44.4%)	69(55.6%)	124(100.0%)		

*Statistically significant at the 0.05 level (2-tailed).

Table 2 shows that there was a statistically significant relationship between the number of times attended religious services in a year (χ^2 =16.79, p=0.002), family structure(χ^2 =30.59, p=0.001), having a family member who smokes cigarettes or tobacco (χ^2 =11.59, p=0.001), having a friend who drinks alcohol (χ^2 =3.74, p=0.033), having a friend who smokes (χ^2 =9.00, p=0.003), television watched in a week (χ^2 =24.50, p=0.001), social media use and internet consumption in a week (χ^2 =11.19, p=0.011) and drug abuse among youth in Kisenyi slum.

At multivariate analysis, a binary logistic regression model was run to examine the socio-cultural factors influencing drug abuse among youths in Kisenyi slum. The results are shown in Table 3.

Table 3: Logistic Regression Results on Socio-cultural Factors influencing drug abuse among Youth in Kisenyi Slum

Variable (n=239)	Category	Crude OR (95%CI)	Adjusted OR (95%CI)	p-value
Number of times attended religious services in a year	Never (ref)			
	Daily	0.24(0.10-0.55)	0.28 (0.08-0.96)	**0.001***
	Weekly	0.24(0.11-0.52)	0.15 (0.05-0.45)	**<0.001***
	Once a Month	0.33 (0.13-0.89)	0.30 (0.08-1.07)	**0.028***
	Once a Year	0.23(0.06-0.87)	0.12 (0.02-0.68)	**0.030***
Family structure	Nuclear family (ref)			
	Single parent family	1.11(0.36-3.43)	0.62(0.14-2.84)	0.854
	Extended family	0.84(0.41-1.72)	0.67(0.26-1.75)	0.623
	Stepparent family	4.89 (0.43-5.62)	10.40 (0.31-49.87)	0.201
	Child headed family	2.44(0.67-8.96)	1.18 (0.23-6.10)	0.177
	Street child	8.38(3.32-1.18)	20.04(1.75-29.66)	**<0.001***
Have a family member who smokes cigarettes/tobacco	Yes (ref)			
	No	0.39 (0.23-0.68)	0.83(0.21-3.35)	**0.001***
Have a friend who drinks alcohol	Yes (ref)			
	No	0.56 (0.31-1.01)	1.21 (0.50-2.95)	**0.050***
Have a friend who smokes cigarettes/tobacco	Yes (ref)			
	No	0.43 (0.24-0.75)	0.47 (0.06-3.75)	**0.003***
Television watching in a week	Daily (ref)			
	At least once in a week	1.93 (0.79-4.73)	1.16(0.34-3.92)	0.152
	Rarely	2.08 (0.74-5.86)	1.57 (0.37-6.60)	0.167
	Never/have no access	4.75 (2.51-9.00)	3.56 (1.19-10.71)	**<0.001***
Social media use and internet consumption in a week	Daily (ref)			
	At least once in a week	2.55 (0.99-6.54)	2.55 (0.75-8.68)	**0.052***
	Rarely	1.38 (0.45-4.26)	2.23 (0.55-9.14)	0.573
	Never/have no access	3.12 (1.51-6.45)	1.51 (0.51-4.42)	**0.002***

*Statistically significant at the 0.05 level (2-tailed); ref-reference category; COD-Crude Odds Ratio; AOR-Adjusted Odds Ratio.
Source: Primary data (2021).

Table 3 reveals that youths who attend religious services daily, weekly, once a month and once a year were 0.28 times, 0.15 times, 0.30 times and 0.12 times respectively less likely to engage in drug abuse than their counterparts who never attended religious services.

Youth who lived on the street were 20.04 times more likely to engage in drug abuse than their counterparts who lived in nuclear families. Youths with family members who never smoked cigarettes or consumed tobacco products were 0.83 times less likely to engage in drug abuse compared to their counterparts who had a family member that smoked cigarettes or consumed tobacco products.

Also, youths who never had a friend that smoked cigarettes or consumed tobacco products were 0.47 times less likely to engage in drug abuse than those who had friends that smoked. Youths who never watched television were 3.56 times more likely to engage in drug abuse than their counterparts who watched television every day.

Youths who used social media or consumed the internet at least once a week were 2.55 times more likely to engage in drug abuse than their counterparts that used social media and consumed the internet daily. Similarly, youths who never had access to social media or the internet were 1.51 times more likely to engage in drug abuse than youths who used social media or consumed the internet daily.

The Influence of Economic factors on drug abuse among youths in Kisenyi slum

The study assessed the influence of economic factors on drug abuse among youths in Kisenyi slum at bi-variate analysis and the findings are presented in Table 4.

Table 4: Relationships between Economic factors and drug abuse among youth in Kisenyi slum

| Economic Factors | Category | Drug abuse | | | Chi Sq. (χ^2) | p-value |
		Yes (%)	No (%)	Total		
	>600,000/=	5(55.6%)	4(44.4%)	9(100.0%)		
Type of house living in (n=239)	Owned	4(15.4%)	22(84.6%)	26(100.0%)	29.23 df=2	<0.001*
	Rented house	58(31.9%)	124(68.1%)	182(100.0%)		
	Live on street	24(77.4%)	7(22.6%)	31(100.0%)		
The main source of livelihood of the household head (n=239)	None	4(33.3%)	8(66.7%)	12(100.0%)	22.55 df=5	<0.001*
	Mechanic/ Welding works	10(30.3%)	23(69.7%)	33(100.0%)		
	Transport business/Bodaboda	6(33.3%)	12(66.7%)	18(100.0%)		
	Trade	29(34.5%)	55(65.5%)	84(100.0%)		
	Casual Labourer	17(25.8%)	49(74.2%)	66(100.0%)		
	Picking metal scraps & bottles	20(76.9%)	6(23.1%)	26(100.0%)		
Drugs easily available to youths in Kisenyi slum (n=239)	Yes	84(38.2%)	136(61.8%)	220 (100.0%)	5.81 df=1	0.016*
	No	2(10.5%)	17(89.5%)	19(100.0%)		
Cost of drugs (smallest unit of measure) in Kisenyi slum (n=239)	<5,000/=	10(18.9%)	43(81.1%)	53(100.0%)	25.56 df=4	<0.001*
	5,000-10,000/=	49(50.0%)	49(50.0%)	98(100.0%)		
	10,000-20,000/=	17(39.5%)	26(60.5%)	43(100.0%)		
	Above 20,000/=	9(40.9%)	13(59.1%)	22(100.0%)		
	Don't know	1(4.3%)	22(95.7%)	23(100.0%)		

*Statistically significant at the 0.05 level (2-tailed).
Source: Primary data (2021).

Among the economic factors, type of house lived in (χ^2=29.23, p=0.001), main source of livelihood of the household head (χ^2=22.55, p=0.001), drugs easily available to youths in Kisenyi slum (χ^2=5.81, p=0.016), cost of drugs (χ^2=25.56, p=0.001) had a statistically significant relationship with drug abuse among youth in Kisenyi slum.

After the bi-variate analysis, the binary logistic model was run to find out the economic variables that would emerge significant at multi-variate level. The results are presented in Table 5.

Table 5: Logistic Regression Results on Economic Factors influencing drug abuse among Youth in Kisenyi Slum

Variable (n=239)	Category	Crude OR (95%CI)	Adjusted OR (95%CI)	p-value
Type of house living in	Owned (ref)			
	Rented house	2.57(0.85-7.81)	0.00(0.00-0.00)	0.095
	Live on street	18.86(4.85-73.3)	3.64(0.91-14.5)	**<0.001***
The main source of livelihood for the household head	None (ref)			
	Mechanic/ Welding works	0.87(0.21-3.57)	2.77(0.40-18.98)	0.846
	Transport business/Bodaboda	1.00(0.21-4.71)	1.97(0.26-15.12)	1.000
	Trade	1.06(0.29-3.80)	2.63(0.47-14.74)	0.935
	Casual Labourer	0.69(0.19-2.60)	1.55(0.26-9.22)	0.588
	Picking metal scraps & bottles	6.67(1.48-30.1)	0.88(0.06-13.39)	**0.014***
Drugs easily available to youths in Kisenyi slum	Yes (ref)			
	No	0.19(0.04-0.85)	0.18(0.03-1.20)	**0.029***
Cost of drugs (smallest unit of measure) in Kisenyi slum	<5,000/= (ref)			
	5,000-10,000/=	4.30(1.94-9.51)	5.92(1.81-19.40)	**<0.001***
	10,000-20,000/=	2.81(1.12-7.06)	2.80(0.71-10.9)	**0.028***
	Above 20,000/=	2.98(1.00-8.89)	3.02(0.58-15.9)	**0.051***
	Don't know	0.20(0.02-1.63)	0.46(0.04-5.39)	0.131

*Statistically significant at the 0.05 level (2-tailed); ref-reference category; COD-Crude Odds Ratio; AOR-Adjusted Odds Ratio.
Source: Primary data (2021).

Table 5 indicates that youths who lived on the street were 3.64 times more likely to engage in drug abuse than their counterparts who lived in owned houses. Youths whose main source of livelihood was picking metal scraps and bottles were 0.88 times less likely to engage in drug abuse than those who had no source of livelihood. Youths who indicated that drugs were not easily available in Kisenyi slum were 0.18 times less likely to engage in drug abuse than their counterparts who said that drugs were easily available to youths in Kisenyi slum. Youths who indicated that the cost of the smallest unit of drugs was 5,000-10,000/=, 10,000-20,000/= and above 20,000/= were 5.92 times, 2.80 times and 3.02 times respectively more likely to engage in drug abuse than their counterparts who indicated that drugs costed <5,000/=.

The Influence of Individual factors on drug abuse among youths in Kisenyi slum

Pearson Chi-square test was performed at bi-variate analysis to establish the relationship between individual factors and drug abuse among youths in Kisenyi slum. The findings are presented in Table 6.

Table 6: Relationships between Individual factors and drug abuse among youth in Kisenyi slum

		Drug abuse				
Individual Factors (n=239)	Category	Yes	No	Total	Chi Sq. (χ^2)	p-value
Taking drugs has many benefits to a youth than negative effects	Agree	61(44.2%)	77(55.8%)	138 (100.0%)	9.58 df =1	**0.002***
	Disagree	25(24.8%)	76(75.2%)	101 (100.0%)		
Drug abuse causes multiple health complications	Agree	63(41.4%)	89 (58.6%)	152 (100.0%)	5.41 df =1	**0.020***
	Disagree	23(26.4%)	64 (73.6%)	87 (100.0%)		
Convenience in talking	Very difficult	21(25.0%)	63(75.0%)	84 (100.0%)	8.68	**0.042***

to large audiences after taking drugs	Difficult	18(40.9%)	26(59.1%)	44(100.0%)	df =4
	Fair	9(32.1%)	19(67.9%)	28 (100.0%	
	Easy	16(48.5%)	17(51.5%)	33 (100.0%	
	Very Easy	22(44.0%)	28(56.0%)	50(100.0%)	

*Statistically significant at the 0.05 level (2-tailed).
Source: Primary data (2021).

Table 6 reveals that the perception that taking drugs has many benefits to youth than negative effects (χ^2 =9.58, p=0.002), the perception that drug abuse causes multiple health complications (χ^2 =5.41, p=0.020), convenience in talking to large audiences after taking drugs (χ^2 =8.68, p=0.042) had a statistically significant relationship with drug abuse in Kisenyi slum.

At multivariate analysis, a binary logistic regression analysis was performed to examine the individual factors influencing drug abuse among youths in Kisenyi slum, The results are presented in Table 7.

Table 7: Logistic Regression Results on Individual Factors influencing drug abuse among Youth in Kisenyi Slum

Variable (n=239)	Category	Crude OR (95%CI)	Adjusted OR (95%CI)	p-value
Taking drugs has many benefits to youth than negative effects	Agree (ref)			
	Disagree	0.42(0.24-0.73)	0.70(0.17-2.88)	**0.002***
Drug abuse causes multiple health complications among youths	Agree			
	Disagree	0.51(0.29-0.90)	1.27(0.16-10.17)	**0.021***
Convenience in talking to large audiences after taking drugs	Very difficult (ref)			
	Difficult	2.08(0.95-4.52)	0.52(0.16-1.67)	0.066
	Fair	1.42(0.56-3.62)	0.29(0.07-1.14)	0.461
	Easy	2.82(1.22-6.56)	0.89(0.26-3.03)	**0.016***
	Very Easy	2.36(1.12-4.97)	1.41(0.48-4.15)	**0.024***

*Statistically significant at the 0.05 level (2-tailed); ref-reference category; COD-Crude Odds Ratio; AOR-Adjusted Odds Ratio.
Source: Primary data (2021).

Table 7 shows that youths who disagreed that taking drugs had many benefits were 0.70 times less likely to engage in drug abuse than their counterparts who agreed that taking drugs had many benefits. Youths who disagreed that drug abuse caused multiple health complications among youths were 1.27 times more likely to engage in drug abuse than youths who agreed that drug abuse caused multiple health complications among youths. Youth with a perception that talking to large audiences after taking drugs was very easy were 1.41 times more likely to engage in drug abuse than their counterparts with a perception that talking to large audiences after taking drugs was very difficult.

IV.DISCUSSION

The Influence of Socio-cultural factors on drug abuse

The current study found that watching television had a statistically significant relationship with drug abuse among youths in Kisenyi slum. This finding agrees with a study by (20) which acknowledged the contribution of media in increasing drug abuse. It revealed that while there were several interventions on drug use, they were not effective because of the advertisements on televisions, radio stations and social media that made drug abuse look like a very prestigious act (20).

The study findings showed a significant relationship between religious service attendance and drug abuse among youths in Kisenyi slum. In agreement with the findings, (21) revealed that adolescents that had a high level of religiosity which was measured in terms of attendance to religious activities and commitment to beliefs were 0.211 times less likely to use drugs than their counterparts that were not religious. The study concluded that religiosity reduces the time for recreational activities and instils good values in adolescents on foregoing substance use. Similarly, (22) showed that religion is a protective factor against drug abuse, especially where there is a total ban on drug abuse.

The Influence of Economic factors on drug abuse

The binary logistic results of the current study showed that youths who lived on the street were 3.64 times more likely to engage in drug abuse than their counterparts who lived in owned houses. This finding is similar to that of (3) which reported a large prevalence of drug abuse among street children in the developing nations of the world. The main reasons for drug abuse among street children presented were peer pressure (62.1%), experimentation (36.3%), coping with stress (30.1%) and boosting self-confidence (28.9%).

The current study established a significant relationship between drug availability and drug abuse among youths in Kisenyi slum. Consistent with the study findings, a study by (23) showed that easy availability of drugs in Kampala city such as marijuana, tobacco and khat fuelled drug abuse among the marginalized people in the society such as the unemployed, middle income and low-income families.

The Influence of Individual factors on drug abuse

The study findings revealed that there was a significant relationship between the perception that taking drugs has more positive effects than negatives and drug abuse among youth. The above findings are consistent with (1) who showed that people had different perceptions of drug abuse globally, all of which influenced its use. In the United States of America for example, people who described cocaine users as selfish people were less likely to engage in cocaine use compared to those who described cocaine users as cool (1). This also agrees with (24) who revealed that negative perceptions of drugs hinder drug use.

The current study found that there was a statistically significant relationship between drug abuse and youth perceptions about convenience in talking to large audiences after taking drugs. This finding concurs with that of (21) which revealed that youths with low self-esteem often use drugs to boost their self-esteem. The study established that for such youth, drugs propel them to do things that they would not be able to do in a sombre state.

V. CONCLUSION

The study found that socio-cultural, economic and individual factors have a statistically significant influence on drug abuse among youths in Kisenyi Slum, Kampala district. The significant factors include religious service attendance, family structure, family member smoking cigarettes or tobacco, a friend who drinks alcohol, a friend who smokes cigarettes or tobacco, television watching, social media access, type of house lived in, source of livelihood, drug availability, cost of drugs and perceptions on drugs.

The study therefore recommends the following: the Ministry of Health should engage religious leaders to include in their sermons teachings on drug abuse and its negative effects on youths; Kampala Capital City Authority should conduct regular patrols on streets and corners within Kisenyi slum to capture street children and take them to remand homes for reformation; the government of Uganda particularly the Ministry of Education and Sports should roll out business, technical vocational education and training (BITVET) to all youths in Kisenyi slum; and lastly, the youth champions such as musicians, footballers and other talented youths that are highly regarded in Kisenyi slum should be facilitated by the Ministry of Health and Kampala Capital City Authority should sensitise the youths and avert all the youth perceptions towards drugs and their effects on their health in Kisenyi slum, Kampala district.

REFERENCES

[1] Peacock A, Leung J, Larney S, Colledge S, Hickman M, Rehm J, et al. Global statistics on alcohol, tobacco and illicit drug use: 2017 status report. Addiction. 2018; 113(10):1905-1926.

[2] Chibaya G, Maritz J. Illicit drug use by secondary school learners: reclaiming a life. The Social Work Practitioner-Researcher. 2016; 28:264-277.

[3] UNODC. World Drug Report. United Nations Office on Drugs and Crime; 2020.

[4] UNODC. World Drug Report. United Nations Office on Drugs and Crime; 2018.

[5] WHO. School Health and Youth Health Promotion facts. World Health Organization; 2016.

[6] UNODC. World Drug Report. United Nations Office on Drugs and Crime, Vienna Austria; 2019.

[7] Dutra LM, Glantz SA, Lisha NE, Song AV. Beyond experimentation: Five trajectories of cigarette smoking in a longitudinal sample of youth. PloS one. 2017; 12(2): 0171808.

[8] Jatau AI, Sha'aban A, Gulma KA, Shitu Z, Khalid GM, Isa A, et al. The burden of drug abuse in Nigeria: a scoping review of epidemiological studies and drug laws. Public health reviews. 2021; 9(1): 42.

[9] Ogundipe O, Amoo EO, Adeloye D, Olawole-Isaac A. Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. South African Journal of Child Health. 2018; 1(1):79-84.

[10] Donnenfeld Z, Bello-Schunemann J, Welnorn L. Drug Demand and Use in Africa. Modelling trends to 2050. 2019

[11] Somani S, Meghani S. Substance abuse among youth: A harsh reality. Emerg Med (Los Angel). 2016; 6(330): 2.

[12] Abbo C, Okello ES, Muhwezi W, Akello G, Ovuga E. Alcohol, substance use and psychosocial competence of adolescents in selected secondary schools in Uganda: A cross-sectional survey. International Neuropsychiatric Disease Journal. 2016; 7(1) 25387.

[13] Soto C, Unger JB, Ritt-Olson A, Soto DW, Black DS, Baezconde-Garbanati L. Cultural values associated with substance use among Hispanic adolescents in southern California. Substance use & misuse. 2011; 46(10):1223-1233.

[14] Nasir IS. Factors Contributing to Drug Abuse Among the Youth in Kisenyi, Rubaga Division, Kampala Uganda. International Health Sciences University.2013.

[15] Creswell JW. A concise introduction to mixed methods research. SAGE publications. 2014.

[16] KCCA. Statistical Abstract for Kampala City. Kampala Capital City Authority; 2019.

[17] UNHCR. Situational Analysis of Informal Statements in Uganda. United Nations High Commissioner for Refugees; 2015.

[18] Huntington E. Educating the forgotten: non-formal education in urban Kampala. School for International training Uganda.2008.

[19] WHO. Adolescent Health in South East Asia Region. World Health Organization; 2020.

[20] EAC. East African Regional Report on prevention, management and control of alcohol, drugs and other substance use. East African Community, Arusha; 2019.

[21] Olawole-Isaac A, Ogundipe O, Amoo EO, Adeloye D. Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. South African Journal of Child Health. 2018; 12(1):79-84.

[22] Mekonen T, Fekadu W, Mekonnen TC, Workie SB. Substance use as a strong predictor of poor academic achievement among university students. Psychiatry journal. 2017; 10(9): 241-255.

[23] UPF. Annual Crime Report. Uganda: Uganda Police Force; 2019.

[24] Sungu H. Attitudes towards substance addiction: A study of Turkish University students. Educational Research and Reviews. 2015; 10(7):1015-1022.