

Running Head: SUBSTANCE USE AND ASSOCIATED FACTORS

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Substance Use and Associated Factors Among High School and Preparatory
School Students of Shakiso Town

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Acronyms and Abbreviations

AAU.....Addis Ababa University

AOR.....Adjusted Odds Ratio

ASSIST.....Alcohol, Smoking and Substance Involvement Screening Test

AUDIT Alcohol Use Disorders Identification Test

CAST Cannabis Abuse Screening Test

CI.....Confidence Interval

COR.....Crude Odds Ratio

FGD.....Focus Group Discussion

HONC Hooked On Nicotine Checklist

KIKey Informant

OSS-3..... Oslo 3-item Social Support Scale

USA.....United State of America

WHO..... World Health Organization

Abstract

Substance use and associated factors among high school and preparatory school students in Shakiso town administration, East Guji zone, Southern Oromia, Ethiopia. A mixed cross-sectional study design was conducted from March to April 2019. Stratified random sampling technique employed to select 342 study participants. Focus group discussion (FGD) and In-depth interviews were also used to collect data for the qualitative aspect and participants were selected using purposive sampling. A self-administrated questionnaire was used to collect data on socio-demographic characteristics, and substance use was assessed using (Alcohol, Smoking, and Substance Involvement Screening Test) questionnaire (ASSIST) (WHO, 2003). Quantitative data were analyzed by SPSS version 20 and Qualitative data were analyzed by thematic content analysis. A multivariable logistic regression analysis was carried out to identify factors associated with substance use, and variables with p-values < 0.05 were considered as statistically significant. The strength of the association was presented by the adjusted odds ratio with their 95% confidence interval (C.I). The overall prevalence of current substance use in the present study was 38% (95%CI: 33%; 43.3%). The overall lifetime prevalence of substance use in this study was 45% (95%CI: 39.8%; 50.3%). Sex, age group, Grade level, family history of substance uses and social support (poor and moderate social support) were statistically significant with substance use. Therefore, the study indicates the necessity of prevention, early detection, and management of students with substance use alongside increasing community awareness.

Keywords: Substance use, Prevalence, Associated factors, Students, Ethiopia

CHAPTER ONE: INTRODUCTION

1.1. Backgrounds of the Study

Substance use among youth is a significant public health concern worldwide (Kanyoni, Gishoma, & Ndahindwa, 2015). Similarly, it was mentioned that, substance use among adolescents and young adults is a global problem (Robertson, Omigbodun, & Gaddour, 2010). Globally, the substance use of products such as alcohol, cigarette, and khat leaves (*Catha edulis*) has become a major public health concern with accompanying socio-economic problems (Odejide, 2006). World Health Organization defines a psychoactive substance as any substance that, when taken by a person, modifies perception, mood, cognition, behavior or motor functions and includes illicit and licit substances, whether or not their use brings about dependence problems in individual, and whether or not people consider them harmful (Ani, 2014).

In study conducted by some researchers, prevalence of substance use was high and family (father and/or sibling (s) who uses the substance (s), and respondents' best friend were the predictors of the substance use of the students (Gobeje, Measo, Ageb, & Chanie, 2019). Again the current substance use prevalence of preparatory school students of Bale Zone, Oromia Regional State, Southeast Ethiopia is mentioned that substance use is highly increasing (Dida, Kassa, Sirak, Zerga, & Dessalegn, 2014). The number of the study population who ever had chew khat, drink alcohol, a smoke cigarette was very high (Mohammed, 2014).

Literature suggested that psychoactive substance use among adolescents influences behavioral and cognitive processes and is associated with adolescents' performance in school (Rukundo, Kibanja, & Steffens, 2014). In an equivalent manner, another researcher stated that

the increase in use and misuse of psychoactive substances is a global challenge of grave public health concern (Donald, 2017).

Dida et al (2014) suggested the use of cigarettes, alcohol, khat, and other substances is a worldwide threat which especially affects young people and which is also common among the youth of Ethiopia. Use of substance like a cigarette, khat, shisha, and alcohol is becoming a serious ongoing public health problem, which especially affects young people and also common among the youth of Ethiopia (Teka, Eshete, Yeneneh, Woldeab, Bulto, Ketsela, & Wolde-Gebriel, 1993).

Khat is a shrub or tree its leaves have been chewed for centuries in the eastern part of Africa and the Arabian Peninsula (Alemu, Zeleke, & Takele, 2018). Another researcher suggests that, khat chewing practice has increased over the years and chronic khat use is associated with adverse health and socio-economic effects (Rajeshwar, 2016). In the same manner, the researcher states heavy consumption of khat is associated with euphoria, hyperactivity, anorexia, insomnia, lethargy, and depression (Mohammed, 2014). Tobacco use is the leading cause of preventable disease and death in the United States; nearly all tobacco product use begins during youth and young adulthood (Cullen, Ambrose, Gentzke, Apelberg, Jamal, & King, 2018). The burden of tobacco-induced cancer is so heavy that every country should give the highest priority to tobacco control in its fight against cancer (Washio, Kiyohara, Morioka, & Mori, 2003). A multitude of studies has revealed that smoking is a learned behavior during adolescence and efforts to reduce the incidence of smoking has been identified as long-term measures to curb smoking menace (Lim, Son, Kim, Nah, & Mu Lee, 2017).

The research findings state that adolescence is a period marked by increasing participation in health-risk behaviors such as alcohol use (Annor, 2016). Harmful alcohol use and the related health effects are a global problem and therefore need to be addressed not only by individual nations but also on an international level (Monteiro, 2011). It has been stated that, schools are an important setting for interventions aimed at preventing alcohol use and abuse among adolescents (Stigler, Neusel, & Perry, 2011).

1.2. Statement of the Problem

The research findings raise potentially important questions about the trajectory of alcohol, tobacco, and other drug use in South Africa and the associated determinants and correlates of use (Reddy, Resnicow, Omardien, & Kambaran, 2007). Substance use is a major public health concern in global settings and is very common during adolescence period leading to physical and/or mental health complications (Birhanu, Bisetegn, & Woldeyohannes, 2014). Substance abuse is increasing at an alarming rate, causing serious threats to every nation, by deteriorating health, increasing crimes, hampering productivity, destroying relationships, eroding social and moral values and impeding the overall progress of societies (Sahu & Sahu, 2012).

The magnitude of substance use and other factor associated with it has not been investigated among high school and preparatory school students in the country (Mohammed, 2014).

According to the observation of the researcher and witness of the community, most students residing in Shakiso sale their labor on gold and precious stones mining to earn money. They were busy in gold and precious stones mining during their spare time, in the morning when their class is in the afternoon and the vice –versa. Hence, they spend the money to buy whatever they like including harmful substances. Shakiso high school students, in contra-

ry to some other Ethiopia high school and preparatory school students, they support themselves by doing some jobs parallel to their education because of the availability of the business.

No study has been done so far on the issues in Shakiso town. Up-to-date and comprehensive research data were not available regarding the way in which Shakiso is dealing with such aspects of substances. Generally, the facts and gaps named above clearly suggest, there is an enormous need to investigate the problem of substance use in the context of Shakiso town. Therefore, the study was an attempt to address these gaps. Research in this area is limited or none but the problem is a perceived fact. Therefore, it appears essential to study substance use among high school and preparatory school students of Shakiso town before the problem gets out of control and affect the society.

1.3. Research Objective

1.3.1. General Objective

- ❖ The general objective of the study is to Assess Substance Use and Associated factors among High School and Preparatory School Students in Shakiso Town.

1.3.2. Specific Objective

- *To determine the prevalence of substance use among Shakiso town high school and preparatory school students.*
- *To identify the associated factors of substance use among Shakiso town high school and preparatory school students.*

1.4. Research Questions

- ✓ What is the prevalence of *substance use among high school and preparatory school students of Shakiso town?*
- ✓ What are the associated risk factors of *substance use among high school and preparatory school students of Shakiso town?*

1.5. The Significance of the Study

Despite the increased prevalence of substance use problems (khat, alcohol, tobacco) in Ethiopia there were limited studies, and the problem is overlooked among high school and preparatory school students. Through this study aimed to assess the magnitude and associated factors of substance use problem in Shakiso secondary school and preparatory school students by incorporating different factors that were not assessed in previous research studies.

Hence, the finding of this study will shade its light on the magnitude of the problem.

- It will support teachers, school administrators, parents and other concerned bodies to approach the problem with suitable intervention schemes.
- It will be able to increase the body of knowledge in the area of substance use problems.
- Moreover, this study will serve as a spring board for future researchers.

1.6. The Delimitation of the Study

The study was delimited conceptually, geographically and in terms of participants. Conceptually it was focused on assessing the substance use and associated factors. Geographically, it covers only high school and preparatory school students of Shakiso town.

On other hand, there are a number of limitations to the results of this study that are important to recognize. First, because the study is cross-sectional, the researcher is not able to make causal judgments based on the findings. Second, all data are self-reported in the form of surveys completed at school.

1.7. Operational Definition of Terms

Substances: In this study substances are locally available substances like alcohol beverages, khat, tobacco product (cigarette smoking) and other illicit drugs.

Substance Use: refers to the use of at least one of the substances (alcohol, khat, cigarettes, and illicit drugs).

Substance use: was measured by using World Health Organization(WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool (Group, 2002).

- ✓ A score of ≥ 4 for Tobacco products
- ✓ A score of ≥ 10 for Alcohol beverages and
- ✓ A score of ≥ 4 for Khat (Amphetamine type stimulants) was considered as having problematic substance use for each specific substance.

Lifetime substance use: defined as consuming any substance at least once in his or her lifetime.

Current Substance use: defined as use of at least one of specified substance for non-medical purpose in the last 3 months(Group, 2002).

Social support: was measured by using three items Oslo social support scale (OSS-3) (Abiola, Udofia, & Zakari, 2013).

- **Poor social support** defined as when an individual score "3-8" based on Oslo Social Support Scale.

- **Moderate social support** defined as when an individual score “9-11” based on Oslo Social Support Scale.
- **Strong social support** defined as when an individual scores “12-14” based on Oslo Social Support Scale (Abiola et al., 2013).

High school students: in this study High school students are grade 9-12 students.

Preparatory school students: in this study preparatory school students are grade 11-12 students.

CHAPTER TWO: LITERATURE REVIEW

2.1. Substance Use Related Theories

The Get Way Drug Theory suggest that licit drugs, such as tobacco, and alcohol serve as a “Gateway” towards the use of others illicit drugs (Kirby & Barry, 2012). Since the primary purpose of the present study will be to explore the prevalence of substance use and associated factors the researcher believes that this model will serve as a guide to present study. The central idea of the model rests on the concept of substance use. Similarly, the Stepping Stone Theory predicts that people who use one substance such as nicotine will probably go on to drink alcoholic beverages; then smoke marijuana, and progress on to use hard drugs such as cocaine. So each step leads to the next step in substance use (Whelan, 1995). Stage Theory explained the phenomenon in which an individual’s initial substance use starts with legal substances such as tobacco or alcohol, progressing to illicit but “softer” drugs such as marijuana, and finally escalating to more addictive drugs such as crack/cocaine, methamphetamines, or heroin.

2.2. Prevalence of Substance Use among High school and Preparatory School Students

According to the study conducted in the USA among 2134 middle and high school students the prevalence of recent alcohol use and frequently (often, a lot) being drinking was 20.2% and 10.1% respectively (Vidourek & King, 2018). The study directed in Arizona among high school students the prevalence of ever, tobacco smoking was 10.3% and the current tobacco using was 5.4% (Primack, Walsh, Bryce, & Eissenberg, 2009).

Based on the study conducted in Brazil among 2410 adolescent students, the reported prevalence of substance was 17.1 % (Tavares, Béria, & Lima, 2004). According to the cross-sectional study conducted in São Paulo among 2,287 elementary and secondary school students, the prevalence of alcohol uses for 20 days or more in the 30 days prior to the study was considered heavy alcohol use (Soldara, Dalgarrondo, Corrêa Filho, & Silva, 2004).

As reported by the study led in Kosovo among 980 high school students, the prevalence of harmful drinking was 41% for boys and 37% for girls (Dida et al., 2014). The study conducted in Portugal among 2974 high school students presented the prevalence of tobacco use 35.8% students had never smoked, 39.4% had tried it ("experimental" smokers) but were not smokers, 3.3% were former smokers, 6.6% occasional smokers, and 14.9% regular smokers (Azevedo, Machado, & Barros, 1999).

According to the study held in Fukuoka city, Japan among 214 high school students, the prevalence of tobacco smoking was 35.1% had experienced smoking and 30% experienced smoking before entering high school, and 10% were current smokers (Washio, 2003). According to the study carried out in East Timor-Leste out of 1790 adolescents the Prevalence of current cigarette smoking was 40.3%, Current smokers also reported having bought cigarettes from peddlers (32.4%), someone bought for them (16.7%), got from someone older (13.7%), borrowed (13.3%), and stole (3.4%).

Males were more likely to be smokers than females (59.0% versus 19.3% (Seter Siziya, Muula, & Rudatsikira, 2008). The study carried out into Malaysia among 40 secondary school students tells us the prevalence of smoking was 14.6% and it was significantly higher among male compared to female 27.1% and 2.4% respectively (K. H. Lim et al., 2017).

According to the study conducted in THAI among 4,217 secondary school students recruited from Khon Kaen secondary schools (10th - 12th school year, age 15-19 years) the prevalence of substance use: alcohol, cigarette, and illegal drugs were 48.2%, 62.0%, and 59.3-64.1% respectively (Daosodsai, 2000). In agreement with the study carried out in Hong Kong among 45,857 secondary school students, the prevalence of smoking cigarettes: only cigarette smoking, ATP use, and current tobacco use were 5.8%, 2.5%, and 1.2% respectively (Jiang, Ho, Wang, Leung, & Lam, 2018). Based on the study conducted in Iran among 4092 high school students, the prevalence of any tobacco use, current poly - tobacco use and current use of only one product were 19.1% and 10.6% respectively (Kowitt et al., 2015). According to the study conducted in East Timor-Lest among 1790 adolescents the prevalence of cigarette smoking was 40% (Siziya et al., 2008).

The systematic literature review and meta-analysis of 27 studies among 143201 in Sub – Saharan Africa, the prevalence of any substance use was 41.6% from alcohol use, tobacco use, khat use, and cannabis use were 32.8%, 23.5% 22.0%, and 15.9% respectively (Olawole-Isaac, Ogundipe, Amoo, & Adeloje, 2018). the substances: alcohol and tobacco were 9.2% and 5.2% respectively (Oshodi, Aina, & Onajole, 2010).

As stated by the study conducted in Nigeria Lagos among 262 high school students, the prevalence of smoking cigarette once or more in their lifetime and used alcohol once or more in a lifetime were 19.5% and 77.2% respectively (Gidado, Oladimeji, Roberts, Nguku, Nwangwu, Waziri, & Nzuki, 2015). As reported by the study conducted in Nigeria among 402 high school students, the prevalence rates for lifetime use of

Based on the study conducted in Botswana among 1936 secondary school students, the prevalence of alcohol use, and Illicit drugs use were (42.1%), and (16.7%) respectively (Riva et al., 2018). Followed by cross-sectional study done in Rwanda among 2479 youth by using the Alcohol Use Disorders Identification Test (AUDIT), the Cannabis Abuse Screening Test (CAST), and the Hooked on Nicotine Checklist (HONC), the overall prevalence of alcohol use, tobacco smoking and cannabis use were 34%, 8.5% and 2.7% respectively (Kanyoni et al., 2015). According to the study conducted in the selected province of South Africa, among 338 rural secondary school students, the majority of the students attested that substances can be easily obtained in their communities or villages; The majority (68%) of the learners knew that substance abuse is dangerous to health (Tshitangano & Tosin, 2016).

In agreement with a cross-sectional study conducted among 684 high school students in Woreta town, Northern Ethiopia, by using the WHO ASSIST tool the reported prevalence of substance use was 47.9% (Birhanu et al., 2014). Based on the cross-sectional study conducted among 279 secondary school students and preparatory school students, in Fogera District, North West Ethiopia using the prevalence of substance use were ever- tried substance 26.88%: alcohol 70.6% and khat 50.67% were the most commonly used substance (Mekonnen & Abay). According to the cross-sectional study conducted in Ginnir among 220 high school and preparatory school students, the prevalence of substance use among male respondents were 31.2% ever drunk alcohol, 48% khat chew and 12% ever smoke cigarette and 8.4%, 8% and 7% of female were ever drunk alcohol, khat chew, and smoke cigarette respectively (Mohammed, 2014).

Bestowing to the study conducted in Addis Ababa and Butajira among 241 and 187 high school students, the prevalence of alcohol and khat were 5% and 1% in Addis Ababa and 6% and

3% in Butajira, respectively (Kassaye, Hassen, Ghimja, & Teshome, 1999). According to the study conducted in Addis Ababa among 1868 school going adolescents, the prevalence of tobacco smoking male and female were 4.5% and 1%.

2.3. Associated Risk Factors of Substance Use among High School and Preparatory School Students

Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood someone will engage in unhealthy behavior such as: the use of alcohol, tobacco and other drugs, violence, suicide, or early sexual activity (Kliewer & Murrelle, 2007). Substance use initiation in adolescence is a critical issue, given its association with substance dependency and associated problems in adulthood (Atherton, Conger, Ferrer, & Robins, 2016). Societal factors (historical oppression and discrimination), cultural factors (ethnic identity, spirituality, and connectedness), community factors (community environment, school environment, peer influence, and social support), family factors (family support, family income, parental mental health, family trauma and stressful life events), and individual factors (Burnette & Figley, 2016).

The study managed in the USA among 2134 middle school and high school students revealed that, having low involvement in positive (pro-social) behaviors, having high involvement in negative behaviors, having low numbers of parent protective factors, and having low numbers of teacher and school protective factors were factors positively associated with current alcohol use (Vidourek & King, 2018).

The study presented in Brazil among adolescent students showed that parents' divorce, poor relationship with father, poor relationship with mother drug use in a household (family) and

absence of religious practice were correlated with the prevalence of substance use (Tavares et al., 2004).

The study exhibited in Fukuoka city, Japan among high school students revealed that the students started smoking tobacco because of their friends and from vending machines were significantly associated tobacco use problem (Washio et al., 2003). The study conducted in East -Timor Leste among school adolescents revealed that, parent smoking, closest friend smoking, amount of pocket money and exposure to ant- tobacco messages were factors positively associated with current smoking (Siziya, Muula & Rudatsikira 2008). The study carried out in Baguio city, Benguet province, Philippines among high school students showed that being able to afford liquor and parental influence was also positively statistically significantly associated with alcohol drinking behavior (Furiscal, Pancharuniti, & Keiwkarnka, 2008).

The research indicated in South Africa among high school students revealed that the majority of the students attested that substances can be easily obtained in their community or village (Tshitangano & Tosin, 2016). The Regional state revealed that sex (mal), family history of substance uses and peer influence were significantly associated with a high prevalence of substance use (Dida et al., 2014). The similar study conducted in Ginnir town, Bale zone, Oromia Regional state, revealed that presence of violence, the presence of medical problems, and poverty were significantly associated with substance use problems among high school and preparatory schools (Mohammed, 2014). Based on the cross-sectional study was conducted among secondary school and preparatory school students in Fogera district revealed that family/ relatives reason and peer pressure were significantly associated with a high prevalence of substance use (Mekonnen & Abay).

The research presented in Addis Ababa, revealed that having smoking friends was strongly associated with smoking after controlling for age, gender, parental smoking status, and perception of risks of smoking (Rudatsikira, Abdo, & Muula, 2007).

Factors that participants believed influenced substance use were classified into: (1) parent–adolescent relationship, (2) peer pressure, (3) substance accessibility, (4) religiosity and (5) others (Alhyas, 2015). The study revealed that, continue to observe a short-fall in relation to self-concept, positive school experience, parental/home influences, and negative peer behavior, which is associated with a much higher risk of substance use among young people (Haase & Pratschke, 2010).

Several psychological factors have been associated with substance abuse; particularly, peer pressure, media portrayal of substance-use by celebrities (Gopiram & Kishore, 2014).

All focus groups noted peer pressure as the strongest factor influencing use of substances in schools, with relief from domestic stress being identified as the second strongest factor (Rukundo, Kibanja, & Steffens, 2017).

2.4. Reasons why students use Substances

The researchers suggested that “even if people use the substance for a different reasons including for relaxation and entertainment, and a social reason, the use of the substances have a negative impact on social health and economic matters” (Abay and Solomon, 2009). Other psychologist suggested that psychological dependence can be described as a compulsion or a craving to continue to take the substance because of the need for stimulation, or because it relieves anxiety or depression (Rassool, 2009).

It was found that most of the users had initiated substance abuse during 15-18 years of age, with peer influence, curiosity and sense of growing being the major reasons for the same (Gopiram, 2014). Again he mentioned that majority (75%) of users reported that they use substances for 'feel good factor' and among the remaining, 22.5% used it while socializing and 2.5% as a stress buster, which is significant ($\chi^2 = 33.65$; $df = 2$; $P < 0.01$) (Gopiram, 2014).

It is stated again earlier on we looked at how to identify high risk situations the times, places, occasions, people, thoughts and emotions which might trigger your substance use or your urge to use (Organization, 2010).

Students of both sexes were knowledgeable about aspects of substance abuse, including its harmful effects on the body and society and reported that even occasional or frequent use of cigarettes, alcohol, and other drugs was extremely harmful (Haddad, Shotar, Umlauf, & Al-Zyoud, 2010).

2.5. Effects of Substances Use

Substance use among adolescents can lead to increased risk of transmission of sexually transmitted infections, vehicular fatalities, juvenile delinquency, and other problems associated with physical and mental health (Brown, 2013). In the same manner it was stated that substance use among adolescents can lead to increased risk of transmission of sexually transmitted infections, vehicular fatalities, juvenile delinquency, and other problems associated with physical and mental health (Whitesell, 2013).

Drug and alcohol abuse in South Africa is alarming and a cause or contributor to many social, health and economic problems afflicting the population (Olawole-Isaac, 2018). Similarly the study conducted in Ghana showed that the misuse of alcohol among high school students

represents one of the leading causes of preventable death, illness, and injury (Dennis-Antwi, Adjei, Asare, & Twene, 2003).

The researchers' study explained that "while tobacco, alcohol, and drug use have all declined to some extent among high school students in recent years, these activities still represent major threats to student health" (Rime, 2008). In addition, another researcher suggested that "Regardless of what people may experience as positive effects of drugs and alcohol, they both have negative effects on our health and ability to function, especially when used repeatedly" (Hewstone, 2005).

Co-existence of substance uses and mental health disorders calls for combined strategies and programmed to deal with both the issues and an acknowledgment of the fact that adolescents using substances may be highly vulnerable to developing mental health disorders and vice versa." (Mental health status of adolescents in South-East Asia: Evidence for Action, 2017).

It is stated that The use of alcohol, khat, and tobacco by high school and college students can be harmful, leading to decrease academic performance, increase the risk of contributing HIV and other sexually transmitted diseases (Mohammed, 2014).

Though physical and sexual abuse have been more directly linked to risk for substance use, the effects of emotional abuse (including witnessing violence) should not be overlooked (Brown, 2013). In addition Psychoactive substance use among adolescents influences behavioral and cognitive processes and is associated with adolescents' performance in school (Rukundo et al., 2014).

They range from individual to societal effects such as poor health, poor personal hygiene, homosexuality, high school drop-out rate, high divorce rate, prostitution and increased crime (Kasundu, Mutiso, Sutter, & Mwirigi, 2012).

2.6. The Fight Against Substance Use

Protective factors are characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges. When people can successfully negotiate their problems and deal with pre-existing risk factors, they are less likely to engage in unhealthy behavior (Kliewer & Murrelle, 2007).

The prevention programs start to focus on young people who has become most important risk group (Çakici, Çakici, Es, & Ergün, 2014). One major goal of substance use prevention programs is to prevent or delay the initiation of substance use (i.e., first use) (Lipari, Kroutil, & Pemberton, 2015). It recommended strict regulation of alcohol and tobacco products import and use in public places as well as aggressive dissemination of information on the dangers of to the systematic review of 46 studies to evaluate the effectiveness of interventions to prevent substance abuse among adolescents; tobacco use, alcohol use, drug use, an combined substance use were school-based prevention intervention, family-based intervention, and mass media campaigns were effectively used respectively (Das, Salam, Arshad, Finkelstein, & Bhutta, 2016).

In order to eliminate or at least to decrease its abuse, it is important to examine the contributory factors of drug abuse and the accessibility of drugs (Tam & Foo, 2012). It also refers to the education of young people about the effects of substance abuse with the intention of preventing their use/abuse and enabling them to make informed decisions when faced with offers of illegal substances (Ekpenyong, 2012).

Parents, educators and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level (Robertson, David, & Rao, 2003).

Religion-based and sports/culture-based friendships seem to demonstrate a protective effect against lifetime illicit drug use (Jorge, Ferreira, Kawachi, Zarzar, & Pordeus, 2018).

2.7. Conceptual Framework

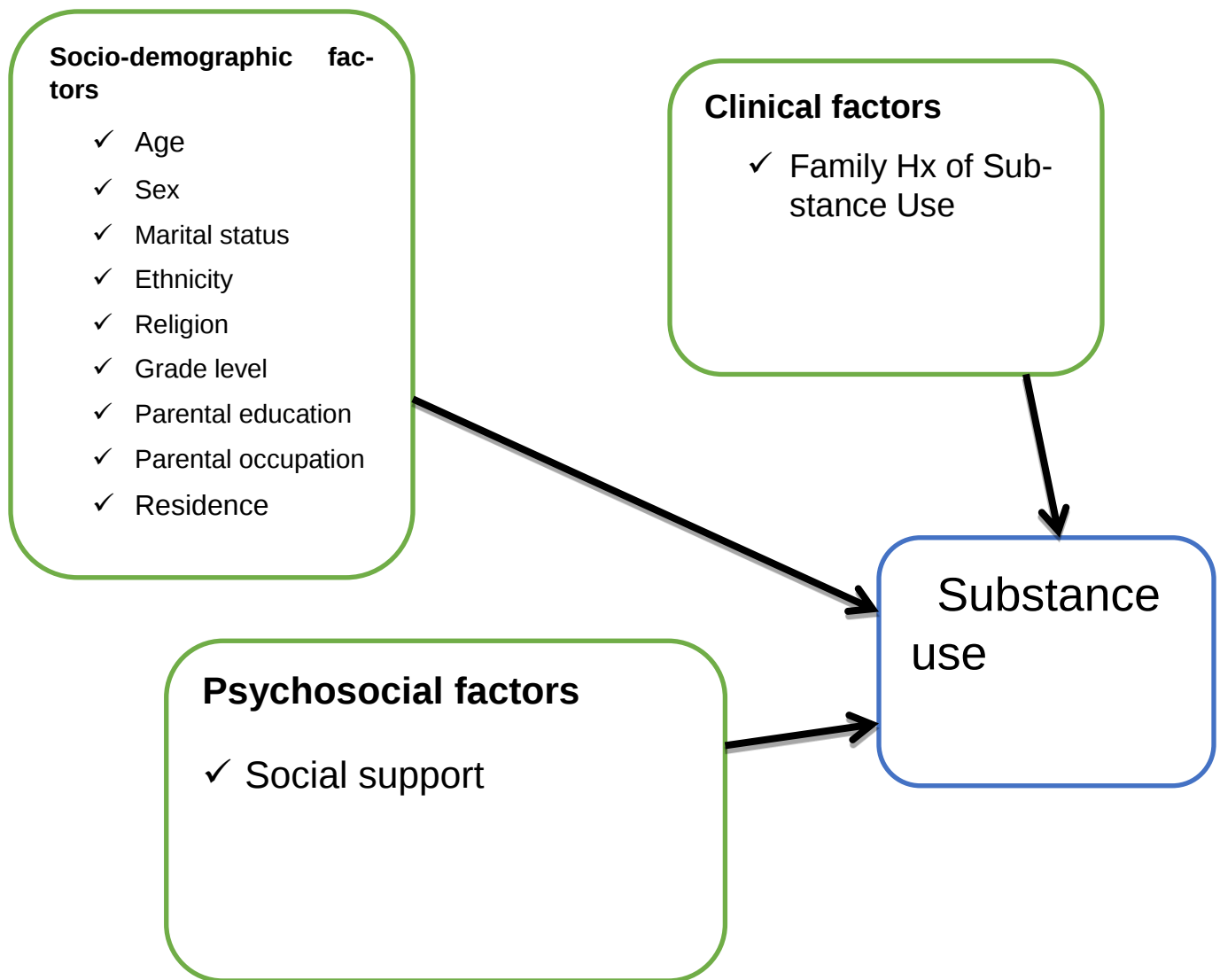


Figure 1: Conceptual framework showing the relationship between substance use and associated factors among high school and preparatory students. (Source: from literature Review).

CHAPTER THREE: METHODOLOGY

3.1. Study Design

The cross-sectional study design was conducted to assess the prevalence and associated factors of substance use among high school and preparatory school students in Shakiso town, Guji zone, Southern Oromia Regional State, Ethiopia from March to April 2019.

The advantage of concurrently gathering both quantitative and qualitative data is that it allows the researcher to compare the themes identified in the qualitative data analysis with the statistical results in the quantitative analysis so as to search for congruent findings (Creswell, Plano Clark, Gutmann, & Hanson, 2003).

3.2. Study Setting

This study was conducted at Shakiso town high school and a preparatory school student. Shakiso is found at the distance of 490KM from Addis Ababa, the capital city of the country and 137KM from Nagele, the capital city of East Guji Zone. According to the archives of Shakiso town administration, the town was established in 1987EC. And administratively divided into three kebeles: Banti Arba, Dugo Hawata and Uddeyi. The total population of the town is 51,512 (Male 25,783 and Female 26,729) during the study was conducted.

There are Governmental Owned Schools in the Town: Elementary (1-4) = 5, Junior (5-8) = 5, High Schools (9-10) = 1, Preparatory School = 1. Technical and Vocational school = 1 Private Schools in the Town: KG 7, Elementary (1-4) = 7, Junior (5-8) = 7 during the study was conducted.

3.3. Population

3.3.1. Target Population/Source Population:

The target population for this study were all students in high school and preparatory school in Shakiso town. In Shakiso town, there were 2,960 high school and preparatory school students in the 2018/19 academic year. The number of grade 9-10 students is 2304 of which males are 1403 and females are 90. And grade 11-12 or preparatory school students were 656 which was equal to male 435 and female 220.

The researcher had several reasons to focus on Shakiso in this study. First, the people who are living in Shakiso are who came together from all over Ethiopia because of gold and precious stones mining, coffee production, and other related trades. The Shakiso town society is comprised of a number of tribes and clans of diverse culture, traditions, and practices. Second, the Oromia Health Office Study suggested that, Shakiso town is the second leading town for HIV/AIDS prevalence among Oromia towns. It is important to consider the possibility that prevalence of HIV may also be increasing in these areas (Bekele, Fleming, Habtamu, & Fogarty, 2009). And the researcher wanted to check whether the substance use is among the case that would be risk factors for HIV/AIDS to high school and preparatory school students. Third, the researcher himself grew-up in neighboring district called Uruga which is found at about 62 KM from Shakiso and has some information about the society living in the Shakiso town from his child age and when he got an opportunity to conduct research he was interested to assess the prevalence of substance use and associated factors among some challenges that the town high school and preparatory school students are facing.

3.3.2. Study Population:

All students of selected high school and preparatory school in Shakiso town were study population.

3.4. Eligibility Criteria**3.4.1. Inclusion Criteria**

All high school and preparatory school students, both males and females was included in the study.

3.4.2. Exclusion Criteria

High school and preparatory school students who were absent during the study period were excluded from the study.

3.5. Sample Size Determination and Sampling Techniques**3.5.1. Sample size Determination**

In this study, the sample size was calculated using a single population proportion formula by taking the following assumptions; 95 % confidence level, precision (margin of error) 5%. The prevalence of substance use in recent studies was checked to decide (Mohammed, 2014).

$$n = \frac{(Z\alpha/2)^2 P(1 - P)}{d^2}$$

$$n = \frac{(1.96)^2 (0.312)(1-0.312)}{(0.05)^2} = 330$$

$$\text{Non-response rate} = 330 \times 10\% = 330 \times 0.1 = 33$$

$$\text{Then, total sample size was} = n + 33 = 330 + 33 = 363$$

3.5.2. Sampling Techniques/Procedures

3.5.2.1. Techniques

Both random and non-random sampling schemes were employed in the present research as suggested by sampling scheme consisting of non-random sampling for the qualitative component and random sampling for the quantitative component is the common combination in mixed methods research design (Onwuegbuzie & Collins, 2007).

In this study, different samples were drawn for the qualitative (FGD and In-depth interview) and the quantitative (questionnaire scales) components since the purpose of using the mixed methods research design was triangulation of results from different sources.

The informants for the focus group discussion were selected using purposive sampling to secure the most resourceful individuals/ key informants. This was done with the help of institutions in which the informants worked or resided. In each FGD session, eight informants were involved. In the present study, FGD was employed as it allows choosing a small number of participants (usually 6-12) purposively from the target population (Byers, 1991). A focus-group discussion and in-depth interview guide consisting of 8 semi-structured items was developed by the researcher.

Stratified random sampling technique was employed to select students from the list of students' name in their respective grade after stratifying them based on their grade level. Population proportion allocation was done to have a representative sample from each grade level. Out of the existing high school and preparatory schools in the study area, classes of the respective schools were proportionally allocated. Then, the participants were selected randomly using a simple random sampling technique for each school proportionate to size.

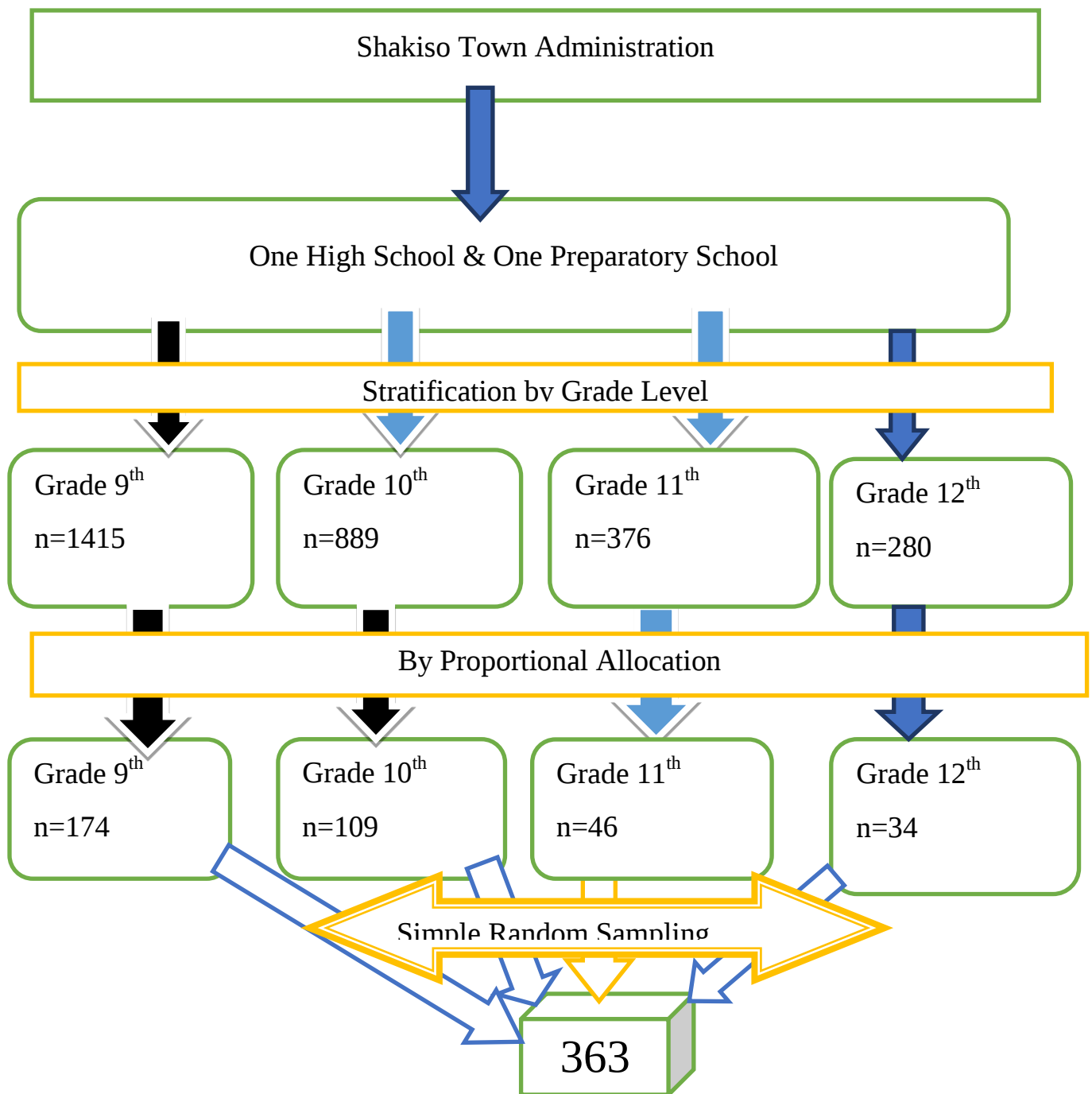


Figure 2: Schematic presentation of sampling procedure on the prevalence of substance use and associated factors among high school and preparatory school students in Shakiso town administration, East Guji zone, southern Oromia regional state, Ethiopia, 2019.

3.6. Study variables

3.6.1. Dependent variable

- ✓ In this study the dependent variable is substance use

3.6.2. Independent variables

- ❖ Socio-demographic characteristic: Age, Sex, Grade level of Respondents, Parental education, and parental occupation, Residence of Respondents.
- ❖ Substances (kahat, alcohol, tobacco, and cannabis)

3.7. Tools of Data Collection

The structured questionnaire was used to collect data regarding information about the participants' socio-demographic characteristics, such as age, sex, marital status, ethnicity, religion and educational level.

The presence of substance use was measured using World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool, an eight item questionnaire developed to assess substance use (Group, 2002). The purpose of ASSIST is to detect psychoactive substance use and related problems. It provides information about: the substances people have ever used in their lifetime; the substances they have used in the past three months; problems related to substance use; risk of current or future harm; level of dependence; and injecting use. Lifetime substance use is defined as consuming any substances at least once in lifetime and current substance use is defined as use of at least one of specified substances for non-medical purpose in the last three months (Group, 2002). The ASSIST was developed for the World Health Organization (WHO) by an international group of researchers and clinicians as a

technical tool to assist with early identification of substance use related health risks and substance use disorders in primary health care, general medical care and other settings (Group, 2002). Each question on the ASSIST has a set of responses to choose from, and each response has a numerical score. The Specific Substance Involvement Score is calculated by adding together the responses to Questions 2-7 for each of the following locally available substances: tobacco, alcohol, khat (amphetamine type stimulants), and cannabis (marihuana, hashish, ganja). The ASSIST specific substance involvement scores of ≥ 10 for alcohol and ≥ 4 for any substance are an indication of problematic substance use. The ASSIST items showed high internal consistency with Cronbach alpha of 0.934 in the current study.

Social support was measured by using three items Oslo Social Support Scale (OSS-3) (Abiola et al., 2013). The OSS-3 provides a brief measure of social support and functioning, and it is considered to be one of the best predictors of mental health. It covers different fields of social support by measuring the number of people the respondent feels close to, the interest and concern shown by others, and the ease of obtaining practical help from others. In order to score OSS-3, total scores are calculated by adding up the raw scores for each item. The sum of the raw scores has a range from 3-14. The scores of "3-8" indicate poor social support, "9-11" indicate moderate social support, and "12-14" indicate strong social support.

3.8. Data Collection Procedures

Data was collected by five data collectors using structured questionnaires on socio demographic factors, Oslo social support scale, family history of mental illness and substance use and WHO ASSIST questionnaire.

The letter was collected from the School of Psychology to the school principals and clear information about the purpose of the study was given to the researcher once permission is obtained from the schools' principals.

All the data collection instruments used in this study were originally prepared in English, and then translated into local language Afan Oromo by experts (language translators and mental health professionals). And then translated back to English by another person to ensure equivalency, consistency and accuracy. The data collection process was closely supervised by one supervisor and the principal investigator. The data collectors and supervisors were recruited based on previous experience on data collection and fluency in the local language. In addition, training was given for two consecutive days for data collectors and supervisors on how to interview, handle ethical issues, supervise and keep confidentiality and privacy. Literature suggests that translating data gathering instruments from the source language into the target language makes the participants feel comfortable, on the one hand, and helps the researcher obtain responses of high quality, on the other (Baines et al., 2005).

The data collection instrument was pre-tested on 5% of the actual sample size in other schools with similar characteristics of the study unit that was not be included in the main study to familiarize data collectors with the administration of the interview process and for ensuring consistency. Debriefing sessions was held with the pre-test field staff and the questionnaire was modified based on the semi-structured part of the questioner specifically on clinical factors or some language error was adjusted based on lessons drawn from the pre-test. Finally, after checked completeness of the required type of data by the principal investigator and supervisor the completed data was coded.

The collected data was checked daily during data collection in order to assess the completeness of questionnaires. The researcher stated that, the quantitative investigation, the questionnaires will be revised and checked before using them for the final information gathering process (Deribsa, 2018).

3.9. Method for Data Processing and Analysis

The collected data were checked for completeness, coded and entered into Epi-Data version 3.1 and exported to statistical package for social sciences (SPSS) version 20 for analysis. Means, frequencies, and percentages were used to summarize data and figures, tables and text to present data. Bivariate analysis was done to describe the associations of each independent variable with substance use among high school and preparatory school students.

Variables which had p-value less than 0.2 were considered for the multivariable logistic regression to control the effects of confounding variables. Finally, Variables which have had P-values less than 0.05 on multivariable logistic regression were considered as statistically significant and were identified on the basis of odds ratio (OR) with 95% confidence intervals (C.I). Qualitative data generated through FGD and in-depth interview were transcribed and coded Central themes were identified and analyzed using thematic content analysis. The analyzed qualitative data were triangulated and complemented with quantitative data.

3.10. Ethical Consideration

Ethical approval was obtained from the School of Psychology Ethical clearance committee, College of Education and Behavioral Studies, Addis Ababa University. A letter of permission was obtained from the Shakiso town administration and was submitted to each high school and preparatory school. The purpose of the study was explained to the study participants

and written consent was taken before the data collection and confidentiality of the information was ensured by coding. The consent procedure was approved by the Ethical clearance committee of the School of Psychology.

CHAPER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1. Result

4.1.1. Quantitative Data Result

4. 1.1.1. Socio-Demographic Characteristics of Students

Among a total number of 363 proposed students, 342 students were participated in the present study with the response rate of 95%. The mean age of the participants was 17.75 years with standard deviation of 2.46, ranging from 15 to 23years.

The majority of students, 164 (48%) were in the age range of 15-17 years old, followed by students in the age 18-20 years 157 (45.9%) 21-23 years, 21 (6.1%). 245 (71.6%) students were male and 97 (28.4%) were females. This is most likely due to socio cultural and socio economics issues.

Regarding ethnicity 271 (79.2%) students were Oromo, followed by 42(12.3%) Amhara and the rest were Tigre and others 9 (2.6%) and 20 (5.9%) respectively. Concerning religion, Protestant students were leading in 166 (48.5%) and Orthodox students were following in 90 (26.3%), Catholic 22 (6.4%) the rest were Muslim 16 (4.7% and others 48 (14%) respectively.

About 282 (82.5%) students were single, followed by 51(14.9%) married students and 9 (2.6%) were others. 138 (40.4%) of the students were grade 9, followed by grade 10 (95:27.8%), grade 12 (59:17.2%) and grade 11(50: 14.6%) respectively.

Respondents father educational status indicated that 127 (37.1%) were Primary education, 121(35.4%) Secondary education, 55 (16.1%) No formal education, and degree and above 22 (6.4%), followed by diploma 17 (5%). Concerning respondents mother educational status, majority, 151(44.2%) were Primary education, 105(30.7%) No formal education, 59(17.3%) Secondary education, and degree and above 16 (4.6%), followed by diploma 11(3.2%).

Respondents fathers' occupation status were merchant 165 (48.2%), Farmer 78 (22.8%), Gov't employee 61(17.8%), NGO employee 24 (7%) and Daily laborers 14 (4.1%). Mother occupation status house wife 183 (53.7%), Merchant 102 (29.9%), Gov't employee 26 (7.6%), Daily laborers 21(6.2%). and NGO employee 9 (2.6%). Among the total number of the students, only 11.7% respondents did use different substances.

Table 1: Socio Demographic characteristics of high school and preparatory school students in Shakiso Town Administration, Guji zone, Southern Oromia Regional State, Ethiopia, 2019(N=342).

Variables	Frequency	Percentage
Age of student in years (n= 342)		
15-17	164	48%
18-20	157	45.9%
21-23	21	6.1%
Gender (n=342)		
Male	245	71.6%
Female	97	28.4%
Ethnicity of study participant (n=342)		
Oromo	271	79.2%
Amhara	42	12.3%
Tigre	9	2.6%
Others	20	5.9%
Religion (n=342)		
Orthodox	90	26.3%
Protestant	166	48.5%
Muslim	16	4.7%
Catholic	22	6.4%
Others	48	14%
Marital status (n=342)		
Married	51	14.9%
Single	282	82.5%
Others	9	2.6%

Educational level of students (n=342)		
Grade 9	138	40.4%
Grade 10	95	27.8%
Grade 11	50	14.6%
Grade 12	59	17.2%
Educational status of father (n=342)		
No formal education	55	16.1%
Primary education	127	37.1%
Secondary education	121	35.4%
Diploma	17	5%
Degree and above	22	6.4%
Educational status of mother (n=342)		
No formal education	105	30.7%
Primary education	151	44.2%
Secondary education	59	17.3%
Diploma	11	3.2%
Degree and above	16	4.6%
Father occupation(n= 342)		
Gov't employee	61	17.8%
NGO employee	24	7%
Farmer	78	22.8%
Merchant	165	48.2%
Daily laborers	14	4.1%
Mother occupation(n= 342)		
Gov't employee	26	7.6%
NGO employee	9	2.6%
Housewife	183	53.7%

Merchant	102	29.9%
Daily laborers	21	6.2%
Family history of mental illness(n= 342)		
No	323	94.4%
Yes	19	5.6%
Family history of substance use(n= 342)		
No	302	88.3%
Yes	40	11.7%
Social support (n=342)		
Poor social support	120	35.1%
Moderate social support	110	32.2%
Strong social support	112	32.7%

4.1. 1. 2. Prevalence of substance use among preparatory and high school students

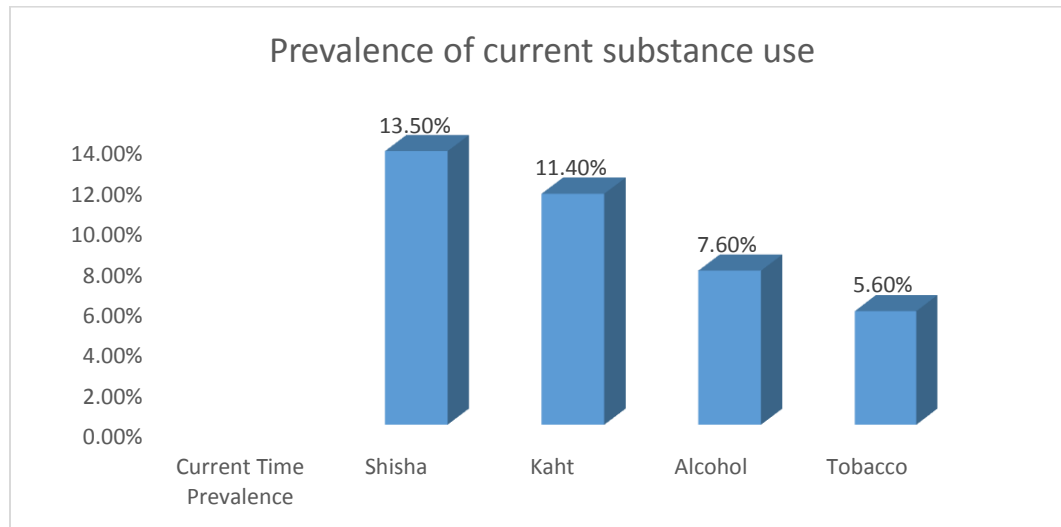


Figure 3: The prevalence of specific current substance use among high school and preparatory school students in Shakiso Town Administration, Guji zone, Southern Oromia Regional State, Ethiopia, 2019(N=342).

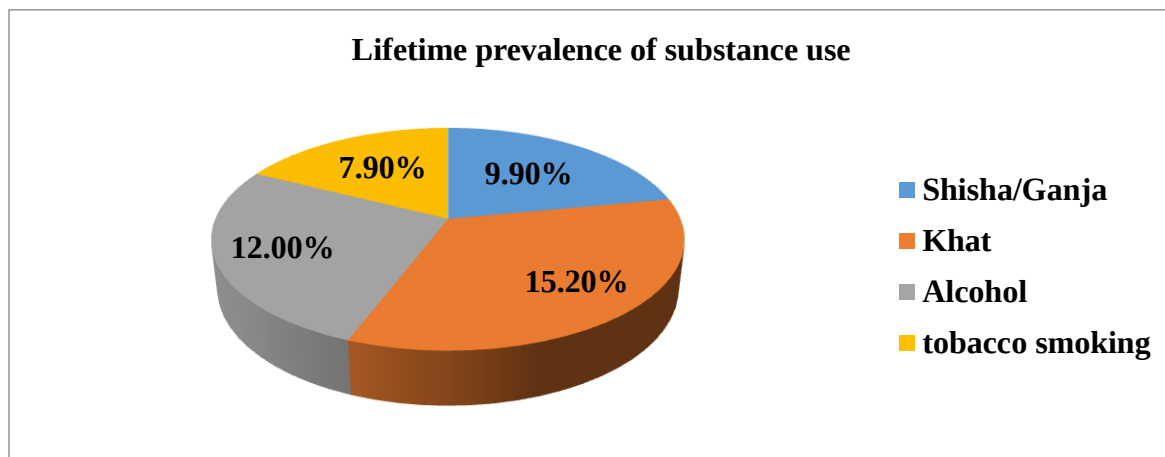


Figure 4: The lifetime prevalence of specific substance use among high school and preparatory school students in Shakiso Town Administration, Guji zone, Southern Oromia Regional State, Ethiopia, 2019 (N=342).

4.1. 1. 3. Factors Associated with Substance Use

Bivariate and multivariate logistic regression analyses were done to identify factors associated with substance use as the outcome variable in this study (substance use) is categorical variable (i.e. yes/no), fulfilling the assumption of logistic regression.

During the bivariate logistic regression analysis, variables such as age of student (18-20 years), sex (being male), grade level of student (being grade 10), residence (being urban), family history of substance uses and poor social support were associated with substance use (had p-value less than 0.2) and entered into multivariate logistic regression analysis for further analysis. On the other hand, variables such as marital status of the respondents, father educational status, mother educational status, father occupation and mother occupation were not associated with substance uses and therefore excluded from further analyses.

In the multivariable logistic regression analysis, variables such as Sex (being male AOR= 2.98, 95%CI: 1.55-5.76), age (18-20 years) (AOR=2.74, 95%CI: 1.50-4.99), Grade level (being grade 12) (AOR= 2.83, 95%CI: 1.31-6.12), family history of substance use (AOR=2.23, 95%CI: 1.02-4.99), poor social support (AOR= 2.67, 95%CI: 1.39-5.09), and moderate social support AOR=2.31, 95%CI: 1.18-4.52) were statistically significant with substance use among high school and preparatory school students, while there was no statistical difference between students with substance use and those without, with respect to residence (Table 2).

Substance use among high school and preparatory school students was 2.74 times higher among students with age group 18-20 years as compared to those students with age group 21-23 years.

Substance use among high school and preparatory school students was 2.83 times higher among grade 12 students (AOR= 2.83, 95%CI: 1.31-6.12) as compared to 9th, 10th and 11th grade

students. Substance use among high school and preparatory school students was 2.23 times higher among students with family history of substance use (AOR=2.23, 95%CI: 1.02-4.99) as compared to those students without family history of substance use. Substance use among high school and preparatory school students was 2.67 times and 2.31 times higher among students with poor social support (AOR= 2.67, 95%CI: 1.39-5.09) and moderate social support (AOR=2.31, 95%CI: 1.18-4.52) respectively as compared to students with strong social support (Table 2).

Table 2: Socio-demographic factors associated with substance use among regional state, Ethiopia, (bivariate & multivariate logistic regression) (n = 342), 2019.

Explanatory variables (Socio-demographic factors)	Frequency	substance use		COR(95%CI)	AOR(95%CI)
		No	Yes		
Age of student in years (n= 342)					
15-17	164	124	40	1	1
18-20	157	69	88	3.95(2.46- 6.36)*	2.74(1.50-4.99)*
21-23	21	19	2	0.33(0.07- 1.46)	0.22(0.04-1.06)
Gender (n=342)					
Male	245	131	114	4.41(2.44- 7.96)*	2.98(1.55-5.76)*
Female	97	81	16	1	1
Residence (n=342)					
Rural	204	145	59	1	1
Urban	138	67	71	2.60(1.66- 4.09)*	1.55(0.91-2.65)
Educational level of stu-					

dent (n=342)						
Grade 9	136	103	33	1	1	
Grade 10	97	50	47	2.93 (1.68-5.13)*	1.92(0.98-3.76)	
Grade 11	50	36	14	1.21(0.58-2.52)	0.69(0.28-1.69)	
Grade 12	59	23	36	4.89(2.54-9.39)*	2.83(1.31-6.12)*	
Family history of substance use(n=342)						
No	302	196	106	1	1	
Yes	40	16	24	2.77(1.41-5.45)*	2.23(1.02-4.99)*	
Social support						
Poor social support	120	61	59	3.05(1.74-5.34)*	2.67(1.39-5.09)*	
Moderate social support	110	66	44	2.09(1.18-3.74)*	2.31(1.18-4.52)*	
Strong social support	112	85	27	1	1	

(AOR=2.74, 95%CI: 1.50-4.99). Male students were 2.98times more likely to use substance as compared to their counterparts, female students (AOR= 2.98, 95%CI: 1.55-5.76). *= statistically significant (p-value <0.05). 1= Reference variable.

4.1.2. Qualitative Result

For the qualitative part of the present study, both the FGD, KI, and observation data were transcribed and then major themes were identified from each of the transcripts. Substance use related questions for qualitative assessment:

(FGD and In-Depth Interview)

Table 3: Profiles of Focus Group Discussion Participants

S.NO.	Code	Age	Education	Occupation
			I level	
1	G1	32-50		High School Department Heads Teachers
2	G2	15-17	Grade 9-10	High School Student Representatives
3	G3	28-55	BA &MA	Preparatory School Department Head Teachers
4	G4	17-21	Grade 11-12	Preparatory School Student Representatives
5	G5	24-45	BA &MA	Town Health office Department Heads

Table 4: Profile of In-Depth Interview Participants

S.NO.	Code	Gender	Education level	Age	Occupation	Status
1	I1	Male	MA	46	Town Education of- fice	Director
2	I2	Female	BA	35	Town Municipality	Vice Mayor
3	I3	Female	BA	37	Town women, chil- dren and youth of- fice	Director
4	I4	Male	Diploma	43	Town Police office	Vice inspector
5	I5	Male	BA	42	Town Evangelical Church Fellowship	General Secre- tary
6	I6	Male	BA	39	Shakiso Town Salite Mercy Saint Mary Orthodox Church	Deacon/General Secretary
7	I7	Male	Grade 10	24	Nur - Mosque Man- agement	Member

For the qualitative part of the present study, both the FGD and in-depth interview data were transcribed and then major themes were identified from each of the transcripts.

1. What are the commonly used substances in this town?

Patterns

<i>Khat</i>	<i>Alcohol</i>	<i>Ganja/Shisha</i>	<i>Tobacco</i>
	<i>industrial</i>	<i>local</i>	<i>industrial</i> <i>Local</i>
<i>Khat</i>	<i>Beer</i>	<i>Teje</i>	<i>Shisha</i> <i>Cigarette</i>
	<i>wine</i>	<i>Tela</i>	<i>Heroine</i> <i>Benzene</i>
		<i>Areke</i>	<i>Mariana</i> <i>Mastitis</i>
		<i>Apple</i>	

The theme

With the help of the FGD, the first research question said what are the commonly used substances in this town? was answered as mentioned above. Generally, to conclude the study area participant's ideas among many kinds of substances used khat, ganja, alcohol, tobacco, and shisha were mentioned as the major substances used in the town.

One of the Preparatory school student's representatives G4, grade 11-12, 17-18 age said:

Using Khat and drinks (beer) are very common right now, but the new fashion is Ganja and which is highly affecting young generation; Ganja is imported into the town from Shashamene.

Similarly, from KI, I2, male, diploma holder, 43 years old mentioned:

The substances used in the town are Ganja, Khat (highly produced), tobacco, cigarettes and so on.

2. What are the reasons for substance use?

Patterns

Environment	Separation	Media	Absence of	Peer Pressure	Poverty,
Multicultural	Separation	Social medias	Youth Centre	Stress, Copying	Begging,
interactions Sub-	from families	Movie	Recreation	others,	Robbing,
stance availability	Stress	Drama	Summer stu-	Fashion show	Steeling, and
Money	Lack of	Advertisements	dents' con-	Being Modest	Street
Merchant	knowledge		centration	For the sake of	
Family control				study	

The themes

The study finding for the question that said what are the reasons for substance use?

Reports of the FGD informants generally indicated that the secondary school students were using substances because of environment challenges (multicultural interaction and sharing experiences), separation from families and exposing to new environments, media influence, lack of youth center or lack of young people recreational areas, negative peer pressure, and poverty were mentioned as main reasons

I6, male, BA holder, 39-year-old key informant reported:

Lack of library in the town and Youth recreational areas were leading a young generation to spend their times at unnecessary areas like using substances after their class.

I3, female, BA holder, 37 years old witnessed:

When we ask the victims why they use these substances they answer “we learned it from different dramas through TV, exercised it and gradually we experienced it”.

3. What are the major problems related to substance use?

Patterns

<i>Unethical</i>	<i>Healthy</i>	<i>Psychology</i>	<i>Economic</i>	<i>Academic</i>	<i>Accidents</i>
<i>Disrespectfulness</i>	<i>Injure t</i>	<i>bad smile</i>	<i>spending</i>	<i>achieve goal</i>	<i>Drinks</i>
<i>aggressiveness</i>		<i>Isolation Hy-</i>	<i>money</i>	<i>missing goal</i>	<i>Chewing</i>
<i>unlawfulness</i>		<i>peractivity</i>	<i>Country</i>	<i>Withdrawal</i>	<i>Injure</i>
<i>disobedience, dis-</i>		<i>depression</i>	<i>Missing pro-</i>	<i>lack of re-</i>	<i>begging</i>
<i>honesty, stealing,</i>			<i>ductive age</i>	<i>spect ion</i>	<i>Crime</i>
<i>lying,</i>					<i>Stealing</i>

The theme

The current study reveals several important findings concerning the major problems related to substance use FGD participants reported such characteristics as being unethical (disobedience, dishonesty, stealing, lying, destructiveness, aimlessness, disrespectfulness, aggressiveness, immoral, irresponsibleness, arrogance, ridiculousness, impoliteness, unlawfulness, messiness, refusal, argumentativeness and resistance) health problems, psychological problems, economic problems, missing academic achievements and involving in accidents were among several bad characters mentioned.

I1, male, MA holder, 46 years old suggested that:

The generations were in in the challenge of academic achievements and hopelessness, that affects the county: For instance, the students who are involved in problems are known by waiting for the exam answers instead of working hard and preparing themselves for the next responsibilities.

I2, female, BA holder, 35 years old proposed that:

Using substances like khat leads to the alcohol use, alcohol use leads to unsafe sex and lastly, they will be exposed to HIV/AIDS, STD, and unwanted pregnancy and so on.

I4, male, diploma holder, 43 Years old put forward that:

Ganja users, when the money run out of their pocket to buy what they need, they snatching the ladies purse, harming people and begging on the street sometimes. Because of the gold mining area, even the beggars can easily collect money. Some students stopped their education because of these substances and come to street life.

4. What factors facilitate adolescents' use of substance?

Patterns

<i>Family</i>	<i>Peer</i>	<i>Law</i>	<i>Media</i>	<i>Environment</i>
<i>Injure</i>	<i>peer pressure</i>	<i>lack of rule</i>	<i>social media</i>	<i>Availability of sub-</i>
<i>Unethical modelling</i>	<i>stress</i>	<i>and regulation</i>	<i>Advertisements</i>	<i>stance</i>
<i>Discourage</i>	<i>economic</i>	<i>No respect for</i>		<i>Accessibility of</i>
<i>Chase children</i>		<i>the rule</i>		<i>money</i>
<i>Economic</i>				<i>separation multicultural</i>
				<i>interaction</i>

The theme

The study finding showed wide-ranging findings forwarded by FGD participants concerning factors that facilitate substance in adolescents. These include families (negative

families modeling), negative peer pressure, media influences, and environment influence were mentioned as basic facilitators that secondary school students were facing.

I4, male, diploma holder, 43 years old stated that:

In summer seasons when all young people gathered together from each corner of the country Universities, we scar of them. The youngsters who are attending University and Colleges in different areas will come back with new substances abuse experience by the time of their vacations. Experiencing bad habits and committing some crimes were obvious. And they high school students are following their footstep.

I3, female, holds BA degree, 37 years old gave stress on:

The availability of substances and money; Merchants are who take initiative to adverts legal and illegal substances and facilitate a hidden place for the substance users. Their concern is only the benefit they collect, but they have no heart for the generation.

5. What factors protect adolescents from continuous use of substance?

Patterns

<i>Family</i>	<i>Government</i>	<i>Youth centre</i>	<i>Personal judg-</i>	<i>Society</i>
<i>Follow up</i>	<i>teaching</i>	<i>refreshment</i>	<i>ment awareness</i>	<i>Community Elders</i>
<i>Care</i>	<i>implement</i>		<i>Teaching</i>	<i>Religious leaders</i>

<i>Attachment</i>	<i>Curriculum</i>
<i>Good modelling</i>	<i>/revise/ Rehabil-</i>
	<i>itate</i>
	<i>Library</i>

The themes

Does the current study reveal several important findings concerning what factors protect adolescents from continuous use of substance? the major ways to protect the students from substance use was set forth, FGD participants reported such responsibilities, like family follow up, care, attachment, and positive modeling, government (provide library, set rule for substances, and take implementation, curricular revise, set forth ethics, prepare youth center and rehabilitation center for victims, awareness and teaching to students to improve their personal judgments) and community elders and religious leaders were mentioned as those who can play a great roles.

I6, male, who has BA degree, 39 years old stated that:

Town recreational place, a good model of their secular and/ or spiritual leaders were mentioned as protective factors; The KI said, youth learn from our life than from what we are saying. Therefore, school teachers and spiritual teacher should be a good model for young people.

I2, Female, BA degree holder, 35 years old mentioned:

The growth process of one tree by comparing to the young people ages; if we could not protect them in their young age tomorrow we can't correct them; Trying to correct them would be breaking them. Town government has to work on coordinating the stakeholders together and work on protecting school going adolescent from bad habits.

6. Which are the common places for using substance?

Patterns

<i>Hotel</i>	<i>Shops</i>	<i>Home</i>	<i>School com-</i>	<i>Wherever</i>
<i>Alcohol</i>	<i>Khat</i>	<i>Khat</i>	<i>pound</i>	
<i>Ganja</i>	<i>Alcohol</i>	<i>Alcohol</i>	<i>Khat</i>	<i>Khat</i>
<i>Tobacco</i>	<i>Tobacco</i>	<i>Ganja</i>	<i>Ganja</i>	<i>Tobacco</i>
<i>Shisha</i>		<i>Shisha</i>	<i>Shisha</i>	<i>Benzene</i>
<i>Apple</i>		<i>Tobacco</i>	<i>Tobacco</i>	<i>Mastitis</i>

The themes

Most of the FGD participants agreed that variety of places used to substance use in the town. Hotel, shops, families home and sometimes the friend's home, around school compounds and sometimes even in the school compounds and in the forest were mentioned as the places

where young people choose for substance use. Although the substance like licit was used wherever they like, illicit drugs were used in a hidden place where the users only now.

I6, male, who has BA degree, 39 years old said:

We as a church, KI, were traveling in the town and observed that there were the signs that the members of substance users alone can identify and attend like half closed door with long curtain for Ganja and related substances. For the rest of substances like khat, cigarettes, and alcohols they can use wherever they like.

7. What are the possible solutions for overcoming the continued use of substance?

Patterns

<i>Discussion</i>	<i>Revise the</i>	<i>Rehabilitation</i>	<i>Modelling</i>	<i>Youth Centre</i>
<i>Victims testimony</i>	<i>school policy</i>	<i>Recreation</i>	<i>Common Lead-</i>	<i>Youth recreation</i>
<i>Society awareness</i>	<i>Curriculum</i>	<i>Skill develop-</i>	<i>ers</i>	<i>Library</i>
<i>creation</i>	<i>protest</i>	<i>ment</i>	<i>Family</i>	<i>Internet café</i>
<i>Youth awareness crea-</i>			<i>Teachers</i>	
<i>tion</i>			<i>Religious lead-</i>	
<i>Cultural difference</i>			<i>ers</i>	

The themes

The possible solutions cited by FGD and KI to overcome these problems were discussion programs with the whole society to create awareness, and training shall be given to (the whole

society: student, parents, children parliaments, girl clubs, school going adolescents, teachers, merchants of the substances and government bodies should be included), government shall revise the school policy, substance bars shall be banned and government should facilitate another business for the merchants, facilitating youth centers and control, substance use policy would be set forth by government and it should be included in school curriculum, library and youth centers should be provided, rehabilitation center for affected groups should be facilitated, town societies must protest on substance and substance-related issues.

I5, male, who has BA degree, 42 years old recommended that:

There was the "Kana film" that affected the lives of people and we protested and stopped it as this town. In the same manner, we should protest and stop this harmful substance and we recommend the government to change work for substances merchants, involved in its trade.

I3, female, BA degree holder, 37 Years old suggested that:

Possible solutions for overcoming continuous use of substances are awareness creation training to children parliament, girls club, different youth clubs in the schools by integrating with prosecutors about crime and how to protect oneself from crime.

I4, male, who has Diploma, 43 years old revealed:

There are a lot of investors here in our town who can support to rehabilitate the affected young people and support to work on pre-

vention; To do so the government should take a responsibility to mobilize money and establish a rehabilitation center for the affected young people and give prevention training to all society to aware how should everybody focus on such problems protection.

8. Who are the concerned bodies to overcome the problem?

Patterns

<i>Family</i>	<i>Student</i>	<i>Society</i>	<i>Government</i>	<i>School</i>
<i>Protect</i>	<i>Give value for</i>	<i>merchant</i>	<i>Rule</i>	<i>each student</i>
<i>Care</i>	<i>their life</i>	<i>Religious lead-</i>	<i>Health office</i>	<i>Teachers</i>
<i>Attachment</i>	<i>Choose their</i>	<i>ers</i>	<i>Police office</i>	
<i>Follow up</i>	<i>pear carefully</i>	<i>Community el-</i>	<i>Women Youth</i>	
<i>Good modelling</i>		<i>ders</i>	<i>and children</i>	
			<i>office centre</i>	
			<i>Town munici-</i>	
			<i>pality</i>	

The themes

All participants of FGD agreed that the concern bodies should be all societies: students (Give value for their life, choose their friends carefully), parents (Protect, care, should have good attachment with their children, make follow up and being a good model), schools, religious leaders, and government bodies.

I6, male, BA holder, 39 years' old commented:

All community members are responsible. we can't point out our fingers to somebody or some group of people. Frist family would take initiatives then school, religious leaders and town governments have to take responsibility.

I2, female, who has BA degree, 35 years old mentioned that:

School Communities, Religious leaders and town government have a big responsibility.

4.2. Discussion

This study assessed the prevalence and associated factors of substance use among high school and preparatory school students of Shakiso town, Guji Zone, Oromia Regional State, and Southern Ethiopia.

The findings of this study assessed that the overall current prevalence of substance uses among high school and preparatory school students in Shakiso town administration was 38 % (95% CI: 33%-43.3%) and The overall lifetime prevalence of substance use was 45 %(95% CI: 39.8%-50.3%). The prevalence was less than the finding attained by Birhanu et al. (2014) the current prevalence of substance use among Woreta high school students was 47.9% and lifetime prevalence was 65.4%. which might be due to the scope of the study which covered more substances in the case of Woreta. Similarly, a study conducted among Indian higher secondary school students showed a higher prevalence of substance use of 551 (54%, 95% CI 42%–67%) which might be due to the scope of the study which covered more substances in the case of India (Ningombam, Hutin, & Murhekar, 2011).

The prevalence was similar with the finding achieved by Dida et al. (2014) the overall current prevalence of substance use among the respondents was 34.8% (210) which was consistent with substance use and associated factors among preparatory school students in Bale Zone, Oromia Regional State, and Southeast Ethiopia. In the same way, the current study was also similar with the study conducted in Woreta, and the study carried out in North Wollo, Woldia town, by Gobeze et al. (2019) that presented the overall current prevalence of substance use among the respondents was 34.6% (174) 95% CI (30.5, 39).

The FGD participant agreed that among Oromia towns, Shakiso was leveled highly prevalent in different kinds of substance use. *One of FGD participant said, I believe that Shakiso would be the first by substance use from Oromia towns.*

The current prevalence of khat chewing in this study was found to be (15.20%). This result was higher than similar studies conducted in Dire Dawa (10.9%) (Negussie, 2012). And 13.8% in the Woreta (Birhanu et al., 2014).

The quantitative finding of this study was consistent with the qualitative result. Likewise, the qualitative data revealed that participants who have been involved in the interview presented that the high school and preparatory school students of Shakiso town were experiencing khat more than any substance in the lifetime experience. Some of the reasons mentioned were related with psychological problems: hopelessness, carelessness and self-isolation and they use substances to minimize stress and to protect depression, to keep alert while reading, to relax with friends, to follow their family. Amon the key informants: for instance, *I4, male, diploma holder, 43 Years old* had to say the following: *Khat is used as a food in most of this town resident including secondary school students.* They use substances to minimize stress and to protect depression, to keep alert while reading, to relax with friends, to follow their family.

The current prevalence of cigarette smoking in this study was 7.90% which was slightly higher than the study in Dire Dawa (5.6%) (Negussie, 2012) but more than 2 times higher among adolescents in Addis Ababa (2.9%) (Rudatsikira et al., 2007).

The lifetime prevalence of smoking in this study was 7.90% which is more than three times lower when compared to high school students in Nairobi (32.2%) (Kwamanga, Odhiambo, & Amukoye, 2003).

Similarly, the qualitative data exposed that participants who have been involved in the interview take risks the experience of using cigarette among high school and preparatory school students in Shakiso town; among some of the reasons mentioned environmental challenges, stress, and depression which might show psychological problems had relevance.

The lifetime substance use prevalence in this study was 45%, which was significantly lower than the prevalence found among high school students in Addis Ababa (Teshome, 2011). again, the respondents in our study reported lower lifetime prevalence than the study revealed in Dire Dawa, Ethiopia (13%) (Negussie, 2012), and similarly lower than the study in Addis Ababa 10.1% (Greenhill et al., 2004).

The lifetime prevalence of smoking in this study was 7.90% which is more than three times lower when compared to high school students in Nairobi (32.2%) (Kwamanga et al., 2003).

The lifetime substance use prevalence in the current study was 45%, which was significantly lower than the prevalence found among high school students in Woreta 65.4%, (Birhanu et al., 2014).

A study conducted in Dire Dawa, Ethiopia, high school students showed a higher lifetime prevalence of alcohol drinking (34.2%), cigarette smoking (13%), shisha smoking (12.8%), and khat (18.4%) (Dida et al., 2014). While the current study exhibits a lower lifetime prevalence of alcohol drink (12%), cigarette smoking (7.9%), Ganja/shisha (9.9%), and khat (15.2%). A study done among students at the northwest of Ethiopia stated that the lifetime prevalence rate of cigarette smoking and khat chewing was 13.1% and 26.7%, respectively. The current prevalence of cigarette smoking was found to be 5.6% and that of khat chewing 11.4%, which was higher than the prevalence rate of this study, respectively (Kebede, 2002). In Saudi Arabia, the overall

prevalence of khat chewing among students was more than two times higher than this study (Ageely, 2009).

Likewise, the qualitative data revealed that the participants who have been involved in the FGD stated that knowledge of using khat among high school and preparatory school students in Shakiso town was higher than others substances regarding lifetime prevalence. Some of the reasons mentioned were sociocultural influences; to be fully concentrated on the work at their hands.

Among the key informants, for instance, the respondent I4, male, diploma holder and 43 years old said that: *Khat is used as a food in most of the town residents including secondary school students; for it is already familiar with area people chewing chat doesn't consider as substance use.*

The findings of this study revealed that the commonly used substances were Alcohol 12.00%, Khat 15.20%, Tobacco 7.90% and other illicit substance (Shisha/Ganja 9.90%). Apart from the prevalence, this is in agreement with finding in students of Debra Markos Town Poly Technique college alcohol 13.4%, Khat 7.8%, Cigarette 5.4% and other illicit substance (Shisha/Ganja 9.90%) was used equally (Aklog, Tiruneh, & Tsegay, 2013). The qualitative finding of this study was supportive of the quantitative result. The FDG participants confirmed that the prevalence of illicit and licit substances assumed to be highly used in the town and particular among HSAPS of Shakiso.

However, what has been said above contradicts with Tshitangano & Tosin(2016) Substance use amongst secondary school students in a rural setting in South Africa: Prevalence

and possible contributing factors; a very low prevalence rate of substance uses amongst the learners with only 6% male and 2% of female learners attesting to have ever used substances.

In the current study, the age of debut of substance use for most of the learners falls within the adolescent period. This finding is in line with other findings across the world, including South Africa (Moodley, Matjila, & Moosa, 2012).

The findings of this study are lower than the overall prevalence of 'any substance use' in sub-Saharan Africa stated by (Olawole-Isaac et al., 2018). 41.6%, with the highest rate in Central Africa at 55.5%... alcohol at 32.8% (95% CI 26.0 - 39.5), tobacco products 23.5% (95% CI 17.7 - 29.3), that 22.0% (95% CI 12.5 - 31.5) and cannabis 15.9% (95% CI 12.2 - 19.1).

Substance use was associated significantly with the gender of the students. The current study was similar to results in Woreta and in Addis Ababa (Birhanu et al., 2014; Rudatsikira et al., 2007). This study also revealed that there were more male substance users than females, but the gender differences were small. Similarly, a study carried out in Gauteng, South Africa noted significant statistical gender differences of substance abuse amongst secondary school learners; When considering substance use by gender, males in this study generally had higher prevalence rates than females (Moodley et al., 2012). Thus although the prevalence of smoking is still higher among males than females, as is the case in most developing countries (Zhu, Gunn, & Beckman, 1992). Contrarily, a study carried out in Nigeria noted non-significant statistical gender differences of substance abuse amongst secondary school learners. (Oshodi et al., 2010). The current study was similar to the results in Addis Ababa (Rudatsikira et al., 2007). These indicate that males are at greater risk of substance use, perhaps due to social norms and gender roles.

Regarding gender difference in using substances, the quantitative result had supported from the qualitative result; the FGD respondents confirmed that male students were highly dipped into substance use than the female group. 17, 10 grade, 24 years old young boy said: Female students are less exposed to the substance because of culture and custom of the area; whoever, gradually young girls are invited to make coffee while the male group was chewing the khat and welcoming them to participate.

The findings of this study revealed that the majority of the male learners 131(28.3%) said they had never used substances, and minor number 114 (33.3%) attested to have used substances such as khat, Ganja, cigarette ...etc. Similarly, the majority of the female learners 81(23.7%) said 'no' when asked if they had ever used substances, whilst a very few 16(4.68) said they had used substances. The prevalence was higher than the finding attained by Tshitangano & Tosin (2016) substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors with the findings of this study revealed that the majority of the male learners (94%, $n = 135$) said they had never used substances, and a very few (6%, $n = 8$) attested to have used substances such as cigarettes, drugs, dagga, etc.

The lifetime prevalence of alcohol drinking in this study was 12.0% which was nearly four times lower than the lifetime prevalence in Woreta 59% (Birhanu et al., 2014). And, similarly more than two times lower the lifetime prevalence in Dire Dawa (34.2%) (Negussie, 2012).

Similarly, the qualitative data revealed that participants who have been involved in the FGD observed the experience of using khat was high in lifetimes and in current prevalence the Ganja was leading among high school and preparatory school students in Shakiso town. The fa-

cilitating factors might be the young people were exposed to the use of contemporary industrial product substances.

The current prevalence of khat chewing in this study was found to be 15.2%. This result was higher than a similar study in Dire Dawa 10.9% (Negussie, 2012). And in Woreta 13.8% (Birhanu et al., 2014).

The current prevalence of cigarette smoking in this study was 7.9% which was slightly higher than the study in Dire Dawa (5.6%) (Negussie, 2012). but more than 2 times higher than among adolescents in Addis Ababa (2.9%) (Rudatsikira et al., 2007). The lifetime prevalence of smoking in this study was 7.9% which is four times lower when compared to high school students in Nairobi (32.2%) (Kwamanga et al., 2003). Again, this study was more than two times lower than the 16.9% rate reported among teenage students in a city of South Brazil (Vieira, Aerts, Freddo, Bittencourt, & Monteiro, 2008).

Studies with high school students in Ethiopia also revealed an association between family history of alcohol and substance use (Rudatsikira et al., 2007). A study in South Africa among high school adolescents also documented similar evidence; substance use by other members of the household is significantly associated with substance use (Hamdulay & Mash, 2011). Similarly, in Zambia, parental smoking had a positive association with adolescents' substance use (S Siziya, Rudatsikira, Muula, & Ntata, 2007). The finding is also consistent with the cross-national comparisons of risk and protective factors for adolescents; substance use in the United States, Australia, Brazil and the U.S.(Vieira et al., 2008). These studies give additional evidence that a family history of alcohol and substance use leads to learned behavior among children regarding substance use.

Similarly, the qualitative finding of the study was reliable with the quantitative data, the prevalence rate was 38% to be high when 95% of the substance use. In support of this idea, a male respondent I5, of IIn, 39 years old gave strong commented on how family use of the substance can affect the others who are living to gather: *The student is easily exposed to the substance because of the attachment they have*

In the home, if one of the house members is a substance user he/she might send The young child in the home to baring substances and the young child can easily teste it and develop the interest of substance use. the substance user family member how can he /she prohibit the young child when the child starts to use substance? For instance, when he sent to fire up a cigarette to his father and others substance as well he can smoke to check the fire and gradually he can develop the interest.

Even though the studies revealed that students in different studies with poor academic performance were at higher risk of using substances when compared with students with good academic performance, consistent with findings among adolescents in the U.S. and Australia for cigarette and alcohol use (Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004). The current study did not show a significant association. One possible justification for the inconsistency might be differences in measurement and the difference in the socio-demographic status of the samples across studies.

Although some research suggests that Religious teachings discourage the use of substances and may, thus, protect people from engaging in self-destructive behaviors including substance use (Birhanu et al., 2014). the current study did not show a significant association. One possible justification for the inconsistency might be differences in measurement and the difference in the socio-demographic status of the samples across studies.

In addition, poor family management was a strong predictor of adolescent substance use in other research (Hemphill et al., 2011) but in our study, parental education and parental occupation had not predicted association with adolescent substance use. However, this finding should not be taken to suggest that poor family management is not related to substance use in adolescents needs further studies.

4.3. Interpreting the Result

Among many kinds of substance khat, ganja/shisha, alcohol, tobacco was mentioned as the major substance used in the town.

The Shakiso school adolescents were using substances because of environmental challenges, separation from families, exposure to the new environments, media influence, lack of use center, and negative peer pressure were mentioned as main reasons.

Among several problems mentioned, unethical behaving (disobedience, dishonesty, stealing, lying, destructiveness, disrespectfulness, aggressiveness, responsiveness, arrogance, ridiculousness, impoliteness, unlawfulness, messiness, refusal, argumentative, and, resistance), lack of health, psychological problems, economical problems, missing academics achievements and exposing to accident are some of the problems Shakiso secondary school, students were facing.

The family follow-up, government concern, community leaders and religious leader's collaborative works were some protective factors prevent adolescents from continuous use of the substance.

There were hotels, shops, families house, friend's house, school compound and a forest mentioned as the commonplace to use substances

The possible solution cited to overcome these challenges was awareness creation pieces of training, revising school policy, taking actions to band some illegal houses, facilitating use centers and facilitating rehabilitation centers for the victims one.

Students, families, schools, town government, community leaders, and religious leaders are the concerned bodies to overcome the problems.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1. CONCLUSION

The prevalence of substance uses among high school and preparatory school students of Shakiso town was high for all four substances: khat, Ganja/shisha, alcohol, and cigarette. Khat was the most common substance used among adolescents in lifetime and Ganja was the most common substance used among adolescents currently. The prevalence of substance use was found higher among male adolescent students.

Gender, age group, education level, respondent's family history of substance use, and social support were the predictors of the substance use of the students.

The perceived consequences of substance use on the society in general and on youths, in particular, are extremely negative on every aspect of life which needs immediate intervention.

The collaborative effort of all stakeholder is necessary, no one alone can control it.

5.2. RECOMMENDATIONS

Based on the major findings discussed above and the conclusion the researcher forwarded the following suggestions:

1. Students' family, students themselves, school teachers, government (government bodies like town administration, women, youth children sector, youth and sport sector, prosecutor and police, health professionals and others), community elders, religious leaders and business men are advised to incorporate together to prevent school students from substance use and to rehabilitate the victims.
2. School-based interventions to prevent substance use should start at primary school level and incorporate methods that are effective in countering the effect of peer pressure.
3. Education in primary and secondary schools could be integrated into curricula and strengthened with special focus on the adverse consequences of the substances.
4. Moreover, since some of the learners have failed on their own to stop using substances, there is a need to develop a counseling program in each school to help refer such learners to rehabilitation centers and to provide proper support for them.
5. Youth centers should be prepared for young students to spend time after their class and to exercise sport and culture based friendship.
6. Using the appropriate mass media to transmit the experiences of some model protection methods of substance use to young people, so that parents, students, government bodies, and

community leaders will get some insights about their responsibilities, and eventually improve their responsibilities skills.

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Appendix

Appendix - A: English Version

Questionnaire

Part I: Socio-Demographic Characteristics

Part I: Socio-demographic characteristics Q. No		Question	Coding categories
101	Age in years	15-16	1
		17-18	2
		19-20	3
		20 & above	4
102	Sex	Male	1
		Female	2
103	Ethnicity	Oromo	1
		Amhara	2
		Tigre	3
		Gurage	4
		Wolayta	5
		Others	6
104	Religion	Orthodox	1
		Protestant	2

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		Muslim	3
		Catholic	4
		Others	5
105	Marital Status	Married	1
		Not married	2
		Separate	3
		Divorce	4
106	Grade level	9	1
		10	2
		11	3
		12	4
107	Parental Education		
	Father	Illiterate	1
		Primary school completed	2
		High school completed	3
		Diploma holder	
		Degree and above	4
	Mother	Illiterate	
		Primary school completed	1
		High school completed	2
		Diploma holder	3
		Degree and above	4

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108	Parental Occupation		
	Mother occupation	Merchant	1
		Housewife	2
		Government employee	3
		NGO employee	4
		Daily laborer	5
	Father occupation	Merchant	1
		Farmer	2
		Government employee	3
		NGO employee	4
		Daily laborer	5
109	Residence	Town	1
		Rural residence	2
109	Family history of substance use		1. Yes 2. No

Part- II Question Which Assess Family History of mental illness

Q No	Question	Coding categories	Skip
201	Is there any person, from your family who is suffering by	1. Yes 2. No	

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	Mental Health Problems?		
203	Is there any person, from your family, who is Using Substance or Dug?	1. Yes 2. No	

Part- III Question Which Assess Social Support (Oslo social support scale)

The following three questions ask about how you experience your social relationships. The inquiry is about your immediate personal experiences. Please indicate the option that represents your experience.

301	How many people are so close to you that you can count on them if you have serious personal problems (choose one option)?	(1). None	(2). 1 or 2	(3). 3-5	(4). More than 5	
302	How much concern do people show in what you are doing (choose one option)?	(5). A lot of concern and interest	(4). Some concern and interest	(3).Uncertain	(2).Little concern and interest	(1).No concern and interest

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303	How easy is it to get practical help from neighbors if you should need it (choose one option)?	(1).Very difficult	(2). Difficult	(3). Possible	(4). Easy	(5). Very easy
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Part IV: Questions on Substance Use (ASSIST)

Q No	Questions	Alternative responses coding categories	skip
Q401	I. Have you ever used any substance (<i>Khat</i> , Alcohol, <i>Shisha</i> , hashish or others) in your life?	0. Yes 3. no	If No go to stop the question
Q402	If yes, which of the following substances have you ever used? (<i>non-medical use only</i>)	0.Tobacco products (cigarettes, chewing tobacco, cigars, etc.) 1. Alcoholic beverages (beer, wine, etc.) 2.Khat 3. Cannabis (marijuana, grass, hash, etc.) 4.Other (specify)_____	
Q403	II. In the past three		If 0 go to

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	months, how often have you used the substances you mentioned?		Q207
	1.Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	2. Alcoholic beverages (beer, wine, etc.)	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	3.Khat	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	4. Cannabis (marijuana, grass, hash, etc.)	0. Never 2. Once or Twice 3. Monthly	

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		4. Weekly 6. Daily or Almost Daily	
	5.Other (specify)		
Q404	III. During the past three months, how often have you had a strong desire or urge to use?		
	1.Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	2. Alcoholic beverages (beer, wine, etc.)	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	3.Khat	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	

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	4. Cannabis (marijuana, grass, hash, etc.)	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
	5. Other (specify) _____	0. Never 2. Once or Twice 3. Monthly 4. Weekly 6. Daily or Almost Daily	
Q405	IV. During the past three months, how often has your use of led to health, social, legal or financial problems?		
	1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0. Never 4. Once or Twice 5. Monthly 6. Weekly 7. Daily or Almost Daily	
	2. Alcoholic beverages (beer, wine, etc.)	0. Never 4. Once or Twice	

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		5. Monthly 6. Weekly 7. Daily or Almost Daily	
	3.Khat	0. Never 4. Once or Twice 5. Monthly 6. Weekly 7. Daily or Almost Daily	
	4. Cannabis (marijuana, grass, hash, etc.)	0. Never 4. Once or Twice 5. Monthly 6. Weekly 7. Daily or Almost Daily	
	5.Other (specify)_____	0. Never 4. Once or Twice 5. Monthly 6. Weekly 7. Daily or Almost Daily	
Q406	V. During the past three months, how often have you failed to do what		
	Was it normally		

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	expected of you because of your use of?		
	1.Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0. Never 5. Once or Twice 6. Monthly 7. Weekly 8. Daily or Almost Daily	
	2. Alcoholic beverages (beer, wine, etc.)	0. Never 5. Once or Twice 6. Monthly 7. Weekly 8. Daily or Almost Daily	
	3.Khat	0. Never 5. Once or Twice 6. Monthly 7. Weekly 8. Daily or Almost Daily	
	4. Cannabis (marijuana, hash, etc.)	0. Never 5. Once or Twice 6. Monthly 7. Weekly 8. Daily or Almost Daily	

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	5.Other (specify)	0. Never 5. Once or Twice 6. Monthly 7. Weekly 8. Daily or Almost Daily	
Q407	VI. Has a friend or relative or anyone else ever expressed concern about your use of?		
	1.Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	2. Alcoholic beverages (beer, wine,	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	3.Khat	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	4. Cannabis (marijuana, grass, hash, etc.)	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	

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	5.Other (specify)_____	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
Q408	VII. Have you ever tried and failed to control, cut down or stop using?		
	1.Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0. No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	2. Alcoholic beverages (beer, wine, etc.)	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	3.Khat	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
	4. Cannabis (marijuana, grass, hash, etc.)	0.No, Never 6. Yes, in the past 3 months 3.Yes, but not in the past 3 months	
Q409	VIII. Have you ever used any drug by injection?	0.No, Never 2.Yes, in the past 3 months 1.Yes, but not in the	

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	<i>(Non-medical use only)</i>	past 3 months	
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III. Substance use related questions for qualitative assessment (FGD and In-depth interview)

-
1. What are the commonly used substances in this town?
-
2. What are the reasons for substance use?
 3. What are the major problems related to substance use?
 4. What factors facilitate adolescents' use of substance?
 5. What factors protect adolescents from continuous use of substance?
 6. Which are the common places for using substance?
 7. What are the possible solutions for overcoming the continued use of substance?
 8. Who are the concerned bodies to overcome the problem?

Appendix – B: Oromo Language Version

Gaaffii Afaan Oromoo (Questionnaire Afan Oromo version)

Kutaa -I Odeeffannoo haala jireenya hawaasummaa /Socio-demographic characteristics

Lakk.	Gaaffilee	Filannoo deebii	Yaada
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101	Umurii woggadhaan	1. 15-16	
		2. 17-18	
		3. 19-20	
		4. 21 Fi Achii ol	
102	Koorniyaa	1. Dhiira	
		2. Dhalaa	
103	Saba	1. Oromoo	
		2. Amaara	
		3. Tigiree	
		4. Guraagee	
		5. Wolaayittaa	
		6. Kan biroo	
104	Amantaa	1. Ortoodokisii	
		2. Protestantii	
		3. Musilima	
		4. Katolikii	
		5. Kan biroo	
105	Haala Ga'elaa	1. Kan Fuudhe/kan Herumite	
		2. Kan hin Fuudhin/kan hin	

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		Herumni	
		3. Kan Addaan Bahan	
		4. Kan Hike/kan hikite	
		5. Kan irraa du'e/duute	
106	Sadarkaa Barnootaa Barataa/tuu	1. Kutaa 9 ^{ffaa}	
		2. Kutaa 10 ^{ffaa}	
		3. Kutaa 11 ^{ffaa}	
		4. Kutaa 12 ^{ffaa}	
107	Sadarkaa Barnoota Maatii (Abbaa)	1. Dubbisuufi Barressuu kan hin dandeenne	
		2. Sadarkaa tokkoffaa(1-8)	
		3. Sadarkaa lammaffaa(9-12)	
		4. dipiloomaa Qabu	
		5. Digiriifi achii ol Qabu	
108	Sadarkaa Barnoota Maatii (Haadha)	1. Dubbisuufi Barressuu hin Dandeenne	
		2. Sadarkaa Tokkoffaa(1-8)	
		3. Sadarkaa Lammaffaa(9-12)	
		4. Dipiloomaa	
		5. Digirii fi ach ol	

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109	Haala Hojii Maatii (Abbaa)	1. Hojjataa Mootummaa	
		2. Hojjataa Dhaaba miti- Motummaa	
		3. Daldalaa	
		4. Qonnaan Bulaa	
		5. Hojjataa Hujii humnaa	
110	Haala Hojii Maatii (Haadha)	1. Hojjatuu Mootummaa	
		2. Hojjatuu Dhaaba miti- Motummaa	
		3. Daldaltuu	
		4. Haadha Worraa	
		5. Hojjataa Hujii humnaa	
111	Bakka Jireenyaa	1. Baadiyyaa	
		2. Magaala	
112	Maatii Kee Keessaa Namni Wantootaa Araadaafi Nama Saaxilanutti Fayyadamu Jira?	1. Hinjiru 2. Jira	

Kutaa –III. Gaffilee Gargaarssa Hawwasummaa Qorannaafi gargaranu

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(Question which assess social support (Oslo social support scale))

Gaffilee sadan armaan gadii kanniini muxannoo wolta-dhufeenna Hawaasa wajjin qabdu sii gaafatan. Gaaffiin kun waa'ee muxxannoo dhunfa keetiiti. Mee dhimma muxxannoo dhunfaa kee ilaallatu addaan baasi Filadhu (Oslo social support scale)

301	Rakinna dhunfaa cimaa itti himattuf kan dandeettu nama baay'ee sitta dhihaatu meeqa ta'uu dande'a?	(1). Hinjiru	(2). 1 Ykn 2	(3). 3-5	(4). 5 fi 5 ol	
302	Waan ati hojjatu ilalcisee nama meeqattu siif yaada?(deephii tokko filadhu)	(5). Baay'ee naaf yaadu; fedhii naaf qabanusi natti agarsiisus	(4). Naaf yaadu; fedhii naaf qabanusi natti agarsiisus	(3). Hagas maraa miti	(2). Xiqqoo naaf yaaduu; fedhii naaf qabanusi natti ni agarsiisus	(1) lak ki Naaf hin yaadanu; fedhii naaf hin qabanusi
303	Gargaarsa Qabatamaa Ollaa irran yoo barbadde argachuun Hangam	(1). Baay'ee ulfaataadha	(2). Ni ulfaata	(3). Ni dande'a ma	(4). Salphaadha	(5). Baay'ee Salphaadh a

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salphaadha? (Deephii tokko filadhu)					
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Kutaa IV: Gaaffilee Dhiibbaa Wantootaa araada nama qabsiisanii ittiin qorannu
(ASSIST)

Lakk.	Gaaffilee	Filannoo Deebii Tartiba Kodii	yaada
Itti fayyadama yeroo dheeraa (ever use)			
401	I. Jiruu tee keessatti Wantoota Araadaafi Nama Saxilanu fayyadamtee beekitaa (dhugaatii, Caatii, fi kanneen biraa)?	0. Miti 3. Eyyee	Miti yoo jettee gaaffii irra darbuu dandeeta
402	Eyyee yoo jette, kannen armaan gadii keessaa kamitti fayadamite (yalaatif yoo hintane qofa)?	1. Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu) 2. Dhugaatii AlKoholii (Biiraa, Dadhii, Haraqee ...KKF) 3. caatii (caatii alalchuu, Caatii Tumanee Dhuguu) 4. kanabisii (marijuana, grass, hash, etc.) 5. Kanneen Biraa _____	

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403	II. Ji'oota Darbane sadi keessatti kanneen Armaan olii keessaa yeroo hangamii fayyadamteerta?		(0) Yoo Filattee Gara Gaaffii 207 Darb
404	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu)	0. Ijjumaa/Gonkumaa 2. Yeroo Tokko ykn. Yeroo Lama 3. Ji'atti al Tokko 4. Torbaant al Tokko 6. Guyyaa Guyyaan	
405	Dhugaatii Alkoholii (Biiraa Daadhii, Haraqee kkf.)	0. Ijjumaa/Gonkumaa 2. Yeroo Tokko ykn. Yeroo Lama 3. Ji'atti al Tokko 4. Torbaant al Tokko 6. Guyyaa Guyyaan	
406	Caatii	0. Ijjumaa/Gonkumaa 2. Yeroo Tokko ykn. Yeroo Lama 3. Ji'atti al Tokko 4. Torbaant al Tokko 6. Guyyaa Guyyaan	

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Itti fayyadama yeroo dhiyoo (current use)			
	III. Ji'oota Darban Sadiin keessatti Fedhii fayadama Aradaa hangam Si Rakisee Ture?		
407	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu)	0. Ijjumaa/Gonkumaa 3. Yeroo tokko ykn. Yeroo Lama 4. Ji'atti al tokko 5. Torbaant al tokko 6. Guyyaa Guyyaan	
408	Dhugaatii AlKoholii (Biiraa, Daadhii, Haraqee)	0. Ijjumaa/Gonkumaa 3. Yeroo tokko ykn. Yeroo Lama 4. Ji'atti al tokko 5. Torbaant al tokko 6. Guyyaa Guyyaan	
409	Caatii (caatii alalchuu, Caatii Tumanee Dhuguu	0. Ijjumaa/Gonkumaa 3. Yeroo tokko ykn. Yeroo Lama 4. Ji'atti al tokko 5. Torbaant al tokko 6. Guyyaa Guyyaan	
410	4. Kannen Biraa	0. Ijjumaa/Gonkumaa	

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		3. Yeroo tokko ykn. Yeroo Lama 4. Ji'atti al tokko 5. Torbaant al tokko 6. Guyyaa Guyyaan	
	IV. Ji'oota Darban Sadiin Keessatti Fayyadami Araadaa Hangam Rakinya Fayyaa, Haala Woliin Jiraatuu, Seera Kabajuu, fi, Itti fayadama Qarshii Irratti Si Rakisee Ture?		
411	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu)	0. Ijjumaa/Gonkumaa 4. Yeroo tokko ykn. Yeroo Lama 5. Ji'atti al tokko 6. Torbaant al tokko 7. Guyyaa Guyyaan	
412	Dhugaatii AlKoholii (Biiraa, Dadhii, Haraqee ...kkf)	0. Ijjumaa/Gonkumaa 4. Yeroo tokko ykn. Yeroo Lama 5. Ji'atti al tokko 6. Torbaant al tokko 7. Guyyaa Guyyaan	

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413	Caatii (caatii alalchuu, Caatii Tumanee Dhuguu)	0. Ijjumaa/Gonkumaa 4. Yeroo tokko ykn. Yeroo Lama 5. Ji'atti al tokko 6. Torbaant al tokko 7. Guyyaa Guyyaan	
	V. Ji'oota Sadiin Darban Keessatti Sabaaba Araadatti Fayyadumu Irraan kan ka'ee, Yeroo Meeqa Waan Godhuu Qabduu Godhuu Dadhabdee kan Milka'uu Dadhabdee?		
414	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu)	0. 0. Ijjumaa/Gonkumaa 5. Yeroo tokko ykn. Yeroo Lama 6. Ji'atti al tokko 7. Torbaant al tokko 8. Guyyaa Guyyaan	
415	Dhugaatii Alkoholii (Biiraa, Dadhii, Haraqee)	0. Ijjumaa/Gonkumaa 5. Yeroo tokko ykn. Yeroo Lama 6. Ji'atti al tokko 7. Torbaant al tokko 8. Guyyaa Guyyaan	

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416	Caatii (caatii alalchuu, Caatii Tumanee Dhuguu)	0. Ijjumaa/Gonkumaa 5. Yeroo tokko ykn. Yeroo Lama 6. Ji'atti al tokko 7. Torbaant al tokko 8. Guyyaa Guyyaan	
	VI. Firri, Hir'aan ykn Nam Biroo Haala Itti Fayadamaa Araadaa Kan Sitti Hime Jiraa?		
417	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu)	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
418	Dhugaatii AlKoholii (Biiraa, Dadhii, Haraqee fi... kkf)	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
419	Caatii (caatii alalchuu, Caatii Tumanee Dhuguu)	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	

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	4. Kannen Biraa	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
	VII. Ofi irraa Dhaabuufi, Ykn Ofi irraa Kutuufi Yaalii Gootee Dadhabde Jira?		
420	Sanyii Tanboo (Gaayyaa, Tanboo Corquu, Tanboo Arsuu) _____	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
421	Dhugaatii Alkoholii (Biiraa, Dadhii, Haraqee ...KKF)	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
422	Caatii (caatii alalchuu, Caatii Tumanee Dhuguu)	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban	

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		Sadiin keessatti mit	
	4. Kannen Biraa	0. Lakkii, Gonkuma 6. Eyyee Ji'oota Darban Sadiin keessatti, 3. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	
423	VIII. Qoricha Limmoon Fayyadamittee Beekitaa? (Dhimma Yaalaafi hin Taane Qofa)	0. Lakkii, Gonkuma 2. Eyyee Ji'oota Darban Sadiin keessatti, 1. Eyyee, Garuu Ji'oota Darban Sadiin keessatti mit	

- V. Gaaffii fi deebii afaanii (in-depth interview) fi marii garee xixiqqoo (focus group discussion) waa'ee wantoota araada nama qabsiisanii ilaalchisee

1. Wontootin Magaala kana keessatti Namooti Araadaafi Itti Fayyadaman Maal fa'a?

2. Sababni Namoot Waan Araadaafi ta'utti fayyadamanu'ufi maal?

3. Rakkooleen Gugurdoon Fayyadama Araadatiin Walqabatamanu Maal Fa'a?

4. Wontooti Dargaggoti akka Araadaafi Saaxilamanuufi Haala Mijeesan Mal Fa'a?

5. Wontooti Dargaggoti akka Araadaafi Saaxilamanuufi Sababa Ta'an Mal Fa'a?

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6. Walumaagalaatti Bakk Itti Fayyadama Araadatifi Nama Saxilu Eessa fa'a?
 7. Itti Fuufinsaan itti Fayyadama Araada Kana Hanbisuuf Furmaata ta'a jedhamee malli Yaadamu maal?
 8. Rakkinna kana Hir'isuufi Namni dhimmi Kun Ilaallatu eenyuu?
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