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Ezekiel Henry Mbao

International Medical and Technological University

Tumbwene Mwansisya

Aga Khan University, tumbwene.mwansisya@aku.edu

Achilles Kiwanuka

International Medical and Technological University

Hossea Rwegoshora

Open University of Tanzania

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Awareness and Decision Making on Health Seeking and Utilization Behaviors Among Substance Abuse Youths

Ezekiel Henry Mbao^{1,*}, Tumbwene Eliezer Mwansisya², Achilles Kiwanuka¹, Hossea Rwegoshora³

¹Faculty of Nursing, International Medical and Technological University, Dar es Salaam, Tanzania

²School of Nursing and Midwifery, Aga Khan University, Dar es Salaam, Tanzania

³Faculty of Arts and Social Sciences, Open University of Tanzania, Dar es Salaam, Tanzania

Email address

ezeielmbao@yahoo.com (E. H. Mbao), mwansisya@yahoo.co.uk (T. E. Mwansisya), chliskiwanuka@yahoo.com (A. Kiwanuka), hossearwegoshora@out.ac.tz (H. Rwegoshora)

*Corresponding author

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Abstract

Substance abuse has continued to increase in Tanzania particularly among youth with minority of them seeking the available health services. This study sought to determine the relationship between awareness and decision making on health seeking and utilization behaviors among youth involved in substance abuse in Kinondoni municipality, Dar es Salaam. Concurrent mixed methodology was used. Data were collected among youth with substance abuse problems through face-to-face interviews (n=300) using a structured survey questionnaire. In addition, in-depth interviews (n=23), and focus group discussions (n=5) were conducted. The quantitative data were analyzed using SPSS version 23. Content analysis was used for analyzing qualitative data. Results showed that (74.3%, n=223) of the respondents did not seek and utilize the available treatment options. The majority (62.4%, n=187) of them did not know that their substance abuse problems can be treated using the available treatment options, and 78.2% (n=235) of the participants had little or no concerns about their substance abuse problems. The majority of participants had little information regarding the treatment of substance abuse and major sources of information about substance abuse treatment options were through friends and families followed by radio and television. The reasons related to not seeking and utilizing the available health services may be associated with the low awareness levels of the available treatment options among individuals with substance abuse, little belief that their substance abuse problem can be treated, and having less or no concern about their substance abuse problem. Thus future studies are needed to examine the accessibility and acceptability of the available rehabilitation services for substance abuse in Dar es Salaam.

Keywords

Awareness, Decision Making, Substance Abuse, Treatment, Youth

1. Introduction

Substance abuse, a problem of growing magnitude which affects people of all ages and has raised concern all over the world [1-2]. Substance abuse may affect youth self-esteem, social interaction, physical and psychological harm and even, their chances of personal injury and harming themselves and

others; leading to poor quality of life and criminal penalties[3-4]. Individuals with drug abuse problems particularly young people need health care services to abstain from drug abuse and allow them to live active lives in families, workplaces, and the community [5]. However, the

pathway for individuals with substance abuse problems towards seeking and utilizing substance abuse services remains unknown.

Youth is a developmental period characterized by relatively high rates of substance use disorders [6]. Surprisingly, as substance abuse peaks, substance abstinence service use among youth declines [7-8]. This leads to persistently substance abuse which is accompanied with several problems including academic difficulties, health-related problems, poor peer relationships, involvement with the juvenile justice system and disputes with family members, community, and the entire society [3]. Thus, a study that investigates substance abuse and health services seeking and utilization may provide a better understanding of the situation.

In Tanzania, available treatment options for substance abuse include psychotherapy, rehabilitation, and detoxification. Methadone Assisted Therapy clinics were introduced in the year 2011 with specialized care for treatment and management of withdrawal in long-term opiate addicts. Nevertheless, only a minority of individuals with substance abuse do seek the treatment. The reasons for not seeking treatment among individuals with substance abuse remain unknown.

Consequently, this study aimed to explore the relationship between awareness and decision making on health seeking and utilization behaviors among youth involved in substance abuse in Kinondoni municipality, Dar es Salaam, Tanzania. The researchers hypothesized that the level of awareness regarding health seeking and utilization of the available treatment options among youth involved in substance abuse is not associated with youth's decisions on health seeking and utilization behaviors.

2. Methodology

2.1. Study Setting

The study was conducted in Kinondoni municipality within Dar es Salaam region. Kinondoni is among the three districts in Dar es Salaam. According to the 2012 census, the population was 1,775,049 and with a population growth rate of 5.0% per annum. Many people from up country come to Kinondoni municipality to look for employment in both public and private sectors. The average population density is 3,685 people per sq. km. The major economic activities in the municipality are industries, retail businesses and services, tourism, agriculture, fisheries and bee-keeping.

2.2. Study Population

The study participants included youth who were 18 years and above in Kinondoni municipality of Dar es Salaam, Tanzania who are involved in substance abuse. Candidates were screened to be included in the study using DSM IV-TR criteria for substance dependence.

2.3. Study Design

This study employed concurrent triangulation mixed method with the goal of gathering both quantitative and qualitative data at the same time and to integrate the two forms of data so as to get best understanding of the research problem [9]. This is a type of design in which different but complementary data are collected on the same topic. The reason for collecting both quantitative and qualitative data was to bring together the strengths of both forms of research by comparing, validating and corroborating the results [10]. Quantitative interview questionnaires were used to test the determinants of health seeking and utilization and how they influence utilization of substance abuse related health services [11]. Concurrently, in-depth interviews and focus group discussions explored the determinants of seeking and utilizing substance abuse services.

2.4. Sampling

Quantitative Sampling: A multiple stage random sampling technique was used for the community survey. Four stages of random sampling were used. In the first stage, four among the 34 wards of Kinondoni municipality were selected through the use of a random number table. In the second stage, four streets were randomly selected by using the random number table in each of these four wards. Thirdly, in each of these streets the gangs "*maskani*" were selected by simple random sampling by using random number table. Fourthly, in each *maskani*, filter questions were used to obtain drug abuse youths who were 18 years and above using DSM VI-TR criteria for substance dependence. Participants were enrolled in the study when they responded positively to three or more of the seven questions in the screening tool. A sample size of 321 was calculated using the formula suggested by [12] using an estimated prevalence of 14 percent [13] and 5 percent specificity.

Qualitative Sampling: The participants were obtained through snowball sampling whereby the first participant identified a peer who has a similar history of substance abuse. Then after the interview, the respondent identified another participant with substance abuse issues. This pattern continued till enough sample was sought to be reached as determined by saturation principle.

2.5. Data Collection

The data was collected during daytime hours from the hangouts "*maskani*" which is a Kiswahili word meaning "home" where individuals involved in substance abuse found the place to be comfortable for interviews. This was continuous throughout all the days of the week and lasted for 2 weeks. All 23 respondents were interviewed through in-depth interviews with semi-structured interview guide composed of questions requiring information on health seeking and utilization among youth involved in substance abuse. The same interview guide was used for focused group discussions. Five focus group discussions; two groups with six participants and the other with four participants were

carried out. Different individuals responded to the in-depth interviews, focus group discussions and questionnaires.

2.6. Data Analysis

Quantitative Data: Double data entry for quantitative data was done using SPSS version 23. Data were analyzed in relation to the outcome and its predictive measures. The predictive measures were demographic characteristics, awareness of the available treatment options, their health status, and their practice in seeking and utilization of the available treatment options.

Qualitative Data: Content analysis method was used to analyze the collected qualitative data. Content analysis is a method of systematically identifying objective inferences and identifying specified characteristics of messages [14]. Prior to the analysis, the tape-recorded interviews were transcribed verbatim into English. During transcription, the non-verbal cues including laughs, clinches, and nods were recorded. The researchers read the interviews several times to get an overview. Analyses followed a subsequent iterative cycle that includes division of the texts into meaning units, which were condensed from the original text with a close preservation of the core meaning. The condensed version was coded and labeled. Even though the descriptions here point out this process a linear process, this was a complex process with back and forth movement between the whole and parts of the interview text. After analysis, both the latent and manifest content of analyses were reported.

2.7. Ethical Considerations

Ethical clearance to conduct the study was obtained from Open University of Tanzania ethical committee. Permission to conduct the study was sought from the Municipal Medical Officer of Health. After describing the purpose of the study, each respondent gave written informed consent prior to participation in the study. All participants were assured of anonymity and confidentiality. Their participation was voluntarily and decision of not participating was respected without any penalty.

3. Results

3.1. Description of the Respondents

Out of the 300 participants that responded to the quantitative questionnaires, 222 (74%) were male. Majority of the respondents 256 (85%) were aged between 18 to 32

years of age. The participants' mean age was 25.84 ± 5.56 , and it ranged from 17 to 41 years. Majority of the participants' level of education was primary education 169 (53.7%). About 176 (58.7%) of the respondents were from families with 2 to 4 people, and only 74 (24.7%) of them were heads of families. Many respondents, 187 (59%) were more likely to stay in *maskani*. The socio-demographic characteristics are as summarized in Table 1.

Table 1. Socio-demographic Characteristics of Respondents.

Variable	Number	Percentage (%)
Age		
18-22	97	32.3
23-27	103	34.4
28-32	56	18.6
33-37	32	10.7
38-42	12	4.0
Gender		
Female	78	26
Male	222	74
Marital status		
Single	160	53.3
Married	44	14.7
Divorced	31	10.3
Separated	37	12.3
Cohabiting	28	9.3
Education level		
Uneducated	19	6.3
Primary education	169	53.7
Secondary education	113	37.7
College education	6	2.0
Post graduate	1	0.3
Income per month		
Less than 100,000Tshs	114	38.0
150,000 -300,00Tshs	139	46.3
350,000-500,000Tshs	41	13.7
600,000-1,000,000Tshs	4	1.3
More than 1,000,000Tshs	2	0.7
Occupation		
Employed	16	5.3
Self employed	265	88.3
Land lord	16	5.3
Students	4	1.1

3.2. Concern About Substance Abuse

The study found out that 78.2% of the participants had little or no concerns about their substance abuse problems. Table 2 shows the relationship between awareness and health seeking and utilization.

Table 2. Relationship between Awareness and Health Seeking and Utilization.

Awareness Variables	Health Seeking Behavior			Chi Square	Df	P-value
	Yes	No	Total			
What amount of information do you know about substance abuse?						
Very much	7	11	18	10.775	4	0.029
Much	20	25	45			
Average	20	52	72			
Little	7	33	40			
Very little	29	96	125			
Were you attracted with advertisements?						
Very much	12	19	31	5.008	4	0.286

Awareness Variables	Health Seeking Behavior			Chi Square	Df	P-value
	Yes	No	Total			
Much	12	19	31			
Average	14	43	57			
Little	8	29	37			
Very little	37	107	144			
To what extent are you getting the information about treatment?						
Very much	4	18	22			
Much	26	45	71			
Average	34	86	120	5.945	4	0.203
Little	4	9	13			
Very little	15	59	74			
Source of information						
Newspaper and magazine	6	16	22			
Radio/television	35	69	104			
Internet	0	4	4	5.381	4	0.257
Educational class	4	6	10			
Friends, families and relatives	38	122	160			

Majority of the participants were not aware about the available treatment options in Kinondoni municipality and had little or no information regarding the treatment of substance abuse and the major source of information were through friends and families followed by radio and television.

The themes that emerged from analyzing qualitative data include; no concern about substance abuse problems, non-awareness of the treatment options for youth involved in substance abuse, not-awareness that substance abuse problems can be treated, and the need to differentiate between mental health and substance abuse treatment services. Below are some of the quotes which were obtained from the drug abusers who were involved in the in-depth interviews and focus group discussions:

“I have been suffering from ALOSTO meaning withdrawal symptoms... I started using drugs 6 months ago, I felt very bad; however, I did not do anything and just suffered... it got worse and I did not know what to do and where to go to get help...” (22 year old male respondent)

“I have been on drugs for the past 6years now, and all along I have been trying to find a way of getting away from it but it was not possible because I did not know where to go and I am very weak now, too weak to walk...” (28 year old male respondent).

“If you visit most of the hospitals, you do not see any consultation room for treatment of substance abuse and you end up wondering where to go and address your problems...” 29 years old female respondent

“Some of us we have been in many hospitals looking for treatment but on the contrary, we are told to be treated in the same room with people who are not mentally ok, but us we are mentally ok. So why should one mix us with people who are mentally ill?” (32 years old male respondent)

4. Discussion

The aim of this study was to investigate the relationship

between awareness and decision making on health seeking and utilization behaviors among youth involved in substance abuse in Kinondoni municipality, Dar es Salaam. The findings from this study reported that the majority of youth (74%) with substance abuse problems did not make a decision to seek and utilize the available treatment options in Kinondoni municipality. The reasons that may be associated with their decision not to seek and utilize the available treatment options was related to majority of participants having little or no information on the available treatment options as the p value was 0.02. This reveals that the amount of information one had is related to decision making on seeking and utilizing the available treatment options. These findings are supported from other studies including [15-19]. These studies established that the amount of information patients have on the available treatment options influences the decision to seek and utilize the available treatment options. Thus, an intervention that promotes and creates awareness and benefits of the available treatment options is required. Similarly, in a study conducted by [20], it was revealed that health-education programs in schools that promote health literacy may reduce predisposition to future vices such as smoking and the same can be applied to substance abuse

The findings also revealed that the majority of the participants were not aware that their substance abuse problems can be treated with the available treatment options. This implies a deficit in publicizing available treatment options of substance abuse problems in the country since many youth were not aware that health conditions could be improved in the health facilities and sober houses in the country. This made them to have difficulties in making decisions about seeking and utilizing the available services for substance abuse. Even the few who acknowledged that their problems can be treated by the available treatment options, only mentioned methadone clinics and sober houses were mentioned as the only treatment options. This can probably be explained by the fact that methadone treatment has large coverage of advertisement and some non-governmental organizations do recruit individuals with substance abuse problems for methadone therapy. This

finding is also supported by [21] who also reported that lack of awareness of a disorder itself and its severity among individuals with substance abuse is one of the major reasons which is associated with poor decision making on seeking and utilizing the available treatment options for substance abuse. Therefore, efforts are needed to orient the target population on their disorders and the available treatment options and where the treatment can be accessed.

Majority of participants (78.3%) had very little or no concern regarding their substance abuse problems. The concerns about the disease condition were found to be a significant predictor of health seeking and utilization behaviors among substance abusers. This translates to the fear of the outcome of substance abuse. Furthermore, the findings revealed that majority of them of about 92% did not accept that they were sick when they experienced the symptoms of illness. These findings are supported with 'hitting rock bottom' theory, which propose that individuals with substance abuse problems are not motivated to change until they are overwhelmed by the concerns of disease severity or their loss of health, wealth, career and family [22]. However, [23] established that there were contradictory types of 'rock bottom' effects, their results suggested that individuals who were having less substance abuse problems but still had something to lose were more motivated to seek health services, whereas people who had nothing to lose were less motivated to seek and utilize health services. This difference may be related to the notion that individuals with substance abuse problem have a complex path way towards seeking and utilization of health services because the habit of substance use is illegal according to the laws of the United Republic of Tanzania and also unacceptable in the community. According to [24], stigma can affect willingness to seek professional help. It is important that substance abuse should be criminalized according to the law but victims of substance abuse victims should be rehabilitated so that they may become productive members of the society. Creating awareness about the consequences of substance abuse might be helpful to motivate individuals to seek and utilize the treatment. Further, having participatory [25] youth friendly services and creating awareness about such services among substance abuse youth can improve the health of the community and reduce such risky behaviors [26].

5. Limitations of the Study

Firstly, the results might have been confounded by recall bias, as most individuals involved in drug abuse are likely to be psychopathic which is associated with manipulative behavior and lying [27]. Secondly, there was unequal representation of female respondents since many females involved in drug abuse are not found in *maskani*.

6. Conclusion and Recommendations

The current study has demonstrated that individuals with substance abuse problems do not seek or utilize the

available health services for treatment of their substance abuse problems. The reasons related to not seeking and utilizing the available health services may be associated with the low level of awareness on the available treatment option among individuals with substance abuse, not knowing that their substance abuse problem can be treated, and having less or no concern about their substance abuse problems.

There is need to increase the visibility of substance abuse and mental health services in the hospitals. Substance abuse clients should have special clinics or mixed with mental health services while labelling such clinics as "Mental Health and Substance Abuse" clinics. In addition, future studies need to examine the accessibility and acceptability of the available rehabilitation services for substance abuse in Dar es Salaam.

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