

**IMPACT OF DRUG ABUSE ON THE PSYCHOLOGICAL WELL BEING OF STREET
CHILDREN IN IGANGA MUNICIPALITY**

BY

MUWANIKA FAHAD

1161-06034-04124

**A DISSERTATION SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL
SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS**

FOR THE AWARD OF BACHELOR'S DEGREE IN SOCIAL

WORK AND SOCIAL ADMINISTRATION OF

KAMPALA INTERNATIONAL

UNIVERSITY

APRIL, 2019

DECLARATION

I hereby declare that this dissertation titled “Impact of Drug Abuse on the Psychological Well Being of Street Children in Iganga Municipality, Iganga district” is submitted in partial fulfillment of the requirements for qualification of degree in Social Work and Social Administration, school of applied psychology is entirely my own independent work. This dissertation has been previously submitted for any degree or examination at any higher education institution.

SIGNATURE.....

DATE.....

MUWANIKA FAHAD

1161-06034-04124

APPROVAL

I do hereby certify that this research of MUWANIKA FAHAD has been submitted for university examination in partial fulfillment of the requirements for the award of Bachelor Degree in Social Work and Social Administration of Kampala International University, with my approval as a supervisor.

SIGNATURE..... DATE.....

Ms. NASSIWA SHAMIRAH

(Supervisor)

DEDICATION

I dedicate this work first to God (Allah) my creator and within whom all things are possible. I also dedicate this work to my parents, siblings and partner for their continued love, support, encouragement and understanding in the process of completing this dissertation.

ACKNOWLEDGEMENT

First and foremost, I would like to thank God (Allah) for having guided and strengthen me through this research. To my humble, supportive and encouraging supervisor, Ms. Nassiwa Shamira; You have been a great source of support and inspiration. I sincerely appreciate your support and encouragement through this process.

Lastly, thank you to my parents, siblings, partner, friends (Halima, Flavia, John, Sharif, Doreen) for your unending love and support in my life and in the process of completing this dissertation. Love you all and thank you so much for everything.

TABLE CONTENT

DECLARATION	I
APPROVAL	II
DEDICATION	III
ACKNOWLEDGEMENT	IV
TABLE CONTENT	V
LIST OF FIGURE	VII
LIST OF TABLE	VIII
CHAPTER ONE	1
INTRODUCTION	1
1.1 BACKGROUND OF THE STUDY	1
1.2 STATEMENT OF THE PROBLEM	3
1.3 AIMS AND OBJECTIVES OF THE STUDY (IMPACT OF DRUG ABUSE ON PSYCHOLOGICAL WELL-BEING OF STREET CHILDREN IN IGANGA MUNICIPALITY)	3
1.4 RESEARCH QUESTIONS	4
1.5 ETHNICAL CONSIDERATIONS	4
1.6 CONTENT SCOPE	4
1.7 TIME SCOPE	5
1.8 SIGNIFICANCE OF THE STUDY	5
CHAPTER TWO	6
LITERATURE REVIEW	6
2.0 INTRODUCTION	6
2.1 CAUSES OF INCREASING POPULATION OF STREET CHILDREN	6
2.2 POTENTIAL EFFECTS OF STREET CHILDREN	7
2.3 STRATEGIES FOR REDUCING STREET CHILDREN	13
2.4 CONCLUSION	15
CHAPTER THREE	17
RESEARCH METHODOLOGY	17
3.0 INTRODUCTION	17
3.1 RESEARCH DESIGN	17
3.2 PARTICIPANTS	18
3.3 RESEARCH INSTRUMENT/ MEASURES	18
3.4 DATA COLLECTION AND PROCEDURE	19
3.5 ETHNICAL CONSIDERATIONS	19
3.6 DATA ANALYSIS	20
3.7 VALIDITY	ERROR! BOOKMARK NOT DEFINED.
3.8 RELIABILITY	ERROR! BOOKMARK NOT DEFINED.
3.9 DATA QUALITY CONTROL	20

3.10 LIMITATIONS OF THE STUDY	20
CHAPTER FOUR	22
4.0 INTRODUCTION	22
4.1 BACKGROUND AND CHARACTERISTICS OF PARTICIPANTS	22
4.2 PSYCHOLOGICAL FUNCTIONING OF STREET CHILDREN	24
4.3 DESCRIPTIVE STATISTICS FOR PSYCHOLOGICAL FUNCTIONING USED IN THE STUDY	25
4.4 HEALTH RISK BEHAVIOURS	27
4.4.1 Violence and Violent related behaviours.....	30
4.4.2. Sexual Risk Behaviours.....	32
4.4.3 .1 Relationship between substance use and sexual risk behaviours	33
CHAPTER FIVE	34
SUMMARY OF THE LIMITA	
TIONS, RECOMMENDATIONS AND CONCLUSIONS.....	34
5.0 INTRODUCTION	34
5.1 SUMMARY	34
5.1.1 Limitations encountered in street children in Iganga municipality	34
5.1.2 Recommendations for Organizations	35
5.1.3 Recommendations for Future Research.....	36
5.2 CONCLUSION.....	37
REFERENCES	38
APPENDICES.....	41
APPENDIX A:.....	41
APPENDIX B: SAMPLE QUESTIONNAIRES	42
APPENDIX C: A SIMPLE TIMEFRAME FOR RESEARCH PROPOSAL	48
APPENDIX D: SAMPLE BUDGET FOR A RESEARCH PROPOSAL	49

LIST OF FIGURE

Figure 1 Descriptive statistics for psychological functioning used in the study	26
--	----

LIST OF TABLE

Table 1: Demographic Characteristics of the Participants Characteristics	23
Table 2: Health Behaviors related to mental health	27
Table 3: Health Risk Behaviours (Substance Use)	29
Table 4: Health Risk Behaviours (Sexual Risk Behaviours)	31

CHAPTER ONE

Introduction

This chapter takes into account, the background of the study, statement of the problem, purpose; objectives, research questions, scope, significance and the conceptual framework of the study.

1.1 Background of the Study

Socio-political and economic factors such as unstable political transition, conflict, rejection by family has resulted in an increased street children populace globally (Aptekar and Stoecklin, 2014; Beazley, 2013; Panter-Brick, 2002; Osei-Twun and Wasan, 2012). A report by (WHO, 2018) stated that as the focus of the project is on developing the capacity of local organizations to prevent, assess and manage psychoactive substance use problems among street children. Literature and sub statistics within the African context reported an alarming increase of over 10million the street children, from approximately 100million street children, (UNICEF, 2012 to 2015).

A great number of these children have little access to education and health facilities (Bordenaro, 2012; Henley, Me Alpine, Mueller and Venter, 2010). In 2015, under the UN convention on the rights of the children and African charter on the rights and welfare of the child, constitution of Uganda and children act, children in Uganda have certain rights. These include the rights to survival, education and development, protection and participation.

Developed and developing countries widely acknowledge and recognize the phenomenon of street children. The phenomenon is often associated with difficulty of definition and classification due to varied context in which street children live. Some researchers consider that the concept of street children is the manifestation of various societal and civil agendas (Panter-Brick, 2002). Controversies relating to this definition of street children continue to prevail within varied socio-

political contexts (Ursin, 2011). according to UNICEF (2005) are grouped into three main heterogeneous categories that include; children at risk, children of the streets and children on the streets. In Uganda, street children are defined according to the (Children's Act Cap. 59, 2016) they are described as "a street child means a child who; -

- (a) because of abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs, or works on streets or
- (b) because of inadequate care, begs or works on the streets but returns home after night" (Constitution of the Republic of Uganda 1995).

Street children in street children Uganda are also described as children living and working on the streets. In Uganda, the increase in street children numbers has raised concern by authorities who have begun to review policies and legislation on street children (Baatjies, 2005; Sevenhuijsen, Bozalek, GouwsandMinaar-Mc Donald, 2003). An estimated 50,000 children reside on the streets and great number are living within greater towns and cities of Uganda. The increase in the street children population in the country has reached an alarming rates and is a major cause of concern that has been linked to the HIV/AIDs pandemic (Cluver& Gardner, 2006; Ward &Seagar, 2010).

The influential factors that draw children to the streets have an impact on their general well-being and place them at further risk due to the adversities of street life (Malindi, 2014). Problems such as alcohol, drug abuse, abuse, sexual risk behaviors are common social ills that confront street children (Adebeyi, 2014; Bambonye, and Elbert, 2014; Suliman, 2010).

Street children often have little knowledge of the adverse effects of substances (Bamaby, Erikson 2010) and are more likely to use substances as a way of coping with life on the street (Ayuk, Atwoli, Freeman and Braitstein2012).

In Uganda, socio-economic factors such as poverty abuse and poor social and economic conditions have an impact on the children's development and a greater number of children continue and live on the streets. In Uganda, studies focus in health problems, stigma, condom use among adolescents and street children (Eaton, Flisher and Aaro, 2003; Thurman, Brown and Maharaj, 2006). It is crucial to examine the psychological well-being of street children within a context like Uganda.

1.2 Statement of the problem

In Uganda, varied push and pull factors such as social, economic, and political factors have had a waving impact on the causes and the increase of the children residing on the streets. (Bray, Ennew, 2003). Studies highlighted the many problems of government systems within a context like Uganda (Gilson, Blaauw2006). The seemingly lack of concern and protection by authorities and the general public of street children has been linked to the prevailing negative perceptions and stigma associated with these children are often considered social problems and are less likely to be safeguarded and cared for whilst living on the streets by authorities (Adeboyejo, Ogunkan2014). Previous studies in Uganda focused on orphan-hood due to HIV/AIDs related knowledge, attitude, behaviors and the backgrounds of the street children (Cluver, 2006; Ennew, 2003).

1.3 Aims and Objectives of the Study (impact of drug abuse on psychological well-being of street children in Iganga municipality).

The main aim of this study is to examine the impact of drug abuse on the psychological wellbeing of street children and associated risk behaviors they may engage in. the specific objectives of the study are:

- i) To understand the reasons or causes of increasing population of street children in Iganga municipality.

- ii) To analyse the effects of street children on education of the children in Iganga municipality.
- iii) To find out the strategies for reducing street children in Iganga municipality.

1.4 Research Questions

In order to achieve the above-mentioned aim and objectives of this study, the following research questions will be asked;

- i) What are the causes of increasing population of street children in Iganga municipality?
- ii) What are the effects of street children on education of both girls and boys in Iganga municipality at large?
- iii) Which strategies can be put to overcome the issue of street children in Iganga municipality?

1.5 Ethnical Considerations

The researcher will get a letter from the head of department of Applied psychological, Kampala International University that service as an introduction to various respondents; after he proceeded to the field for research. In addition, some people will be voluntarily asked to participate in the various interviews. Research assistants will be informed about the procedures of the research.

1.6 Content Scope

Street children, while identifying the causes of street children in the towns and cities, to measure effects of street children in the towns to find out strategies used by authorities to resolve street children or rooming streets.

1.7 Time Scope

The study will take place for a short period of three months that is to say from December to April 2019.

1.8 Significance of the Study

After data collection for this research, street children will be able to realize that they have equal rights as other children, the study will increase the awareness, knowledge and sensitivity among parents, staff of the respective towns and cities in the country and the study will be researcher to accomplish his or her three years course in social work and social administration, Kampala International University.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter explains what other researchers had in relation to psychological well-being of street children in urban areas. Information gathered here was mainly from textbook, journals, magazines, newspapers plus internet. Street children is a common problem and has been occurring throughout the world for a long time since even before written history. Developed countries have managed to protect, however it is not fully controlled.

2.1 Causes of Increasing Population of Street Children

This section presents an overview of street children by reporting on the prevalence of the possible causes of the increasing street children population. It is also essential to note that in describing children that live on the street, various words such as homeless youth and street youth.

The reasons why children are drawn to reside within the domains of the streets is complex and multifaceted Veeran (2004) links possible causes of street children to socio-economic and political structures that prevails worldwide. Previous research suggests that the reason or possible causes for children to reside on the streets include but not limited to; low purchasing power, overcrowding, abuse, neglect, and family disintegration (Consortium of Children 2014). Poverty as a social factor in Uganda cannot be viewed in isolation when comprehending the causes of street children in the country (Kok et al 2010). Bamaby, Penny and Erickson (2010) affirm that being homeless increase the risk of being in conflict with the law, using substance and engaging in illegal activities.

In Uganda, the origins of street children have been criticized (Kok et al 2010). Question whether it could be due to poor housing and infrastructure a combination of multiple factors. Health, social and economic factors have been reported to be possible causes for street children population in Uganda.

The history of Uganda characterized by great inequalities and fragmented legislation and policy on the protection, nurture and development of children, especially those on the streets.

Factors such as fragile support, parental poor health and child neglect have reported as common causes for the increase in the number of street children (Olley, 2006). Gender is another factor that has been reported to play a role in the cause of homeless youths (Olufemi, 2000). When examining the causes that contribute to the phenomenon of street children, consideration regarding the analysis of the childhood adversity, urban poverty, and social segregation should be taken into account (Panter Brick, 2004). Regardless of the reasons why children reside on the streets, a large proportion of street children find themselves without family support (UNICEF, 2004). Available literature to date on street children continue to focus on the drivers of street populace, rather than the impact of living on the street children's general well-being. Little is known about the extent of the psychological impact of homelessness of children living on the street.

2.2 Potential effects of street children

Behavioral problems reviewed include hyperactivity, conduct and emotional problems, comorbidity of psychiatric disorders and suicidal behaviors among street children. Hyperactivity, conduct and poor problems. Street children's behavioral patterns often show signs of mental health problems. These problems may also influence their psychological well-being. According to Schmutte and Ryff (1997) the definition of psychological well-being encompass a range of

attributes such as desirable psychological state and mental functioning that can be influenced by predisposing factors when examining behavioral problems among homeless youths, Bamaby et al. (2010) reported that street youth experience feelings of loneliness, homelessness, fear, shame, doubt, despair, trauma and stress.

Mental health of street children, street children are vulnerable and known to experience general and mental health problems. This section discusses the mental health of street children with particular focus on their behavioral problems and substance use behaviors.

Co-morbidity of psychiatric disorders, homeless youths or children are category of groups at high risk for psychiatric disorders such as depression (Whitbeck, Hoyt and Bao, 2000). Common mental health disorders diagnosed in street children include depression, anxiety, bi-polar and schizophrenia (Bamaby et al 2010). A study by Taib and Ahmad (2014) reported high prevalence rate of co-morbid psychiatric conditions among street children. The same authors revealed that over a half of participants in their study had co-morbid conditions such as depression and anxiety (Taib and Ahmad 2014). Findings from a study by Whitbeck et al (2000) on psychiatric disorder among street children found that about a fourth of participants had elevated scores on the depression scales. A positive correlation between the experience of violence and aggression and its reciprocal impact on adolescent depression was reported (Lartzman and Swisher, 2005). In a psychological study on psychiatric disorders among homeless youths with over 57 percent of participants who were street youth met criteria for anxiety disorders, in particularly linked to post traumatic street disorder (PTSD). Similarly, the researcher in the same study found that over 29 percent had childhood suicide attempts and suicide ideation among street children are been reported to be prevalent. Yoder, Whitbeck and Hoyt (2008) suggest a view of suicidality as psychological progression that begins with thoughts of death and continues to suicidal ideation then move to

suicidal attempts, which may have led to completed suicide. This view was also earlier supported by Desai, Liu-Mares, Dausey and Rosenheck (2003) who viewed suicidality on a continuum that begins from suicidal thoughts, attempts and completed suicide. Conclusion drawn by Desai et al. (2003) suggested that homeless persons with a mental illness are at a greater risk for suicidal behaviors than the general populace. Studies conducted in United States of America (USA) and Canada on suicide among street children reported that self-esteem played a key protective role in predicting feelings of hopelessness and helplessness amongst street children (Kidd and Shabar, 2008).

A study in Sudan reported factors such as adverse street life conditions, family disintegration, economic factors and abuse to have impacted the psychological functioning of street children (Ali, 2011).

Substance use among street children, has been widely documented to be highly prevalent the who (2014, pg 1) defines substance abuse as “persistent or sporadic drug abuse inconsistent with or unrelated to acceptable medical practice” street children, especially adolescents, are populations that are at risk groups for using and abusing substances (Merscham, Van Leewen, and McGuire, 2008). A strong correlation between the use of substance and mental health issues among street children was found to be prevalent (Krupiwnicki, 2012). The use of substance in developed and developing countries. The use of illicit drugs is relatively high among the youth population in Uganda. In a study by childhood enhancement through training and action about 500 of street children were addicted to more than one type of substance. Furthermore, homeless youth were at a great risk for substance use and poly substance (Bousman et al, 2015). Dhawan 2009 found the onset of substance use among street children to occur from an early age. A study by Bamaby et al, (2010) found the onset of substance use among street children to be from the age of 12 years, due

to the difficult and unstable environment of street children, they are more vulnerable to the use of substance (UN, 2014).

Factors linked to the onset of substance use include availability and access of substance, the nature of the drug use, background, social networks and individual motivation (Bamaby et al 2010).

Violence and violent behaviors, street children are risk of exposure to violence, engagement in violent behaviors on the streets or being the victims of violence. Violence according to the WHO (2017) involves intended force or power directed at an individual, group or community which can result in physical injuries, death or psychological injury.

In this study, violence includes all forms and exposure within the street with street children may endure. In a report by (WHO, 2006) the types of drugs and substance used by street children are associated with the nature of violence they encounter. Homeless youth, prior to homeless, are reported to experience high rate of trauma and abuse (Huemeret all, 2016). Street youths, who previously had concurrent mental health and substance use problems, were more likely to experience abuse and be victimized (Kirst et al, 2011). the risk of victimization correlates with mental health problems in street children within a history of trauma were likely to present with suicidal ideation (Merscham et al, 2008).

Sexual health risk behaviors among street children, life within the domains of the streets sometimes exposes street children to high level of health risks due to the adverse environments that they are embedded in. the most vulnerable group exposed to varied forms of exploitation includes the abuse of street children (Raja, Bano and Ahmed cited 2005) which impact their health. Risks that confront street children include abuse, sexual risk behaviors with increased susceptibility to sexually transmitted diseases, mental and general health problems (Celik, 2009, UNESCO 2016).

Street children move in groups that are sexually active with over two-thirds of them being sexually active as reported in a study conducted in Canada (Marshall, Kerr, Shoveller and Patterson, 2009). There is a noteworthy correlation between high-risk sexual behaviors and the form of abuse that homeless youths are exposed to (Ferguson, 2009). There are higher rates of physical and sexual violence among street children than the general populace (Bamaby et al, 2010). When examining sexual risk behaviors among street children, sexual abuse was found to be prevalent among street children with over 68 percent reported experiencing sexual abuse and about 39 percent reported victimizing other street peers. Ferguson 2009, found that experience for homeless youths. Risky sexual behaviors are on the increase among street children and this vulnerability may result in sexual health illness and diseases (WHO, 2017). In western Kenya, the majority of children and youth begin to engage in sexual activities with a lack knowledge of the consequences of their behaviors (Kayembe et al, 2008). In a report by WHO (2013), the age of sexual debut was correlated by high-risk behaviors which included multiple sexual partners and little condom use negotiation. Within Eastern region, district of Iganga, the use of substances, petty theft and risky sexual behaviors are highly prevalent (Old Stadium Street Children, 2017). In a study conducted in Iganga municipality it was found that gender plays an influential role in the onset of sexual debut among street children (Manzini, 2001). Young females were found to be a risk for engaging in risky sexual behaviors in exchange for food, clothing or shelter (Manzini, 2001).

Survival sex, the sexual behaviors street youths adopt as a way of life within the realm of the streets place them at high-risk for STDs including HIV infection (Maestro et al, 2014; Tyler Whitbeck, Chen and Johnson, 2007). Some of the behavior street youths engage in may include survival sex and the exchange of sex for substance use (Van Leeuwen et al, 2004; Maestro et al, 2012, Nada and Suliman, 2010). Survival sex is sometimes a consequence of trauma and being homeless,

which is also associated with health risks problem (the national child traumatic street network, 2017). Within the sub-Sahara region, studies have examined sexual behaviors among homeless youths. In Zimbabwe a positive correlation between risky sexual behaviors and the use of substance among street children (WHO, 2014). The way of life of street children make them vulnerable to injuries and substances use that might include sexual and reproductive health (UN, 2014).

Multiple sexual partners, there is a link between survival sex among street children and health risk- this include sexual multiple partners and inconsistent condom use. In a study on sexual behaviors among street children, about 54 percent reported having sexual multiple partners for survival reasons (Nada and Suliman, 2010). The conditions in which street children reside correlate within a high prevalence of sexual multiple partners (Marshall, Kerr, Shoveller and Patterson, 2009). Some of the predictors of sexual multiple partners among street children are associated with living conditions and the use of substance (Solorio et al, 2008; UN, 2014).

Non-condom use, although studies in Uganda have examined sexual risk behaviors among street children, studies date from early 2000s. Not much is available and known on the current sexual behaviors of this category of youths in Uganda. In a study on condom use among homeless youths (Nada and Suliman, 2010) found that 52 percent of the participants reported never using condoms. Non-condom use amongst street children is association with the use of substance (tucker et al, 2012). In a report by the UN (2014) street children that use substances were more likely to engage in risky sexual behaviors, which may involve the non-use of condoms.

2.3 Strategies for reducing street children.

The organizations, street children are and have been a major issue in Bloemfontein. Therefore, several organizations working with the issue. As a social worker described; a rewarding party of social work is the realization that there is awareness of the issue now as well as the politicians are engaged in the phenomenon of the street children.

Street children are an issue on the agenda or the political levels. One social worker described that; “there are many organizations who work with street children but there often not specialized non-government organization that mainly focus on crime prevention. The NGO/NPOs work with social development, churches and there are organizations specialized in street children and organizations specialized in family problems.

Preventive work as an effect, the social worker described, one specific organization that works preventively with different schools where the children are struggling by measuring what the need is, it makes it easier to work from where the children are, emotionally and physical. Another interview discloses that the organizations can exhort the children to not use drugs, to explain the importance of good relationships and to prevent criminal activities.

The possibility of making a difference, according to the social workers with the children, the most meaningful part in their work is the possibility of making a difference in the street children’s lives; it is not always a difference as in changing everything for better in tie, it’s about the ability to have an impact the process of the system and on the political level. Some of the interviews mentioned that all humans need love and respect. Every child in the world has a need of love, attention and care in order to change behavior. street children have a tendency to respond negatively to generosity and action of love due to the lack of love in their earlier experience.

Genders method does not look the same for boys and girls. Firstly, the boys are usually easier to find on the street and are more openly selling items or begging for money. The children always need to come up with things to entertain people in order to get money. There are specific actions on how to reach out to the girls, there is a first need to make contact with the leaders (often males) of the group. We do not see female street children, most are boys. We often see female's prostitutes. They could be 14 years old or younger. Street children as we know it are not really females. In the cities there are more boys, but there most boys in charge of the decisions.

Family-based work, it was brought to our attention that street children usually have done everything that could have done at home in order to save themselves without any success and this leads to feelings of not being loved. It is a child that takes charge of their own life and when they decide to leave their families, there is usually nothing that can make them return home. Sometimes, when you see what they been through at home.

Government have implemented programs to deal with street children, the general solution involves placing the children into orphanages juvenile homes, or correctional institutions. Efforts will be made by various government has tried to implement programs to put these children in state-run homes, but efforts have largely failed, and street children have become a victim group of social cleaning by the national policy, because they assumed to be drug users and criminal.

In Uganda, the primary response to homelessness is the supported accommodation assistance program.

Public approaches to street children, there are four categories as follow;

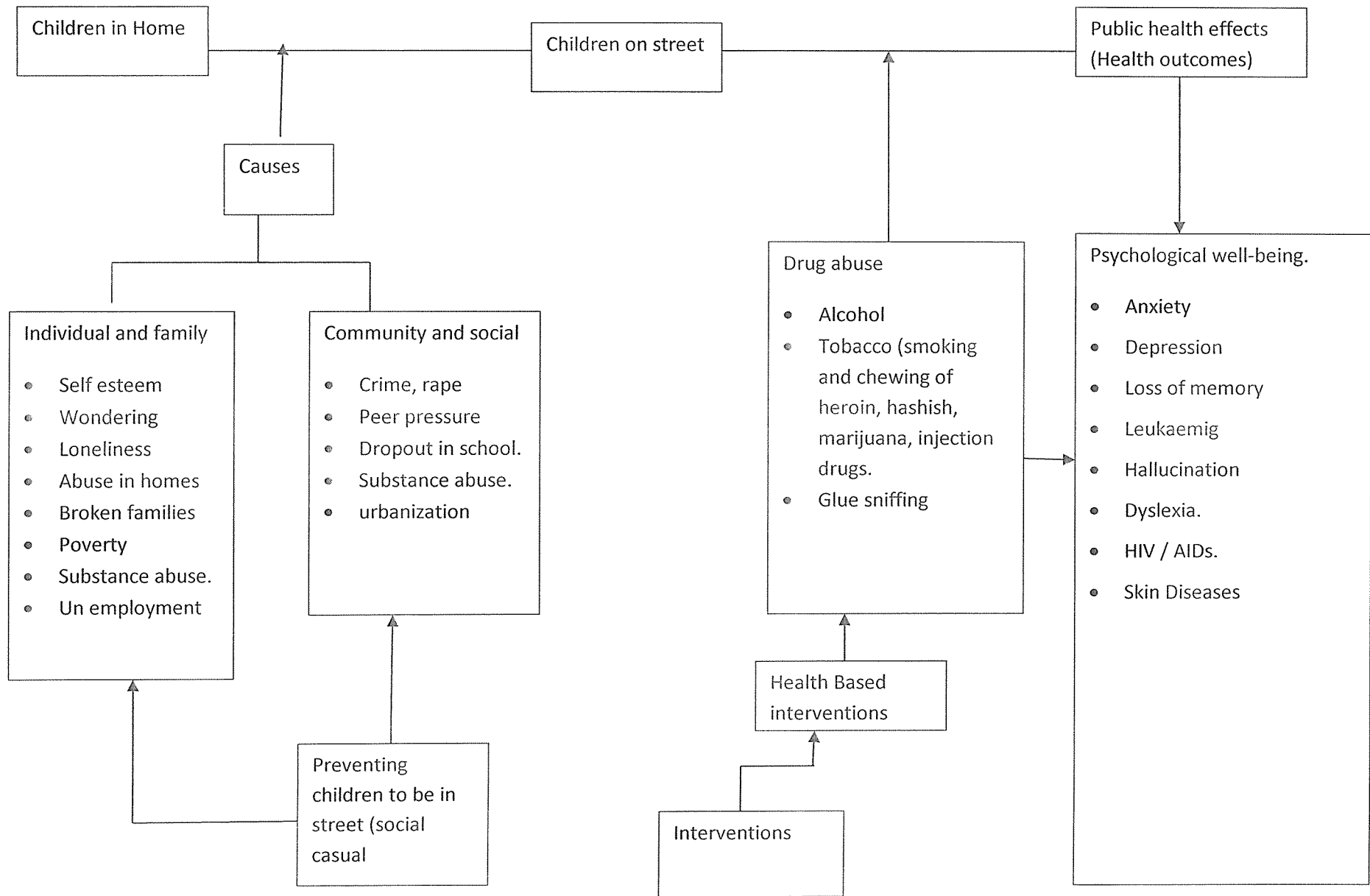
- i) The correctional model is primarily used by governments and the police. They view children as a public nuisance and risk to the security of the general public. The

objective of this model would be to protect the public and help keep the kids away from the life of crime are the juvenile justice system.

- ii) The rehabilitative model is supported by churches and NGOs. The view of this model is that street children are damaged and in need of help. The objective of this model is to rehabilitate children into mainstream society. The method used to keep children from going back to the streets are education, drug detoxification programs and providing children with safe family-like environment.
- iii) The outreach strategy is supported by street teachers, NGOs, and church organizations. The strategy views street children as oppressed individuals in need of support from their communities. The objective of the outreach education and training to support children.
- iv) The preventive approach is supported by NGOs, the coalition of street children, and lobbying governments. They view street children's poor circumstances from negative social and economic forces. In order to help street children, this approach focuses on the problems that cause children to leave their homes for the street.

2.4 Conclusion

This chapter provided an overview about the phenomenon of street children that included the definition, prevalence and causes of this phenomenon. The study will be comprehensively review literature on the mental health and sexual health risk behaviors among street children. In addition, research finding on these issues were discussed.



2.5 In summary:-

A conceptual framework on strategies for substance abuse among street children was developed following the study on substance abuse among

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter deal with the research design, the description of street children, the sample and sampling procedures, data collection procedures, data quality control measurements and finally data analysis procedures.

3.1 Research Design

This study will adopt the survey method to gather data. The survey research had the right attributes that allowed for guiding, systematic and objective collection of the needed data statistics; hence, the choice of the survey research method. As suggested by Terre-Blanche and Durrheim (1999). The research design is a planned background for achievement that serves as a tie between research questions and the implementation of research. The research will be in a preferred methodological approach that can significantly influence methods in which data is collected, analyzed, and interpreted. Although each methodology varies, be it, quantitative and qualitative, it is critical to assess the strengths and weakness of each design (Terre-Blanche and Durrheim, 1999). In reaching the objectives of this research study on the psychological well-being of street children, the study will use a purely quantitative approach in line with the aims and objectives of the study. The specific used will be a cross-sectional design, whereby the study collected data as a specific point in time (Diclemente and Salazar, 2006). Across-sectional design typically comprises of data used to identify patterns of association in the groups as whole or sharing characteristics or attributes (Sumekh and Lewin, 2005). Across-sectional design will be deemed appropriate for this study, as participants had different backgrounds and reasons for on the streets.

3.2 participants

The research participants in the study will be street children living on the streets of Iganga municipality, Busoga sub-region (Eastern Uganda). The study will be used as a non-probability convenience sampling technique due to easier access the street children population within the Iganga municipality area.

Broadly defines sampling as a procedure that comprises choices about which people, settings, circumstances and social processes to note. The non-probability convenience sampling of street children within Iganga municipality, Eastern Uganda (Busoga sub-region) allowed the researcher to choose participants which are available from the population at a point in time (Haer and Becher, 2012). This sampling method will be useful, as the most convenient way of collecting data was unknown. This sampling type method will also justify because participants will be interviewed based on their availability and accessibility. A total of 20 street children will be interviewed within Iganga municipality area. The sample size of 20 will viewed to adequate due to the difficulty in accessing this transient population.

3.3 Research Instrument/ Measures

Data collection will be done in the form of an interviewer-administered questionnaire as the literacy levels of homeless youths may vary greatly, making it difficult for them to complete it themselves. Three research assistants and principal researcher will be primarily responsible for the data collection process and procedure. The questionnaire will consist of socio-demographic questions, and other measures that assessed psychological functioning of youths and health risk behaviors.

3.4 Data Collection and Procedure

Permission to undertake the study will be sought from Iganga child rights community, an NGO that provides multifaceted interventions for children on the streets in Iganga municipality, and Kampala International University, Humanities and Social Sciences.

The NGO acted as gatekeepers because these youths will be vested on their well-being, rights and welfare in their care (Blanche, Durrheim and Painter, 2006). Once access will be granted, one of the officials from the organization contacted the researcher to facilitate the data collection process. With this primary relationship established, the data collection process will be more effective and efficient with less confusion from all participants involved. Each participant on the street will be informed about the focus of the study, after which they asked if they will be willing to participate. Voluntary participation will be emphasized and the participants will be informed that they could freely withdraw from the study at any time. Verbal consent will be obtained from those who agreed to participate in the study. Those who participated will be interviewed to complete the questionnaires pertaining to the biological data sheet. The participants that will be available within the organization and within the streets during the early hours of the morning will be selected and interviewed.

3.5 Ethnical Considerations

This study ~~will be~~ approved by the Head of the Department of Applied psychological, Kampala International University. In addition, the Iganga Child Rights Community Street Children Organization will be approached for consent as they serve as legal guardians of children living on the streets. All participants will be informed about the purpose of the study and the duration. Participants will be informed that allowed to discontinue with participation in the study if they so

with. Participants will be encouraged to ask questions concerning the study if they had any objections.

3.6 Data Analysis

Descriptive statistics will be to analyze and describe the nature of the data collected, as well as to determine the levels of psychological functioning and health risks. In addition, data will be used by the use of questionnaire; it will be entered into a computer, edited and coded to minimize errors. Then it will be grouped into tables, analyzed, interpreted, discussed and conclusions will be made.

3.7 Validity

After constructing questionnaire, the researcher will contact expertise in this area to go through it to ensure that instrument is clear, relevant, specific and logically arranged.

3.8 Reliability

. The research assistants will be used for content analysis for the researcher. To calculate this kind of reliability, the researcher reported the percentage of agreement on the same subject between his raters and that of the assistants. However, half of the test, instrument, or a survey, were used to analyze half as if it were to be the whole thing. The test-retest reliability of individual items will be determined using intra-class correlation coefficient.

3.9 Data Quality Control

The information obtained through questionnaires will be cross-checked by observing whether the behavior patterns match with what the respondents filled in the questionnaires.

3.10 Limitations of the Study

Whole research on information from the selected population and sub-mission of questionnaires to different respondents in Iganga district at large. However, this will deal with through use of my

family members in Iganga municipality to submit different questions to respondents especially those in distant places.

Question avoidance arose in the answers for fear of some respondents to speak the truth and others regard of their information as being confidential especially homeless youths and street children. This will overcome through use of community leaders and introduction of researcher's identification as a student to make respondents understand that this research will not business minded but for education purposes.

Poor infrastructures limited data collection especially in some areas, however, this will overcome through use of all means for instance foot, bicycle.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the quantitative and some qualitative results. The first section describes the general characteristic of the study sample. This is followed by the results pertaining to the participant's suicidal ideation, substance abuse and sexual risk behaviours. The third section examines the relationships between psychological functioning and other related factors. Finally, a multivariate logistical regression is presented that assessed the predictions of the various sexual risk behaviours.

4.1 Background and Characteristics of Participants

Table 1 presents the demographic characteristics of the sample. The total sample in this study consisted of 12 boys and 3 girls. Over 20% of the sample were 15 years and younger. A large number of the participants identified themselves as Muslim (70%). Over two thirds were living on the streets for periods ranging between less than a year and two years. The major reasons for leaving home were family poverty (20%), dysfunctional home, and/or divorce. Over 83% were not in contact with their family members and about 25% were in contact with either their mother; father, brother, sister, aunt, or uncle. The majority (60.4) of the participants had elementary education, whilst an equally large number (96%) of the children were from Eastern Uganda (busoga sub-region).

Table 1: Demographic Characteristics of the Participants Characteristics

Characteristics	Number	Percentage
<i>Gender</i>		
Girls	3	20
Boys	12	80
<i>Religion</i>		
Christian	50	34.4
Muslim	70	48.2
Catholics	20	14
Other	5	3.4
<i>Number of years on streets</i>		
Less than 1 year	51	35.4
1-2 years	50	35
3 and above	43	30
<i>Age</i>		
14 years and younger	25	21
15 years	20	17
16 years	31	26
17 years and above	43	36
<i>Reasons for leaving home</i>		
Family poverty	20	15
Dysfunctional	31	23.4
Maltreatment;(Sexual abuse)	34	26

Maltreatment;(Physical abuse)	14	11
Other Reasons	33	25
<i>Contact with family members</i>		
Yes	25	17
No	123	83
<i>Educational level</i>		
No education	3	2
Grade 1-6	90	60.4
Grade 7-9	45	30.2
Grade 10-12	11	7.3
<i>Eastern region.</i>		
Iganga municipality	6	4
Busoga sub-region	135.	96

4.2 Psychological functioning of Street Children

In table 1, the descriptive statistics for this study are outlined. Information on the number, items, scale range, mean, standard deviation, skewness, kurtosis and meant inter-item correlations are provided for the Strength and Difficulty Questionnaire (SDQ) and Multidimensional Perceived Social Support (MPSS) scale. The score of the two measures are distributed normally according to Table 1. The scores on SDQ and MPSS indicate negative skewed values were score are clustered at the high end of the distribution. The normality of data was assessed by examining the extreme score in the distribution. In determining the reliability of measures, the mean inter-item was

computed due to low scale scores. The Strengths and Difficulty Questionnaire scales scores were reported to be low among the participants.

4.3 Descriptive statistics for psychological functioning used in the study

Scales with items less than 10 should consider the mean inter-item correlation as suggested by (Briggs & Cheek, 1986).

The mean inter-item correlation was used in this study due to low scale scores. According to (Briggs & Cheek, 1986; Pallant, 2010) the mean inter-item correlation can be used when score scales are less than 10. Poor attention and concentration by the participants could have resulted in low scales score in the Strengths and Difficulty Questionnaire. Furthermore, participants were observed to be hyperactive with poor concentration and attention.

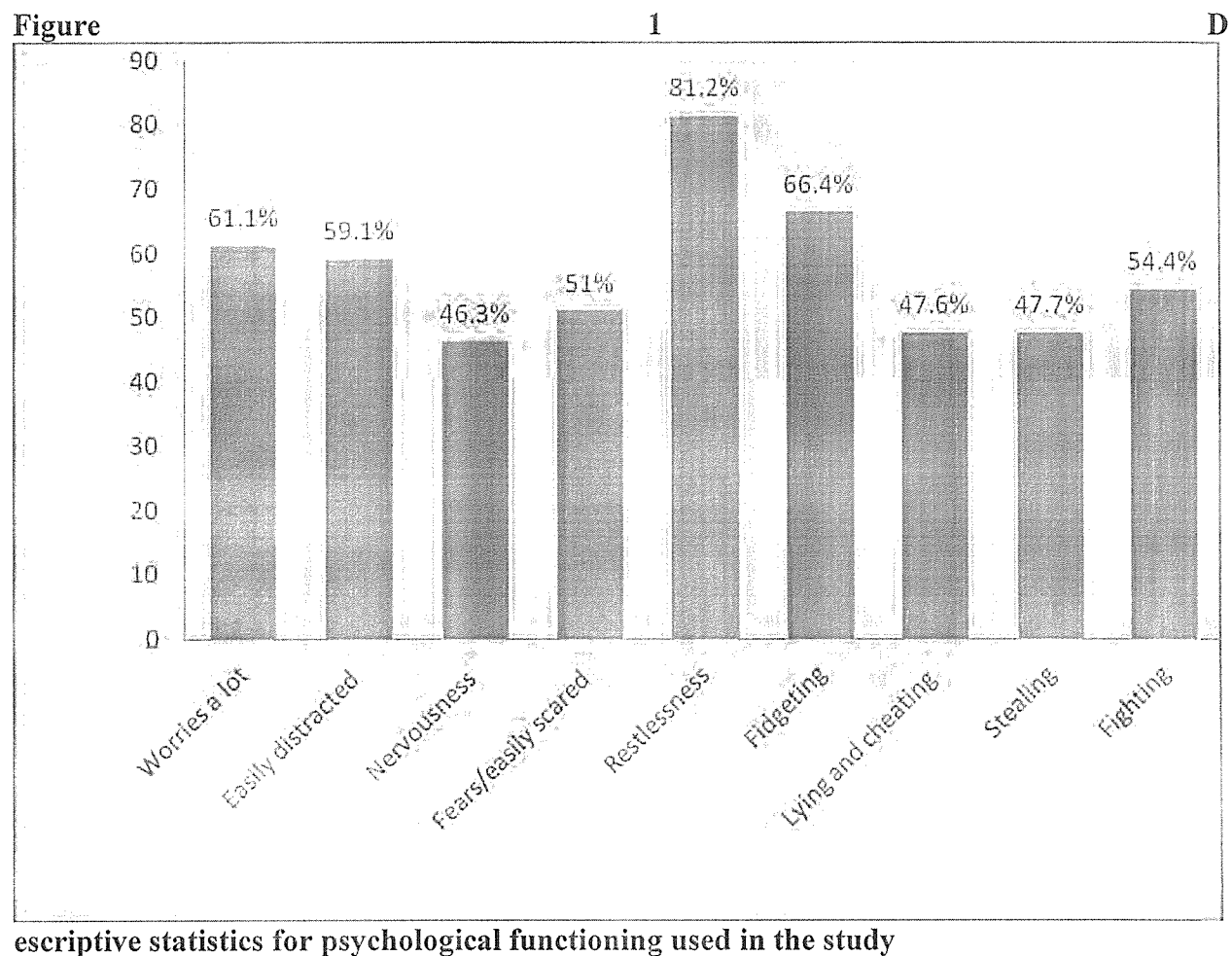


Figure 2: Frequently reported psychological symptoms of street youth

The most frequently reported emotional and behavioural problems reported by street children as measured by the SDQ are presented in Figure 2. The result shows that worrying (61.1%), distraction (59.1%), fears (51.0%) and restlessness (81.2%) were the most common anxiety symptoms reported by the participants. The most behavioural problems reported by the participants include fidgeting (66.4%) and fighting (54.4%).

Table 2: Health Behaviors related to mental health

Behaviours Related to Mental	Yes		No	
	N	%	N	%
Suicidal Ideation				
Do you sometimes feel hopeless	70	58.3	26	17.6
Have you ever considered attempting suicide	62	42.2	85	57.8
Have you made a plan to commit suicide	44	29.9	103	70.1
Have you made one or two suicide attempts	36	24.5	111	75.5

4.4 Health Risk Behaviours

Behaviours related to mental health of street children such as substance abuse, violent behaviours and sexual risk behaviours are presented in Table 5, 6, 7, 8 below.

4.4.1 Substance Abuse

About 75% of participants used substance such as cigarettes. Over half (52%) of the participants attempted to quit smoking and yet about 33.8% did not attempt to quit the use of substances such as cigarettes. Over 50.1% of the participants had consumed alcoholic beverages whilst on the streets. Only 14.9% had not used alcoholic beverages on the streets. The majority (74.3%) of the participants reported consuming an alcoholic beverage within a month’s period. Just about 73.2% of participants reported using illegal substances such as marijuana. About 43.6% of participants reported onset of cigarette use at the age of 14 years and older, whilst 33.3% were between the

and younger. Over 50% of the participants who were between ages of 14 years and older reported using marijuana, commonly known to participants as “weed/marijuana”. About 36.2% reported their first use of weed between the ages of 12-13 years.

A small number (13.8%) of the participants reported onset of use of marijuana was at 11 years and younger. Approximately 46.5% of the participants reported their first use of alcohol at the age of 14 years and older. Over 31% reported onset of alcohol use between ages 11-12 years. Only 22.5% of the participants reported initial age of drinking alcohol at age 11 years and younger.

Table 3: Health Risk Behaviours (Substance Use)

Health Risk Behaviours	Yes		No	
	N	%	N	%
Substance Use/Abuse				
Have you ever smoked cigarette?	60	55	1	1.4
Have you ever drunk an alcoholic beverage?	20	18.1	22	31
Have you used alcohol in last one month?	10	9	38	54
Have you ever used “weed” (marijuana)	20	18.1	10	14
<i>Tobacco</i>				
<i>Age of first smoking cigarette</i>				
11 years or younger	20	17.3		
12-13 years	25	22		
14 years and above	43	37.3		
	70	61	50	33.8
<i>Marijuana</i>				
<i>Age of first smoking marijuana</i>				
11 years or younger	19	14		
12-13 years	50	36.2		
14 years and above	69	50		

Alcohol

Age of first drinking alcohol

11 years or younger	29	24.4
12-13 years	40	35
14 years and above	45	39.4

4.4.1 Violence and Violent related behaviours

About 92.5% of the participants experience bullying whilst on the streets. Nearly 84.4% of the participants reported bullying other peers on the streets. Over 87.1% of the participants reported physically assault. Almost all (96.6%) of the participants reported being physically assaulted during fights with peers.

Table 4: Health Risk Behaviours (Sexual Risk Behaviours)

Health Risk Behaviours	Yes		No	
	N	%	N	%
Sexual Risk Behaviours				
Have you had sex in the last one month?	127	46	21	7
Did you use a condom in your last sexual activity?	69	25	75	24.3
Do you have more than two (2) sexual partners?	61	22.1	85	28
Have you had sex with someone in exchange for food, money)	19	127	128	42
<i>Age of sexual debut</i>				
11 years or younger	24	17.2		
12-13 years	72	52		
14 years and above	43	31		

Coerced sex

Have you ever been forced to have sex with someone?	32	19.3	116	41.1
Have you forced someone to have sex before?	38	23.4	110	39
Do you know someone who had been raped?	92	57	56	20

4.4.2. Sexual Risk Behaviours

In table 6, over 75.4% of participants reported being sexually active, while 14.2% reported not to be sexually active. Just over half (52.1%) did not use condoms whilst engaging in sexual activities. About 47.9% reported condom use when engaging in sexual behaviours. Over 87.1% reported not engaging in any sexual behaviour in exchange for money, clothing, or food. Just under half (47.3%) have been forced or forced themselves to have sexual relations with other peers. Over half (62.2%) of participants reported knowledge of knowing someone that had been raped, whilst (37.8%) mentioned that they did not know anyone who had been raped on the streets. Over 51% of the participants reported sexual debut at age 12-13 years, whilst 30.9% were 14 years and older. A small number of participants (17.3%) reported their sexual debut at age 11 years and younger

4.4.3 .1 Relationship between substance use and sexual risk behaviours

Table 7 presents the results from the relationship between the various categorical variables measuring substance use and sexual risk behaviours. The results showed the presence of clustering effect of health risk behaviours among the street children such that those who have had sex were more likely to have used alcohol and used marijuana. Furthermore, a significant positive relationship was reported between non-condom use in the last sexual activity and the use of marijuana on one hand, and between non-condom use in the last sexual activity variable and the use of other drugs, such as glue on the other hand. The results did not find any relationship between having multiple sexual partners and any of the indices of substance use. Again, no significant association was found between survival sex (i.e. sex in exchange for food, money, and clothes or even where to sleep) and any of the indices of substance use.

CHAPTER FIVE

SUMMARY OF THE LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS.

5.0 Introduction

This section discusses the conclusions from the findings of the current study and discusses the limitations of the study. Recommendations stemming from the study findings are presented and future research areas are highlighted in Iganga municipality.

5.1 Summary

5.1.1 Limitations encountered in street children in Iganga municipality

The present study had its limitations as with most research studies. The cross-sectional design of the study in which data was collect at a fixed point in time does not allow for the assessment of casual relationships among the variables. Although the study drew significant relationships among the variables, the study could not determine inferences about the causal relationship findings. In determining the causality, the study recommends that future longitudinal research studies could be valuable to better understand causal relationships.

The small conveniently selected sample of 15 participants, could have limited the generalizability of the study findings. Nevertheless, the sample size was within a context in which there is an increase in migration of street children in and out of Iganga municipality, obtaining a number of 15 was still sufficient to give an overview of several of the psychological problems street children experience. The participants seemed to have provided some socially desirable responses especially on the SDQ scale, which could have prompted them to indicate their engagement in prosocial behaviours.

The poor attention and concentration span from the participants noted when responding to questions, especially towards the end of the questionnaire might have impacted the quality of the data negatively.

5.1.2 Recommendations for Organizations

Findings from this study indicate high prevalence of emotional problems, hyperactivity and conduct problems among street children. Custodians of street children and mental health care service providers could develop policy that addresses the drivers of poor mental health among street children in Uganda. Agencies or centres working with street children could develop short and long-term programmes that offer therapeutic services to strengthen and foster children's resilience on the streets and address their mental health concerns. The study found that violent behaviours and substance use among street children are prevalent among street children highlighting the need for organizations offering services to street children to develop awareness programs that holistically target and address violence and substance use among street children. Addressing violence among this category of youth could assist in decreasing psychological problems from being a victim or perpetrator of violence.

This study further found that the use of substance plays a role in risky sexual behaviours i.e. un-protective sex among street children. Interventions programmes should be specifically addressed to street children to increase their awareness of the consequences of substance use and un-protective sex. The importance to provide health services and increase access to condoms is important to protect their health. In addition, programmes are needed to keep youth on the street actively involved in various activities. For example, using sports to channel their energies positively and involve youth in programs that equip them better to deal with their challenges on the streets.

Organisations that provide programs and services for street children should be encouraged to keep records and data on street children and observe their behaviours to identify psychosocial needs and link them with the necessary service providers. It is also pivotal for agencies working with street

children to identify prosocial behaviours and their impact on street 62 childrens general psychological well-being. Furthermore, it is crucial that interventions targeted at street children take account of the multiple influences at different levels of the environment on human behaviour. Future interventions should attempt to address the negative influences on street children's behaviours.

5.1.3 Recommendations for Future Research

The study further recommends that future research take into consideration the specified limitations discussed above to control these measures. This can be done by controlling time, conducting research in early hours of the morning when participants are orientated in all spheres. In doing so, this may result in more honest responses, which could further strengthen the reliability of the results. Despite the limitations of the study, future research could examine relationships between psychological functioning and resilience.

Future researchers could examine the determinants of poor mental health among street children in Uganda. Future studies should examine factors that promote and strengthen resilience of street children which is likely to further improve their general well-being within the street context.

The study measured the psychological symptoms of street children, but not the prevalence of specific disorders. Future studies could explore the prevalence of specific disorders in a developing context like Uganda.

5.2 Conclusion

A majority of participants in this study presented with moderate to severe psychological problems. The study concluded that emotional problems, hyperactivity and prosocial behaviours were prevalent among street children in Uganda. A great number of participants reported suicide ideation, engagement in violent behaviours and substance use problems. There is a great need for mental health services and professionals to engage street children whilst within the domains of the street within an African context. Policies and programs for street children should consider the mental health and substance use problems that this category of youth experience. Future research need to examine specific psychological problems that street children within an African context experience. The chapter concluded by discussions of the study limits, recommendation for organizations and future research.

REFERENCES

- Adebiyi, A. (2014). (17-21 August 2014). Psycho-social skills intervention for substance use amongst street children. In *The 20th IEA World Congress of Epidemiology*. Alaska, USA: Anchorage, USA.
- Adler, E., & Clark, R. (2014). *An invitation to social research: How it's done*, Australia: Cengage Learning.
- Ali, M., Shahab, S., Ushijima, H., & de Muynck, A. (2004). Street children in Pakistan: a situational analysis of social conditions and nutritional status. *Social Science and Medicine*, 59(8), 1707-1717.
- Ali, W. A. (2011). Factors affecting homelessness among street children in Khartoum State. *Journal of Business*, 2(2), 98-106.
- Aptekar, L. (1994). Street children in the developing world: A review of their condition. *Cross-Cultural Research*, 28(3), 195-224.
- Aptekar, L., & Stoecklin, D. (2014). *Street children and homeless youth: A cross-cultural perspective*. Netherlands: Springer
- Aptekar, L., & Stoecklin, D. (2014). Children in Street Situations: Street Children and Homeless Youth. In L. Aptekar, and D Stoecklin *Street Children and Homeless Youth: A Cross-Cultural Perspective* (pp. 5-61), Netherlands: Springer.

- Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: 'Much ado about nothing'? *Psychological Medicine*, 40(05), 717-729.
- Asante, K. O., Meyer-Weitz, A., & Petersen, I. (2014). Substance use and risky sexual behaviours among street connected children and youth in Accra, Ghana. *Substance Abuse Treatment, Prevention, and Policy*, 9(45), 2-9.
- Baatjies, R. (2005). United cities and local governments of Africa: crystallization of local government in Africa. *Local Government Bulletin*, 7(3), 15-16.
- Barnaby, L., Penn, R., & Erickson, P. G. (2010). *Drugs, homelessness & health: Homeless youth speak out about harm reduction*. Ontario, Canada: Canadian Harm Reduction Center.
- Beazley, H. (2013). The sexual lives of street children in Yogyakarta Indonesia. *Review of Indonesian and Malaysian Affairs*, 37(1), 17-44.
- Belfer, M. L. (2008). Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry*, 49(3), 226-236.
- Berk, L. E. (2000). *Child Development* (5th Ed.), Boston: Allyn and Bacon.
- Blanche, M. J. T., Blanche, M. T., Durrheim, K., & Painter, D. (Eds.). (2006). *Research in practice: Applied methods for the social sciences*, South Africa: Juta.
- Bordonaro, L. I. (2012). Agency does not mean freedom. Cape Verdean street children and

the politics of children's agency. *Children's Geographies*, 10(4), 413-426

Bousman, C. A., Blumberg, E. J., Shillington, A. M., Hovell, M. F., Ji, M., Lehman, S., &

Clapp, J. (2005). Predictors of substance use among homeless youth in San Diego. *Addictive Behaviors*, 30(6), 1100-1110.

Bray, R. (2003). Predicting the social consequences of orphanhood in South Africa. *African Journal of AIDS Research*, 2(1), 39-55.

Bronfenbrenner, U. (1979b). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, Massachusetts: Harvard University Press.

Bronfenbrenner, U. (1989). *Ecological Systems Theories of Child Development: Revised formulation and current issues*. Greenwich, JAI press.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture Reconceptualized in Developmental Perspective: A Bio-ecological Model. *Psychological Review*, 101(4), 568-586.

Celik, S. S. (2009). Verbal, physical and sexual abuse among children working on the street. *Australian Journal of Advanced Nursing*, 26(4), 14-22.

CHETNA. (2014, September 15). Rehabilitating Street and Working Children Abusing

Substances report. Retrieved from <http://www.chetna-india.org>

Chun, J., & Springer, D. W. (2005). Stress and coping strategies in runaway youths: An application of concept mapping. *Brief Treatment and Crisis Intervention*, 5(1), 57-74.

APPENDICES

APPENDIX A: QUESTIONNAIR SHEDULE

My name is **Muwanika Fahad**, a student at the Kampala International University, conducting a study as part of my final research thesis. The purpose of the research is to examine the psychological well-being of street children in Iganga Municipality. Therefore, my research sample consists of children living on the streets of Iganga Municipality, Busoga Sub region. Insights gained from the study could lead to the development of appropriate interventions for working with street children and the timing of such strategies.

APPENDIX B: SAMPLE QUESTIONNAIRES

SECTION A: BIO DATA OF RESPONDENTS

1. Gender

Male	
Female	

2. What is your religion?

Christian	
Muslim	
Catholic	
Other	

3. How old are you? (In years)

4. How many years have you been living on the street

Less than 1 year	
1-2 year	
3-5 year	
5 years or more	

5. What is the main reason why you left home [please tick (√) only one]

Family poverty	
Dysfunctional problems	
Maltreatment: sexually abused	
Maltreatment: physical abused	
Divorce	
Other reason	

6.

7.

8. Are you in contact with any family member?

1. Yes ☐

2. No ☐

9. If YES, Who is this person? ☐

Mother	
Father	
Brother	
Sister	
Uncle/aunt	
Grand parents	

10. Can you ask this person for help if you need it?

1. Yes ☐

2. No ☐

11. What is your highest level of education [Please Tick (✓) one]

Primary	
Secondary	
University	

12. From which religion you come from?

Religion	
Eastern	
Central	
Northern	
Western	

SECTION B: PSYCHOLOGICAL WELL-BEING OF RESPONDENTS.

Instructions:

Please answer the following questions as frankly as you can, by ticking either right or wrong answers.

Suicidal Ideation

13.	Do you sometimes feel hopeless	Yes		No	
14.	Have ever considered attempting suicide	Yes		No	
15.	Have made a plan to commit suicide	Yes		No	
16.	Have you made one or two suicide attempts	Yes		No	

Assault

17.	Have you ever been bullied?	YES		NO
18.	Have ever bullied someone?			
19.	Have you beaten someone?			
20.	How often have you been beaten up?			

21.	How often have you been beaten up?	Never	Sometimes	Always
22.	How often have been robbed?			
23.	How often have been beaten assaulted with a weapon?			
24.	How often have been threatened with a weapon?			

Coerced Sex

25.	Have you ever been forced to have sex with someone?	YES		NO	
26.	Have you forced someone to have sex before?				
27.	Do you know someone who had been raped?				

Fighting

28. How many times have you been involved in fighting in the past 3 months?

Never	
Sometimes	
Always	

29.	Have you ever been injured in a fight	Yes		No	
-----	---------------------------------------	-----	--	----	--

Thank you for your participation

SECTION C: DRUG ABUSE

Instruction: Please answer the following questions as frankly as you can, as there is neither right nor wrong answers

Smoking

30. How often do you use cigarette?

Never	
Sometimes	
Everyday	

31. How did you react when you friends told you to follow them to smoke?

Walk way	
Refusing to smoke when offered	
Refusing and persuading them to stop	
Joining them and smoke	

32. How old were you when you start smoking cigarette? (In years)

Where did it happen?	Home		On the street	
----------------------	------	--	---------------	--

Alcohol Use

33.	Have you ever drunk an alcoholic beverage?	Yes		No	
34.	Have you used alcohol in the last one month?	Yes		No	

35. How often do you drink alcohol in a month?

Never	
Sometimes	
Everyday	

36. Age of first drinking

Illegal drugs

37.	Have you ever used “weed” (marijuana) in month ?	Home		On the street	
-----	--	------	--	---------------	--

38. How often do you smoke “weed” (marijuana) in a month?

Never	
Sometimes	
Everyday	

39. At what age did you start smoking ‘weed’?

40. How do you normally get access to the “weed”?

41. Where did you learn it from?

Home		On the street	
------	--	---------------	--

42. How easy is it to get “weed”?

Easy to get	
Difficult	

43. Have you used the following drugs? (*Never* = 0, *Sometimes* = 1 and *Always* =2)

Glue	
Hoonga	
Cracks	

Thank you for your participation

APPENDIX C: A SIMPLE TIMEFRAME FOR RESEARCH PROPOSAL

Activity	Oct-Dec (2018)	Jan-Feb (2019)	March (2019)	April (2019)
Proposal writing	23 Oct-05 Dec			
Presentation, approval		10Jan-16Feb		
Sample collection		23-29 Feb		
Sample collection			10-15 March	
Data collection			18-24 March	
Data analysis			25-27 March	
Dissertation preparation and submission				28-30 April

APPENDIX D: SAMPLE BUDGET FOR A RESEARCH PROPOSAL

ITEM	DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
Books	A4 Counter books	2	5,000	10,000
Pens	Water proof pens	3	1,000	3,000
File folders	Plastic folders	2	3,000	6,000
Printing and typing	@page	85	600	51000
Hardcover binding	A4 size	3	7000	2,1000
Questionnaire development				30,000
Data analysis				25,000
Total				146000

**COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF APPLIED PSYCHOLOGY**

April 10, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MUWANIKA FAHAD REG NO. 1161-06034-04124

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Bachelor's Social Work and Social Administration.

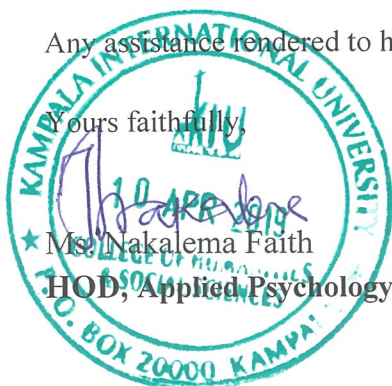
He is currently conducting a field research for his dissertation entitled, "**Impact of Drug Abuse on the Psychological well being of street children in Iganga Municipality.**"

Your organisation has been identified as a valuable source of information pertaining to his Research Project. The purpose of this letter then is to request you to accept and avail him with the pertinent information he may need.

Any data shared with him will be used for academic purposes only and shall be kept with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours faithfully,



Ms. Nakalema Faith
HOD, Applied Psychology