

**PARENTAL SOCIO-ECONOMIC STATUS AND DRUG ABUSE AMONG STUDENTS
IN SECONDARY SCHOOL –KAMPALA
DISTRICT UGANDA**

A Thesis

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In Partial fulfillment of the requirements for the Award of
Master of Arts Degree In Counseling Psychology

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Aug, 2014



DECLARATION A

“This thesis is my original work and has not been presented for a degree or any other academic award in any University or Institution of learning”




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Date

DECLARATION B

"I conform that the work reported in this thesis was carried out by the candidate under my supervision"

DR. Imbuki 

Name and Signature of Supervisor

04/05/15
Date

DEDICATION

I dedicate this research to my beloved husband and my children

ACKNOWLEDGEMENT

The researcher thank God for his endless love, protection, provision and the grace has given me throughout this course of my study.

Special thanks goes to my beloved husband Mr. Bukeni Peter and children Jacque, Julia and Joshua for the love, prayers and support for my completion of the course.

Special thanks goes to the administration of Kololo secondary school, Kitante Hill and Presima High school for allowing me to collect data from their schools.

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ABSTRACT

This study was set to find out the influence of parental socio-economic status and drug abuse among students in selected secondary schools of Kampala District. It was guided by four specific objectives, that included i) identifying commonly abused drugs in schools; ii) parental socio-economic status; iii) prevalence of drug abuse and iv) the relationship between parental socio-economic status and drug abuse among students. The study used a descriptive correlation design that use both qualitative and quantitative methods of data collection. It was cross-sectional and expost facto. The study comprised of a population of 500 students from selected secondary schools of Kampala District. The findings showed that majority of respondents were boys 155 (81.6%) ranged between 12-15 years and these were between S.1 –S.3 (110 (57.9%)), coming from first class families 141 (64.2%) and the drug that is commonly abused is marijuana with 88(46.3%), meaning that they are a stage of identity and confusion. The parental socio-economic status is generally high with means of 2.802 and standard (0.443), The prevalence of drug abuse was generally high with means of 2.562 and standard (0.409). The findings also indicated a positive significant correlation between Parental socio-economic status and Drug abuse among adolescents in selected secondary schools of Kampala District, since the $r=478$ sig. value (.000) was far less than 0.05, which is the maximum level of significance required to declare a significant relationship in social sciences. Basing on these results the stated null hypothesis was rejected and a conclusion made that Parental socio-economic status and Drug abuse among adolescents 56% in drug abuse indicated by adjusted squared of 0.563 leading to the conclusion that parental socio-economic status significantly explains the high rates of drug abuse among adolescents. From the findings the researcher recommends there is need for parents to encourage girl children also to study, ii) In the line with above, there is gender imbalance in schools which may cause havoc, so its better to encourage parents take their children in good schools, iii) There is need to encourage parent to help their children do the home work, since it was found to be generally low, iv) There is a need to sensitize parents and children on the effects of drug abuse hence reduction of the dangers, v) There is a need to encourage parents to start businesses those who are not employed, and vi) There is a need to sensitize the parents not to smoke cannabis at any time they feel like, despite the fact that they can afford it. It found that higher SES among adolescents was associated with greater rates of binge drinking and marijuana and cocaine use in early adulthood.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter describes the background of the study in terms of historical, theoretical, conceptual and contextual perspectives, statement of the problem, purpose of the study, objectives of the study, research questions, scope and significance of the study.

1.1 Background of the Study

1.1.1. Historical Perspective

The highest socioeconomic group has its own unique struggles with drug abuse and addiction. Wealthy people have greater access to both prescription and illegal drugs since cost is not an issue. This often leads to dangerous levels of recreational use, as frequent party goers experiment with lethal combinations to produce better highs. Drug use at this socioeconomic level is particularly dangerous because of those who enable drug user, like personal doctors or close friends with medical licenses (Odgers et al., 2008).

Understanding what affects age of initiation into drug use has important implications for prevention delaying initiation can reduce the likelihood of heavier use in the future, restructure the health and social costs associated with use (Odgers et al., 2008), as well as possibly influencing transitions to harder substances (Pudney, 2004). Numerous factors have been shown to correlate with both the initiation and continuation of drug use.

Socioeconomic status can greatly influence an Anchorage resident's drug addiction. Many people assume that those in lower socioeconomic brackets are more inclined to abuse drugs, but that's not always the case. Social status influences what types of drugs people use and how they obtain them, but addiction is an issue at every social level. Also, Anchorage drug addicts will need professional help regardless of social status (Geramian, 2012). Those in the lower-middle class often abuse illegal street drugs, cigarettes and alcohol. Much of the motivation to do drugs for this group comes from peer pressure and family history. Children who grow up in homes or communities where smoking is common are more like to try cigarettes later. One of the largest

groups of new smokers in America in the past ten years is teenagers(Michael et al ,2004). Social status affects these statistics in that single parents, a parent working two jobs or parents who are not available for other reasons will not be as involved in their children's lives. The same is true in homes and communities where illegal drug use is prominent. Statistics show that the US consumes more than 60 percent of the world's illegal drugs, and much of the illegal drug activity can be found in the inner-cities or lower socioeconomic areas. Illegal drug use is more common in these areas, but this may be due to the fact that the drugs are easier to get there.

In Africa, Substance use by young people is on the rise especially cannabis in Nigeria, khat is also indigenous in East Africa and initiation of use is occurring at ever-younger ages. Hashish abuse is also increasing among those seeking treatment. It was 2% 20-15 years ago, 7% 15-10 years ago, 8% 10-5 years ago and 10% during past 5 years. With psychotropic drugs the rates were 5%, 10%, 20% and 22% for the 4 successive 5 year periods. For amphetamine by injection the percentages were 5%, 3%, 8%, and 12%. Heroin use at the El-Ataba outpatient clinic reached its peak in 1987 when heroin users accounted for 68% of all patients coming to the drug dependence clinic (Soueif et al 1990). Patterns of substance use over the past 20 years have been documented by two surveys--the National Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Monitoring the Future Study conducted by the National Institute on Drug Abuse (NIDA). Data released in 1996 indicated that in the early to mid-1990s, the percentage of 8th graders who reported using illicit drugs (i.e., drugs illegal for Americans of all ages) in the past year almost doubled, from 11.3 percent in 1991 to 21.4 percent in 1995 (NIDA, 1996). Drug use by high school students also has risen steadily since 1992. The survey also indicates that 33 percent of 10th graders and 39 percent of 12th graders reported the use of an illicit drug within the preceding 12 months (NIDA, 1996). These estimates are probably low because the statistics are gathered in schools and do not include the high-risk group of dropouts. Most of the recent increase is attributed to marijuana use, which rose significantly during this period.

Anthony, 2009 argues that new cultural groups taking over the lands, some argued that this destroyed many families bonds, and due to the extreme changes in everyday life, Indigenous people felt lost and turned to drugs and alcohol. The perpetual use of drugs in Indigenous communities has been linked to feelings of despair from the days of colonization, the breakdown

of their social values, family bonds and the inability for Indigenous to rightly claim what was once theirs (Gold ,1991). Like many people who cannot afford “expensive” drugs such as cocaine and marijuana, many adolescents in some Indigenous communities are using solvents for intoxication, such as sniffing gasoline. Since time in memorial, humans have used substances that would sustain and protect them and also act on the nervous system to produce pleasurable sensations. Individuals are attracted to drugs because drugs help them to adapt to an ever-changing environment. Smoking, drinking, and taking drugs reduce tension and frustration, relieve boredom and fatigue and in some cases help adolescents to escape the rash realities of their world (Geramian, 2012).

Drug abuse is fast increasing in Uganda. According to Dr David Basangwa, a senior consultant psychiatrist at Butabika hospital- Kampala District, over 20% of the patients at the country’s main psychiatric health centre, are drug users. Statistics show that between 1995 and 2005, 2.3 million plants of cannabis were destroyed by police, who also seized 109 tonnes of heroin and 80kg of cocaine (New vision: Thursday, 07 March 2013 by Kakoma). Basangwa says families are increasingly taking their children to rehabilitation centres in Butabika hospital, seeking help. Gilberto Gerra, the Chief of drug prevention and health at the United Nations Office on Drugs and Crime, says drug abuse affects 28 million Africans, who use mainly cannabis and alcohol. This is second to North America where some 32m people use and abuse drugs.

1.1.2 Theoretical Perspective

This study was based on Problem Behavior Theory (PBT) by Jessor (1987) that suggests that any behavior that deviates from both social and legal norms or behavior that is socially disapproved from those of authority and tends to “elicit some form of social control response whether mild reproof, social rejection or captivity (Jessor, 1987).” PBT was initially developed to use with the study of drug abuse minority communities (Jessor, 1987) by acting as an psychosocial model that attempts to explain behavioral outcomes such as substance abuse (Zamboango et al., 2004) by focusing on three systems of psychosocial influence: personality system (all social cognitions, personal values, expectations, beliefs and values), perceived environment system (family and peer expectations) and the behavior system (problem and conventional behavioral structures and that work in opposition to each other) (Zamboango et al., 2004).

Social learning theory

According to Social Learning theory by Bandura (1977), models are an important source for learning new behaviors and for achieving behavioral change in institutionalized settings. Social learning theory is derived from the work of Albert Bandura which proposed that observational learning can occur in relation to three models: Live model in which an actual person is demonstrating the desired behavior; Verbal instruction in which an individual describes the desired behavior in detail, and instructs the participant in how to engage in the behavior; Symbolic in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. This type of modeling involves a real or fictional character demonstrating the behavior.

1.1.3 Conceptual Perspective

Conceptually, Socio-economic status (SES) as independent variables refers to a number of measures of inequality, including household income, parental education and parental occupational class (Harrington,2000). SES is routinely included in the analysis of both initiation and continuation of drug and alcohol use as a standard control variable, but the relationship between socio-economic status and adolescent substance use is itself unclear. Previous surveys of adolescent substance use in the UK have often left un-addressed the socio-economic background of respondents, focusing more on social divisions such as gender and ethnicity (Harrington, 2000).

Socio- economic status (SES) refers to as a way of looking at how individuals or families fit into society using economic and social measures like income, occupation and level of education.

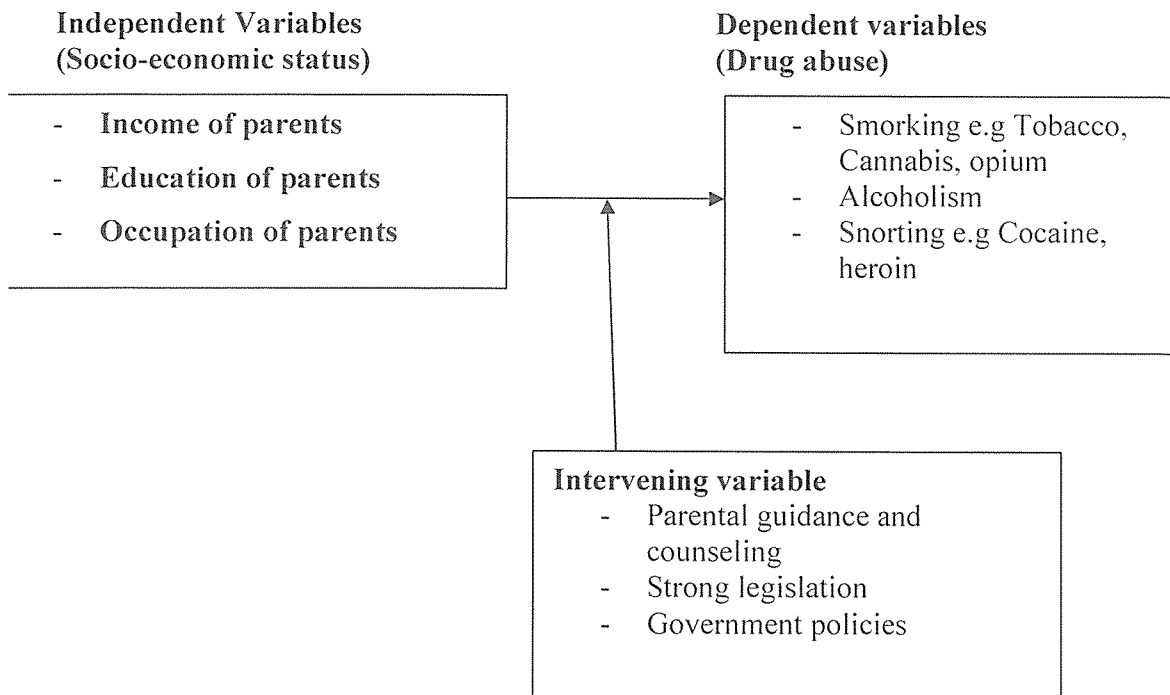
Drug abuse (Dependent variable) is the use of illegal drugs or the misuse of prescription or over-the-counter drugs for at least a year with negative consequences (National institute on Drug abuse,2012). Drug abuse is the use of illegal drugs or the misuse of prescription or over-the-counter drugs for at least a year with negative consequences (Conner, 2013). This is also categorized into cocaine, heroin, cannabis, alcohol and tobacco.

Drug abuse refers to illegal use of drugs like tobacco, marijuana, cocaine, narcotic, alcohol by smoking, snorting and alcoholism.

Adolescent in this study refers to boys and girls between (12-18years of age) who are in the period of development between the onset of puberty and adulthood.

Adolescence is defined as a period of transition in process from childhood changes processes to ones of adulthood. Reference to a chronological age span, adolescence may be defined as a period that goes from 12 to 18 years or from 13 to 21years (Lerner& Spanie, 1980).

Figure 1: Conceptual framework showing how the socio-economic status influences drug abuse and the reverse is true.



(source: Hannington,2000)

1.1.4 Contextual Perspectives

Contextually, the study took place in selected schools of Kampala District- Uganda. Kampala is the capital city of Uganda, and this attracted the researcher to find out whether parental socio-economic status' can really influence drug abuse among students and should be the reason as to why either they perform well or not. The researcher proposed the study to took place in schools where students of that age (12-18years) are easily accessed in the following schools: Kitante hill, Kololo S.S., City high, and Presima high school.. The parental social economic status tends to dictate their life style and behavior which characteristics in turn have social and economic

implications on household's income, occupation and education. Among the horrific behaviors of people, drug abuse which has been reported not only to be high but also on an increase. For example, a significant number of adolescents in many schools are smokers of cocaine, tobacco, marijuana and alcohol. This is because some students escape from school to go to bars, others pack drugs from home.

1.2 Statement of the problem

In Uganda, Statistics show that between 1995 and 2005, 2.3 million plants of cannabis were destroyed by police, who also seized 109 tonnes of heroin and 80kg of cocaine (New vision: Thursday, 07 March 2013 by Kakoma). Basangwa says families are increasingly taking their children to rehabilitation centres in Butabika hospital, seeking help. Gilberto Gerra, the Chief of drug prevention and health at the United Nations Office on Drugs and Crime, says drug abuse affects 28 million Africans, who use mainly cannabis and alcohol. In Uganda, students may use substances to compensate for a lack of rewarding personal relationships, poor self esteem, poor performance both at work and school and a strong self-identity. Instead of developing a sense of empowerment from health false self-image as he becomes more deeply entrenched in the drug experience (American Psychological Association, 2012). Another important factor in this respect is availability and nature of the substance. Some environmental factors that contribute to drug abuse are cultural factors, peer attitude toward drug abuse, parents' behavior, and regulations and policies, which restrict access to the drugs.(Geramian et al, 2012). Because substance use changes the way people approach and experience interactions, the adolescent's psychological and social development is compromised, as is the formation of a strong self-identity. Adolescents' use of alcohol or drugs may also hinder their emotional and intellectual growth. Owing to this scenario therefore, this study intended to examine the correlates between parental socio-economic status and drug abuse among adolescents in selected secondary schools of Kampala District.

1.3 Purpose of the study

This study was intended to determine the influence of parental socio-economic status and drug abuse among adolescents in selected secondary schools of Kampala District.

1.4 Research objectives

General: This study was intended to determine the influence of parental socio-economic status and drug abuse among adolescents in selected secondary schools of Kampala District.

Specific:

1. To identify commonly abused drugs in schools.
2. To determine the parental socio-economic status of students.
3. To determine the prevalence of drug abuse among students in schools.
4. To establish the relationship between parental socio-economic status and drug abuse among students in selected secondary schools of Kampala District.

1.5 Research Questions

This study sought to answer the following research questions:

1. What are the commonly abused drugs in schools?
2. What is the parental socio-economic status of students?
3. What are the prevalence of drug abuse among students in schools?
4. Is there a relationship between parental socio-economic status and drug abuse among students in selected secondary schools of Kampala District?

1.6 Null Hypothesis

There is no relationship between parental socio-economic status and drug abuse among students in selected secondary schools of Kampala District

1.7 Scope

1.7.1 Geographic scope

The study was conducted in selected secondary schools namely:- Kitante Hill, Kololo senior secondary school, City high school and Presima high school. This is chosen because the area is accessible and convenient for the researcher since they are near slum areas, there students who come from different classes of families, which was the interest of the researcher.

1.7.2 Theoretical scope

This study was based on problem behavior theory by Jessor (1987) was disproved and Social Learning theory by Albert Bandura, (1977), models are an important source for learning new behaviors and for achieving behavioral change in institutionalized settings were proved.

1.7.3 Content scope

The study intended to examine the level of socio economic status in terms of household income , occupation and education the level of drug abuse in terms of marijuana, tobacco, cocaine among adolescents and the relationship between the independent variable(socio-economic status) and dependent variable(drug abuse among adolescents).

1.8 Significance of the study

The following disciplines will benefit from the findings of this study:

The adolescents of Kampala District will understand the effects of drug abuse so that they can stop abusing them.

Parents of adolescents who have a responsibility guiding their children will learn how to help their children towards a drug free life style.

Counselors and Psychologists will be able to adopt appropriate methods of counseling drug abusers especially adolescents.

Teachers will learn how to handle adolescents especially those who abuse drugs rather than expelling or suspending them from schools.

The future researchers will utilize the findings of this study to embark on related studies.

1.9 Operational of Key terms

For the purpose of this study, the following terms are defined as they are used in this study:

Socio-economic status refers to as a way of looking at how individuals or families fit into society using economic and social measures like income, occupation and level of education.

Drug abuse refers to illegal use of drugs like tobacco, marijuana, cocaine, narcotic, alcohol.

Adolescent in this study refers to boys and girls between (12-18years of age) who are in the period of development between the onset of puberty and adulthood.

Student is a person whose level of education is between senior one and senior six.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter covers a broad background of available theoretical and empirical information related to the problem of the study.

2.1 Theoretical perspectives

This study was based on Problem Behavior Theory (PBT) by Jessor (1987) that suggests that any behavior that deviates from both social and legal norms or behavior that is socially disapproved from those of authority and tends to “elicit some form of social control response whether mild reproof, social rejection or captivity (Jessor, 1987).” PBT was initially developed to use with the study of drug abuse minority communities (Jessor, 1987) by acting as an psychosocial model that attempts to explain behavioral outcomes such as substance abuse (Zamboango et al., 2004) by focusing on three systems of psychosocial influence: personality system (all social cognitions, personal values, expectations, beliefs and values), perceived environment system (family and peer expectations) and the behavior system (problem and conventional behavioral structures and that work in opposition to each other) (Zamboango et al., 2004). Problem Behavior Theory (PBT) is not the only theory that is used in Public Health to predict behaviors; the Theory of Reasoned Action (TRA) as well the Theory of Planned Behavior (TPB) were also developed to look at the relationship between attitudes and intentions toward behaviors (both positive and negative) (Glanz et al., 2008). Self-esteem is also an important aspect of the model that can be associated with self-efficacy which is also seen in the Health Belief Model (HBM). Today the application of the Problem Behavior Theory is used in the Public Health profession to predict what actions an individual may take that can lead to addictive and other lifestyle behavior changes such as sexual behavior, smoking, drinking and sniffing and overeating. For example, PBT was used in study by a group of students to determine what factors contribute to the likelihood of adolescents smoking (Banerjee et al., 2008). Through applying simultaneously the three system of psychosocial influence, researchers were able to determine that in the two middle schools examined in the study, peer influence, a weakened family structure and or relationships, other history of delinquency and poor academics all contributed to the likelihood of an adolescent individual to start smoking. The powerful tool of prediction that

PBT provides can be applied to all aspects of public health including intervention design that can allow health programs in the future to not only be more efficient but also effective in the populations it is applied to.

Second, the way an individual labels or evaluates a situation determines his or her emotional and behavioral response to it. A third basic assumption is that thoughts, feelings, and behaviors are causally interactive (Mahoney, 1977)

Social learning theory

According to Social Learning theory by Albert Bandura, (1977), models are an important source for learning new behaviors and for achieving behavioral change in institutionalized settings. Social learning theory is derived from the work of Albert Bandura which proposed that observational learning can occur in relation to three models: Live model in which an actual person is demonstrating the desired behavior; Verbal instruction in which an individual describes the desired behavior in detail, and instructs the participant in how to engage in the behavior; Symbolic in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. This type of modeling involves a real or fictional character demonstrating the behavior. (Lefton, & Brannon ,2003)

An important factor of Bandura's social learning theory is the emphasis on reciprocal determinism. This notion states that an individual's behavior is influenced by the environment and characteristics of the person. In other words, a person's behavior, environment, and personal qualities all reciprocally influence each other.

Bandura proposed that the modeling process involves several steps:

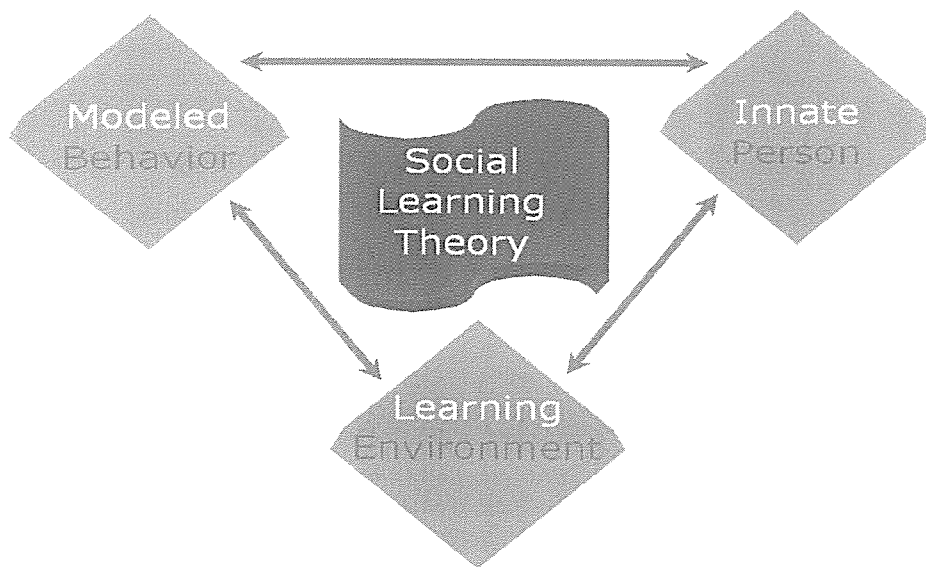
Attention: In order for an individual to learn something, they must pay attention to the features of the modeled behavior.

Retention: Humans need to be able to remember details of the behavior in order to learn and later reproduce the behavior.

Reproduction: In reproducing a behavior, an individual must organize his or her responses in accordance with the model behavior. This ability can improve with practice.

Motivation: There must be an incentive or motivation driving the individual's reproduction of the behavior. Even if all of the above factors are present, the person will not engage in the behavior without motivation.

Diagram showing social learning model



Source: Lefton, A.L., Brannon L. (2003); *Psychology*; 8th edition; Pearson Education,

According to Lee, Akers and Brog (2004), Social learning theory holds that behavior is molded by rewards and punishment, or reinforcement. Past and present rewards and punishments for certain actions determine the actions that individuals continue to pursue. Reward and punishment structures are built into specific groups. By interacting with members of certain groups or social circles, people learn definitions of behaviors as good or bad. It is in the group setting, differentially for different groups, where reward and punishment take place, and where individuals are exposed to behavioral models and normative definitions of certain behaviors as good or bad.

Social learning theory has a clear-cut application to drug use: It proposes that the use and abuse of psychoactive substances can be explained by differential exposure to groups in which use is rewarded. These groups provide the social environments in which exposure to definitions,

imitations of models, and social reinforcements for use of or abstinence from any particular substance take place. The definitions are learned through imitation and social reinforcement of them by members of the group with whom one is associated. Drug use, including abuse, is determined by the extent to which a given pattern (of behavior) is sustained by the combination of the reinforcing effects of the substance with social reinforcement, exposure to models, definitions through association with using peers, and by the degree to which it is not deterred through bad effects of the substance and/or the negative sanctions from peers, parents, and the law” (Akers, 1992). Social learning theory, then, proposes that the extent to which substances will be used or avoided depends on the extent to which the behavior has been differentially reinforced over alternative behavior and is defined as more desirable.

Additionally, according to Erich Goode, adolescents learn to define behaviors as good or bad through their intimate interactions with other youths in certain groups. Adolescent drug use, then it is positively reinforced by exposure to drug using role models, approval drug use by peers and then perceived positive or pleasurable effects of the drug itself (Regoli & others, 2008) .

2.2 Drugs Commonly Abused

Drug abuse is the use of illegal drugs or the misuse of prescription or over-the-counter drugs for at least a year with negative consequences (National Institute on Drug Abuse, 2012). Drug abuse refers to as a Compulsive, excessive, and self-damaging use of habit forming drugs or substances, leading to addiction or dependence, serious physiological injury (such as damage to kidneys, liver, heart) and/or psychological harm (such as dysfunctional behavior patterns, hallucinations, memory loss), or death. Also called substance abuse.

2.2.1 Tobacco/ Nicotine

Nicotine is found in cigarettes smoking. According to Lefton & Brannon (2010), Nicotine is the addictive drug in tobacco and it is the major health problem. Nicotine is not the main health risk associated with tobacco but it is the ingredient that makes quitting tobacco use so difficult. Nicotine does not have very strong tolerance properties but dependence on it is strong and withdrawal symptoms are unpleasant.

Nicotine produces physical reactions similar to those produced by heroin and cocaine: enhanced stimulation of pleasure centers in the brain, a rush of adrenaline, suppressed insulin production, increases in blood pressure, heart rate and respiration (Society For Neuroscience, 2012).

Higher tolerance levels of nicotine produce withdrawal symptoms of slower brain activity, interruptions of sleep patterns, decreased heart rate and increased anxiety, anger, appetite and difficulty concentrating (Hughes, 2004).

Santrock(2008)notes that the devastating effects of early smoking were brought home in a research study found that smoking in adolescent years causes permanent genetic changes in the lungs and forever increases the risk of lung cancer even if the smoker quits.

Smoking is a practice in which a substance, most commonly tobacco or cannabis and marijuana, is burned and the smoke is tasted or inhaled. This is primarily practiced as a route of administration for recreational drug use, as combustion releases the active substance in drugs such as nicotine and makes them available for absorption through the lungs. It can also be done as a part of rituals, to induce trances and spiritual enlightenment (Blume, 1998).

The most common method of smoking today is through cigarettes, primarily industrially manufactured but also hand-rolled from loose tobacco and rolling paper. Other smoking implements include pipes, cigars, bidis, hookahs, vaporizers and bong.

It has been suggested that smoking-related disease kills one half of all long term smokers but these diseases may also be contracted by non-smokers. A 2007 report states that about 4.9 million people worldwide each year die as a result of smoking (Walter, 2003)

Smoking is one of the most common forms of recreational substance use. Tobacco smoking is today by far the most popular form of smoking and is practiced by over one billion people in the majority of all human societies. Less common drugs for smoking include cannabis and opium. Some of the substances are classified as hard narcotics, like heroin, but the use of these is very limited as they are often not commercially available (Brundtland, 2001).

The history of smoking can be dated to as early as 5000 BC, and has been recorded in many different cultures across the world. Early smoking evolved in association with religious ceremonies; as offerings to deities, in cleansing rituals or to allow shamans and priests to alter their minds for purposes of divination or spiritual enlightenment, (Riley 2003). After the European exploration and conquest of the Americans, the practice of smoking tobacco quickly spread to the rest of the world. In regions like India and Sub-Saharan Africa, it merged with

existing practices of smoking (mostly of cannabis). In Europe, it introduced a new type of social activity and a form of drug intake which previously had been unknown.

Perception surrounding smoking has varied over time and from one place to another; holy and sinful, sophisticated and vulgar, a panacea (magic potion) and deadly health hazard. Only relatively recently, and primarily in industrialized Western countries, has smoking come to be viewed in a decidedly negative light. Today medical studies have proven that smoking tobacco is among the leading causes of many diseases such as lung cancer, heart attacks, erectile dysfunction and can also lead to birth defects. The inherent health hazards of smoking have caused many countries to institute high taxes on tobacco products and anti-smoking campaigns are launched every year in an attempt to curb tobacco smoking (Ms Leanne Riley 2003).

The history of smoking dates back to as early as 5000 BC in shamanistic rituals. Many ancient civilizations, such as the Babylonians Indians and Chinese, burnt incense as a part of religious rituals, as did the Israelites and the later Catholic and Orthodox Christian churches. Smoking in the Americans probably had its origins in the incense-burning ceremonies of shamans but was later adopted for pleasure, or as a social tool. The smoking of tobacco, as well as various hallucinogenic drugs was used to achieve trances and to come into contact with the spirit.

2.2.2 Alcoholism

Alcoholism is a disabling addictive disorder characterized by compulsive and uncontrolled consumption of alcohol despite its negative effects on the drinker's health, relationships, and social standing (Blondell, RD. 2005).

Like other drug addictions, alcoholism is medically defined as a treatable disease. The term alcoholism is widely used, and was first coined in 1849 by Magnus Huss, but in medicine the term was replaced by the concepts of alcohol abuse and alcoholism dependence in the 1980s

The biological mechanisms underpinning alcoholism are uncertain, however, risk factors include social environment, stress, mental health, genetic predisposition, age, ethnic group, and sex (Agarwal, DP. 2000). Long-term alcohol abuse produces physiological changes in the brain such as tolerance and physical dependence.

Alcoholism is the cyclic presence of tolerance, withdrawal, and excessive alcohol use; the drinker's inability to control such compulsive drinking, despite awareness of its harm to his or her health, indicates that the person might be an alcoholic. Questionnaire-based screening is a method of detecting harmful drinking patterns, including alcoholism. Alcoholism detoxification is conducted to withdraw the alcoholic person from drinking alcohol, usually with cross-tolerance drugs, for example benzodiazepines to manage withdrawal symptoms (Morgan-Lopez, and Fals-Stewart, 2006).

Signs and symptoms

Alcoholism is characterized by an increased tolerance of and physical dependence on alcohol, affecting an individual's ability to control alcohol consumption safely. These characteristics are believed to play a role in impeding an alcoholic's ability to stop drinking. Alcoholism can have adverse effects on mental health, causing psychiatric disorders to develop and an increased risk of suicide.

According to Soyka, *et al* (2001) Long term alcohol abuse can cause a number of physical symptoms, including cirrhosis of the liver, pancreatitis, epilepsy, polyneuropathy, alcoholic dementia, heart disease, nutritional deficiencies, and sexual dysfunction, and can eventually be fatal. Other physical effects include an increased risk of developing cardiovascular disease, malabsorption, alcoholic liver disease, and cancer. Damage to the central nervous system and peripheral nervous system can occur from sustained alcohol consumption.

Women develop long-term complications of alcohol dependence more rapidly than do men. Additionally, women have a higher mortality rate from alcoholism than men. Examples of long term complications include brain, heart, and liver damage and an increased risk of breast cancer (Johansson *et al*, 2003). Additionally, heavy drinking over time has been found to have a negative effect on reproductive functioning in women. This result in reproductive dysfunction such as an ovulation decreased ovarian mass, problems or irregularity of the menstrual cycle, and early menopause. Alcoholic can occur in individuals who chronically abuse alcohol and have a recent history of binge drinking

2.2.3 Snorting

Some individuals snort drugs such as ecstasy, cocaine, heroin and amphetamines. The substance enters into the bloodstream through the nasal mucus membranes and through the stomach. Individuals using this method will experience the sensation within about 15 minutes after snorting the drug. There are a number of complications from snorting including the deterioration of the lining of the nasal cavity and the septum. Sharing straws and other items to snort drugs can lead to hepatitis C and HIV (Health Day ,2012).

2.2.4 Heroin

Heroin, which is considered an opiate drug, can create a change in the functioning of the brain as well as nausea, vomiting, fatigue-like symptoms, slowed breathing and cold, clammy skin. Caan *et al* (2002) argues that prolonged abuse can bring about collapsed veins, infections of the heart, seizures and convulsions, respiratory depression, coma and death.

2.2.5 Cocaine and Cocaine-Derivatives

Cocaine and cocaine-derivatives, such as crack, have a number of minor consequences, including nausea, vomiting, cold sweats and restlessness or insomnia (Diagnostic and statistical manual of mental disorders: DSM-IV, 1994). More significant reactions include anxiety, rapid heart rate, increased blood pressure, and change in breathing and even convulsions. Some users lose their appetites which could eventually lead to weight loss, dehydration and malnutrition. Others suffer damage to their heart or lungs, which could result in a stroke, heart failure, heart attack and death (Chinn, 2013).

2.2.6 Morphine

Morphine is sometimes prescribed for pain relief. When abused, it can result in constipation or diarrhea, nausea and vomiting, abdominal pains and cramps, insomnia, memory loss, confusion, fatigue, dizziness and lightheadedness, anxiety, depressed heart rate, depressed breathing, convulsions and seizures, coma and death (Kahan, M. 1996).

2.2.7 Marijuana

The side effects of marijuana include paranoia and confusion, anxiety, aggressiveness and agitation, nausea, increased appetite, headaches, short-term memory loss and increased heart rate.

2.2. Parental Socio-economic status

Socio-economic status (SES), which refers to a number of measures of inequality, including household income, parental education and parental occupational class. SES is routinely included in the analysis of both initiation and continuation of drug and alcohol use as a standard control variable, but the relationship between socio-economic status and adolescent substance use is itself unclear. Previous surveys of adolescent substance use in the UK have often left unaddressed the socio-economic background of respondents, focusing more on social divisions such as gender and ethnicity (Harrington, 2000). Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. When analyzing a family's SES, the household income, earners' education, and occupation are examined, as well as combined income, versus with an individual, when their own attributes are assessed (Laursen & Tardif, 2002). Socioeconomic status is commonly conceptualized as the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation. Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control (Donovan, 1991). Socioeconomic status is a measure of an individual's or family's economic and social position based on education, income, and occupation. It is such a strong predictor of health that an assessment of the health of Chicago would be incomplete without consideration of the socioeconomic status of its residents. This section will present data on measures related to socioeconomic status. These include measures of income (median family and median household income, and poverty levels), and measures associated with income status (educational level and employment levels)(Micheal,2004).

Components of socio-economic status

Income refers to wages, salaries, profits, rents, and any flow of earnings received. Income can also come in the form of unemployment or workers compensation, social security, pensions, interests or dividends, royalties, trusts, alimony, or other governmental, public, or family financial assistance (Micheal, 2004). Income can be looked at in two terms, relative and absolute. Absolute income, as theorized by economist John Maynard Keynes, is the relationship in which as income increases, so will consumption, but not at the same rate. Relative income dictates a person or family's savings and consumption based on the family's income in relation to others. Income is a commonly used measure of SES because it is relatively easy to figure for most individuals (Maynard, 2011).

Income inequality is most commonly measured around the world by the Gini coefficient, where corresponds to perfect equality and it means perfect inequality. Low income families focus on meeting immediate needs and do not accumulate wealth that could be passed on to future generations, thus increasing inequality. Families with higher and expendable income can accumulate wealth and focus on meeting immediate needs while being able to consume and enjoy luxuries and weather crises (Maynard,2011).

Education

Education also plays a role in income (Annette,2003). Median earnings increase with each level of education. As conveyed in the chart, the highest degrees, professional and doctoral degrees, make the highest weekly earnings while those without a high school diploma earn less. Higher levels of education are associated with better economic and psychological outcomes (i.e.: more income, more control, and greater social support and networking). Seeking the root causes focuses on the social conditions that lead the adolescents to engage in drug abuse. Slow and indirect, education is often seen as producing its results only over the long run, involving parents and making gradual social changes to reduce experimentation, occasional or regular substance use. The short-term approach (to control the supply of drugs) and the long-term demand reduction approach by education are two ends of a continuum which are often placed in opposition to each other.

Education plays a major role in skill sets for acquiring jobs, as well as specific qualities that stratify people with higher SES from lower SES (Weller, 2005). Annette Lareau speaks on the idea of concerted cultivation, where middle class parents take an active role in their children's education and development by using controlled organized activities and fostering a sense of entitlement through encouraged discussion. Lareau argues that families with lower income do not participate in this movement, causing their children to have a sense of constraint. An interesting observation that studies have noted is that parents from lower SES households are more likely to give orders to their children in their interactions while parents with a higher SES are more likely to interact and play with their children (Weller, 2005). A division in education attainment is thus born out of these two differences in child rearing. Research has shown how children who are born in lower SES households have weaker language skills compared to children raised in higher SES households. These language skills affect their abilities to learn and thus exacerbate the problem of education disparity between low and high SES neighborhoods. Lower income families can have children who do not succeed to the levels of the middle income children, who can have a greater sense of entitlement, be more argumentative, or be better prepared for adult life.

Occupation

Occupational prestige as one component of SES, encompasses both income and educational attainment. Occupational status reflects the educational attainment required to obtain the job and income levels that vary with different jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job (Gollnick, 2013). Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on the job.

According to Weller, (2005) Occupations are ranked by the Census (among other organizations) and opinion polls from the general population are surveyed. Some of the most prestigious occupations are physicians and surgeons, lawyers, chemical and biomedical engineers, university professors, and communications analysts. These jobs, considered to be grouped in the high SES classification, provide more challenging work and greater control over working conditions but require more ability. The jobs with lower rankings include food preparation workers, counter

attendants, bartenders and helpers, dishwashers, janitors, maids and housekeepers, vehicle cleaners, and parking lot attendants. The jobs that are less valued also offer significantly lower wages, and often are more laborious, very hazardous, and provide less autonomy.

Occupation is the most difficult factor to measure because so many exist, and there are so many competing scales. Many scales rank occupations based on the level of skill involved, from unskilled to skilled manual labor to professional, or use a combined measure using the education level needed and income involved (Gollnick, 2013). In sum, the majority of researchers agree that income, education and occupation together best represent SES, while some others feel that changes in family structure should also be considered. With the definition of SES more clearly defined, it is now important to discuss the effects of SES on students' cognitive abilities and academic success. Several researchers have found that SES affects students' abilities

2.4 Related studies on Socio-economic status and drug abuse among adolescents

Home Environment, the environment of low SES adolescents is characterized by less dialogue from parents, minimal amounts of book reading, and few instances of joint attention, the shared focus of the child and adult on the same object or event, when compared to the environment of high SES children. In contrast, infants from high SES families experience more child-directed speech hence poor performance (Gishoma,2012).

Parental Interactions:-In addition to the amount of language input from parents, SES heavily influences the type of parenting style a family chooses to practice. These different parenting styles shape the tone and purpose of verbal interactions between parent and child. For example, parents of high SES tend toward more authoritative or permissive parenting styles. These parents pose more open-ended questions to their children to encourage the latter's speech growth. In contrast, parents of low SES tend toward more authoritarian styles of address. Their conversations with their children contain more imperatives and yes/no questions that inhibit child responses and speech development though they tend to adapt a given behavior like drug abuse (Feldman,2009).

Positive Outcomes of Low SES

Given the large amount of research on the setbacks children of low SES face, there is a push by child developmental researchers to steer research to a more positive direction regarding low SES. The goal is to highlight the strengths and assets low income families possess in raising children. For example, African American preschoolers of low SES exhibit strengths in oral narrative, or storytelling, that may promote later success in reading. These children have better narrative comprehension when compared to peers of higher SES (Feldman,2009).

Literacy Development

A gap in reading growth exists between low SES and high SES children, which widens as children move on to higher grades. Reading assessments that test reading growth include measures on basic reading skills (i.e., print familiarity, letter recognition, beginning and ending sounds, rhyming sounds, word recognition), vocabulary (receptive vocabulary), and reading comprehension skills (i.e., listening comprehension, words in context). The reading growth gap is apparent between the spring of kindergarten and the spring of first-grade, the time when children rely more on the school for reading growth and less on their parents. Initially, high SES children begin as better readers than their low SES counterparts. As children get older, high SES children progress more rapidly in reading growth rates than low SES children. These early reading outcomes affect later academic success. The further children fall behind, the more difficult it is to catch up and the more likely they will continue to fall behind. By the time students enter high school in the United States; low SES children are considerably behind their high SES peers in reading growth(Geramian,2012).

School Influence

School characteristics, including characteristics of peers and teachers, contribute to reading disparities between low and high SES children. For instance, peers play a role in influencing early reading proficiency. In low SES schools, there are higher concentrations of less skilled, lower SES, and minority peers who have lower gains in reading. The number of children reading below grade and the presence of low-income peers were consistently associated with initial achievement and growth rates. Low SES peers tend to have limited skills and fewer economic

resources than high SES children, which makes it difficult for children to grow in their reading ability. The most rapid growth of reading ability happens between the spring of kindergarten and the spring of first grade. Teacher experience (number of years teaching at a particular school and the number of years teaching a particular grade level), teacher preparation to teach (based on the number of courses taken on early education, elementary education, and child development), the highest degree earned, and the number of courses taken on teaching reading all determine whether or not a reading teacher is qualified. Low SES students are more likely to have less qualified teachers, which is associated with their reading growth rates being significantly lower than the growth rates of their high SES counterparts

Influences on Nonverbal Behavior

Michael Kraus & Dacher Kilter (2012), in their study published in the December 2008 issue of (*Psychological Science*), found that children of parents with a high SES tended to express more disengagement behaviors than their peers of low SES. In this context, disengagement behaviors included self-grooming, fidgeting with nearby objects, and doodling while being addressed. In contrast, engagement behaviors included head nods, eyebrow raises, laughter and gazes at one's partner. These cues indicated an interest in one's partner and the desire to deepen and enhance the relationship. Participants of low SES tended to express more engagement behaviors toward their conversational partners, while their high SES counterparts displayed more disengagement behaviors. Authors hypothesized that, as SES rises, the capacity to fulfill one's needs also increases. This may lead to greater feelings of independence, making individuals of high SES less inclined to gain rapport with conversational partners because they are less likely to need their assistance in the future (Health Day, 2012)..

2.5 The Existing Gaps in the Literature Review

Previous research has shown that adolescents with low socioeconomic status (SES) are more likely to engage in substance abuse, as are adults with high SES. Yet a new study reveals that adolescents with high SES (measured by parental education and household income) are also at risk for substance abuse. It found that higher SES among adolescents was associated with greater rates of binge drinking and marijuana and cocaine use in early adulthood. There was no

significant correlation between high SES in adolescence and crystal methamphetamine or other drug use.

In this review, the socio-economic status and drug abuse differ according to the class (that is to say, first class, middle class and low class (Feldman, 2009). There were no theories on the proposed way of action to curb out substance abuse and bring about social and economic transformation among the adolescents indulged in substance abuse activities in the schools. Otherwise, while progress in social and economic status has been slow but positive among lower class of parents, , the opposite has occurred with problems related to drug abuse and addictive disorders. Their number and complexity have increased many times, and information about their distribution and impact is no more complete today than it was decades ago (Feldman, 2009).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter consisted of research design, research population, and sample size, sampling procedures, research instrument, validity and reliability of the instruments, data gathering procedures, data analysis, ethical consideration and limitation of the study.

3.1 Research Design

The study used a descriptive correlation design that is to say both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements. Qualitative data were presented in tables (Wildler, 2002). It was correlational because it established the relationship between the socio-economic status and drug abuse. It was cross sectional because data was collected from all respondents within the same period of time. It was expost facto as it involved events that have already taken place and may be related to present conditions.

3.2 Research Population

The target population included a total of 370 students from selected secondary schools of Kampala District.

Sample Size

The Slovene's formula was used to determine the minimum sample size.

$$n = \frac{N}{1 + N\alpha^2}$$

Where:

N=Target population

n=Sample size

α =0.05 that is the level of significance

$$n = \frac{370}{1 + 370(0.05)^2} = 1.925$$

$$n = 190$$

Table: 1 shows the population and sample size distribution

Respondents	Target population	Sample size
Boys	185	95
Girls	185	95
Total	370	190

(Students in selected secondary schools of Kampala District)

3.3 Sampling Procedures

The researcher randomly selected the schools to participate in the study and respondents were chosen basing on simple random sampling techniques. The choice of procedure was based on age (12-18years), knowledge, experience and exposure to the drugs as students.

Stratified sampling was used because of the different strata in the respondents and then simple random sampling was used to select respondents from each stratum.

3.4 Research Instruments

The research tools that were used in the study included the following: (1) *face sheet* to gather data on the demographic information (gender, age, class and family status) (2) *researcher devised questionnaires* to determine the socio-economic status and the prevalence of drug abuse. The response modes and scoring were as follows 1); strongly disagree (2); disagree (3); agree (4); strongly agree

Interviews were the other data collection technique that was used by the Researcher. They also used as a way of supplementing the questionnaires already filled, but at the same time they would enable the Researcher probe further into the responses given in the questionnaires especially given the importance of the research and the specialized nature of the topic under study. Data was basically collected from students. Primary data was collected through the use of questionnaires and in-depth interviews.

3.5 Validity and Reliability of the Instruments

Validity is a criterion by which the researcher expects to obtain the responses he/she expects to measure criteria expected from the objectives and variables. Content validity was ensured by subjecting the researcher devised questionnaires auditing and performance (who shall estimate the validity on the basis of their experience) of the students on drug abuse.

Coefficient of reliability (Cronbach's alpha) was used to measure the degree of credibility of the responses to the questionnaire, where this coefficient depended on measuring the stability and internal consistency of the paragraphs of the questionnaire for its ability to produce results compatible to the responses of respondents toward the paragraphs of the questionnaire.

The test-retest technique was used to determine the reliability (accuracy) of the researcher devised instruments to 20 qualified respondents, 12 were senior two from Kololo secondary school and 08 were from Kitante Hill. These respondents were not included in the actual study. In this test- retest technique, the questionnaires were administered twice to the same subjects. And the test was reliable and the trait was being measured stable, the results were consistent and essentially the same in both times (Sarens, 2006).

3.6 Data Gathering Procedures

The Researcher obtained an introductory letter from the College of Higher Degrees and Research Kampala International University to the selected secondary schools under study to obtain authorization to conduct the research on the selected respondents. The researcher together with the research assistants prepared the questionnaires; agreed on the sampling techniques and data gathering procedures to be used. The researcher utilized (**Table 1**) on respondents to determine the number of participants.

The researcher together with researcher assistants requested the respondents: (1) to sign the informed consent; (2) to answer all questions or items set out in the questionnaire; (3) to be objective in answering the questions.

Retrieving the questionnaires was done within the five days from the day of their distribution.

All Questionnaires retrieved were checked to ensure they were completely filled out.

Finally, data gathered was collected, coded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

3.7 Data Analysis

The frequency and percentage distribution was used to determine the profile of the respondents.

The means and interpretations were applied for the levels of parental socio-economic status and drug abuse.

The following mean range was used to arrive at the mean of the individual indicators and interpretation:

A. For the parental socio-economic status and drug abuse.

Mean Range	Response Mode	Interpretation
3.26-4.00	strongly agree	Very often
2.51-3.25	Agree	Often
1.76-2.50	Disagree	Rarely
1.00-1.75	strongly disagree	Very rarely

To determine whether there is a relationship between parental socio-economic status and drug abuse, Pearson linear correlation coefficient (PLCC) was used to compute the influence of the independent variable to dependent variable.

Also the regression analysis R^2 (coefficient of determination) was used to compute the influence of the independent variable on the dependent variable.

Since it was an interview guide answered by teachers as a supplement, question-answer technique was utilized.

3.8 Ethical Considerations

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in this study, the following activities were implemented by the researcher:

1. Sought permission to adopt the standardized questionnaire on socio-economic status and drug abuse through a written communication to the author.
2. The respondents were coded instead of reflecting the names.
3. Solicited permission through a written request to the administration of the selected secondary schools of Kampala District.
4. Requested the respondents to sign in the Informed Consent Form (Appendix 3)
5. Acknowledged the authors quoted in this study and the author of the standardized instrument through citations and referencing.
6. Presented the findings in a generalized manner.

3.9 Limitations of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures were also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

1. *Extraneous variables* were beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study.
2. *Attrition/Mortality*: Not all questionnaires were returned neither completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal/withdrawal to participate. In anticipation to this, the researcher had reserved more respondents
3. There was limited data and record keeping on the students who abuse drugs among the respondents. The people hid out some valuable information from the researcher; therefore there is need for multiple approaches in getting information

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter shows the profile information of respondents, drugs commonly abused at school, parental socio-economic status of adolescents, prevalence of drug abuse and the significant relationship between parental socio-economic status and drug abuse among adolescents in selected secondary schools of Kampala District.

4.1 Profile of respondents

Respondents were asked to provide information regarding their, gender, age, class, family class and drugs commonly abused at school. In each case, adolescents were asked to provide their profile characteristics, using a closed ended questionnaire. Their responses were analyzed using frequencies and percentage distributions as indicated in table 4.1 below;

Table 4. 1: Profile of Respondents

Category	Frequency	Percentage
Gender		
Boys	155	81.6
Girls	35	18.4
Total	190	100.0
Age		
12-15	123	64.7
16-18	67	35.3
Total	190	100.0
Class		
S.1-S.3	110	57.9
S.4-S.6	80	42.1
Total	190	100.0
Family class		
First class	141	64.2
Middle class	49	25.8
Low class	18	9.5
Total	190	100.0
Drugs commonly abused		
Marijuana/Hashish	88	46.3
Cannabis/urumogi	16	8.4
Tobacco	52	27.4
Cocaine	21	11.1
Heroin	9	4.7
Alcohol	4	2.1
Total	190	100.0

Results in Table 4.1 indicate that male

As far as gender is concerned, respondents (over 81.6%) were higher than female respondents (over 18.4%). This indicates a big gender gap between boys and girls. This big gap was due to group influences among boys in selected secondary schools.

Regarding age group, respondents in this sample were dominated by those 12-15 years (over 64.7%), suggesting that most of the respondents in selected secondary schools indicating that they are in age of exploration.

About their class, the large portions of the respondents (over 57.9%) were in S.1-S.3, and (42.1%) were in S.4-S.6. This shows that S.1-S.3 dominated in the sample and was due to seeking for identification.

With respect to family class, majority of the respondents (64.2%) were from first class, indicating that respondents are coming from rich families, followed by those middle class with (25.8%), and (9.5%) were coming from very humble families. This shows that adolescents from very rich have access to drugs because they can afford. Pertaining the drugs commonly abused in these selected secondary schools, most of the respondents do abuse Marijuana/ Hashish (46.3%), followed by those who smoke tobacco (27.4%) and 2.1% who take alcohol were the fewest. This means that most of the respondents snick in school with powdered drugs hence abusing them at school.

Parental socio-economic status of adolescents

The independent variable in this study was parental socio-economic status of adolescents and the second objective was to determine the parental socio-economic status of adolescents in selected schools of Kampala district. The extent of parental socio-economic status was broken into three parts namely income (with seven qualitative questions), education (with seven qualitative questions) and occupation (with five qualitative questions). Each of these questions was based on the four point Likert scale where the respondents were asked to rate the extent to which parental socio-economic status is high or low by indicating the extent to which they agree or disagree with each question and their responses were analyzed using SPSS and summarized means as indicated in table 4.3 For interpretation of responses, the following numerical values were used:



Key for interpretation of means

Mean range	Response mode	Interpretation
3.26-4.00	Strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

Table 2:
Parental socio-economic status
n =190

Variables	Mean	Std. Deviation	Interpretation	Rank
ome				
parents pay my school fees in time	3.22	.976	High	1
arent to use drugs from home because my parents can afford type.	3.07	.992	High	2
parents take alcohol from expensive bars	2.96	1.002	High	3
family are low income earners	2.86	1.179	High	4
parents are high income earners	2.83	1.274	High	5
parents pay all school dues before the term begins	2.82	.967	High	6
Parents abuse drugs from home because they over work	2.54	1.291	High	7
verage mean	2.897	.654	High	
ication				
parents do allow me to discuss with my peers at home cause they are educated	2.94	.998	High	1
parents used to perform well at school so they encourage me read hard	2.85	1.134	High	2
parents are graduates from universities	2.79	1.202	High	3
parents guide me well especially when am writing my nework	2.58	1.250	High	4
parents encourage me to read hard even they buy for me text ks to use from home	2.54	1.151	High	5
parents are educated so they encourage me to copy them by sing hard	2.53	.981	High	6
parents help me do my homework	2.42	1.158	Low	7
verage mean	2.848	.529	High	
upation				
parents are business men and women	3.52	.689	Very high	1
parents do white color jobs like manager, doctors, directors	2.92	.893	High	2
parents are self employed	2.76	.978	High	3
parents do local jobs like farming, teaching	2.67	.986	High	4
parents are employed	2.36	1.084	Low	5
verage mean	2.667	.596	High	
rall mean	2.802	.443	High	

Source : Primary data 2014

Results in Table 2 reveal that the parental socio-economic status is generally high (overall mean=(2.802 with a standard variation of 0.443) and this implies that parental socio-economic status is always high, in three aspects that is to say income, education and occupation.

Income, this variable was measured by seven items and respondents were asked whether they agreed with the statements under investigation. Responses reveal that income was rated high (mean = 2.897 with standard variation of 0.654), implying that parents do have enough income hence high standards of living.

Education - seven items were used to measure this variable and respondents were asked whether they agreed with the statements. Responses indicated that education was rated high on average (mean =2.848 with standard deviation of 0.529), implying that most of the parents they value education for their children.

Occupation – five items were used to measure this variable and respondents were asked to measure the occupation rate they agreed with the statements. Responses indicated that occupation was rated high on average (mean =2.667 with standard deviation of 0.596), implying that most of the parents are highly employed in selected secondary schools. This is in line with Gollnick, 2013, who suggested that occupational prestige as one component of socio-economic status encompasses both income and educational attainment. Occupational status reflects the educational attainment required to obtain the job and income levels that vary with different jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job. Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on the job.

Prevalence of drug abuse among adolescents in schools

The dependent variable in this study was the prevalence of drug abuse among adolescents in schools, this variable was broken into three constructs (smoking with 5 questions, alcoholism with 6 questions and lastly snorting with 6 questions), for which respondents were required to ascertain the extent to which they agree or disagree with the items or statements by indicating the number which best describes their perceptions. This variable was measured using quantitative questions with response rate ranging between 1=strongly agree, 2=agree, 3=Disagree and

4=strongly disagree. The responses were analyzed and described using means as summarized below in table 3;

Key for interpretation of means

Mean range	Response mode	Interpretation
3.26-4.00	strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

Table. 3
Prevalence of drug abuse among adolescents in selected secondary schools
n =190

Variables	Mean	Std. Deviation	Interpretation	
Smoking				
our parents smoke marijuana	3.34	.899	Very high	1
our parents smoke cannabis and yet it's expensive more than twice in a day.	2.73	1.054	High	2
our parents can smoke cannabis at any time they feel like	2.55	1.086	High	3
our parents smoke a packet of cigarette in a day.	2.19	.888	Low	4
our parents smoke more than 5 sticks of cigarette in a day.	2.15	1.074	Low	5
Average mean	2.592	.552	High	
Alcoholism				
our parents take an expensive wine more than five times in a week	2.85	1.025	High	1
our parents take beers in expensive places	2.67	1.168	High	2
our parents consume 5 bottles of beer every day.	2.64	1.071	High	3
our parents take 10 bottles of beers in a day	2.54	1.106	High	4
our parents take beers in less cheap places	2.48	.996	Low	5
our parents consume more beers than expected	2.37	1.099	Low	6
Average mean	2.586	.6357	High	
Snorting				
our parents have friends they snort with cocaine	2.64	1.113	High	1
our parents can afford cocaine at any time	2.62	1.095	High	2
our parents can snort cocaine more than 5 times in a week	2.55	1.120	High	3
our parents can afford cocaine in expensive places	2.49	1.121	Low	4
our parents are able to access cocaine	2.42	.992	Low	5
our parents can afford Heroin at any time	2.37	1.127	Low	6
Average mean	2.514	.569	High	
Overall mean	2.562	.409	High	

ce : Primary,2014

Results in Table 3 reveal that the prevalence of drug abuse among adolescents in selected secondary schools is generally high (overall mean=2.562 with a standard deviation of 0.409), the dependent variables represent the perceptions of the respondents regarding these concepts. All the items for the dependent variables were measured on a 4-point scale (1=strongly agree, 2=agree, 3=Disagree and 4=strongly disagree) and it was divided into five constructs namely:-

Smoking – This variable was measured by five items. Respondents were asked whether they agreed with the statements under investigation. Responses reveal that smoking was rated high (mean = 2.592), implying that smoking is commonly practiced by children at school this including marijuana and this is line with Blume, 1998). Smoking is a practice in which a substance, most commonly tobacco or cannabis and marijuana, is burned and the smoke is tasted or inhaled. This is primarily practiced as a route of administration for recreational drug use, as combustion releases the active substance in drugs such as nicotine and makes them available for absorption through the lungs. It can also be done as a part of rituals, to induce trances and spiritual enlightenment.

Alcoholism – six items measured this variable and respondents were asked whether they agreed with the statements therein and responses indicated that alcoholism was rated high on average (mean =2.586), implying that alcoholism is also practiced by parents of the children hence copying a behavior.

Regarding the snorting - this variable was also measured with six items whereby the first three items were rated high and three items was rated low, results indicate that on average snorting was rated low (mean=2.562), implying that snorting is high. This is in line with Johansson et al, 2013 who suggests that heavy drinking over time has been found to have a negative effect on reproductive functioning in women. This result in reproductive dysfunction such as an ovulation decreased ovarian mass, problems or irregularity of the menstrual cycle, and early menopause. Alcoholic can occur in individuals who chronically abuse alcohol and have a recent history of binge drinking.

Relationship between Parental socio-economic status and Drug abuse among adolescents

The last objective in this study was to establish whether there is a significant relationship between Parental socio-economic status and Drug abuse among adolescents in selected secondary schools. On this, the researcher stated a null hypothesis that there is significant relationship between Parental socio-economic status and Drug abuse among adolescents in selected secondary schools. To achieve this last objective and to test this null hypothesis, the researcher correlated the overall mean on parental socio-economic status and that on drug abuse among adolescent using the Pearson's Linear Correlation Coefficient, as indicated in table 4;

Table 4:

Pearson correlation between Parental socio-economic status and Drug abuse among adolescents

Variables Correlated	r-value	Sig	Interpretation	Decision on Ho
Parental socio-economic status Vs Drug abuse	.478	.000	Significant correlation	Rejected

Results in Table 4 indicated a positive significant relationship between Parental socio-economic status and Drug abuse among adolescents in selected secondary schools of Kampala District, since the sig. value (.000) was far less than 0.05, which is the maximum level of significance required to declare a significant relationship in social sciences. Therefore this implies that high parental socio-economic status among adolescents increases the prevalence of drug abuse among adolescents and low parental socio-economic status, the less prevalence of drug abuse. Basing on these results the stated null hypothesis was rejected and a conclusion made that Parental socio-economic status and Drug abuse among adolescents. Therefore this agrees with Michael Kraus & Dacher Kilter (2012), in their study published in the December 2008 issue of (*Psychological Science*), found that children of parents with a high SES tended to express more disengagement behaviors than their peers of low SES.

Regression analysis

Table 5

Regression between parental socio-economic status and drug abuse among adolescents

Variables regressed	Adjusted r^2	F- value	Sig.	Interpretation	Decision on H_0
Drug abuse and parental socio-economic status	0.563	141.68	0.000	Significant effect	Rejected
Coefficients	Beta	t-value	Sig.		
(Constant)		7.307	.000	Significant effect	Rejected
Income	.241	3.199	.002	Significant effect	Rejected
Education	.181	2.338	.020	Insignificant effect	Accepted
Occupation	.228	3.369	.001	Significant effect	Rejected

Regression analysis results in Table 5 above indicated that parental socio-economic accounted for 56% in drug abuse indicated by adjusted r squared of 0.563 leading to the conclusion that parental socio-economic status significantly explains the high rates of drug abuse among adolescents.

The coefficients table further showed that of all the aspects of parental socio-economic, income accounted for the biggest change in drug abuse with the $\beta=0.241$, $\text{Sig}=0.002$.

For the remaining 44% it shows that its not only socio-economic status of parents that influence drug abuse but there are other factors like peer influence, availability of drugs and others.

4.6 Interview Guide

Question 1: Do you have students under adolescent stage when there parents' socio economic status is high?

Answer: We have them only that we accommodate every parent with regardless of there socio-economic status.

Question 2: Do you have cases where these children from “first class home” that they abuse drugs

Answer: Yes but sometimes its trucky to tell because we normally have students from all class of families

Question 3: Do you have cases of drug abusers in this school? Yes

b) How do you handle this?

Answer : They are talked too, counseled about the dangers of drug abuse

Question 4: Students smoke cigarette, cannabis and opium because it was coped from home?

Answer: Those are still few cases we normally experience

Question 5: Do these students tell reasons why they abuse drugs

Answer: Yes, like performing well, developing their self esteem, peer pressure, availability of drugs and others

Question 6: Are there students you know that now they are even addicted to drugs?

Answer : Yes but few cases really

Question 7: How are such students helped?

Answer: They are handled in a special way by counselors.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the findings, conclusions, recommendations and suggested areas that need further research following the study objectives and study hypothesis.

5.1 Discussions

This study was set to find out the influence of parental socio-economic status and drug abuse among adolescents in selected secondary schools of Kampala District. It was guided by four specific objectives, that included i) identifying commonly abused drugs in schools; ii) parental socio-economic status; iii) prevalence of drug abuse and iv) the relationship between parental socio-economic status and drug abuse among adolescents. The study findings indicated that majority of respondents were boys 155 (81.6%) ranged between 12-15 years and these were between S.1 –S.3 (110 (57.9%)), coming from first class families 141 (64.2%) and the drug that is commonly abused is marijuana with 88(46.3%).

Data analysis using means showed that only one item on parental socio-economic status was rated high and the highest was that is to say My parents pay my school fees in time with (mean 3.22 and a standard deviation of 0.976), implying parents pay school fees in time in selected secondary schools of Kampala District. Still on education, only My parents do allow me to discuss with my peers at home with a mean of 2.94 and a standard 0.998) implying that parents encourage their children to discuss with peers so that they are able to understand better and on one item my parents help me do my home work was rated low with a mean (2.42 as standard 1.158), implying that parents hardly find time for their children especially when writing home work. This is in line with Gollnick, 2013, who suggested that occupational prestige as one component of socio-economic status encompasses both income and educational attainment. Occupational status reflects the educational attainment required to obtain the job and income levels that vary with different jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job. Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on the job.

As far as occupation is concerned one item was rated high that is to say mean =3.52 with a standard deviation of 0.689), this implies that My parents are business men and women.

The following items on drug abuse was rated very high that is to say your parents smoke marijuana with (mean=3.34 and a standard deviation of 0.899), implying a parents do smoke so high marijuana in selected secondary schools of Kampala District hence children copying. Still results indicate that only two items on parental socio-economic status rated low and this was Your parents smoke a packet of cigarette in a day (mean 2.19 and a standard deviation 0.888) and Your parents smoke more than 5 sticks of cigarette in a day (mean 2.15 and a standard deviation 1.074), implying that parents do take marijuana than cigarette. As per alcoholism two items were rated Your parents take beers in less cheap places (2.48 with a standard deviation .996) and Your parents consume more beers than expected with (mean =2.37 with a standard 1.099). as far as snorting is concerned three items were rated low that is to say Your parents can afford cocaine in expensive places (mean =2.49), Your parents are able to access cocaine (mean =2.42) and Your parents can afford Heroin at any time (mean=2.37). This means that children hardly access cocaine and heroin. This is in line with Johansson et al, (2013) who suggests that heavy drinking over time has been found to have a negative effect on reproductive functioning in women. This result in reproductive dysfunction such as an ovulation decreased ovarian mass, problems or irregularity of the menstrual cycle, and early menopause. Alcoholic can occur in individuals who chronically abuse alcohol and have a recent history of binge drinking.

The findings also indicated a positive a significant relationship, positive significant correlation between Parental socio-economic status and Drug abuse among adolescents in selected secondary schools of Kampala District, since the sig. value (.000) was far less than 0.05, which is the maximum level of significance required to declare a significant relationship in social sciences. Therefore this implies that high parental socio-economic status among adolescents increases the prevalence of drug abuse among adolescents and low parental socio-economic status, the less prevalence of drug abuse. Basing on these results the stated null hypothesis was rejected and a conclusion made that Parental socio-economic status and Drug abuse among adolescents. Therefore this agrees with Michael Kraus & Dacher Kilter (2012), in their study

published in the December 2008 issue of (*Psychological Science*), found that children of parents with a high SES tended to express more disengagement behaviors than their peers of low SES.

Regression analysis results in table 5 above indicated that parental socio-economic accounted for 56% in drug abuse indicated by adjusted squared of 0.563 leading to the conclusion that parental socio-economic status significantly explains the high rates of drug abuse among adolescents. The coefficients table further showed that of all the aspects of parental socio-economic, income accounted for the biggest change in drug abuse with the $\beta=0.241$, $\text{Sig}=0.002$.

5.2 Conclusions

From the findings of the study, the researcher concluded that that majority of respondents were boys 155 (81.6%) ranged between 12-15 years and these were between S.1 –S.3 (110 (57.9%)), coming from first class families 141 (64.2%) and the drug that is commonly abused is marijuana with 88(46.3%), meaning that they are a stage of identity and confusion.

The parental socio-economic status is generally high, therefore concluding parents' income, education and occupation hence helping their children.

The prevalence of drug abuse was generally high in selected secondary schools is generally high, hence concluding that smoking, alcoholism and snorting is practiced by the parents hence children copying a given behavior.

Finally parental socio-economic and drug abuse are positive and significantly correlated; this implies that high parental socio-economic status among adolescents increases the prevalence of drug abuse among adolescents and low parental socio-economic status, the less prevalence of drug abuse. Basing on these results the stated null hypothesis was rejected and a conclusion made that Parental socio-economic status and Drug abuse among adolescents. Therefore this agrees with Michael Kraus & Dacher Kilter (2012), in their study published in the December 2008 issue of (*Psychological Science*), found that children of parents with a high SES tended to express more disengagement behaviors than their peers of low SES. With the regression, the researcher concludes that parental socio-economic status significantly explains the high rates of drug abuse among adolescents.

5.3 Recommendations

From the findings and the conclusions of the study, the researcher recommends there is need for parents to encourage girl children also to study.

In the line with above, there is gender imbalance in schools which may cause havoc, so its better to encourage parents take their children in good schools.

There is a need to encourage parents to maintain their socio economic status that was high.

There is a need to reduce drug abuse that seemed to be high among adolescents.

There is need to encourage parent to help their children do the home work, since it was found to be generally low.

There is a need to sensitize parents and children on the effects of drug abuse hence reduction of the dangers.

There is a need to encourage parents to start businesses those who are not employed.

There is a need to sensitize the parents not to smoke cannabis at any time they feel like, despite the fact that they can afford it.

Areas for Further Research

The research does not and cannot guarantee that the study was completely exhausted.

In any case, the scope of the study was limited in accordance with the space, and objectives. It is therefore, suggested that a national research covering the whole country be undertaken.

Also, prospective researchers and even students should be encouraged to research into the following areas:

1. Parenting styles and child up bringing among families of drug abusers.
2. Implications of substance abuse on the socio-economic status of parents
3. Drug and substance abuse and drug adaptation in selected health centers.

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APPENDICES

APPENDIX I

TRANSMITTAL LETTER

OFFICE OF THE DEPUTY VICE CHANCELLOR (DVC)

COLLEGE OF HIGHER DEGREES AND RESEARCH (CHDR)

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR Ms. MUKALURANGWA SPECIOZA

**REG. NO. MCP/29312/131/DU, TO CONDUCT RESEARCH IN YOUR
INSTITUTION**

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Master's in Counseling Psychology.

She is currently conducting a field research for her thesis entitled, **Parental socio-economic status and drug abuse in selected secondary schools of Kampala.**

Your institution 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 avail her with the pertinent information she may need.

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

Any assistance rendered to her will be highly appreciated.

Yours truly,

APPENDIX II

CLEARANCE FROM ETHICS COMMITTEE

Date _____

Candidate's Data

Name _____

Reg.# _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

- ___ Physical Safety of Human Subjects
- ___ Psychological Safety
- ___ Emotional Security
- ___ Privacy
- ___ Written Request for Author of Standardized Instrument
- ___ Coding of Questionnaires/Anonymity/Confidentiality
- ___ Permission to Conduct the Study
- ___ Informed Consent
- ___ Citations/Authors Recognized

Results of Ethical Review

- ___ Approved
- ___ Conditional (to provide the Ethics Committee with corrections)
- ___ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members _____

APPENDIX III

INFORMED CONSENT

I am giving my consent to be part of the research study of **Ms. Specioza** that will focus on **parental socio-economic status and drug abuse**.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials: _____

Date _____

APPENDIX IV

RESEARCH INSTRUMENT

SECTION I: Face sheet to determine the profile of respondents

Direction: Please tick where appropriate

Gender:

_____ 1. Boy

_____ 2. Girl

Age:

_____ 3. 12-15 Years

_____ 4. 16-18 Years

Class your are in.

_____ 5. S.1-S.2

_____ 6. S.3-S.4

Family class

_____ 7. first class

_____ 8. middle class

_____ 9. low class

SECTION II: Types of drug commonly abused

Direction: On the space provided before each option, indicate your best choice by tick where appropriate.

What drugs are commonly abused in this school?

_____ i). Marijuana/ Hashish

_____ ii). Cannabis/urumogi

_____ iii). Tobacco

_____ iv). Cocaine

_____ v)Heroin

_____ vi). Alcohol

i) Name the drugs you know.....

ii) Do you know anyone who abuses drugs in your school?.....

iii) If yes.....Is there any measures taken that can stop them?.....

SECTION III: SOCIO-ECONOMIC STATUS

Direction: On the space provided before each option, indicate your best choice by using the rating system below:

Response Mode	Rating	Interpretation	Description
Strongly Agree	(4)	You agree with no doubt at all	SA
Agree	(3)	You agree with some doubt	A
Disagree	(2)	You disagree with some doubt	D
Strongly disagree	(1)	You disagree with no doubt at all	SD

Income

- _____ 1). I learnt to use drug from home because my parents can afford any type.
- _____ 2). My Parents abuse drugs from home because they over work
- _____ 3) My parents are high income earners
- _____ 4). my parents take alcohol from expensive bars
- _____ 5). My parents pay my school fees in time
- _____ 6). My parents pay all school dues before the term begins
- _____ 7). My family are low income earners
- i. Are you being chased from school due to lack of fees.....
- ii. If no what could be the reason.....
- iii. Do you normally get everything that you request from your parent.....
- iv. How do you rate the amount he or she uses in a month, is it between 50,000 per week?
Yes-----or No.....
- v. How do you feel about it?.....

Education

- _____ 8). My parents are graduates from universities
- _____ 9). My parents guide me well especially when am writing my home work.
- _____ 10). My parents encourage me to read hard even they buy for me text books to use from home
- _____ 11). My parents help me do my homework
- _____ 12). My parents guides are educated so they encourage me to copy them by revising hard
- _____ 13) My parents used to perform well at school so they encourage me to read hard.
- _____ 14) My parents do allow me to discuss with my peers at home because they are educated.
- Do your parents attend meetings from your school?.....
- Do they came when they are drunk?.....
- If yes.....
- How do you feel about it?.....

Occupation

- . _____ 15). My parents are business men and women.
- _____ 16). My parents are employed
- _____ 17). My parents are self employed
- _____ 18). My parents do white color jobs like manager, doctors, directors e.t.c
- _____ 19). My parents do local jobs like farming, teaching
- How does your parent behave after work?.....
- Does he or she go to bars or drink from home?.....
- How you ever noticed the work that your parents do?.....
- Has your parents ever trained how to work and earn money.....
- If no why?.....

SECTION VI: DRUG ABUSE

Direction: On the space provided before each option, indicate your choice by using the rating system below:

Response Mode	Rating	Description
Strongly Agree	(4)	You agree with no doubt at all
Agree	(3)	You agree with some doubt
Disagree	(2)	You disagree with some doubt
Strongly disagree	(1)	You disagree with no doubt at all

Smoking

- _____ 20). Your parents smoke more than 5 sticks of cigarette in a day.
_____ 21). Your parents smoke a packet of cigarette in a day.
_____ 22). Your parents can smoke cannabis at any time they feel like
_____ 23). Your parents smoke marijuana.
_____ 24). Your parents smoke cannabis and yet its expensive more than twice in a day.

Alcoholism

- _____ 25). Your parents take 10 bottles of beers in a day
_____ 26). Your parents take an expensive wine more than five times in a week
_____ 27). Your parents consume 5 bottles of beer every days.
_____ 28). Your parents take beers in expensive places
_____ 29). Your parents take beers in less cheap places
_____ 30). Your parents consume more beers than expected.

Snorting

- _____ 31). Your parents are able to access cocaine
_____ 32). Your parents have friends they snort with cocaine
_____ 33). Your parents can afford cocaine at any time
_____ 34). Your parents can afford Heroin at any time
_____ 35). Your parents can afford cocaine in expensive places
_____ 36). Your parents can snort cocaine more than 5 times in a week

Thank your for your participation

APPENDIX V
INTERVIEW GUIDE FOR TEACHERS

1. Do you have students under adolescent stage when there parents' socio economic status is high?

Yes.....no.....

2. Do you have cases where these children from “First class homes” that they abuse drugs

3. Do you have cases of drug abusers in this school?

Yes_____No_____

4. Students smoke cigarette, cannabis and opium because it was copied from home?

Do these students tell reasons why they abuse drugs

5. Are there students you know that now they are even addicted to drugs?

Yes.....no.....

6. .How are such students helped?.....

Thank you for participating.

APPENDIX VI

BUDGET

Particular	Quantity	Amount
Stationary	Paper 4 Reams	40,000/=
	Ink 1 Cartridge	35,000/=
	Binding materials 10	250,000/=
Research Assistants	3 @ 100,000	300,000/=
Transport costs		500,000/=
Data Analysis		100,000/=
Up keep		300,000/=
Miscellaneous		200,000/=
	Total	725,000

APPENDIX VII

TIME FRAME 2014

Activity	Jan	Feb	March	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1. Conceptual Phase												
Chapter 1												
2. Design & Planning Phase												
Chapter 2-3												
3. Thesis Proposal												
4. Empirical Phase												
Data Collection												
5. Analytic Phase												
Chapter 4-5												
6. Dissemination Phase												
7. Viva Voce												
8. Revision												
9. Final Book Bound Copy												
10. Clearance												
11. Graduation												

