



SUBSTANCE USE AND ASSOCIATED FACTORS AMONG YOUTH OF JIMMA TOWN, OROMIA REGIONAL STATE, SOUTH WEST ETHIOPIA: MIXED METHODS APPROACH

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JIMMA ETHIOPIA

JIMMA UNIVERSITY
INSTITUTE OF HEALTH
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Abstract

Background: Substance use refers to use of psychoactive substances such as alcohol, cigarette, khat and illicit drugs. Globally substance use such as alcohol, cigarette, and khat leaves (*Cathaedulis*) have become a major public health concern with accompanying socio-economic problems.

Objective: The purpose of this study was to assess prevalence of substance use (including Cigarette use, Alcohol use and Khat use) and associated factors among youth in Jimma town.

Methods: This study was conducted in Jimma Town through mixed-methods research approach including community based cross-sectional survey and semi-structured interviews. A total of 570 youth was selected as a sample sizes for the quantitative part of the survey and 10 in-depth interviews was conducted for the qualitative study. Data was collected by using a semi-structured survey questionnaire and semi-structured interviews guide. The collected data were entered to Epi-data manager version 4.4.1 and exported to statistical package for social science version 21.0 for analysis of quantitative data. Logistic regression analyses were used to identify factors associated with substance use. ATLAS.ti version 7 was employed for analysis of qualitative data. Then findings and direct quotations of study participants were presented in results part with thick description to triangulate with quantitative findings.

Results: The overall substance use among respondent was 310(54.7%). Life time prevalence of cigarette, khat and alcohol are 18.0%, 31.6% and 46.9% respectively. The factors associated with cigarette use were those siblings of respondents that use substance (AOR, 2.5 95%CI (1.31-4.87)), friends smoke cigarette compare to chew khat (AOR, 3.7 95%CI (1.506-8.900)), subjective norm factors (AOR, 1.2 95%CI (1.02-1.30)) and perceived benefit on substance use (AOR, 1.42 95%CI (1.16-1.73)). Factors associated with Alcohol use among respondents were those fathers that drink alcohol compare to those whose fathers' chew khat (AOR, 5.6 95%CI (2.65-11.93)), and youth who highly perceived substance use as important (AOR, 1.7 95%CI (1.448-2.032)). Factors that influenced Khat use were male versus female respondents (AOR 8.3 95%CI (4.24-16.36)), those respondents' that have siblings in use substance versus those sibling's that did not use khat (AOR, 3.8 95%CI (2.15-6.57)), out-of-school youth compare to in-school (AOR, 3.35 95%CI (1.99-5.64)) and highly influenced youth by the subjective norms to smoke cigarette versus chew khat (AOR, 1.22 95%CI. (1.06-1.39))

Conclusion: The study findings indicated that substance use prevalence is high among youth of Jimma town. The factors associated with cigarette use are siblings of respondents that use substance, friends smoke cigarette, subjective norm factors and perceived benefit on substance use. Factors associated with Alcohol use are those fathers that drink alcohol and youth who highly perceived substance use as important and also factors that influence Khat use were male gender, siblings in use substance, out-of-school youth and subjective norms factors.

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Acronyms

AOR	Adjusted Odd Ratio
COR	Crude Odd Ratio
CI	Confidence Interval
DALYs	Disability-Adjusted Life Years
EDHS	Ethiopian Demographic and Health Survey
ERC	Ethical Review Committee
FDRE	Federal Democratic Republic Of Ethiopia
HIV	Human Immune Deficiency Virus
IDI	In-Depth Interview
SD	Standard Deviation
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
WHO	World Health Organization

Chapter one

Introduction

1.1 Background of study

Substance use refers to use of psychoactive substances such as alcohol, cigarette, khat and illicit drugs. Psychoactive substance use can lead to dependence syndrome-a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use. Substance use is a broad term that covers taking of all substances within which there are stages such as: substance free-that is non-use, experimental use, recreational use, and harmful use(1).

There are differences among countries in the prevalence of substance use from time to time. The extent of substance abuse among youth is on the rise in global settings. Two hundred and forty three million which is about 5.2% of the world population abused illicit drugs in 2013 (2). WHO substance abuse report in Africa, Algeria has been reported to have the highest prevalence rates of substance abuse or 71% and followed by South Africa 68% among the population of 15 years and above(3). In Ethiopia different substance is common used mainly khat, cigarette, alcohol and shisha.

Alcohol-containing beverages played a vital part in the daily lives of man since ancient times. Literature shows that more than 16% of the population, who are 15 years and above, reportedly engaged in heavy episodic drinking(4). There are different kinds of alcohol, ethyl alcohol (ethanol) is the only alcohol used in beverages by fermentation of grains and fruits. The World Health Organization (WHO) report shows that, beer 33%, spirits 22%, others 43% and wine 2% are consumed by people whose age are 15 and above in Ethiopia(5).

There are more than 4,000 different compounds in tobacco smokes. The World Health Organization (WHO) reported that mortality due to smoking-related diseases was higher than the combination of all infectious diseases worldwide. Nicotine is the drug in tobacco that makes smoking a powerful addiction. Experts rank nicotine ahead of alcohol, cocaine and heroin with regard to the severity of dependence resulting from its use. Cigarette smoking has dramatically reduced in recent decades in developed countries. However, it is extremely increasing in less developed countries(4).

Khat is a plant with a large green shrub that grows at high altitudes between 1,500-2,000 meters above sea level in areas extending from east Africa to the Arabian Peninsula. It contains an amphetamine like substances of which the main psychoactive constituent is cathinone along with a less psychoactive cathine(6). The plant is known by different names in different countries: chat in Ethiopia, qat in Yemen, mirra in Kenya and qaadorjaad in Somalia, but in most of the literature it is known as khat.

The Ethiopian Demographic and Health Survey (EDHS) conducted in 2016 showed that, women at age group between 15-19 and 20-24 who ever drank alcohol are 30.4% and 34.1% respectively. Male at age group of 15-19 and 20-24 who ever drank alcohol is 39.1% and 46.4% respectively. It also report that women at age group 15-19 and 20-24 ever chewed chat are 7.4% and 10.0% respectively. Male at the same age group who ever chewed chat are 13.8 and 23.8 respectively. Women at age group between 20-24 who smoking tobacco is 1.0 % and male age group between 15-19 and 20-24 who smoking tobacco 0.4 and 2.6 respectively(7).

The government of Ethiopia has passed a proclamation that controls the production, import, export, distribution, and sell of narcotic and psychotropic drugs, and other psychoactive substances like tobacco. Article 18 of the proclamation states that: “Any person shall, to import, export, manufacture, distribute, store or possess narcotic drugs, psychotropic substances or precursor chemicals, be required to have a special permit issued by the executive organ.” (8).

According to world health organization, youth refer to age found between the ages of 15-24. In Ethiopia, adolescent and youth are defined as age between 15 to 29 years(9). The Ethiopian social security and development policy considers people aged 15 to 24 years old as the youth. Youth experience multiple risk-taking behaviors. Substance use (khat, alcohol, cigarette and illicit drugs), substance abuse, unsafe sex and others remain particularly high among this group. What contributes to this risky behavior varies from place to place but some of the factors identified includes individual, parental, community factors and peer influences.

Studies on substance use and its associated factors have a substantial input for researchers and policy makers to develop an intervention strategy for problems related to health. Hence, this study will attempt to investigate the substance use and associated factors among youth of Jimma town, south west Ethiopia

1.2 Statement of problem

Substance abuse and dependence are one of the most frequently occurring disorders in adolescents, young adults, and the general population. A substantial proportion of the adolescent populations uses drugs or alcohol to the extent that their health, interpersonal relationships, or school performance are adversely affected(10). As its effect, substance use is harmful leading to decreased academic performance, increased risk of contracting HIV and other sexually transmitted diseases (STDs), or psychiatric disorders such as lethargy, hopelessness, insomnia, depressive symptoms and also impairs individual judgment and decision-making ability (10).

Regular substance use can also profoundly impact neurodevelopment, which can interfere with academic performance and cognitive functioning during adolescence and lead to dysfunction in the social and employment realms later in life(10). The study done in America on adolescent students showed that individuals who begin using psychoactive substances at an early age, typically defined as prior to age 13 or 14 are at greater risk of negative psychosocial, educational and mental health outcomes than individuals who initiate substance use at a later age(11).

Study conducted at Nigeria university students indicated that substance use has contributed to the increasing incidence of psychosocial problems among the youth and also people with substance use disorder are more likely to die younger and are more likely to have a psychiatric disorder than people without substance use disorder(12).

The community based cross-sectional study conducted in south west Ethiopia showed that Substance use such as Khat, alcohol and cigarette were widely practiced among youth. Both male and female youths reported to have started chewing Khat before the age of 15 years(13). Also study conduct in Jimma zone reported the strongest association between substance use and psychological disorder(14).

Although a lot of quantitative study were conducted and published on substance use and associated factor among high school and university student in Ethiopia, few studies have investigated the substance use and the factors associated with it at community level; none was conducted at Jimma town.

This study was initiated based on the following rational. First, substance related problems were not addressed well and currently the problem is alarmingly increasing in our country. Besides,

the Ethiopia minster of health identified as problem among youth and adolescent and also Jimma zone health bureau identified as main problem among youth next to HIV/AIDS. This study has also attempted to address a new dimension in that it was community-based study, by applying mixed methods approach (i.e. concurrent triangulated strategy) and the study was conducted on the youth age groups of 15-24.

Thus, study about substance use and associated factors among youth is important to reduce social, economic and health related problem with substance use including khat chewing, Alcohol use and cigarette smoking. Therefore, this study was assessing the underlining causes for substance use and its prevalence among youth in Jimma town by using mixed methods research approach.

1.3 Significance of study

The finding from this study is useful for counselling and providing health education on the effect of substance use. Also identifying substance use associated factor among youth at community level is essential in order to guide program planning, help adolescents to adhere to protective factors and help family, peers, and the community to increase conditions for the implementation to protective factors and to reducing influencing factors and, for policy responses for decision makers.

Chapter two

Literature review

2.1 Prevalence of substance use

Surveys conducted on substance use among the general worldwide populations show that the extent of substance use among young people remains higher than that among older people, although there are some exceptions associated with the traditional use of drugs such as opium or khat. Literature suggests that early (12–14 years old) to late (15–17 years old) adolescence is a critical risk period for the initiation of substance use and that substance use is high among young people aged 18–25 years(10).

Data on substance use among the general population in the United States from 2017 show differences in the lifetime, past-year and past-month use of people aged 18–25 years compared with that of people aged 50–54. Lifetime use of substances that have an established use over decades, such as cannabis, opioid painkillers, tranquillizers and inhalants, is comparable among those aged 50–54 and those aged 18–25 almost half of people in both age groups have used cannabis at least once in their lifetime(10).

Study conducted in on substance abuse among male adolescents in northern India indicated that smoking is prevalent among 10.95% male adolescents and alcohol is used by 3.34% and other drugs are used by 0.75% male adolescents. There are increases in prevalence of substance abuse with the increase in age 64.41% are regular smokers, while 25.42% and 10.17% are occasional and experimental smokers respectively. Majority of alcohol drinkers (61.11%) are experimental while other drugs are used by few male adolescents occasionally or experimentally.(15)

Many studies reveal that the life time prevalence of substance use in high school, college and university students vary from place to place. These could be explained as in India high school the prevalence was 12.5% (16), in Jamaican adolescent high schools 64% [6], Nigeria adolescent high schools 83.8% (17). Among the general population of Kenya, khat and cannabis remain the two most commonly used substances(10).

In Kenya, older people reported a higher use of established substances use such as khat in different forms (*miraa* and *muguka*) and cannabis (*bhang* and hashish). In addition, drugs that have become available in Africa more recently, such as cocaine and heroin, are reported to be

used more frequently among those aged 18–24 years. Among the general population, khat and cannabis remain the two most commonly used substances, with the highest lifetime and past-year use among youth(10).

In Ethiopia, addictive substances such as Khat, tobacco and alcohol are widely used by adolescents and youth. About 4.4% of Ethiopian adolescents and youth smoke cigarettes or other tobacco products. The practice is more common among urban adolescents and youth. Nearly half 45.6% consume alcohol more than six times in a month. Prevalence of alcohol consumption is higher among male 47.7% than female 43.5% adolescents and youth, among rural than urban residents. Recent evidence shows that 36.6% of 15-29 years adolescents and youth are using any form of alcohol, higher among males-42.6% than females-29.5%(18). The national prevalence of Khat consumption among adolescents and youth is 51%; higher among males 56.5% than females 36.6 among the currently 15-29 year's olds the average age of starting to chew Khat is 16.9 years(18).

Cross-sectional study conduct on Substance use and associated factors among high school adolescents in Woreta Town is indicted that the prevalence of substance use among male 66% and female 34%(19). And also study done on substance use and risky sexual behaviour among public college students in Bonga town show that 15.4% of the students chew khat at least once in their lifetime and 11.4% reported that they were current khat chewers (in the last 3 months)(20).

Another study conducted on the preparatory school students of Bale Zone showed that overall current prevalence of substance use among the respondents was 34.8%. Specifically, 24% and 17.1% of the respondents drank alcohol and chewed khat, respectively(21). Another study conducted on khat use and risky sexual behavior among youth of Asendabo town show that 34% was chewed khat in their lifetime(13).

Also another study conducted on prevalence and severity of depression and its association with substance use in Jimma town show that the prevalence of 33.9% khat chewers, 34.4% alcohol users, 10.2% cigarette smokers, and 3.7% shisha users(14).

The study conducted in Jimma on factors associated with Khat chewing among high school students show that the life time prevalence of khat chewing among Jimma town high school students was 15.9%. Of these, 74.5% and 25.5% of them were male and females respectively.

The current prevalence of khat chewing was 14.2%. Amongst current khat chewers, 71.4% of them were males and 28.6% were females(22).

2.2. Factor associated with substance uses

2.2.1 Socio demographic factor

The study conducted on Canadian students indicates that tobacco smoke males were more likely to also abuse cannabis compared to their female counterparts(23). Also the study conducted in Iran on substance use and associated factor show that being male and living alone are two important risk factors for substance usage(24).

A review of literature on drug and substance abuse amongst youth and young women in South Africa indicated alcohol use and drug abuse influencing factors within an individual include gender, genetic predisposition, age, impulsivity and sensation seeking (25). Also another study conducted on Rwandan youths regarding substance abuse showed that substance abuse among males 67.03% was more than that of females 36.92%(26).

Cross-sectional study conducted in Shashemene town on substance use and associated factors among high school students show a person who were lived alone were 2.39 times more likely to use substances than those who were living with their families(27). Also a person who have monthly pocket money were 2.12 times more likely to use than compared to those who have no monthly pocket money (27).

Another study conducted on prevalence of substance use and associated factors among medical interns of Jimma university, show that residence, ethnicity, and coming from an area where substance is commonly used, showed statistically significantly associated with life time substance use(28).

2.2.2 Individual factors

These relate to individual characteristics that influence behavior. These characteristics are knowledge, Perceived risk of substance and Perceived benefit of substance. The United Nations Development Program report on the drug use showed that the reasons were given for drug use among the youth centered on the perceived benefits such as enabling the user to study, do hard work /over work, for fun and get rid of shyness, rebellion and forget about one's problems(29).

A cross-national study conducted at United States and Australia show that students with low perceived risks of substance use were 1.73 times more likely to use substances compared to their counter parts with high perceived risk of substance use. Low perceived risk of substance use is more strongly associated with the use of alcohol and cigarettes(30). Adolescents who don't know the dangers of substance use may be more likely to use them(19).

Cross-sectional study conduct on Substance use and associated factors among high school adolescents in Woreta Town is indicted that students who had low perceived risk of substance use were 1.73 times more likely to use substances compared to their counterparts who had high perceived risk of substance use(19).

2.2.3. Social related factor

The study conducted in Brazilian school adolescents show that the presence of household members who drink excessively was statistically significant for drug use of the and the presence of other drug users in the household was also statistically significant which was also significantly associated in this study (31).

Another study done on factors associated with tobacco, alcohol and drug use among adolescents attending secondary school in Argentina show that a stronger association with tobacco and alcohol use included having close friends who smoke or drink and a high sensation seeking index(32).

The study conducted in South Africa among high school adolescents show that substance use by other members of the household is significantly associated with substance use(33). Also the South African empirical studies indicate that peer pressure is one of the most significant and most consistent predictor of substance use among youth(34).

Descriptive survey conducted on drug abuse at secondary schools in Kenya shows that the extent to which students indicate their friends abuse drugs is quite high with a proportion of 190 out of 342 respondents or 55.6%(35). Study done on substance use among high school students in Ethiopia identified the association between family history of substance use was significantly associated with substance use (36). Another study conduct on substance use and associated

factors among high school adolescents indicated that sibling use of substance emerged as the stronger predictor of substance use(19).

Cross-sectional study conducted in Woreta town high school adolescents identified Community norms favorable to substance use was 2 times more likely to lead to adolescent substance use than community norms that were not favorable to substance use(19). The study conducted in Jimma university on prevalence of substance use and associated factors among Jimma university teachers show that substance use among teacher and social norm is significantly associated(37).

2.2.4. Psychological factor

Institutional based cross-sectional study conducted in Swiss university on drug abuse indicates that students who experience mental tension in relation to academic pressure are more vulnerable to substance abuse(38). Similarly, population-based survey study conducted on substance use among youth and adults in South Africa indicated that psychological distress and substance use were associated with any past 3-month drug use(39)

The mixed method approach done on alcohol and substance abuse among adolescents of Ethiopia universities show that 43.9% was drank alcohol beverages for personal pleasure(40). Also, vast majority, 38.9% mentioned that drinking alcohol improved their social relation while 67.7% indicated that it helps them to get rid of stresses(40). Cross-sectional study done in Haramaya University also indicated the major reasons for chewing khat is to get personal pleasure 25.8%, to get relief from tension 23%, to stay awake 16.2% and due to academic dissatisfaction 10.3%(41).

Another study conducted in Jimma university on the prevalence of substance use and associated factors among medical interns show that the mainly reason to substance use among student is to get personal pleasure 21.5 %, to relief from tension 8.1% and due to academic dissatisfaction 3.8 %(42).The study conducted on the Prevalence, withdrawal symptoms and associated factors of khat chewing among main campus regular undergraduate students in Jimma University showed that the main reasons to starting chat chewing are to get relief from stress(43).

2.2.5. Substance related factor

The study conducted in public university in the South western United States showed that widespread availability of substances of abuse around university campuses promotes substance

use among university students(46). Cross-section study conducted in morocco also show that students' engagement with substance abuse is highly associated with their living in a community where substance of abuse is largely available(46).

A mixed method approach conducted on alcohol and substance abuse among adolescents of Ethiopia universities show that alcohol and substances were widely available near to university campus like beer, 'Areke' and substances like khat and shisha were available and accessible by majority of users(40).

Another mixed method approach done on substance abuse among undergraduate students at a university in Ethiopia show that access to khat, cigarette, and alcohol is very easy for the majority 68.60%, 71.40%, and 55.10% of respondents respectively(47). Also the qualitative part conducted by Asgedom support the above idea '*The substances are easily accessible and at a very low price which almost all the students can afford*'.(47)

Another study conducted on the Prevalence, withdrawal symptoms and associated factors of khat chewing among main campus regular undergraduate students in Jimma University showed that the main reasons to starting chat chewing are easily available(43). Community based cross-sectional study conduct in Asendabo town on Khat use and risky sexual behaviour among youth showed that 17.9% of males and 36.7% of females reported that Khat is easily accessible to the youth.(13)

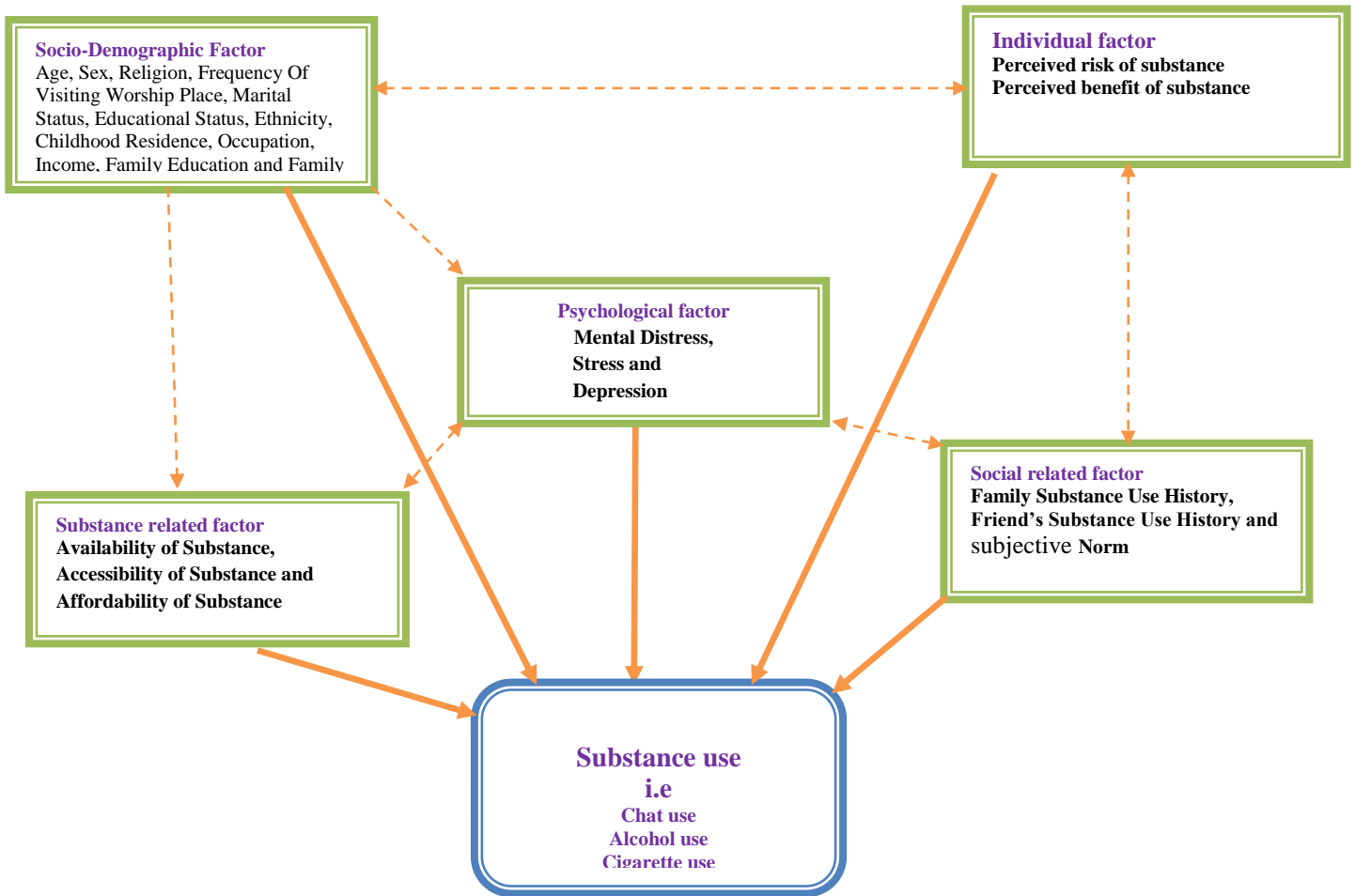


Figure 1: Conceptual framework of the study adapted from different literatures(31,32,37).

NB: The broken lines possibly indicate relationship between the variables

Chapter three

Objective

3.1. General objective:

- To assess prevalence of substance use and associated factor among youth in Jimma town, south west Ethiopia.

3.2. Specific objective:

- To assess prevalence of substance use among youth in Jimma town, south west Ethiopia.
- To identify factor associated with substance use among youth in Jimma town, south west Ethiopia.
- To explore risk factors of substance use among youth in Jimma town, south west Ethiopia.

Chapter four

Methods and Materials

4.1 Study area and period

The study was conducted in Jimma Town. Jimma Town is located in Jimma Zone, Oromia Regional State, and Southwest Ethiopia. Jimma is the capital city for the Jimma Zone and it is located 345 km away from Addis Ababa, the capital city of Ethiopia. The Town has seventeen Kebele with a total population of 205,163 of whom females account 102,007, male 103,156 and total house hold 42,742 according to 2019 Jimma zone health bureau projection population report. From the total population around 40,539(21%) populations are youth (age found 15-24). The study was conducted from March 2019 – April 2019.

4.2 Study design

A mixed methods research approach, consisting of a community based cross-sectional survey and qualitative studies were employed in this study. Specifically, concurrent mixed-methods design was employed in this study. In this design, quantitative and qualitative data were collected and analysed at the same time. Data analyse were carried out separately, and integration occurs at the data interpretation stage. Employing this mixed-methods approach was serves the purpose of triangulation for further exploring of risk factor in this specific setting (Jimma town community).

4.3 Populations

4.3.1 Source population

The source population were all youth who are resident in Jimma town.

4.3.2 Study population

The study population was all selected youth who are lived in the selected Kebele.

Population for qualitative study

The population for the qualitative study part was the youth who use substance and live in Jimma town. It also consists of different key informant mainly from Jimma town youth association, Kebele youth association, Jimma town children, adolescent and youth health office, NGOs work on substance use privation and psychiatrists work in rehabilitation centers.

4.4. Inclusion and exclusion criteria

4.4.1 Inclusion Criteria

- ✓ Youth(15-25 age), who are present in the house during data collection period
- ✓ A youth lived in Jimma town more than 6 months and
- ✓ A youth who showed willing to participate.

4.4.2 Exclusion criteria

- ✓ The youth who are unable to response because of illness.
- ✓ The youth who did not willing to give informed consent.

4.5. Sample size determination and sampling procedure

4.5.1. For quantitative part of study

The sample size was determined by using a formula for single population proportion taking prevalence rate of khat users 34% from the study conduct on the Khat use and risky sexual behavior among youth in Asendabo town, south western Ethiopia(13). With 95% confident level, 5% precision and a non-response rate of 10 %. The total sample size is 345 * 1.5 design effect * 10% non-respondent rate= **570**

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

Where

n=desired sample size

P= prevalence of substance use 0.34(13).

z- Confidence interval – 95%

d- Desired precision (%) – 5 %=0.05

$$n = \frac{(1.96)^2 * 0.34(1-0.34)}{(0.05)^2} = \frac{3.8416 \times 0.34 \times 0.66}{0.0025} = 345 * \text{design effect}$$

When **design effect** 1.5 is used the sample size = 518

By considering 10% non-response rate, the final sample sizes will 570.

4.5.2. Sample size for qualitative part of the study

Semi-structured interviews were used to address the qualitative study part. Accordingly 10 (ten) in-depth interviews was conducted for this purpose. More specifically, 5 (five) with substance use youth and 5 (five) with different key informants mainly Jimma town youth association chairman, Kebele youth association chairman, Jimma town health office child, adolescent and youth health focal person, NGO work on substance use privation focal person and psychiatrist work in substance use rehabilitation center was involved in this study.

4.6. Sampling technique and procedure

4.6.1. For quantitative study

Multistage sampling technique was used to recruit study participants. Jimma town was selected purposively by taking into account the prevalence of substance use (e.g. Khat) in this specific area. Simple random sampling methods was used to select five (30%) out of seventeen Kebeles in the Jimma town namely; Mendera-Kochi, Bacho Bore, Matina Markato, Ginjo Guduru and Bosa Addis. The number of members of house hold in each Kebele was obtained from the Jimma zone health bureau. Then, the sample size was allocated proportional to the size of household members in each selected Kebele. Finally, the simple random sampling technique was used to select households in each Kebele for the cross-sectional survey purpose. For more than one youth present in households one youth was selected by using lottery method and also for no youth in the household the house was jumped to the next house.

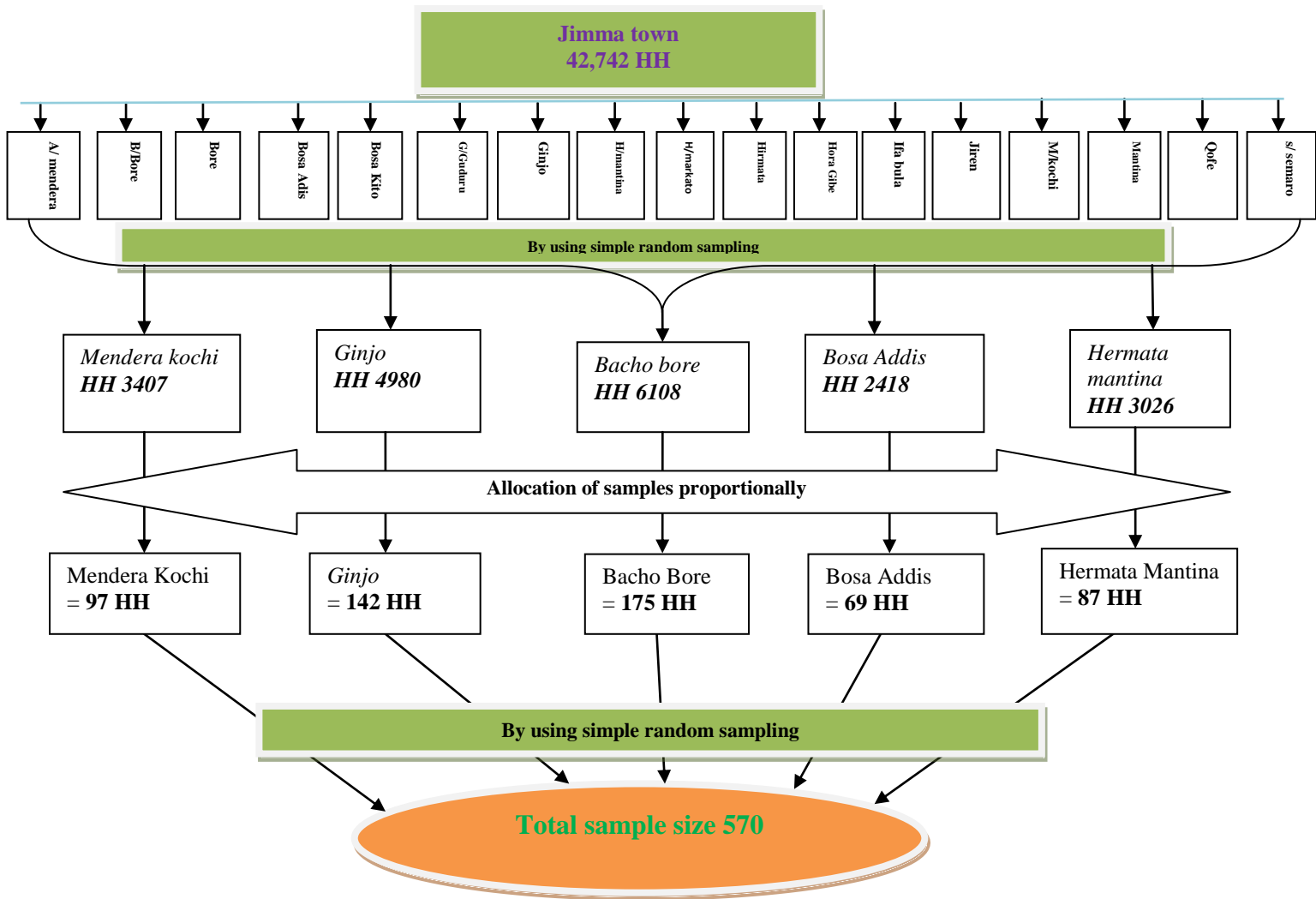


Figure 2 Schematic representations of sampling techniques

4.6.2. For qualitative study

For the qualitative study, in-depth interviews are conducted with 10 participants who selected through purposive sampling method. Five participants were included in this study from different Kebeles selected for the quantitative purpose and five IDI were conducted with youth who are currently use substance. The other five IDI were conducted with psychiatrist, Jimma town youth association chairman, Kebele youth association chairman, local NGO focal person and with Jimma town health office child, adolescent and youth health focal person.

4.7. Data collection instruments and procedure

4.7.1. Data collection instruments for quantitative and qualitative

Data were collected by using semi-structured questionnaire and interviews guide. The data collection tool is adapted after the review of different literatures(13,19,21,27,37).

4.7.2. Data collection procedures

For quantitative study the Data were collected using semi-structured questionnaire through face to face interview prepared in English and translated in to locally spoken language (Afan Oromo and Amharic). Ten Health professionals (5 diplomas) and one supervisor (1 bachelor degree) were participating on data collection.

For qualitative study data were collected through face to face, in-depth interviews. Face to face interviews were held using semi-structured interviews guide, prepared in English and translated into Afan Oromo and Amharic. In-depth interview was conducted by the principal investigator and through note taking and tape-recording. Interviews were conducted on covenant time selected by participants.

4.8. Study Variables

4.8.1. Dependent variable

- Substance use

4.8.2. Independent variables

- **Socio demographic factor:** age, sex, and religion, frequency of visiting worship place, marital status, educational status, ethnicity, childhood residence, occupation, income, family education and family occupation.
- **Individual factors:** perceived risk of substance and perceived benefit of substance.

- **Social related factor:** family substance use history, friend's substance use history and subjective norm.
- **Substance related factor:** availability of substance, accessibility of substance and affordability of substance.
- **Psychological factor:** mental distress, stress and depression.

4.9. Operational definition of key terms

Youth: The period from age 15-24 years.

Substance: the three commonly used psychoactive drugs: Alcohol, cigarette and khat that produces changes in mood, thinking, feeling, and/or behaviour that can cause dependence.

Substance Use: Taking any of the three commonly used psychoactive substances: alcohol, cigarette and/or khat to alter mood or behavior. And substance use was assessed mainly by EDHS criteria for alcohol, tobacco and chat use history, current use (in the past 30 days) of the study, frequency of use, and magnitude of use at particular time were included(48).

Current user: A person who consumed any substance at least once in the past 30 days

Life time/Ever Use: Referred to use of any of the substances at least once in an individual's life time

Risk factors: Characteristics or conditions within the individual or in the family, community or environmental that increase the likelihood that someone will engage in the use of alcohol, cigarette, and khat or discourage positive behaviour that might prevent them.

Protective factors: Factors, characteristics or conditions within the individual or in the family, community or environment that increase the likelihood of positive health behaviours or outcomes or moderate and discourage behaviours that might lead to negative health outcomes.

Subjective norm: Substance use fevering of the community is measured by Likert question which contain four question and summed score of four items of Likert scale approaching to maximum sum score considered important individuals or groups that approve respondent's substance use.

Psychological factor: The effect of psychological problem (stress, mental distress and depression) on substance use is measured by Likert scale which contains four questions and

summed score of four items of Likert scale approaching to maximum sum score considered a high Psychological factor.

Perceived benefit of substance use: it measured by Likert scale which contain three question and the summed score of three items of Likert scale approaching to maximum sum score considered a high Perceived benefit of substance use .

Substance related factors: includes substance availability, accessibility and affordability it measured by Likert scale which contain six question and the summed score of five items of Likert scale approaching to maximum sum score considered a high Substance related factors.

Current school status: this variable indicated that school status of youth in-school or out-of-out of school.

4.10. Data analysis for quantitative and qualitative

4.10.1. Quantitative data analysis

Data were entered by using Epi-data manager version 4.4.1 and exported to IBM SPSS version 21.0 for analysis. After cleaning data for inconsistencies and missing value, the data were analyzed by using descriptive statistics such as mean with standard deviation, frequencies, and percentages. Logistic regression analyses were used to identify factors associated with substance use. Bivariate logistic regression carried out to select candidate for multivariate logistic regression analysis with p-value < 0.25 at 95% confidence. Then, candidate variables entered in multiple logistic regressions using backward LR method to identify the statistically significant factors for substance use and to control the possible confounders. The degree of association between independent and dependent variables assessed using odds ratio and statistically significant factors were declared at 95% of confidence interval and p-value of less than 0.05.

4.10.2. Qualitative data analysis

The interviews data were first transcribed in verbatim in two languages – Afan Oromo and Amharic by which the interviews were conducted. Next the data were translated in to English by the researcher. Then translation was copied to the ATLAS.ti version 7 for analysis. The researcher conducted the qualitative data analysis using thematic analyses aiming to identify a set of main themes that captured the diverse views and feelings expressed by participants. By reading the translated data, codes were developed to describe categories with similar meanings.

The categories were identified and used to generate themes emerging from the data. Direct quotations were presented with thick description as findings to triangulate the quantitative results.

4.11. Data quality (trustworthiness)

In order to assure the quality of data, Pre-test was done before the actual data collection period. About 28 youth (5 %) of the sample size households were used for this purpose from none-selected Kebeles (Seto Semero) and some point found on the questionnaire are improved. For the data collection purpose, five Health professionals (5 diplomas) and one supervisor (1 bachelor degree) were recruited. Before the data collection, 1 day training was given by principal investigator.

For qualitative study: In this study, data collection methods were triangulated. Specifically, qualitative data collection method and quantitative data collection methods were used together to get in-depth information about the issues of substance use. During data collection process, the researcher used recorded materials (tape-recorder) and written field notes. The qualitative data coding and analysis were checked by qualitative experts. Member check was done by the participants to check and verify the interpretations and findings from the qualitative study.

4.12. Ethical consideration

Ethical clearance was obtained from the Ethical Review Committee (ERC) of Jimma University College of health sciences. Permission letter was obtained from the Jimma town municipality after the objectives of the study is explained. Written consent was obtained from youth more than 18 years old and assent also taken from youth less than 18 years for participation in the study. Privacy and confidentiality was ensured throughout the process of the study.

4.13. Dissemination plan

The result of the study will be disseminated to relevant bodies such as department of Health, Behavior and society, Federal Ministry of Health, Oromia health bureau and Jimma zone health bureau. Efforts will be made to publish the findings in a peer reviewed scientific Journal (*BioMed Central*).

Chapter five

Results

5.1. Socio-demographic characteristics of respondents

A total of 567 youth in Jimma town participated in the study, with a response rate of 99.47%. From the study participant, 397 (70%) are male and 170 (30%) are female. Youth between the ages of 18-20 constitutes about 34.9% of the respondents. Concerning childhood resident, 254(44.4%) and 315(55.6%) respondents were born in urban and rural respectively. Majority of respondent 321 (56.6%) participated on this study are found in-school whereas 246(43.4%) are out-of-school. Regarding the education level of the respondents, 71(12.5%) are illiterate and 210(37.0%) are currently attending grade 9-10. Concerning marital status of the respondents, 510(89.9%), 48(8.5%), 9(1.6%), are single, married and divorced respectively. Majority of study participants, 309(54.5%) and 156(27.5%) are Muslim and orthodox religion followers respectively and about 298(52.6%) respondents are visiting worship areas every day. Three hundred fifty six (62.8%) of study participants are Oromo ethnic group. Majority of the respondents 327(57.7%) are living with their family.

Table 1: Socio-demographic characteristic of study participants Jimma town, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Sex	Male	397	70.0
	Female	170	30.0
	Total	567	100
Age	15-17	184	32.5
	18-20	198	34.9
	21-24	185	32.6
	Total	567	100
Childhood residence	Rural	252	44.4
	Urban	315	55.6
	Total	567	100
Current youth status	In school	321	56.6
	out of school	246	43.4
	Total	567	100
Level of education	Illiterate	71	12.5
	grade 1-8	210	37.0
	grade 9-10	156	27.5

	grade 11-12	65	11.5
	diploma and above	65	11.5
	Total	567	100.0
Marital status			
	Single	510	89.9
	Married	48	8.5
	Divorced	9	1.6
	Total	567	100.0
Religion			
	Muslim	309	54.5
	Orthodox	156	27.5
	Protestant	92	16.2
	Other	10	1.8
	Total	567	100.0
Frequency of visiting worshipping			
	Never	24	4.2
	few times a year	13	2.3
	once a month	18	3.2
	every week	298	52.6
	every day	214	37.7
	Total	567	100.0
Ethnicity			
	Oromo	356	62.8
	Amhara	59	10.4
	Wolayita	31	5.5
	Dawuro	29	5.1
	Yem	39	6.9
	Other	53	9.3
	Total	567	100.0
living arrangement			
	With family	327	57.7
	With relatives	82	14.5
	With friends	114	20.1
	Alone	44	7.7
	Total	567	100.0

5.2. Socio-economic characteristics of the respondents

Four hundred thirty six (76.9%) respondents are having monthly income/get pocket money whereas 315 (55.6%) of them are dependent on their family. Regarding participants mother and

father education, about 281(49.6), 234(42.3%) were not able to read and write respectively. And also majority of the respondents mother and father 242(42.7%), 240(42.3%) are farmers respectively.

Table 2: Socio- economic characteristic study participants Jimma town, Oromia regional state, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Do you get pocket money/get monthly income			
	Yes	436	76.9
	No	131	23.1
	Total	567	100.0
Source of pocket money/monthly income			
	From family	315	55.6
	From daily labourer	196	34.6
	Employed	21	3.7
	Other	6	1.1
	Total	538	94.9
Mother level of education			
	Illiterate	281	49.6
	Grade 1-8	185	32.6
	Grade 9-12	60	10.6
	TVET certified	4	.7
	Diploma and above	37	6.5
	Total	567	100.0
Mother occupation			
	Farmer	242	42.7
	Merchant	162	28.6
	Employed	81	14.3
	Other	82	14.4
	Total	567	100.0
Father education			
	Illiterate	234	41.3
	Grade 1-8	165	29.1
	Grade 9-12	75	13.2
	TVET certified	8	1.4
	Diploma and above	85	15.0
	Total	567	100.0
Father occupation			
	Farmer	240	42.3
	Merchant	135	23.8
	Employed	168	29.6
	Other	24	4.3
	Total	567	100.0

5.3. Prevalence of substance use

Of the total 567 youth in Jimma town, 310 (54.7%) reported using substance currently and about 319 (56.3%) reported lifetime use of substance. The current prevalence of substance use among male and female are reported as 271(47.8%) and 48(8.47%) respectively. From the total respondents who reported lifetime use of substance, out of the three substances(cigarette, alcohol and khat), 166 (29.1%) reported that they ever used only one substance, 78 (13.8%) two substances and 75(13.2%) three substances.

Table 3: Prevalence of substance among youth of Jimma town, Oromia regional state, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Ever substance used	Yes	319	56.3
	No	248	43.7
	Total	567	100.0
Ever substance used from all substance	Non substance user	248	43.7
	One substance user	166	29.3
	Two substance user	78	13.8
	Three substance user	75	13.2
	Total	567	100.0
Ever substance used in last 12 months	Yes	314	55.4
	No	253	44.6
	Total	567	100.0
Ever substance used in last 12 months from all substance	Non substance user	253	44.6
	One substance user	165	29.1
	Two substance user	79	13.9
	Three substance user	70	12.4
	Total	567	100.0
Ever substance use in last 30 days	Yes	310	54.7
	No	257	45.3
	Total	567	100.0
Ever substance use in last 30 days from all substance	Non substance user	257	45.3
	One substance user	165	29.1
	Two substance user	79	13.9
	Three substance user	66	11.7
	Total	567	100.0

5.3.1. Prevalence of cigarette

One hundred two (18.0%) study participants ever smoked cigarette and majority of the respondents start smoking cigarette between the age of 10-15 (46.1%) and 16-20 (47.1%) years. The majority, 86(84.3%) reported that they were introduced to smoking cigarette by their friends. Forty three (42.2%) of respondents argued that they smoke cigarette because it made them happier. Majority of the respondent 72(70%) are smoking 1-5 sticks of cigarette per day, 81(79.4%) smoke cigarette at Khat house and 538(94.9%) of the study participant has knowledge about the effect of smoking cigarette on human health.

Table 4: Prevalence of cigarette among youth of Jimma town, Oromia regional state, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Ever smoked cigarettes	Yes	102	18.0
	No	465	82.0
	Total	567	100.0
Ever smoked cigarette in the last 12 months	Yes	95	93.1
	No	7	6.9
	Total	102	100.0
Ever smoked cigarette in the last 30 days?	Yes	91	89.2
	No	11	10.8
	Total	102	100.0
Age at first smoked cigarette	10-15	47	46.1
	16-20	48	47.1
	21-24	7	6.8
	Total	102	100.0
Introduce to use cigarettes	Friend	86	84.3
	Parents	4	3.9
	Relatives	1	1.0
	Out of curiosity	9	8.8
	Other	2	2.0
	Total	102	100.0
Convinced into smoke Cigarette	Make one brilliant	30	29.4
	Happier	43	42.2
	Stronger/healthier	3	2.9
	Have confidence	13	12.8
	Boost appetite	10	9.8
	Other	3	2.9
	Total	102	100.0
How many cigarettes smoke per day			

	1-5 sticks	72	70.6
	6-10 sticks	7	6.9
	1 packet	14	13.7
	Other	9	8.8
	Total	102	100.0
Where do you smoke the cigarette			
	At home	12	11.8
	Bar	5	4.9
	At khat chewing	81	79.4
	Other	4	3.9
	Total	102	100.0
Smoking cigarettes cause serious illness			
	Yes	538	94.9
	No	29	5.1
	Total	567	100.0

5.3.1.1. Factors associated with current cigarette smoking in Binary and multivariate logistic regression

To identify associated factors of current cigarette smoking among respondents, binary logistic regression was computed. Those variables with P-value < 0.25 in bivariate analysis were entered into multivariate analysis in order to predict factors associated with current cigarette smoking at a p-value less than 0.05. Accordingly age, sex, current school status, frequency of visiting worship area, living arrangement, father substance use, sibling substance use, friend substance use, types of substance by friend, perceived benefit, subjective norm factor, psychological factor and substance related factor were identified.

The multivariate logistic regression model identified that sibling substance use, types of substance used by friends; subjective norm factor and perceived benefit of substances were significantly associated with current cigarette smoking at p-value < 0.05.

It was identified that the respondents who siblings use substance was 2.5 times more likely to use cigarette than those siblings who do not use substance (AOR 95%CI 2.53(1.31-4.87)). Respondents whose friends smoke cigarette are 3.7 times more likely to smoke cigarette as compared to those who chew Khat (AOR 95%CI 3.66(1.51-8.90)). In this study, the youth who are influenced by the subjective norm factors are by 15% more likely to smoke cigarette (AOR 95%CI 1.15(1.02-1.30)). The youth who highly perceived substance use as important are by 42% more likely to smoke cigarette (AOR 95%CI 1.417(1.16-1.73)).

Table 5: Bivariate and multivariate logistic regression analysis result which shows factor association with cigarette smoking among youth of Jimma town, south west Ethiopia, 2019

Variable	Category	Ever chewed khat in last 30 days		COR 95%CI	P-value	AOR 95% CI	P-value
		No	Yes				
Age							
	15-17	167(29.5%)	17(3.0%)	1			
	18-20	170(30.0%)	28(4.9%)	1.618(.854-3.066)	0.140		
	21-24	138(24.3%)	47(8.3%)	3.346(1.838-6.089)	0.000		
Sex							
	Male	308(54.3%)	89(15.7%)	16.085(5.013-51.611)	0.001		
	Female	167(29.5%)	3(0.5%)	1			
Current school status							
	In school	291(51.3%)	30(5.3%)	1			
	Out school	184(32.5%)	62(10.9%)	3.268(2.036-5.247)	0.001		
Frequency of vesting worshipping							
	Never	10(1.8%)	14(2.5%)	8.931(3.628-21.988)	0.001		
	Few times a year	7(1.2%)	6(1.1%)	5.468(1.717-17.417)	0.004		
	Once a month	11(1.9%)	7(1.2%)	4.060(1.456-11.318)	0.007		
	Every week	262(46.2%)	36(6.3%)	.877(.519-1.480)	0.622		
	Every day	185(32.6%)	29(5.1%)	1			
Living arrangement							
	With family	280(49.4%)	47(8.3%)	1			
	With relatives	71(12.5%)	11(1.9%)	.923(.455-1.870)	0.824		
	With friends	95(16.8%)	19(3.4%)	1.191(.666-2.131)	0.555		
	Alone	29(5.1%)	15(2.6%)	3.081(1.537-6.179)	0.002		
Father substance use							
	Yes	206(36.3%)	64(11.3%)	2.985(1.847-4.822)	0.001		
	No	269(47.4%)	28(4.9%)	1			

Sibling substance use						
Yes	120(21.2%)	59(10.4%)	5.439(3.374-8.768)	0.001	2.529(1.313-4.871)	0.006
No	354(62.7%)	32(5.7%)	1			
Friend substance use						
Yes	176(31.3%)	79(14.0%)	10.186(5.503-18.852)	0.001		
No	295(52.4%)	13(2.3%)	1			
Types of substance used by friend						
Cigarette	13(5.1%)	16(6.3%)	3.214(1.449-7.125)	0.004	3.662(1.506-8.900)	0.004
Alcohol	20(7.9%)	9(3.6%)	1.175(.504-2.741)	0.709		
Khat	141(55.7%)	54(21.3%)	1			
Perceived benefit	3.45(±SD) 1.8		2.021(1.730-2.361)	0.001	1.417(1.160-1.730)	0.001
Social factor	4.21(±SD) 2.24		1.439(1.318-1.572)	0.001	1.153(1.023-1.300)	0.020
Psychological factor	6.83 ±SD 3.47		1.422(1.315-1.537)	0.001		
Substance related factor	9.19 ±SD 4.24		1.226(1.154-1.302)	0.001		

N.B: The assumption was tested for cigarette use and associated factor. The Hosmer and Lemeshow goodness-of-fit index indicated a good model fit ($X^2 = 8.15$ & p – value = 0.42).

5.3.2. Prevalence of alcohol

Of the total participants, about 179(31.6%) reported that they have ever drunk alcohol. Amongst these, 88(49.4%) start drinking alcohol at the age of 10-15, and 122(68.5%) frequently use Beer/draft. Out of the youth who drank alcohol, 118(66.3%) reported that they engaged in it with peer pressure, and 118(66.3%) were drinking alcohol to be made themselves happier. Amongst the youth who ever drink alcohol, 87(48.9%) use other substance with alcohol. Khat was reported as the most substance used with alcohol 74(85.1%). Majority of the respondents 536(94.5%) are well aware about the effect of alcohol drinking on human health.

Table 6: Prevalence of alcohol among youth of Jimma town, Oromia regional state, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Ever drunk alcohol	Yes	179	31.6
	No	388	68.4
	Total	567	100.0
Ever drunk alcoholic in the last 12 months	Yes	176	98.9
	No	2	1.1
	Total	178	100.0
Ever drunk alcoholic in the last 30 days	Yes	170	95.5
	No	8	4.5
	Total	178	100.0
Age first had drink alcohol	10-15	88	49.4
	16-20	84	47.2
	21-24	6	3.4
	Total	178	100.0
Frequently drink alcohol	Beer/draft	122	68.5
	Wine	8	4.5
	Sprit	8	4.5
	Whisky	1	0.6
	Local drinks	34	19.1
	Mixed drinks	3	1.7
	Other	2	1.1
	Total	178	100.0
Who introduce you to use Alcohol	Friend	118	66.3
	Parents	40	22.5
	Relative	7	3.9
	Out of curiosity	10	5.6
	Sibling	2	1.1
	Other	1	0.6
	Total	178	100.0
Convinced into drink	Happier	118	66.3
	Stronger/healthier	21	11.8
	Work for long hours	7	3.9
	Have confidence	16	9.0
	Boost appetite	7	3.9
	Other	9	5.1
	Total	178	100.0
Ever used alcoholic and other substances	Yes	87	48.9
	No	91	51.1
	Total	178	100.0
What substance that you use at the same time	Khat	74	85.1

	Cigarette	12	13.8
	Other	1	1.1
	Total	87	100.0
Drinking alcohol cause serious illness			
	Yes	536	94.5
	No	31	5.5
	Total	567	100.0
Where do you drink alcohol			
	At home	63	35.4
	Friend place	64	35.9
	In bar	40	22.5
	Relatives place	6	3.4
	Other	5	2.8
	Total	178	100.0

5.3.2.1. Factors associated with current alcohol drinker in Binary and multivariate logistic regression

To identify associated factors of current alcohol drinker among respondents, binary logistic regression was computed. Those variables with P-value < 0.25 in bivariate analysis were entered into multivariate analysis in order to predict factors associated with current cigarette smoking at a p-value less than 0.05. Accordingly age, sex, current school status, frequency of visiting worship area, living arrangement, father substance use, types of substance father use, sibling substance use, friend substance use, perceived benefit, subjective norm factor, psychological factor and substance related factor were identified.

The multivariate logistic regression model identified that types of substance used by father and perceived benefit were significantly associated with the current cigarette smoking at p-value < 0.05. The respondents whose fathers drink alcohol are 5.6 times more likely to drink alcohol than those whose fathers' chew khat (AOR 95%CI 5.62(2.65-11.93)). The youth who highly perceived substance use as important are by 72% more likely to drink alcohol (AOR 95%CI 1.715(1.45-2.03)).

Table 7: Bivariate and multivariate logistic regression analysis result which shows factor association with alcohol drinking among youth of Jimma town, south west Ethiopia, 2019

Variable	Category	Ever drunk alcohol in last 30 days		COR 95%CI	P-value	AOR 95% CI	P-value
		No	Yes				
Age							
	15-17	146(25.7%)	38(6.7%)	1			
	18-20	143(25.2%)	55(9.7%)	1.478(.920-2.372)	0.106		
	21-24	108(19.0%)	77(13.6%)	2.739(1.727-4.345)	0.001		
Sex							
	Male	251(44.3%)	146(25.7%)	3.539(2.195-5.704)	0.001		
	Female	146(25.7%)	24(4.2%)	1			
Current school status							
	In school	249(43.9%)	72(12.7%)	1			
	Out school	148(26.1%)	98(17.3%)	2.290(1.588-3.302)	0.001		
Frequency of vesting worshipping							
	Never	10(1.8%)	14(2.5%)	4.253(1.784-10.139)	0.001		
	Few times a year	4(0.7%)	9(1.6%)	6.835(2.022-23.105)	0.002		
	Once a month	4(0.7%)	14(2.5%)	10.632(3.354-33.704)	0.000		
	Every week	218(38.4%)	80(14.1%)	1.115(.745-1.667)	0.597		
	Every day	161(28.4%)	53(9.3%)	1			
Living arrangement							
	With family	243(42.9%)	84(14.8%)	1			
	With relatives	53(9.3%)	29(5.1%)	1.583(.945-2.652)	0.008		
	With friends	79(13.9%)	35(6.2%)	1.282(.802-2.048)	0.081		
	Alone	22(3.9%)	22(3.9%)	2.893(1.524-5.491)	0.300		
Father substance use							
	Yes	172(30.3%)	98(17.3%)	1.781(1.238-2.560)	0.002		
	No	225(39.7%)	72(12.7%)	1			

Types of substance used by father							
	Cigarette	9(3.3%)	11(4.1%)	3.013(1.186-7.655)	0.020	4.543(1.590-12.982)	0.005
	Alcohol	20(7.4%)	30(11.1%)	3.698(1.945-7.034)	0.001	5.624(2.651-11.932)	0.001
	Khat	143(52.8%)	58(21.4%)	1		1	
Sibling substance use							
	Yes	96(17.0%)	83(14.7%)	2.971(2.035-4.339)	0.001		
	No	299(52.9%)	87(15.4%)	1			
Friend substance use							
	Yes	133(23.6%)	122(21.7%)	4.969(3.351-7.367)	0.001		
	No	260(46.2%)	48(8.5%)	1			
Perceived benefit		3.45(±SD) 1.8		1.784(1.598-1.992)	0.001	1.715(1.448-2.032)	0.001
Social factor		4.21(±SD) 2.24		1.324(1.225-1.432)	0.001		
Psychological factor		6.83 ±SD 3.47		1.341(1.267-1.419)	0.001		
Substance related factor		9.19 ±SD 4.24		1.235(1.178-1.295)	0.001		

N.B: The assumption was tested for alcohol use and associated factor. The Hosmer and Lemeshow goodness-of-fit index indicated a good model fit ($X^2 = 8.3$ & p – value = 0.31).

5.3.3. Prevalence of khat

The study revealed that about half (46.9%) of the study respondents were ever chewed khat. Amongst these, 140 (52.6%) reported that they start chewing khat at the age of 10-15 years. Majority 207 (77.8%) of the study participants started chewing khat due to peer pressure. Out of the youth who ever chewed khat, 124 (46.6%) used occasionally and 97(36.5%) chewed khat for relaxation and entertainment. Among the youth who used khat, 111 (41.7%) of them use it with other substances. From this, drinking alcohol with Khat constitutes about 62.2%. The study identified that 483(85.2%) of the respondent know the effect of chewing khat on human health.

Table 8: Prevalence of khat among youth of Jimma town, Oromia regional state, south west Ethiopia, 2019

Variable	Category	Frequency	Percent (%)
Ever chewed khat	Yes	266	46.9
	No	301	53.1
	Total	567	100.0
Ever chewed khat in the last 12 months	Yes	263	98.9
	No	3	1.1
	Total	266	100.0
Ever chewed khat in the last 30 days	Yes	259	97.4
	No	7	2.6
	Total	266	100.0
Age at first starting chewing Khat	10-15	140	52.6
	16-20	119	44.7
	21-24	7	2.7
	Total	266	100.0
Who introduce you first to use khat	Friend	207	77.8
	Parents	29	10.9
	Relative	5	1.9
	Out of curiosity	25	9.4
	Total	266	100.0
How often you use khat	Occasionally	124	46.6
	Monthly	46	17.3
	Weekly	31	11.7
	Daily	63	23.7
	Other	2	0.7
	Total	266	100.0
Why do you use khat	Increase concentration	85	32.0
	Stronger/ work hard	35	13.1
	Because my friends chew	47	17.7
	Relaxation and entertainment	97	36.5
	Other	2	0.7
	Total	266	100.0
Ever use khat and other substances at the same time	Yes	111	41.7
	No	155	58.3
	Total	266	100.0
If yes, what substances use at the same time	Alcohol	69	62.2
	Cigarette	40	36.0
	Other	2	1.8
	Total	111	100.0

Does chewing khat cause Serious illness?		
Yes	483	85.2
No	69	12.2
I don't know	15	2.6
Total	567	100.0

5.3.3.1. Factors associated with current khat chewing in Binary and multivariate logistic regression

To identify associated factors of current khat chewing among respondents, binary logistic regression was computed. Those variables with P-value < 0.25 in bivariate analysis were entered into multivariate analysis in order to predict factors associated with current cigarette smoking at a p-value less than 0.05. Accordingly age, sex, current school status, ethnicity, religion, frequency of visiting worship area, level of education, childhood residence, living arrangement, father substance use, sibling substance use, friend substance use, perceived risk, perceived benefit, subjective norm factor, psychological factor and substance related factor were identified.

The multivariate logistic regression model revealed that sex, sibling substance use, current school status, subjective norm factor and psychological factor were significantly associated with current khat chewing at p-value <0.05.

In this study, male respondents are 8 times more likely to chew khat than female respondents (AOR 95%CI 8.33(4.24-16.36)). The respondents' whose siblings use substance are 3.6 times more likely to chew khat than those whose siblings do not use substance (AOR 95%CI 3.76(2.15-6.57)). Out-of-school youth are 3.36 times more likely to chew khat than those who are in-school (AOR 95%CI 3.36(1.99-5.64)). In this study, the youth who are highly influenced by the subjective norms are by 22% more likely to smoke cigarette (AOR 95%CI 1.22(1.06-1.39)). The youth who have of high psychological problems are by 52% more likely to chew khat (AOR 95%CI 1.52(1.39-1.66)).

Table 9: Bivariate and multivariate logistic regression analysis result which shows factor association with khat chewing among youth of Jimma town, south west Ethiopia, 2019

Variable	Category	Ever drunk alcohol in last 30 days		COR 95%CI	P-value	AOR 95% CI	P-value
		No	Yes				
Age							
	15-17	132(23.3%)	52(9.2%)	1			
	18-20	105(18.5%)	93(16.4%)	2.248(1.469-3.440)	0.001		
	21-24	71(12.5%)	114(20.1%)	4.076(2.633-6.308)	0.001		
Sex							
	Male	162(28.6%)	235(41.4%)	8.825(5.483-14.202)	0.001	8.33(4.242-16.361)	0.001
	Female	146(25.7%)	24(4.2%)	1			
Currently school status							
	In school	218(38.4%)	103(18.2%)	1			
	Out school	90(15.9%)	156(27.5%)	3.669(2.586-5.204)	0.001	3.356(1.996-5.643)	0.001
Frequency of vesting worshipping							
	Never	6(1.1%)	18(3.2%)	3.485(1.331-9.122)	0.011		
	Few times a year	5(0.9%)	8(1.4%)	1.859(.589-5.865)	0.290		
	Once a month	5(0.9%)	13(2.3%)	3.020(1.040-8.768)	0.042		
	Every week	177(31.2%)	121(21.3%)	0.794(.557-1.132)	0.202		
	Every day	115(20.3%)	99(17.5%)	1			
Father substance use							
	Yes	92(16.2%)	178(31.4%)	5.159(3.605-7.384)	0.001		
	No	216(38.1%)	81(14.3%)	1			
Sibling substance use							
	Yes	42(7.4%)	137(24.2%)	7.144(4.755-10.734)	0.001	3.758(2.149-6.570)	0.001
	No	265(46.9%)	121(21.4%)	1			
Friend substance use							
	Yes	48(8.5%)	207(36.8%)	21.231(13.770-32.734)	0.001		
	No	256(45.5%)	52(9.2%)	1			
Childhood residence							
	Rural	118(20.8%)	134(23.6%)	1.726(1.235-2.413)	0.001		
	Urban	190(33.5%)	125(22.0%)	1			
Religion							
	Muslim	117(20.6%)	192(33.9%)	1.641(.465-5.789)	0.441		

Ethnicity	Orthodox	106(18.7%)	50(8.8%)	0.472(.131-1.704)	0.252		
	Protestant	80(14.1%)	12(2.1%)	0.150(.038-.596)	0.007		
	Other	5(0.9%)	5(0.9%)	1			
	Oromo	161(28.4%)	195(34.4%)	2.167(1.191-3.945)	0.011		
	Amhara	39(6.9%)	20(3.5%)	0.918(.421-1.998)	0.829		
	Wolayita	25(4.4%)	6(1.1%)	0.429(.150-1.231)	0.116		
	Dawuro	22(3.9%)	7(1.2%)	0.569(.206-1.578)	0.279		
	Yem	27(4.8%)	12(2.1%)	0.795(.329-1.921)	0.611		
	Other	34(6.0%)	19(3.4%)	1			
Level of education							
	Illiterate	23(4.1%)	48(8.5%)	2.937(1.458-5.917)	0.003		
	Grade 1-8	115(20.3%)	95(16.8%)	1.163(.662-2.042)	0.600		
	Grade 9-10	98(17.3%)	58(10.2%)	0.833(.461-1.504)	0.544		
	Grade 11-12	34(6.0%)	31(5.5%)	1.283(.642-2.566)	0.481		
	Diploma and above	38(6.7%)	27(4.8%)	1			
Perceived risk factor		2.75(±SD) 0.54		0.521(.373-.728)	0.001		
Perceived benefit		3.45(±SD) 1.8		2.413(2.112-2.756)	0.001		
Social factor		4.21(±SD) 2.24		1.641(1.469-1.833)	0.001	1.215(1.056-1.397)	0.006
Psychological factor		6.83 ±SD 3.47		1.611(1.499-1.732)	0.001	1.518(1.390-1.658)	0.001
Substance related factor		9.19 ±SD 4.24		1.224(1.172-1.278)	0.001		

N.B: The assumption was tested for khat use and associated factor. The Hosmer and Lemeshow goodness-of-fit index indicated a good model fit ($X^2 = 9.9$ & $p - value = 0.28$).

5.4. Qualitative findings on exploring risk factors for substance use

The findings of the qualitative study are discussed under six themes (*Substance use setting, time and means of distribution, Substance related factors, Social and Economic factors, Individual factors, Psychological factors, Legal and policy factors*) which were emerged from the data analysis.

Theme one: Substance use setting, time and means of distribution

Substance

The participants reported diverse substances commonly used in the Jimma town. Accordingly, Khat, cigarette, alcohol, shisha, ‘mastish’ and ‘ganja’ were commonly used substances. According to participants, the most commonly used substance in Jimma town was khat followed by alcohol, cigarette, and shisha. Besides, substance like Hashish was frequently used by university students. One of the participants said that:

“Khat, alcohol, shisha and cigarette and others are a substance which induces addiction and commonly used by the Jimma town youth.” (19 years old female youth)

These findings indicated that substance use is a major problem among youth of Jimma town. The participants reported that substance use among the youth was increasing from time to time. According to interviewees, some students start using substance right from elementary school level.

Substance use settings

The qualitative study participants and key informants believed that substances are frequently used at khat and shisha house, entertainment areas, resident houses, coffee and tea shops, hotels, on the main roads, at work area and green areas. The youth often uses the substances in places where they get friends or where their privacy can be kept. An interviewee said that:

“... I use at places where I can get good khat. Sometimes I use at khat chewing houses because no one know me there and I join my friends. I’m happy when chewing khat with my friends” (20 years old, male youth).

It was reported that the substance use place may vary based on individual and group interests. Some youth use substance at entertainment areas. Others use at work places and some others at secure areas. Depending on their level of income some individuals use at shisha houses. The youth who not have income chew khat on the streets. Some students rent private houses around Jimma University or collage that serve as chewing room in groups. The youth use khat at

working places such as when driving a car. A participant reported that substances were used everywhere in Jimma town:

“Well...it can be said everywhere. When I say this, it is tea and coffee shops everywhere established in the town for using substances. There are also identified shops where ganja or shisha are smoked. These areas are deemed as the places which can cause multiple damages to the youth as a result of the higher stimulant properties. The most common place and comfortable area for chewing is an individual’s home. These places are used by all classes of the society who enjoy chewing” (35 years old, male, key informant)

Substance use time:

Majority of the participants believed that substances were frequently used by the youth in the afternoon, at night and during the weekend times. Some participants reported that substances are also used during morning times and frequently on Saturdays.

“When young people [students] do not have program during the morning session, they soon arrive at the khat vender house and enjoy chewing. In their turn, the morning shift students, when finish their learning, they immediately bound for Khat vender, and begin chewing. The employed youth often chew Khat between five and a half hour to seven and a half from and return to the work. Those guys without jobs and daily-laborers use chewing at any time. But, the time when these youth meet is varied; at all it seems they use Khat the whole day”. (28 years old, male, key informant)

The time favoured by the youth to use substance all depends on individuals’ behaviour and the nature of their job. Some individuals use khat during the morning time – they call it ‘ijabena’. However, majority of the youth use Khat in the afternoon because it is normally transported and available in the markets during the afternoon time.

Substance means of distribution:

All participants thought that common substance like Khat, alcohol and cigarette is distributed in the legal framework. These substances have particular transaction place and the individuals engaged in these business have to pay tax for the government. However, all participants confirmed that substance like shisha is distributed in illegal way or by means of contraband and distributed to the consumers at secreted places:

“.... If one person needs shisha he/she come to this hotel and order shisha full or half based on her/his interest. But it is illegal. It was sold secretly. However, other substances, like Khat available in market in legal form. It was traded publically at khat shops and the government collects tax from the traders. Khat also sold at

different places.... on the street, personal resident areas and khat is available at all places in Jimma town. Alcohol and cigarette is also available at everywhere in town” (35 years old, women key informant)

Khat has its own place known as khat ‘tera’. Users buy from this area. Cigarette is available at almost all shops and one can buy like anything that he/she get from the shops. Alcohols are available at all bars and hotels. Khat is produced by the local farmers at rural Kebeles and sellers buy from the farmers. It reached the town by different transportation means and at the khat ‘tera’ the sellers sell to consumers based on individual interests and affording capacity.

Theme two: social and economic factors

Under this theme two categories were emerged namely social factors and economic factors.

Social factors

The other category emerged under socio and economic theme is social factors. Most of the youth and key informants interviewed said that the main factor for using substance was family substance use, family instability, children over control, friend substance use, media effect and social norms. It was learned from the interviews that the way family brought up their children was a factor for using substances. If the child’s father smoke cigarette, the child become passive smoker at first and start smoking when they reach young ages. Children inherit what their family’s act. It means that if some of their families use khat, the possibility of using substance by the children is high. More similar views were reflected by participants:

“.... children follow what their families do. It means in short; if some of their family’s members use substance, the children will did the same. This is the main factor ...” (46 years’ old, male, Jimma town youth association chairman)

“At first chewing a khat has long become traditional practice in this area and youth inherit from their family who chewed a khat or use substance”. (28 years old, male, key informant)

Family instability was reported as a factor for using substances. In unstable family, the youth sometimes loss hopes, detached from their family and start to live with their friends. Such practices lead them to use substances particularly if their friends might use the substances previously. On the other hand those children brought up in the wealthy families with strict over-control and follow up was more venerable to substance use. The main reason is that they start to use substance when they get relative freedom at schools. Therefore, during the child growth it is important to teach children the ‘right’ and the ‘wrong’.

Another factor identified as a case for using substance is addicted fellowships / friends. A psychiatrist argued that

“... I can defiantly tell you that the one, who fraternize with addicted guy, would soon become addicted. Others, as well they choose to taste the mood of those habits and would eventually submerge to addiction (28 years old, male, key informant)

Most of the youth and key informant interviewed believed that the main factor for substance use was also associated with social norms. It was reported that substance use was associated with community norm. For example in Jimma town, khat is commonly used by all people. Because of this factor, on the first day they try to test by seeing from other persons. After some day, they start to use it like other individuals. Thus they consider as if using substance is normal practice.

“... old man, young, teacher and students use substance so children take substance as a culture. Our father and grandfather take substance as gift for people on different ceremonies and occasions. Therefore, following families’ practices, the youth start to use substances. (19 years old, female youth)

The other participant in the study reported that:

“... At the country, a lot of people drink alcohol and drinking alcohol is considered as a culture. In Jimma, most people are chewing khat and often it is regarded as good culture. This motivates the youth to chew khat”. (46 years old, male, key informant)

The other issue found under social factor is religion related factors. Some of the interview participants thought that substance use was related to religion. Contrary to this, others argued that religion is protective factor for substance use. These two views were summarized as follows:

“.. Substance use is associated with religion. All religions said drinking alcohol is sin, but by neglecting this rule some person drink alcohol. Khat is used for praying and the so called ‘duway’ is widely practiced with this substance. But religion does not command this”. (28 years old, male key informant)

“... Church advice the youth not to use substance. Religions area play great role than government in this regard. Therefore if religious organizations provide advice for youth, grate change will occur” (20 year old, male youth)

Economic factors

The participants reported different factors for substance use. From these, economic factor was identified as an activating factor for substance use. Lack of job (unemployment), nature/ type of job and lack of recreational areas were reported as stimulating factors. One of IDI participant reported that he use substance because of the nature of his work and work place:

“... The main reason why I use substance is associated with my work. As I told you before, I am waiter at shisha house. Thus, it is very difficult for me not to use substance as far as I am in this house. If you have strong motive not to use substance, some person enforce you to start it.” (19 years old, female youth)

The other reason for using substance was reported in relation to lack of job opportunity. They complained that the youth use substance because of lack of job opportunity. If they get job opportunity it makes them busy and they do not get time to use substances. As well, other participant of the study complains that:

“.... One who is left without job, inclined to chewing a khat as a means of recreation, and to spend time. Others with some careers would pass their entire hours on their duties. So, this could directly connected with joblessness, behind numerous questions, complains...” (28 years old, male, key informant)

Another finding reflected from an IDI participant as:

“A more critical problem for young generation as whole is, joblessness. As we all know, as the majorities of young generations are left without jobs, and their fate is escorted by numerous problems, the sole option to cool down their stress and anxiety is the one and undeniable means for them is chewing and then drinking and possibly unsafe sex practices”.(35 years old, male, key informant)

The other reported factor was lack youth entertainment areas. There are few recreational youth centres in the town. If the youth have entertainment center with different service like internet, library and different game zones, these substantially reduce problems of substance using in the Jimma area.

Theme Three: Individual factors

In the interviews conducted with the youth, it was identified that personal factors can possibly contribute for substance use. The main individual factors reported were lack of knowledge and

awareness about the effect of substance, assuming substance use as civilization, academic failure and individual interests. An interview participant associated academic failure with substance use:

“I start using substance because I was not successful in grade ten national examinations and I have no work. I come to this area (khat house) and I chew it with my friends. I spend time here by enjoying with them”. (20 years old, male youth IDI participant)

The youth involved in the interview admitted that the majority of them did not know the effect of substance using at the beginning. Some of them start using substance without knowledge and become difficult for them stop it. They suggest that it is better to promote and teach the effect of substance use through different media. A user participated in the study said that:

“When I start substance use, I am elementary student and I don’t know the effect of substance. I saw from my friends and start using mestush but I don’t have any knowledge about the effect of this substance. If I knew the effect of the substance, I might not use it”. (23 years old, male youth)

The study also identified that the youth imitate each other behaviour of using substances by considering such practices as ‘modernization’.

Theme four: Psychological factors

The fourth theme is psychological factor. The participants believed that psychological factors enforce youth to be engaged in the substance use. The study revealed that the youth used substances to relax, drive happiness, temporarily forget problems; get relief from stress, resolve depression and anxiety and also to stimulate themselves. Regarding the relationship between psychological factor and substance use, one participant argued that:

“... Psychological conditions and addictive agents are entities which could link each other one who is highly addicted by those agents appears to be the guy with enormous psychological problems, and they guy with psychological problems’ is supposed to be a highly addicted’ guy. And both are highly interwoven”. (28 years old, male, key informant)

In similar way, participants believed that substance use was started to relief from depression or lack of happiness. Therefore, due to psychological problems, some youth start to use substances.

“... when people get stressed and need to relax from that issue, they use substances. For example when you ask a person why he smokes cigarette their immediate response was to relax and forget their problem”. (35 years old, women, key informant)

Besides, an interviewee reflected as:

“... Substance use is associated with psychological problems. Truly, it is used for prevention of psychological problems by making internal inspiration”. (29 years old, male key informant)

Theme five: substance related factors

Substance related factors are those factors emerged in thematic analysis consists of three categories namely affordability of substance, availability of substance and effect of using other substances.

Availability of substances

The findings of this study indicated that the availability of substances (khat, alcohol and cigarette) in Jimma town is important factors for using substances by the youth. Most of the study participants indicated that the abundant availability of substances like khat in the local area (community) created a fertile ground to use substances by the youth in Jimma town. The qualitative study participants and the key informant believed that substances are easily available all over the place (at khat shop, on the main road and khat house). A participant stated that:

“Substance is easily available in Jimma for example khat is found everywhere if you went to buy khat you travel only 20 meters from this hotel. Cigarettes are available in all shops and if you need alcohol you get at each 5 meters. In Jimma, substance is very cheap and every youth can afford the price”. (24 years old, male youth)

Similar view was reflected by one participant as:

“... Its [Khat] availability really contributed for using Khat. If khat is not available in Jimma town, you may not go to Agaro or far to buy because you may not afford it. Khat is easily available and the price is affordable in Jimma so everyone can buy and use it easily”. (24 years old, male youth)

One of the interviewee of this study reported that:

“Khat is available widely in Jimma town... ‘mastish’ is prepared for making shoe but not for smoking purpose so one can get it easily. Shisha materials enter the country by illegal way or without government knowledge and also shisha cigarette are available on the market illegally. The youth can afford substance price, if one of their friend have no money, they use it by shearing each other”. (45 years old male Jimma town youth association)

Affordability of substance

This category indicated that substances' (khat, alcohol and cigarette) affordability stimulated to easily use substances among youth in Jimma town. Participant assumed that substance is affordable to youth of Jimma town at low price. Even if they not have money to buy, they manage it by contributing or sharing the cost. Some study participants said that substance like khat is very cheap for every person (youth) to afford it (based on the different seasons, khat price is 30-70 ETB). Supporting this idea, another participant argued that:

“... khat in this particular areas is so cheaper than anything and they can get it easily, so they get into the addiction circumstances, easily and the very soon”. (28 years old, male key informant)

Some study participants reported that substance like khat is sheared at a group level – people buy it together and chew it as a group. With regard to substance sharing in groups, it was reported that:

“... It doesn't mean all youth are capable of buying khat at all time. As young guys primarily set friendship, two or three of them may have relatively well to do (higher or moderate income) families, they will cover all the needs of their 'broke (empty pocket) friends”.(28 years old, male key informant)

The youth use different mechanisms to get money from different sources, for instances from their parents, to buy substances. Whenever they have no option to afford for substance, they cheat their own parents, by telling them false stories. In addition, they commit theft to their parents, and or their neighbors, either money or properties if they have no means of getting money needed for substances.

Effect of using other substance

The other category emerged under substance related factor themes is effect of other substance using. Participants believe that using of one substance, for instance using khat or alcohol or cigarette is a risk factor for using other substances. It was identified that the youth who usually use khat also use cigarette or alcohol or shisha.

“.... Yes! One substance is risk to use other substance. ... I started khat chewing when I was at grade 8 and added other substance when I joined grade ten. I expanded the practice to use other substance like shisha and cigarette so it can be said that using one substance is factor to start the other.” (20 years old male youth)

Similarly, a psychiatrist participant of study argued that

“...all children grow by observing different media like substance advertisement and by watching different movies so this has its own impact on the children mind and it encourages them to use substance at adolescent age”. (28 years old, male key informant)

Theme six: legal and policy factors

The sixth theme which was developed from the qualitative data was legal and policy factor. The participants believed that legal personnel or policeman’s mal-practices on the controlling of substances were the main factor for increasing the prevalence of substance use in the study area. These personnel also involve in using substances. Some participants believed that the country policy is weak on controlling substance use. A participant from the Jimma Zone health office argued that:

“... Increase in prevalence of substance use was associated with weak government policy. Enacting and enforcing substance law is important to save this generation. Youth engaged in the substance use is alarmingly increasing and this risks the country’s development. So the country should have strong rule to prevent the youth from substance use. In this town, shisha is available at different area, smoking shisha is illegal but legal action is not implemented. Sometime it confiscated from the town after some day it replaced by other. If we have strong rule and regulation on substance use, it is very easy to prevent substances use. In Jimma, khat is commonly used by all age groups. We must have a rule that restrict to use substance for under age groups.” (35 years old, women key informant)

Some participants argued that enacting rules and regulations were not sufficient condition to prevent substance use. Provision of education and awareness is also important particularly for legal persons. When rule is developed, it is mandatory for the government to educate its Citizen on the rules and regulations. Khat, alcohol and cigarette are legal on the market currently. When we see in health direction, these substances cause effect on the human health. Therefore, these need some effort from health organization to teach the community and strengthen the rule related with substance use. A study participant reported that substance use policy is important for controlling substance use and the government should enforce the rules around educational institutions:

“...It is clear that the houses that serve for substance use should be installed far away from all educational institutions. Contrary to this, substances were used around schools, colleges, and universities. It was very common to see khat venders, mini shops (designated for chewing) and shisha houses situated adjacent

to these institutions. Therefore, these practices must be banned and restricted by the government and the local administrations.” (28 years old, male key informant)

Substance use preventive methods

The qualitative study participants suggested different methods that help to reduce the current problem in substance use among youth in the study area. They promoted that enforcing strong rules and regulations on substance use, limiting minimum age on substance use, banning substance advertisements on different media, leave and increasing taxation on substances and increase price of substances, expanding job opportunities, constructing recreational areas, developing community conversation on substance uses, and providing awareness creation education for youth especially at lower grade levels, strengthening the roles of family in guiding and monitoring their children behaviour and increasing the role of religion institutions and leaders in educating and advising youth regarding the effect of substance use were forwarded as solutions.

Some participants strongly suggest abolishing khat tree from cultivation land and shifting that land for other crop productions. It is important to limit substance shopping areas and increase the price of substances. Currently the price of cigarette is very cheap and every person can afford for it including children. The society should act responsibly by not selling cigarettes to under age children (less than 18 years old) and advise them about the effect substances. It was suggested to impose time on drinking alcohol.

The government should work on awareness creation on the youth at lower class levels. It was reported that the youth start using substances when they fail at grade 10 national examinations or when they join campus. So providing education and awareness at lower classes by psychologist about the effect of substance uses is important during early stages. In awareness raising attempts, it is advisable to use individuals affected by substance use as examples to teach their experiences. With regard to recreation areas it was suggested that:

“The government should establish youth recreational centers and advise NGOs to work on this important aspect. Only a few NGOs currently work on youth development initiatives. So, the government should give opportunities to the NGOs to work on youth association establishments and education provision”. (35 years old, women key informant)

As far as the government role is concerned, there should be set a concrete rules which is confined to certain agreements. Such agreements should impose sanction on launching all sources of

addictive agents in the nearby educational institutions. The other issue forwarded as a solution was an increment of tax on substances. As the tax is increased in a higher amount, the user's capacity will highly descend. The other measure should be sought by the government is to intensify awareness raising programs. This should run by all means of disseminations. The youth themselves should attempt to communicate and establish good relationship with different stakeholders, individuals, NGOs and government sectors those initiated and engaged in some development activities. So that the youth will launch private jobs and seek for opportunities and innovative activities. Forming groups and clubs can play great role in this regard. As for the society, individual families and parents should play their pivotal role regarding their children behavior. Right from the birth to adolescence periods, parents should guide their children by being a role model and by helping they develop good personality.

Chapter six

Discussion

This study assessed the prevalence and associated factors of substance use among youth in Jimma town, Oromia Regional State, South west Ethiopia. The current prevalence of substance use among the respondents was 310 (54.7%) whereas the lifetime users are reported as 319 (56.3%). The study findings indicated that out of the three substances (cigarette, alcohol and khat), 166 (29.1%) reported that they ever used only one substance, 78 (13.8%) two substances and 75(13.2%) three substances.

One hundred two (18.0%) study participants ever smoked cigarette and sibling substance use, types of substance used by friends; subjective norm factor and perceived benefit of substances were the factor which associated with cigarette smoking. One hundred seventy nine (31.6%) reported that they have ever drunk alcohol and types of substance used by father and perceived benefit were the factor which associated with current cigarette smoking. The study revealed that about half (46.9%) of the study respondents were ever chewed khat and sex, sibling substance use, current school status, subjective norm factors and psychological factor were significantly associated with current khat chewing.

The qualitative study identified that family substance use, family instability, children over control, friend substance use, media effect and subjective norms are the main factors for using substances. Economic factor was also identified as an activating factor for substance use. Lack of job (unemployment), nature/ type of job and lack of recreational areas were reported as stimulating factors. It was identified that personal factors such as lack of knowledge and awareness about the effect of substance, assuming substance use as civilization, academic failure and individual interests can possibly contribute for substance use. The participants believed that psychological factors enforce youth to be engaged in the substance use. The study revealed that the youth used substances to relax, drive happiness, temporally forget problems; get relief from stress, resolve depression and anxiety and also to stimulate themselves.

The findings of this study indicated that the availability of substances (khat, alcohol and cigarette) in Jimma town is important factors for using substances by the youth. Participant also reported that substance is affordable to youth of Jimma town at low price. In addition, using of

one substance, for instance using khat or alcohol or cigarette is a risk factor for using other substances. The other findings emerged from the qualitative data was legal and policy factors. The study revealed that legal personnel's mal-practices on the controlling of substances were the main factor for increasing the prevalence of substance use in the study area.

The qualitative study participants recommended different methods that help to reduce the current problem in substance use among youth in the study area. Enforcing strong rules and regulations on substance use, limiting minimum age on substance use, banning substance advertisements on different media, increasing taxation on substances and increase price of substances, expanding job opportunities, constructing recreational areas, developing community conversation on substance uses, and providing awareness creation education for youth especially at lower grade levels, strengthening the roles of family in guiding and monitoring their children behaviour and increasing the role of religion institutions and leaders in educating and advising youth regarding the effect of substance use were forwarded as solutions.

The study results indicated high prevalence of substance use in the study area. Accordingly, the result is higher than the study conducted on Jimma university medical students' lifetime prevalence 48.4% (42), Bale preparatory school students lifetimes prevalence 34.8% (21), and Debre Berhan university student result show that lifetime utilization of Alcohol, Khat and Cigarette among students was found to be 36.3%, 10.9% and 7.4% respectively (28). Substance use survey conducted in Sudan reported that overall prevalence of substance use was 31% (49) and also lower than the study conducted in India 12.5 % (15). The qualitative finding also support this funding, Khat, cigarette, alcohol and shisha were commonly used substances in study area.

The high prevalence of substance use in this study area is associated with ease availability, accessibility, and affordability of substances in the area, differences in methodology and settings. However, the result is lower than the study conducted on Woreta high school adolescents which was 65.4% (19) and Nigerian which was 65.5% (50). This might be owing to cultural, methodological and settings differences.

Specifically the current prevalence of cigarette smoking are 90 (16.2%) it is slightly higher than study conducted in Jimma town 10.2% (22), Bale preparatory school students 5.6%(21), Bonga public college student 1.5%(20), Woreta high school adolescents 6.8%(19), Axum university

9.3%, Ethiopian demographic and health survey report 4.4%(7), Nigerian secondary school student 4.7%(17) and the survey conducted in Sudan 13.7 %(49). In the current study, high cigarette smoking rate were resulted from easy access and availability and also absence of legal control on cigarette use.

The current prevalence of alcohol is 170(30.0%). This study finding is similar with study conducted on Mekele university student (51) and it is slightly higher than study conducted in Bale preparatory school students 23.6%(21), Debre Berhan university student 16.9%(28), Nigerian secondary school 8.9% and conducted in Sudan 2.7 %(17). But lower then study conducted on Bonga public college student 44.9(20) and Woreta high school adolescents 40.9%(19). Low alcohol use might be associated with high number of Islamic religion followers and low acceptance by the community.

The current prevalence of khat is 259(45.7%). This findings are higher than study conducted on Jimma university internship medical student 13.4%(42), Jimma town high school students 14.2%(22), Bonga public college student 11.4%(20), Woreta high school adolescents 13.8%, Bale preparatory school students 5.6%(21), Debre Berhan university student 5.7%(28) and Ethiopian Demographic and Health Survey report(7). Higher khat use might be related to the fact that khat is widely cultivated and available, and also socially acceptable in the Jimma area.

In this study, it was identified that the respondents who siblings use substance was 2.5 times more likely to use cigarette than those siblings who do not use substance. Consistent to these findings, the qualitative part of the study also indicates that substance use among family members is the main factor for substance use among youth. This finding is consistence with previous study (52–57). This is because young people tend to copy and exercise what they observe from their siblings and parents.

The study finding indicated that the respondents whose friends smoke cigarette are more likely to use cigarette than whose friends do not use this substance. This finding also supported by qualitative finding indicated that friend substance use was the main factor for youth substance use. This finding in line with previous studies (52–56). This is because youth choose their friends based on shared characteristics.

In this study, subjective norm factor was significantly associated with cigarette smoking. Consistent to these findings, the qualitative part of the study also indicates that substance use was associated with social norms. This study finding is consistent with study conducted in Woreta high school adolescents(19) and Nepal Rithepani high school adolescents(58). And also study conducted on school student in north Italy showing that seeing teachers who smoke was significantly associated with cigarette smoking (55). This might result from exposure to such behaviours through mass media and weak policy of the country on substance use.

The study finding indicated that perceive benefit of substance use was significantly associated with cigarette smoking. This finding consistent with the qualitative part of the study it indicated that youth used substances to relax, drive happiness and temporarily forgets the problems. This finding also in line with study conducted in Nekemte high school students which indicate that the youth who have the perception that boys who smoke are attractive and smoking cigarettes makes young people look cool were more likely to be susceptible to smoking(54).

In this study, it was identified that the respondents whose fathers drink alcohol are more likely to drink alcohol than those whose fathers' do not do. This finding consistent with the qualitative part of the study it indicated that children inherit what their family's act. It means that if some of their families use khat, the possibility of using substance by the children is high. This finding is in line with previous findings (59–62). The study showed that perceived benefit of substance use was significantly associated with alcohol drinking.

The study revealed that being male was significantly associated with khat chewing. This finding is consistent with previous study done in Ethiopia (22,48,63–65) and also study conducted in Saudi Arabia (48). It can be argued that societies accept substance use among men more easily than women. In this study, siblings' substance use was significantly associated with khat chewing. This finding is consistent with previous studies (65–67).

Youth found out of school are more likely to chew khat than those youth found in school. This finding is consistent with the qualitative part of the study it indicated that academic failure, lack of job and lack of recreation area were the main factor for substance use. The study revealed that Psychological factor is significantly associated with khat chewing. Consistent to these findings, the qualitative part of the study also indicates that substance use was associated with

psychological factors or gets relief from stress, resolve depression and anxiety and also to stimulate themselves. This finding is in line with previous findings conducted in Gonder university student showed that student having mental distress were 1.7 times more likely chew Khat than student not having mental distress (67). This result is because of highly linkage between psychological problems and substance use. But the study conducted in Jimma town contradicts this finding, stating that khat chewers had tenfold risk of developing depression as compared to non-chewers(14).

Community subjective norm factor was significantly associated with youth khat chewing. This study finding is consistence with study conducted in Woreta town high school students, asserting that community norms favourable to substance use were two times more likely to lead to adolescent substance use(19).

Strength and Limitation of the study

Strength of the study

The strength of the study was community based mixed- methods approach applied to get in-depth information. The study focus on venerable age group (that is youth age 15-24) to identify the underline factors of substance use.

Limitation of the study

The limitation of this study focus on sensitive issue and the findings might have been affected by social desirable bias. This study not included all substance factor found in Jimma town like “*mastish*” and *hashish*.

Chapter seven

Conclusion and Recommendation

7.1. Conclusions

This study finding indicated that substance use prevalence is high among youth of Jimma town specifically khat prevalence was high among youth of Jimma town then other two substance. Factors for substance use are specifically, smoking cigarette is significantly associated with siblings' cigarette smoking, friend cigarette smoking, subjective norm factors and perceived benefit of substance use. Alcohol drinking was significantly associated with father who alcohol drinker and perceived benefit of substance use. Khat chewing was significantly associated with sex; siblings' khat chewing, current youth school status, subjective norm factors, psychologist factor. Therefore, alleviating these factors necessities coordinated effort from the youth, the government and the community at large.

7.2. Recommendation

Overall, several factors contributed to substance use, and could be focused on in health promotion to decrease risky behaviours among youth. Based on the findings of the study, the researcher makes the following recommendations:

- Public health professionals, specifically health promotion and health behaviour experts, should focus on providing health education to youth at lower grade level in collaboration with NGO, religious leaders and educational institutions to avert the substance use prevalence, by proving detail education on the effect of substance use on the health, social life and economy of one country and by developing appropriative IEC and BCC materials.
- The government should crate job opportunity to the youth, encourage different NGO to invest on youth and develop recreation center for youth with different service in order to mitigate the current prevalence of substance use.
- The government should develop a policy focusing on how and where to use substances, age, place and time of substance use. It is important to introduce taxation system on substance use in order to reduce access to substance.

- The community, lawyer and policemen should participate in implementation and enforcement of rules and regulation on substance use and also the family should monitor their children and need to act as good role model by avoiding substance use.
- Further researches are recommended on prevention and solutions of substance use. It is suggested that substance use prevention and cope-up methods should be studied.

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Annexes 1: Covering letter accompanying the self-administered questionnaire

Information sheet

Dear Sir/Madam,

SUBJECT: SUBSTANCE USE AND ASSOCIATED FACTOR AMONG YOUTH OF JIMMA TOWN

My name is Tinsae Abeya and I am a student at Jimma University. This study is conducted as a requirement for the completion of the degree of master in promotion Health and health behaviour from Jimma University. The purpose of this study is to assess prevalence substance use and risk factor among youth of Jimma town.

I would like to invite your participation in this study by filling up the attached questionnaire. All information provided will be treated with strict confidentiality and only aggregate data will be analysed and reported. As such, individuals who respond to this questionnaire will not be identified. The filling of the questionnaire will take approximately 30 minutes and your participation is highly appreciated.

I thank you very much for your valuable contribution in participating in this study.

Kind regards,

Contact Address of the Investigator

Name: Tinsae Abeya

Phone number: 0955054910

Email: bakoabeya@gmail.com

Annexes 2: Consent form for data collection

Consent Form

I have been informed that the purpose of this study is to assess prevalence of substance use and associated factor among youth in Jimma town. I understood that all information regarding me and all answers given by me are secret and confidential. I also understood that participation in this study is entirely voluntarily and my participation or refusal to answer the questions will have no effect on me. So I approve my willingness by my signature.

Signature _____

Date _____

Annexes 3: Questionnaire

Part One: Socio Demographic Factors		
101	Age	[_____]
102	Sex	1. Male 2. Female
103	Childhood residence	1. Rural 2. Urban
104	Currently you are_____	1. In school 2. Out of school
105	Level of Educational	1. Illiterate 2. Grade 1-8 3. Grade 9-10 4. Grade 11-12 5. Diploma/TVET 6. First degree
106	Marital status	1. single 2. Married 3. Divorced 4. separated 5. Widowed
107	Religion	1. Muslim 2. Orthodox 3. Protestant 4. Other_____
108	Frequency of visiting worshipping place	1. Never 2. A few times a year 3. Once or twice a month 4. Every week 5. Every day
109	Ethnicity	1. Oromo 2. Amhara 3. Wolayita 4. Dawuro 5. Yem 6. Others_____
110	Do you have pocket money/monthly income?	(1) Yes (2) No
111	Source of monthly income /pocket money	1. From family 2. From daily laborer 3. Employed 4. Other source_____
112	Living arrangement	1. Live with family 2. Live with Relatives 3. Live with friends 4. Live alone

113	Maximum Mother's Educational level	1. Cannot read and write 2. 1-8 grades 3.9-12 grades 4. TVET certified 5. Diploma 6. Degree 7. Others (specify) _____
114	What is your mother occupation?	1. Farmer 2. Merchant 3. Employed 4. Others (specify) _____
115	Maximum Father's educational level	1. Cannot read and write 2. 1-8 grades 3.9-12 grades 4. TVET certified 5. Diploma 6. Degree 7. Others (specify) _____
116	What is your father occupation?	(1)Farmer (2)Merchant (3) employed (4) Others (specify) _____
Part two: Social related factor		
201	Did your father use substance? (alcohol, cigarette, and Khat)	(1). Yes (2) .No
202	If question number 201 is 'Yes' which substance?	(1) Cigarette (2) Alcohol, (3) Khat
203	How frequently has your father use substance?	1. Rarely 2. At least once in a month 3. At least once in a week 4. More than three days in a week 5. Daily
204	Did your mother use substance? (alcohol, cigarette, and Khat)	(1). Yes (2) .No
205	If question number 204 is 'Yes' which substance?	(1) Cigarette (2) Alcohol, (3) Khat
206	How frequently has your mother use substance?	1. Rarely 2. At least once in a month 3. At least once in a week 4. More than three days in a week 5. Daily

207	Did your siblings use substance? (alcohol, cigarette, and Khat)	(1). Yes (2) .No		
208	If question number 207 is 'Yes' which substance?	(1) Cigarette (2) Alcohol, (3) Khat		
209	How frequently has your siblings use substance?	1. Rarely 2. At least once in a month 3. At least once in a week 4. More than three days in a week 5. Daily		
210	Did your best friends use substance? (Alcohol, cigarette, and Khat)?	(1). Yes (2) .No		
211	If question number 210 is 'Yes' which substance?	(1) Cigarette (2) Alcohol, (3) Khat		
212	How frequently has your friends use substance?	1. Rarely 2. At least once in a month 3. At least once in a week 4. More than three days in a week 5. Daily		
Subjective norm: Would you please tick to your level of agreement.				
		disagree	No idea	Agree
		01	02	03
301	Most people who are important to me will approve of my substance usage(khat, cigarette, alcohol)			
302	Most people who are important to me think that, I should use substance (khat, cigarette, alcohol)			
303	Most people who like me want my engaging in substance use (khat, cigarette, alcohol)			
Part three:-The following questions are about Cigarette use				
401	Have you ever smoked cigarettes?	(1). Yes (2) .No		
402	Have you ever smoked cigarette in the last 12 months?	(1). Yes (2) .No		
403	Have you ever smoked cigarette in the last 30 days?	(1). Yes (2) .No		
404	How old were you when you first smoked cigarette?	[_____]		
405	How often do you smoke cigarette?	(1) Occasionally (2) Monthly (3) Weekly (4) Daily (5) Other/ specify_____		
406	How many cigarettes do you smoke par day?	1. 1-5 pc 2. 6-10 pc 3. 1 packet 4. Other/ specify_____		
407	Do you use pocket money to buy	1). Yes (2) .No		

	cigarette?	
408	When you first smoked cigarette, where did you get it?(you can tick more than one)	(1) Hotel/bar (2) From friends (3) Shop (4) From family. (5) Other/ specify_____
409	Who introduce you first to use cigarettes (Smoked)?	(1) Friends (2). Parents (3). Relatives (4) Out of curiosity (5) other/ specify_____
410	How are you convinced into smoke cigarette? (you may choose more than one)	1) Make one brilliant (2) Happier (3) Stronger/healthier (4) Work for long hrs (5) Have confidence (6) Boost appetite (7) Other/ specify_____
411	Based on what you know or belief, does smoking cigarettes cause serious illness?	(1) Yes (2) No
412	Where do you smoke the cigarette?	(1) At home (2) In a bar (3) At khat chewing place (4) Others (specify) _____
Part four: The following questions are about Alcohol use		
501	Have you ever drunk any alcoholic beverage?	(1) Yes (2) No
502	Have you ever drunk any alcoholic beverage in the last 12 months?	(1) Yes (2) No
503	Have you ever drunk any alcoholic beverage in the last 30 days?	(1) Yes (2) No
504	How old were you when you first had drink alcohol?	[_____]
505	Do you use pocket money to buy alcohol?	(1) Yes (2) No
506	How often do you have Alcoholic beverages (local alcohol, tella. Teji, beer, daft, or Mixed drink)?	(1) Occasionally (2) Monthly (3) Weekly (4) Daily (5) Other/ specify_____
507	Which of the drink that contain alcohol have you frequently drinks?	1. Bear 2. Wine 3. Sprit 4. Whisky 5. Local drinks 6. Mixed drinks 7. Other/ specify____
508	When you first had drink alcohol, where did you get it?(you can tick more than one)	(1) Hotel/bar (2). From local dink house (3). From my house. (4). Other/_____
509	Who introduce you first to use alcohol?	(1). Friends (2). Parents (3). Relatives (4). Out of curiosity (5) siblings (6). Other/specify_____
510	How are you convinced into drink alcoholic beverage? (you may choose more than one)	(1) Happier (2) Stronger/ healthier (3) Work for long hours (4) Have confidence (5) Boost appetite (6) Other/ specify_____
511	Based on what you know or belief, does drinking alcohol cause serious illness?	(1) Yes (2) No
512	Have you ever used alcoholic beverages and other substances at the same time (khat, smoking,)?	(1) Yes (2) No

513	If question number 512 is YES what substance that you use at the same time?	(1) khat (2) cigarettes (3) Others/ specify_____
514	Where do you drink alcohol?	1) At home (2) At my friends place (3) In a bar/local dink house (4) At my relatives place (5) Others/ specify _____

Part five the following are about Khat chewing.		
601	Have you ever chewed khat?	(1)Yes (2) No
602	Ever chewed khat in the last 12 months?	(1)Yes (2) No
603	Ever chewed khat in the last 30 days?	(1)Yes (2) No
604	How old were you when you first had chewing khat?	[_____]
605	Do you use pocket money to buy khat?	(1) Yes (2) No
606	Who introduce you first to use khat?	(1). Friends (2). Parents (3). Relatives (4). Out of curiosity (5) siblings (6). Other/specify_____
607	How often do you chewing khat?	(1) Occasionally (2) Monthly (3) Weekly (4) Daily (5) Other/ specify_____
608	From where do you get khat for chewing?	(1) Nearby shop (2) street peddlers (3) Khat selling house (4) others specify____
609	Why do you chew khat?	(1)To increase concentration for study (2)To be strong and work hard (3) Because my friends chew. (4) For relaxation and entertainment (5) others specify_____
610	Based on what you know or belief, does chewing khat cause serious illness?	(1) Yes (2) No (3) I don't know
611	Have you ever use khat and other substances (cigarettes, alcohol, etc) at the same time?	(1)Yes (2)No
612	If question no 612 is YES, what are the substances that you use at the same time?	(1) Alcohol (2) cigarettes (3) others specify_____

Part six Psychological factor				
		disagree	No idea	Agree
		01	02	03
701	I use substance(khat, cigarette, alcohol) to relief from tension			
702	I use substance(khat, cigarette, alcohol) to relief from depression			
703	I use substance (khat, cigarette, alcohol) to Feel relaxed			
704	I use substance(khat, cigarette, alcohol) to Forget my problem			

Part seven Substance related factor:				
		disagree	No idea	Agree
		01	02	03
801	I can get substance (khat, cigarette, alcohol) nearby locality			
802	When I need, it is easy to get substance (khat, cigarette, alcohol) for me			
803	I can use substance (khat, cigarette, alcohol) any where			
804	If I need I can use substance (khat, cigarette, alcohol) it any time			
805	The price of the substance (khat, cigarette, alcohol) is affordable for me			

Thank you very much for your contribution

Annexes 4: Interview guide

Interview guide for youth

1. Your gender: _____
2. Your age in full years: _____
3. Your religion: _____
4. Your ethnicity: _____
5. Your work: _____
6. Your qualification and educational background _____

S.N	Questions
1.	What do you know about substance use(alcohol, cigarette and Khat use)
2.	Which substances are commonly used by youth of Jimma town? (Substances include; alcohol, cigarette, Khat, Shisha and other stimulants).
3.	At what time you and your friend use substance(alcohol, cigarette and Khat) Probe: a. Why that time is preferable?
4.	At which places substance is usually take? Probe: a. Why that place is preferable? b. What additional activity is done at that place?
5.	What are the main reasons for initiating substance use among youth of Jimma town? What are the push factors? Probe: 5.1. Does it related with family substance use and friend substance using? 5.2. Does it related with lock of job opportunity? 5.3. Does it relate poor government police on substance control? 5.4. Does it relate local religion and culture? 5.5. Dose it related poor family child regulation? 5.6. Dose it related with nature/ job types? 5.7. Dose it related with psychological problem? 5.8. Does it related with lack of knowledge?
6.	What do you know about the availability, accessibility and affordability of substances like khat, Shisha, cigarettes, alcohol and others for youth of Jimma town? Probe: a. At what time substance mainly chat is usually available? b. By what mains substance is distributed?
7.	In your opinion, what should be done to prevent the substance abuse among youth of Jimma? Probe: 8.1 From youth, government and community
8.	You are welcome if you have additional comments.

Thank you very much for your contribution

Interview guide for key informant

1. Your gender: _____
2. Your age in full years: _____
3. Your religion: _____
4. Your ethnicity: _____
5. Your work: _____
6. Your qualification and educational background _____

S.N	Questions
1.	What do you know about substance use (alcohol, cigarette and Khat use)
2.	Which substances are commonly used by youth of Jimma town? (Substances include; alcohol, cigarette, Khat, Shisha and other stimulants).
3.	At what time youth of Jimma town use substance(alcohol, cigarette and Khat) Probe: a. Why they are preferable that time?
4.	At which places substance is usually take in Jimma town? Probe: a. Why that place is preferable? b. What additional activity is done at that place?
5.	What are the main reasons for initiating substance use among youth of Jimma town? What are the push factors? Probe: 5.1. Does it related with family substance use and friend substance using? 5.2. Does it related with lock of job opportunity? 5.3. Does it relate poor government police on substance control? 5.4. Does it relate local religion and culture? 5.5. Dose it related poor family child regulation? 5.6. Dose it related with nature/ job types? 5.7. Dose it related with psychological problem? 5.8. Does it related with lack of knowledge?
6.	What do you know about the availability, accessibility and affordability of substances like khat, Shisha, cigarettes and others for youth of Jimma town?
7.	To reduce the prevalence of substance use among Jimma town youth, what activity should aspect form <i>youth, Government, NGO and community</i> ?
8.	Do you have any suggestion on how to mitigate the behaviour of substance abuse among Jimma town youth?
9.	You are welcome if you have additional comments.

Thank you very much for your contribution

Annexes 5: Questionnaire (Afan Oromo version)

**Yuunivarsitii Jimmaa
Kolleejjii Saayinsii Fayyaa Hawwasaa
Mummee “Health Behavior and Society”**

Fuula Odeffannoo

Jalatammoo Hirmattota Qoorannoo kanaa:

Dhimmi Isaa: Waa’ee qoorannoo babali’na wantoota suusii nama qabsiisani (Alkoolii, Sijaaraa fi Caatii), faayyadama fi haalawwaan walqabatan dargaggoota (waggaa 15-24) magalaa jimmaa irraati qoorachu ta’a.

Maqaan koo barataa Tinsaa’ee Abbayyaa jedhama. An barataa jimmaa yuniivarsitti digiri lammaffaadha. Muumme barnootaa koo “*Health Behavior and Society*” jedhama. Dhimmi qoorannoo kana waa’ee babali’na waantoota suusii nama qabasisan, faayyadama fi haalawwan walqabataan dargaggoota magalaa jimmaa irraati xiyyeefaata. Gaffillee armaan gadi dhiyaatan kana akka guutnaan kabaajan isin gafaadha. Deebin keessaan hundi icciiti cimmadhaan qabamee kuusaama. Eerga kuufaamee booda cuunfuudhaan gabaasa gochu qofaaf fayyaada. Namni qoorannoo kan irratti hirmaatu akka maqaa isaa baareessuuf hin dirqaamu. Gaffii kana guutuudhaaf daqiiqaa 15 qofa fudhaata.

Qoorannoo Kana Irraati Hirmaachu Keessaanif baay’ee Galatoomaa !!

Qajeelfama:

Gaaffiilee fillannoof deebii irratti maraa. Gaaffii Itti wali hin galu, Hin muurteesiine fi Ittaan wali gala jedhuu jalattii deebii kee maltoo kana (√) godhii deebisi.

Tessoon:

Maqaa qoorataa: Tinsaa’ee Abbayyaa

Lakkofsaa bilbillaa: 0955054910

Email: bakoabeya@gmail.com

Maqaa nama ragaa funanuu _____ Mallattoo _____ Guuyyaa _____

Unkaa Fedhi Hirmaana

Akka mata dure irratti natti himaameetti dhimmi qoorannoo kana waa'ee babali'na wantoota suusii nama qabasisan fi haalawwaan walqabatan dargaggoota magalaa jimmaa irraati kan geggeeffamudha. Kaayyoo qoorannoo kana sirritti hubaadheera. Akkasumas deebin koo hundi icciitti cimmadhaan akka naaf qabamuu nati himaameera. Qoorannoo kan irraat hirmaachun fedhi koo irraat kan hunda'ee fi hirmaachu dhiisuun koo dhiibaa tokko illee akka na irraati hin finnee beekkeen jira. Kanaafuu qoorannoo kan irraat hirmaachuuf fedhi qabachu koo maallattookoon miirkaneessa.

Maallattoo: _____

Guyyaa: _____

Lakk. Gaaffiilee _____

Maqaa Gandaa: _____

Gaaffiilee Bu'uuraa fi Hawaassummaa

Lak k.	Gaaffi	Fillannoo Deebii
101	Umuri waggaan	[_____]
102	Saala	(1) Dhiira (2) Dhalaa
103	Bakka dhaloota	(1)Baadiyaa (2)Magaala
104	Amma maal irraa jirta?	(1) Baranoota irraa (2) Baranoota ala
105	Saadarka barnootaa:	(1) Kan hin baraanee (1) Kutaa 1-8 (2) Kutaa 9-10 (3) Kutaa 11-12 (4) Diipiloomaa (5). Diigiri tokkoffaa
106	Haala Gaa'ila:	(1) kan hin fuunee (2) kan fuudhe (3) fuudhe kan hikee (4) fuudhe kan addan jiratan (5) kan warri irraa du'e
107	Amaanta	(1) Musilima (2) Ortodoksii (3) Protestaanti (4) Kan biroo/ ibsii
108	Mana amaantaa yeeroo meeqaan deddebita?	(1) Tasa hin deemuu (2) Waggaa keessaati yeroo muuraasa (3) Ji'a keessatti ala tokkoo (4) Torbaan keessatti ala tokko (5) Guyyaa guyyaan
109	Sabuummaa	(1)Oromoo (2) Amhaara (3) Wolayitaa (4) Dawaroo (5) Yaam (6) Kan biroo ____
110	Galii ji'an argatuu ni qabdaa?	(1). Eeyyee (2) Lakki
111	Galii ji'a eessaa argataa?	(1). Maatii irraa (2). Hojii guyyaa irraa (3). Hojii dhabbataa irraa (4). Bakka biroo irraa/ibsii
112	Yeroo amma eenyuu walin jiraata?	(1) Abbaa fi haadha (2) Fiira waliin (3) Hiriya waliin (3) Qofaa koo
113	Haala barnoota hadhaa:	(1) Barreessuu fi dubbisuu hin dandeessu (2) Baranoota sadarkaa tokkoffaa (3) Baranoota sadarkaa lammaffaa (4) Barnoota Tekiniikaa fi oguummaa (5) Diipiloomaa (5) Baranoota digiri (6) Kan biroo /ibsii _____
114	Hojii hadhaa:	(1) Qoonnan bultuu (2) Daldaala (3) Qacarama (4) Kan biroo/ ibsii
115	Haala barnoota abbaa:	1) Barreessuu fi dubbisuu hin danda'uu (2) Baranoota sadarkaa tokkoffaa (3) Baranoota sadarkaa lammaffaa (4) Barnoota Tekiniikaa fi oguummaa (5) Diipiloomaa (6) Baranoota digrii

		(7) Kan biroo /ibsii _____
116	Hojii abbaa:	1) Qoonnaan buula (2) Daldalaa (3) Qacarama (4) Kan bira/ ibsii _____

Gaffillee waliti dhufeenya hawwassummaa fi wantoota suusii nama qabsiisaan

Lakk	Gaaffii	Fillannoo Deebii
201	Abbaan kee wantoota suusii nama qabsiisaanu (alkoolii, Sijaaraa, Caatii) ni fayyadamuu?	(1). Eeyyee (2) lakki
202	Gaaffii Lak. 201 irrati dhiyaateef deebin kee “Eeyyee” yoo ta’ee wantoota kaamiffaa faayadamuu?	(1) Sijaaraa (2) Dhugaatti alkoolii, (3) caatii (4) Kan biroo /ibsii
203	Abbaan kee wantoota suusi nama qabsiisan hangaamiin fayyadaamu?	(1) Darbee darbee (2) Ji’aatti ala tokko (3) Toorbaniiti yeroo tokko (4) Toorbaniiti yeroo sadii (5) Guyyaa guyyaan
204	Haatii kee wantoota suusii nama qabsiisaanu (alkoolii, Sijaaraa, Caatii) ni fayyadamuu?	(1). Eeyyee (2) lakki
205	Gaaffii Lak. 204 rratii dhiyaateef deebin kee “Eeyyee” yoo ta’ee wantoota kaamiffaa faayadaamu?	(1) Sijaaraa (2). Dhugaatti alkoolii, (3) caatii (4) Kan biroo /ibsii
206	Haatii kee wantoota suusii nama qabsiisan hangammin fayyadamu?	(1) Darbee darbee (2) Ji’aatti ala tokko (3) Toorbaniiti yeroo tokko (4) Toorbaniiti yeroo sadii (5) Guyyaa guyyaan
207	Obboolleessi/ttin kee wantoota suusii nama qabsiisaanu (Alkoolii, Sijaaraa, Caatii) ni fayyadaamu?	(1). Eeyyee (2) lakki
208	Gaaffii Lak. 207 rratii dhiyaateef deebin kee “Eeyyee” yoo ta’ee wantoota kaamiffaa faayadaamu?	(1) Sijaaraa (2).Dhugatti alkoolii, (3).caatii (4) Kan biroo /ibsii
209	Obboolleessi/ttin kee wantoota suusii nama qabsiisaan hangaamiin fayyadaamu?	(1) Darbee darbee (2) Ji’aatti ala tokko (3) Toorbaniiti yeroo tokko (4) Toorbaniiti yeroo sadii (5) Guyyaa guyyaan
210	Hiriyyooti kee wantoota suusii nama qabsiisaan (alkoolii, Sijaaraa, Caatii) ni fayyadaamu?	(1). Eeyyee (2) lakki
211	Gaaffii Lak. 210 irrati dhiyaateef deebin kee “Eeyyee” yoo ta’ee wantoota kaamiffaa faayadaamu?	(1) Sijaaraa (2). Dhugaatti alkoolii, (3). Caatii (4) kan biroo / ibsii_____
212	Hiriyyaan kee wantoota suusii nama qabsiisan hangaamin fayyadamu?	(1) Darbee darbee (2) Ji’aatti ala tokko (3) Toorbaniiti yeroo tokko (4) Toorbaniiti yeroo sadii (5) Guyyaa guyyaan

Gaaffii Dhiibaa Barsiifaata Hawwassuumma Waantoota Suusii Nama Qabsiisaan Irrati Qabu.

		Ittin wali hin galuu 01	Hin muurteesiine 02	Ittaan wali gala 03
301	Namooti anaaf baay'ee barbachisoo ta'aan Alkoolii ykn Sijaaraa ykn Caatii akkan fayyadamuu naf heeyyaamuu			
302	Namooti anaaf baay'ee barbachisoo ta'aan Alkoolii ykn Sijaaraa ykn Caatii akkan fayyadamu na jajjabeessu			
303	Namooni baay'ee na jallataan Alkoolii ykn Sijaaraa ykn Caatii akkan faayadamu barbadu.			

Haala Itti fayadama Wantoota Suusii Nama Qabsiisaan

Gaaffiilleen Armaan Gadi Waa'ee Sijaaraa Xuuxuu Ilaala

Lakk	Gaaffii	Fillannoo Deebii
401	Sijaaraa xuuxxee beektaa?	(1) Eeyyee (2) lakki
402	Ji'a 12 darbee keessatti sijaaraa xuuxxee beektaa?	(1) Eeyyee (2) lakki
403	Guyyaa 30 darbee keessatti sijaaraa xuuxxee beektaa?	(1) Eeyyee (2) lakki
404	Jalqabaaf yeroo sijaaraa xuuxxee umuriin kee meeqa ?	_____
405	Irraa deddeebii haala kamiin sijaaraa fayyadataa?	(1) darbee darbee (2) Ji'aan (3) torbeen (4) Guyyaan (5) kan biroo/ibsii _____
406	Yeroo sijaaraa fayyadamatu meeqa yeroo tokkotti fayyadamta?	(1). Ijaa 1-5 (2). Ijaa 6-10 (3). Paakkeeta 1 (4). Paakkeeta 1 oli (5). kan biroo/ibsii _____
407	Sijaara xuuxudhaaf, qarshii dhuunfaa ni fayyadamtaa?	(1) Eeyyee (2) lakki
408	Jalqabaaf, yeroo sijaaraa xuuxxee eessaa argatee?	(1) Hoteela/ mana dhugaatti (2) Hiriyyaa irraa (3) Suuqii (4) maatii kessaa (5) Kan biroo/ ibsii _____
409	Jalqabaaf, sijaaraa xuuxuu eenyutu sibarsisee?	(1) Hiriyyaa (2) Maatii (3) Fira (4) Xuuxxuuf fedhii qabu irraan kan ka'ee (5). kan biroo/ ibsii _____
410	Sijaaraa xuuxuu maalif eegaltee? (Deebii tokko ol filaachuun ni danda'aama)	(1) Baay'ee beekaa waan nama godhuuf (2) Nama gammachiisa

		(3) cimaa waan nama godhuuf (4) Sa'aatii dheeraaf hojeechuuf (5) Ofiti-amanumummaa qabaachuuf (6) Fedhi nyaataa dabala (7) kan biroo/ ibsii
411	Sijaaraa xuuxun fayyaa nama irratti dhiibaa qabachuusa ni beektaa?	(1)Eeyyee (2) lakki
412	Sijaaraa eessatti xuuxxaa?	(1) Mana jireenya (2) Mana dhugaatti (3) Bakka caatii itti qaamamuutti (4) kan biroo/ ibsii

Gaaffiileen Armaan Gadi Waa'ee Dhugaatti Alkoolii Ilaala

Lakk	Gaaffii	Deebii
501	Dhugaatti alkoolii dhugdee beektaa?	(1). Eeyyee (2) lakki
502	Ji'a 12n darban keessatti dhuggatti alkoolii dhugdee beektaa?	(1). Eeyyee (2) lakki
503	Guyyaa 30n darban keessatti dhugaatti alkoolii dhugdee beektaa?	(1). Eeyyee (2) lakki
504	Jalqabaaf yeroo alkoolii dhugdee umuriin kee meeqa ?	_____
505	Alkoolii dhuguudhaaf, qarshii dhunfaa ni fayyadamtaa?	(1) Eeyyee (2) lakki
506	Irraa deddeebii haala kamiin dhugaatti alkoolii dhugdaa ?	(1) darbee darbee (2) Ji'aan (3) torbeen (4) Guyyaan (5) kan biroo_____
507	Dhugaatti alkoolii isa kam yeroo baay'ee fayyadamtaa?	1. Diiraftii/biiraa 2. Wa'iini 3. Araaqee 4. Huuskii 5. Dhugaatti naannoo 6. Dhugaatti wal makaa 7. Kan biroo/ibsii_____
508	Jalqabaaf yeroo dhugaatti alkoolii eessaa argatee? (Deebii tokkoo olii filaachuun ni danda'aama)	(1) Hoteela/ mana dhugaatti (2) mana dhugaatti naannoo irraa (3) mana jireenya kooti (4) Kan biroo/ ibsii_____
509	Yeroo Jalqabaaf, dhugaatii alkoolii eenyutu sibarsiise?	(1).Hirriyaa (2) Maatii (3) Fiira (4) Fedhii koo irraa kan ka'ee (5) Obboleewwan (6) kan biroo/ ibsii_____
510	Alkoolii dhuguu maalif eegaltee? (Deebii tokko ol filaachuun ni danda'aama)	(1) Baay'ee beekaa waan nama godhuuf (2) Nama gammachiisa (3) cimaa waan nama godhuuf (4) Sa'aatii dheeraaf hojjechuuf

		(5) Ofiti-amanamummaa qabachuuf (6) Fedhii nyaataa dabala (7) kan biroo/ ibsii_____
511	Alkoolii dhuguun fayyaa nama irratti dhiibaa qabachuusa ni beektaa?	(1)Eeyyee (2) lakki
512	Dhugaatti alkoolii fi wantoota suusi namaa qabsisaan yeroo tokkotti fayyadamtee beektaa? (Caatii, sijaaraa, shiishaa kkf)	(1) Eeyyee (2) lakki
513	Yoo deebiin lakk.512 “Eeyyee” ta’ee waantoota suusi namaa qabsisaan yeroo tokkotti fayyadamte kami?	(1) Caatii, (2) timboo (3) shiishaa (4) kan biroo / ibsii_____
514	Dhugaatti alkoolii isaatii dhugdaa?	(1)Mana Jireenyaatti (2) Bakka Iriyaatti (3) Mana dhugaatti tti (4) Mana firaatti (5) kan bira/ ibsii_____

Gaaffiilleen Armaan Gadi Waa’ee Caatii Qaamu Ilaala

Lakk.	Gaaffii	Fillanno Deebii
601	Caatii qaamtee beektaa?	(1). Eeyyee (2) Lakki
602	Ji’a 12 darbee keessatti caatii qaamtee beektaa?	(1). Eeyyee (2) Lakki
603	Guyyaa 30 darbee keessatti caatii qaamtee beektaa?	(1)Eeyyee (2) Lakki
604	Jalqabaaf yeroo caatii qaamtee umuriin kee meeqa ?	_____
605	Caatii bituf qarshi dhuunfaa ni fayyadamtaa?	(1). Eeyyee (2) Lakki
606	Yeroo Jalqabaaf, caatii qaamuu eenyutu sibarsiise?	(1) Hiriyaa (2) Maatii (3) Fira (4) Fedhii koo irraa kan ka’ee (5) Obbolleewwan (6) kan biroo/ ibsii_____
607	Irraa deddeebii haala kamiin caatii qaamuu?	(1) darbee darbee (2) Ji’aan (3) torbeen (4) Guyyaan (5) kan biroo_____
608	Caatii qaamtu eessaa argaate bitataa? (deebii tokko olii filaachuun nidanda’ama)	(1) Suuqii naannoo bira (2) daldaltoota karaa irraa bira (3) mana caatiin itti qaamamu irra (4) kan biroo / ibsii_____
609	Caatii maaliif qaamta?	(1)Yeroon dubbisuu xiyyeefannoo dabaluuuf (2) Cimee jabaadhee hojachuuf (3) hiriyyaan koo waan qaamuuf (4) bashanaanee ittin boqoochuf (5) kan biroo/ ibsii_____
610	Caatii qaamuun fayyaa nama irratti dhiibaa qabachuusaa ni beektaa?	(1)Eeyyee (2) lakki
611	Caatii dhaaf waantoota waantoota suusi namaa qabsisaan yeroo tokkotti fayyadamtee beektaa? (alkoolii, sijaaraa)	(1). Eeyyee (2) Lakki

612	Yoo deebiin lakk. 611 “Eeyye” ta’ee wantoota suusi namaa qabsisaan yeroo tokkotti fayyadamte kami?	(1) dhugaatti alkoolii, (2) timboo (3) shiishaa (4) kan biroo / ibsii _____
-----	--	--

Gaaffii dhiibaan xiin-saamuu wantoota suusii nama qabsiisan irratti qabu.

		Itti wali hin galuu 01	Hin muurteesinee 02	Ittaan wali gala 03
701	Kan ani Alkoolii ykn Sijaaraa ykn Caatii fayyadamuuf akkan hin dhiiphaneef			
702	Kan ani Alkoolii ykn Sijaaraa ykn Caatii fayyadamuuf akkan ani hin muukoofneef			
703	Kan ani Alkoolii ykn Sijaaraa ykn Caatii fayyadamuuf akka nati toluuf			
704	Kan ani Alkoolii ykn Sijaaraa ykn Caatii fayyadamuuf rakkoo koo irraanfaachuuf			

Gaaffii jiraachu wantoota suusii nama qabsiisanif suusiin qabamu.

		Itti wali hin galu 01	Hin muurteesinee 02	Ittaan wali-gala 03
801	Alkoolii ykn Sijaaraa ykn Caatii dhiyeenyaat salphaattan argaadha.			
802	Yeroo Alkoolii ykn Sijaaraa ykn Caatii barbaaduuti salphaamati argaadha.			
803	Alkoolii ykn Sijaaraa ykn Caatii lafan feedheti argaachu danda’aa.			
804	Alkoolii ykn Sijaaraa ykn Caatii yeroon barbaadetti argachun danda’aa.			
805	Gatiin Alkoolii ykn Sijaaraa ykn Caatii rakaasa.			

Baay’ee Galatooma!

Af-gaaffii Dargaggootaaf

Saala kee _____

Umuri kee _____

Amaanta kee _____

Saaba kee _____

Hojii kee _____

Baranoota kee _____

Lakk.	Gaaffii
1.	Waa'ee wantoota suusii nama qabsiisan (Alkoolii ykn Sijaaraa ykn Caatii) mala beekta?
2.	Dargaggooni jimmaa waantoota suusii nama qabsiisan (Caatii, Alkoolii, Sijaaraa, shiishaa fi kkf) isaa kami yeroo baay'ee fayyadamtu?
3.	Yeroo baay'ee sa'aa kamittii wantoota suusii nama qabsiisan fayyadamtuu? (guuyyaa, halkan, gaanama) Gaaffii dabalataa: <ul style="list-style-type: none"> • Yeroo sana maalif filaatan?
4.	Bakka kamitti wantoota suusii nama qabsiisan dargaggoonii yeroo baay'ee fayyadamuu? Gaaffii dabalataa: <ul style="list-style-type: none"> • Maalif bakka sana fiilaatan? • Bakka sanatti hojii biroon hojeetaamu jira?
5.	Sabaaba ati fi hiriyyooni kee wantoota suusii nama qabsiisan fayyadamaniif maali? Gaaffii dabalataa: <ul style="list-style-type: none"> • Hojii dhabuu wajjin walqabataa? • Lafiina Seeraa wantoota suusii nama qabsiisan wajjin walqabata? • Addaa fi duudhaa naannoo wajjin walqabata? • Akkata Guudisa maatii wajjin walqabata?
6.	Waa'ee jiraachuu, argaachuu fi biitu danda'uu waantoota suusii nama qabsiisan dargaggoota biirat maal fakkaata? Gaaffii dabalataa: <ul style="list-style-type: none"> • wantoota suusii nama qabsiisan akkamittin gaabaaf dhiiyaatu, kara kamiin gaabaa keessatti faaca'uu? • wantoota suusii nama qabsiisan yeroo kamiiti gaabaaf dhiiyaata?
7.	Akka yaadaa keetitti dargaggoota wantoota suusii nama qabsiisan irraa itsuudhaaf maaltu goodhamuu qaba jeetee yaadda? (Kara mootummaa, kara dargaggootan, kara hawwassa)
8.	Yaada dabalataa yoo qabatee

Baay'ee Galatooma!

Af-Gaaffii Bakka Buutoota Dargaggootaaf

Saala kee _____

Umuri kee _____

Amaanta kee _____

Saaba kee _____

Hojii kee _____

Barnoota kee _____

Lakk.	Gaaffi
1.	Waa'ee wantoota suusii nama qabsiisan (Alkoolii ykn Sijaaraa ykn Caatii) mala beeta?
2.	Dargaggooni jimmaa wantoota suusii nama qabsiisan isaa kami yeroo baay'ee fayyadaamu? (Caatii, Alkoolii, Sijaaraa fi shiishaa kkf)
3.	Yeroo baay'ee sa'aa kamitti wantoota suusii nama qabsiisan fayyadamuu? (guyyaa, halkan, ganaama) Gaaffii dabalataa: <ul style="list-style-type: none"> • Yeroo suni maalif fiilataamaa ta'e?
4.	Bakka kamitti wantoota suusii nama qabsiisan dargaggoonii yeroo baay'ee fayyadaamu? Gaaffii dabalataa: <ul style="list-style-type: none"> • Maalif bakka sana filaatan? • Bakka sanatti hojii biroo maaltu hojeetaama?
5.	Saababaan dargaggoonii wantoota suusii nama qabsiisan fayyadamaniif maali? Gaaffii dabalataa: <ul style="list-style-type: none"> • Hojii dhabuu wajjin walqabataa? • Lafiina Seeraa wantoota suusii nama qabsiisan wajjin walqabata? • Addaa fi duudhaa naannoo wajjin walqabata? • Akkata guudisaa maatii wajjin walqabata?
6.	Waa'ee jiraachuu, argaachuu fi bituu danda'uu wantoota suusii nama qabsiisan dargaggoota biirati maal fakkata? Gaaffii dabalataa: <ul style="list-style-type: none"> • wantoota suusii nama qabsiisan akkamitti gaabaaf dhiyaata, kara kamin gaabaa keessatti faacuu? • wantoota suusii nama qabsiisan Yeroo kamiiti gaabaaf dhiyyata
7.	Akka yaada keetitti dargaggoota wantoota suusii nama qabsiisan irraa itsuudhaf maaltu goodhamuu qaba jeetee yaadda? (Kara mootummaa, kara dargagootan, kara hawwassa)
8.	Yaada dabalataa yoo qabatee

Baay'ee Galatooma!

Annexes 6: Questionnaire (Amharic version)

ጅም ዩኒቨርሲቲ
የህብረተሰብ ጤና ሳይንስ ኮሌጅ
የጤና ሥነ-ባህሪ እና የማህበረሰብ ት/ክፍል

የኢንፎርሜሽን መስጫ ገፅ

ውድ የጥናቱ ተሳታፊ ፤

ጉዳይ :- ስለ ሱስ አምጪ ነገሮች ማለትም ጫት፣ ሲጋራ እና አልኮል አጠቃቀም፣ ስርጭት እና ተዛማጅ ጉዳዮችን በተመለከተ በጅም ከተማ ወጣቶች(15-24 ዓመት) ላይ የሚደረግ ጥናት ይመለከታል።

ትንሳኤ አበያ እባላለሁ ። በጅም ዩኒቨርሲቲ የ 2ኛ ዲግሪ Health Promotion and Health Behavior ተማሪ ነኝ ። የጥናቱ ዋና ዓላማ በጅም ከተማ ወጣቶች ላይ የሚደረግ ሆኖ ስለ ሱስ አምጪ ነገሮች አጠቃቀም ስርጭትና ተዛማጅ ነገሮችን ለመፈተሽ ይሆናል። ከዚህ በመቀጠል ያሉትን ጥያቄዎች እንድትሞሉልኝ በአክብሮት እጠይቃለሁ። የምትመልሱት መልስ በሚስጥር ተይዞ ለጥናቱ ዓላማ ብቻ የሚውል ሲሆን ተሳታፊው ስሙን መፃፍ አይጠበቅበትም። መጠይቁን ሞልቶ ለመጨረስ ከጊዜዎ 15 ደቂቃ ብቻ ነው የሚወስደው ።

ማሳሰቢያ: ይህ ፈተና አይደለም ትክክለኛ ወይም ትክክለኛ ያልሆኑ መልሶች የለም። ነገር ግን በጥንቃቄ ይመልሱ። ለእንዳንዱ ጥያቄ ትክክል ነዉ ብለው ያመኑትን ይምረጡና ያክብቡበት። እሰማማለሁ ወይም አልሰማማም ለሚሉት ጥያቄዎች (✓) ምልክት ይጠቀሙ።

ጥናቱ ላይ ስለተሳተፋችሁ አመሰግናለሁ !

አድራሻ፤

ስም :- ትንሳኤ አበያ
ስልክ ቁጥር :- 0955054910
ኢሜል :- bakoabeya@gmail.com

የጥናቱ መረጃ ሰብሳቢ ስም:----- ፊርማ -----ቀን -----

የተሳታፊው ፍቃደኝነት ቅፅ

ከላይ እንደተገለፀው የጥናቱ ዋና ዓላማ ሱስ አምጪ ነገሮች አጠቃቀም ስርጭትና ተዛማጅ ጉዳዮችን የጅምር ከተማ ወጣቶችን በማሳተፍ የሚደረግ ይሆናል። ስለሆነም የጥናቱን ዓላማ በመረዳት ለትምህርታዊ ጉዳይ ብቻ መሆኑን አውቆና የሰጠዎቸው መረጃዎች በሚሰጥ የሚያዙ መሆኑን ተገንዝቤ በዚህ ጥናት ውስጥ በፍቃደኝነት የተሳተፍኩ መሆኔን በፊርማዬ አረጋግጣለሁ።

ፊርማ _____

ቀን _____

የመጠይቅ ቁጥር -----

የቀበሌ ስም -----

ግለሰባዊ መሰረታዊ መጠይቅ

ተቁ	ጥያቄ	የመልስ አማራጭ
101	ዕድሜ	-----ዓመት
102	ፆታ	(1) ወንድ (2) ሴት
103	የትውልድ ቦታ	(1) ገጠር (2) ከተማ
104	አሁን ምን ላይ ነህ/ሽ ? _____	1. ትምህርት ላይ 2. ከትምህርት ውጪ
105	የትምህርት ደረጃ	1. ያልተማረ/ች 2. 1-8 ክፍል 3. 9-10 ክፍል 4. 11-12 ክፍል 5. የመጀመርያ ዲግሪ 6. ሁለተኛ ዲግሪ
106	የትዳር ሁኔታ:	1. ያላገባ 2. አግብቶ የፈታ 3. አግብቶ የተለያየ 4. አግብቶ የሞተበት/ተባት
107	ሃይማኖት	(1) ሙስሊም (2) ኦርቶዶክስ (3) ፕሮቴስታንት (4) ሌላ-----
108	የሀይማኖት ቦታ መቼ መቼ ትሄዳለህ/ሽ	1. ሄጄ አላውቅም 2. በአመት አንዴ 3. በወር አንዴ 4. በሳምንት አንዴ 5. ቀን በቀን
109	ብሄረሰብ	(1) ኦሮሞ (2) አማራ (3) ወሊይታ (4) ዳውሮ (5) የም (6) ሌላ /ጥቀስ/
110	የክስ ገንዘብ /ወራዊ ገቢ/ በወር ውስጥ ይኖርሃል/ሻል	(1)አዎ (2). አይደለም
111	የወር ገቢ ከየት ነው የምታገኘው /ኗው	1. ከቤተሰብ 2. ከቀን ስራ 2. ከቋሚ ሥራ 3. ከሌላ ቦታ/ጥቀስ/
112	በአሁኑ ጊዜ የምትኖረው/ሪው ከማን ጋር ነው	(1) አባት እና እናት (2) ዘመድ (3). ጓደኛ (4) ለብቻ
113	የአባትህ/ሽ የትምህርት ደረጃ	(1) ማንበብ እና መጻፍ አይችሉም (2) ከ1-8ኛ ክፍል (3) 9-12ኛ ክፍል (4) የቴክኒክ ሰራተኛነት (5) ዲፕሎማ (6) ዲግሪ (7) ሌላ/ ይጠቀስ
114	የአባትህ/ሽ ሥራ ምንድነው.	(1) ገበሬ (2) ነጋዴ (3) ተቀጣሪ (4) ሌላ/ ይጠቀስ
115	የአባትህ/ሽ የትምህርት ደረጃ	(1) ማንበብ እና መጻፍ አይችሉም (2) ከ1-8ኛ ክፍል (3) 9-12ኛ ክፍል (4) የቴክኒክ ሰራተኛነት (5) ዲፕሎማ (6) ዲግሪ (7) ሌላ/ ይጠቀስ
116	የአባትህ/ሽ ሥራ ምንድነው.	(1) ገበሬ (2) ነጋዴ (3) ተቀጣሪ (4) ሌላ/ ይጠቀስ

ማህበረሰባዊ እና ሱስ አምጪ ነገሮች ቁርኝት መጠይቅ

201	አባት/ሽ ሱስ የሚያስዘ/የሚያነቃቁ ነገሮችን ይጠቀማሉ	(1)አዎ (2) አይደለም
202	ጥያቄ ቁጥር 201 መልስ አዎ ከሆነ የተኛውን ይጠቀማሉ	(1)ሥጋራ (2) አልኮል (3) ጫት (4) ሌላ/ ይጠቀስ
203	አባት/ሽ ሱስ አምጪ ነገሮችን መቼ መቼ ይጠቀማሉ	(1) አልፎ አልፎ (2) በወር አንዴ (3) በሳምንት አንዴ (4) በሳምንት ሶስቴ (5) ቀን በ ቀን
204	አባት/ሽ ሱስ የሚያስዘ/የሚያነቃቁ ነገሮችን(ጫት ወይም ሲጋራ ወይም አልኮል) ይጠቀማሉ	(1)አዎ (2) አይደለም
205	ጥያቄ ቁጥር 204 መልስ አዎ ከሆነ የተኛውን ይጠቀማሉ?	(1) ሥጋራ (2) አልኮል (3) ጫት ሌላ/ ይጠቀስ_____
206	እናት/ሽ ሱስ አምጪ ነገሮችን መቼ መቼ ይጠቀማሉ	(1) አልፎ አልፎ (2) በወር አንዴ (3) በሳምንት አንዴ (4) በሳምንት ሶስቴ (5) ቀን በ ቀን
207	ወንድሞች/ሽ ወይም አህቶች/ሽ ሱስ የሚያስዘ ነገሮችን ይጠቀማሉ?	(1)አዎ (2) አይደለም
208	ጥያቄ ቁጥር 207 አዎ ከሆነ የተኛውን ይጠቀማሉ?	1. ሥጋራ (2) አልኮል (3) ጫት (4) ሌላ/ ይጠቀስ_____
209	ወንድሞች/ሽ ወይም አህቶች/ሽ ሱስ የሚያስዘ ነገሮችን መቼ መቼ ይጠቀማሉ	(1) አልፎ አልፎ (2) በወር አንዴ (3) በሳምንት አንዴ (4) በሳምንት ሶስቴ (5) ቀን በ ቀን
210	የቅርብ ጓደኛ/ሽ ሱስ የሚያስዘ / የሚያነቃቁ ነገሮችን ይጠቀማሉ?	(1) አዎ (2) አይደለም
211	ጥያቄ ቁጥር 210 አዎ ከሆነ የተኛውን ይጠቀማሉ?	ሥጋራ (2) አልኮል (3) ጫት (4) ሌላ/ ይጠቀስ_____
212	የቅርብ ጓደኛ/ሽ ሱስ የሚያስዘ / የሚያነቃቁ ነገሮችን መቼ መቼ ይጠቀማሉ	(1) አልፎ አልፎ (2) በወር አንዴ (3) በሳምንት አንዴ (4) በሳምንት ሶስቴ (5) ቀን በ ቀን

ከማህበረሰባዊ ልማዶች ጋር የተገናኙ ሱስ የሚያሰዙ ነገሮች መጠይቅ።

		አልሰማም 01	አልወሰንኩም 02	አሰማለሁ 03
301	ለኔ በጣም አስፈላጊ የሆኑ ሰዎች ጫት፣ ሲጋራ ወይም አልኮል እንድወስድ ይፈቅዱልኛል			
302	ለኔ በጣም አስፈላጊ የሆኑ ሰዎች ጫት፣ ሲጋራ ወይም አልኮል እንድወስድ ያበረታቱኛል።			
303	በጣም የሚወዱኝ ሰዎች ሱስ ውስጥ መግባት እንዳለብኝ ይፈልጋሉ			

ሱስ የሚያሰዙ ነገሮችን መጠይቅ

ከዚህ በታች ያሉት መጠይቆች ሲጋራ በተመለከተ ይሆናል።

ተቁ	ጥያቄ	መልስ
401	ሲጋራ አጭሰህ/ሽ ታውቃለህ/ቂያለሽ,	(1) አዎ (2) አይደለም
402	ባለፉት 12 ወራት ሲጋራ አጭሰህ/ሽ፣ ታውቃለህ/ቂያለሽ?	(1) አዎ (2) አይደለም
403	ባለፉት 30 ቀናት ሲጋራ አጭሰህ/ሽ፣ ታውቃለህ/ሽ?	(1) አዎ (2) አይደለም
404	ሲጋራ ለመጀመርያ ጊዜ የተጠቀምኩው/ሽው ጊዜ ዕድመህ/ሽ ስንት ነበር?	_____ ዓመት
405	በምን ያህል ጊዜ ልዩነት ነው ሲጋራ የምታጨሰው/ሽው ?	(1) አልፎ አልፎ (2) በወር (3) በሳምንት (4) በየቀኑ (5) ሌላ _____
406	በቀን ምን ያህል ሲጋራ ታጨሳለህ /ሽ	1. ከ 1-5 ፍሬ 2. 6-10 ፍሬ 3. 1 ፓኬት 4. ከ 1 ፓኬት በላይ 5. ሌላ _____
407	ሲጋራ ለመግዛት የክስ ገንዘብህን/ሽን ትጠቀማለህ/ሚለያሽ?	(1)አዎ (2) አይደለም
408	መጀመርያ ጊዜ ሲጋራ ስታጨስ/ሽ ከየት አገኘህ/ሽ?	(1) ከሆቴል/ መጠጥ ቤት (2) ከጓደኛ (3) ከሱቅ (4) ከቤተሰብ (6) ሌላ _____
409	ለመጀመርያ ጊዜ ሲጋራ ስታጨስ/ሽ ያስተዋወቀህ/ሽ ማነው ?	(1) ጓደኛ (2) ቤተሰብ (3) ዘመድ (4) በራሴ ካለኝ ጉጉት/ ፍሊጎት (5) ሌላ/ ይጠቀስ/ _____
410	ሲጋራ ወደ ማጨስ ለመግባት የወሰንኩው/ሽዉ ወይም ራስህን ያሳመንኩው/ሽዉ ለምንድን ነው?	(1) ጎበዝ/አዋቅ ስለሚያደርግ (2) ለመደሰት (3) ጠንካራ/ጤናማ ስለሚያደርግ (4) ለብዙ ሰዓታት ለመስራት (5) በራስ ለመተማመን

		(6) የምግብ ፍላጎትን ስለሚጨምር (7) ሌላ/ ይጠቀስ/ _____
411	ሲጋራ ማጨስ ጎጅ መሆኑን ታውቃለህ/ቂያለሽ?	(1)አዎ (2) አይደለም 3 አላወቅም
412	ሲጋራ የምታጨሰው/ሽው የት ነው ?	(1) መኖርያ ቤት (2) ሆቴል/ መጠጥ ቤት (3) ጫት መቃሚያ ቦታ (4) ሌላ/ ይጠቀስ/ _____

ከዚህ በታች ያሉት መጠይቆች አልኮል መጠቀምን በተመለከተ ይሆናል፤፤

ተቁ	ጥያቄ	መልስ
501	አልኮል ነክ የሆኑትን መጠጦችን ጠጥተህ/ሽ ታውቃለህ/ሽ ?	(1)አዎ (2) አይደለም
502	ባለፈት 12 ወራት ማንኛውንም አልኮል ነክ የሆኑ መጠጦችን ጠጥተህ/ሽ ታውቃለህ/ቂያለሽ?	(1)አዎ (2) አይደለም
503	ባለፈት 30 ቀናት ማንኛውንም የአልኮል መጠጥ ጠጥተህ/ሽ ታውቃለህ/ቂያለሽ?	(1)አዎ (2) አይደለም
504	ማንኛውንም የአልኮል መጠጥ የሆኑትን ለመጀመርያ ጊዜ የጠጣሽው/ሽው እድመህ/ሽ ስንት ነበር?	_____ ዓመት
505	አልኮል ለመግዛት የክስ ገንዘብህን/ሽን ትጠቀማለህ/ሚያለሽ?	(1)አዎ (2) አይደለም
506	በምን ያህል ጊዜ ነው አልኮል ነክ የሆኑትን መጠጦችን (ቢራ፣ ድራፍት፣ አረቄ፣ጠላ፣ጠጅ) የምትጠጣው/ጠጪው ?	(1) አልፎ አልፎ (2) በወር (3) በሳምንት (4) በየቀኑ (5) ሌላ /ይጠቀስ _____
507	የትኛውን መጠጥ ብዙ ጊዜ ትጠጣለህ /ሽ	1. ድራፍት/ቢራ 2. ወይን 3. አረቄ 4. ውስኪ 5. የአከባቢ መጠጥ 6. የተደባለቀ መጠጦች 7) ሌላ/ ይጠቀስ/ _____
508	ለመጀመርያ ጊዜ የአልኮል መጠጥ የጠጣሽው/ሽው ከየት አግኝተህ/ሽ ነው?	(1) ሆቴል/ ከመጠጥ ቤት (2) ከመንደር መጠጥ ቤት (3) ከምኖርባት ቤት (4) ሌላ/ ይጠቀስ/ _____
509	ለመጀመርያ ጊዜ የአልኮል መጠጥ እነደትጠጣ/ጪ ያስተዋወቀህ/ሽ ማንነው?	(1) ጓደኛ (2) ቤተሰብ (3) ዘመድ (4) ራሴ ካለኝ ጉጉት/ፍላጎት (5) ከወንድሞቼ/እህቶቼ (6) ሌላ/ ይጠቀስ/ _____
510	አልኮል ለመጠጣት የወሰንከው/ሽው ለምንድነው ነው?	(1) ደስተኛ ስለሚያረግ (2) ጠንካራ/ጤናማ ስለሚያደርግ (3) ለብዙ ሰዓታት ለመስራት (4) በራስ ለመተማመን (5) የምግብ ፍላጎት ስለሚጨምር (6) ሌላ/ ይጠቀስ/ _____

511	አልኮል መጠጣት ጎጂ መሆኑን ታውቃለህ/ቁያለሽ?	(1)አዎ (2) አይደለም
512	የአልኮል መጠጥፍ ለሎች ሱስ አምጪ ነገሮችን በአንድ ጊዜ ተጠቅመህ/ሽ ታውቃለህ/ሽ?	(1)አዎ (2) አይደለም
513	ጥያቄ ቁጥር 512 መልሱ አዎ ከሆነ የተኞችን ሱስ አምጪ ነገሮችን በአንድ ጊዜ ተጠቅመክ/ሽ?	(1) ጫት (2) ሥጋራ (3) ሌላ/ ይጠቀስ/_____
514	አልኮል የምትጠጣው/ጪው የት ነው ?	(1) የምኖርበት ቤት (2) ጓደኛዬ ጋር (3) ሆቴል/ በሰውር መጠጥ ቤት (4) ዘመድ ጋር (5) ሌላ/ ይጠቀስ/_____

ከዚህ በታች ያሉት መጠይቆች ጫት መጠቀምን በተመለከተ ይሆናል።

ተቁ	ጥያቄ	መልስ
601	ጫት ቅመህ/ሽ ታውቃለህ/ቁያለሽ?	(1)አዎ (2) አይደለም
602	ባለፉት 12 ወራት ጫት ቅመህ/ሽ ታውቃለህ/ቁያለሽ?	(1)አዎ (2) አይደለም
603	ባለፈት 30 ቀናት ጫት ቅመህ/ሽ ታውቃለህ/ቁያለሽ?	(1)አዎ (2) አይደለም
604	ጫት ለመጀመርያ ጊዜ የተጠቀምከው/ሽው ጊዜ ዕድመህ/ሽ ስንት ነበር?	_____ ዓመት
605	ጫት ለመግዛት የክስ ገንዘብህን/ሽን ትጠቀማለህ/ሚያለሽ?	(1)አዎ (2) አይደለም
606	ለመጀመርያ ጊዜ ጫት ስትጠቀም/ህ ማንነው ያስተዋወቀህ/ሽ ?	(1) ጓደኛ (2) ቤተሰብ (3) ዘመድ (4) በራሴ ካለኝ ጉጉት/ ፍላጎት (5) ሌላ/ ይጠቀስ/_____
607	በየስንት ጊዜ ነው ጫት የምትጠቀመው/ሚው ?	(1) በየቀኑ (2) አልፎ አልፎ (3) በሳምንት (4) በየወሩ (5) ሌላ/ ይጠቀስ/_____
608	የምትጠቀመው/ሚውን ጫት ከየት ነው የአገኘክው/ሽው? (ከአንድ በላይ ማክበብ ይቻላል)	(1) በአቅራቢያዬ ካለ ሱቅ (2) በየመንገዱ ከሚሸጡ ሰዎች (3) ጫት ከሚሸጥበት ቤት (4) ከምሚረጡት ት/ቤት አከባቢ (5) ሌላ/ ይጠቀስ/_____
609	ጫት የምትጠቀመው/ሚው ለምንድው ነው?	(1) በማጠናበት ጊዜ ትኩረት እንድናረኝ (2) ጠንካራና ታታሪ ሆኜ ለማስራት (3) ጓደኛዬ ስለሚጠቀም (4) ለማረፍ/መዝናናት እና ለመጫወት (5) ሌላ/ ይጠቀስ/_____
610	ጫት መቃም ጉዳት ያመጣል ብለህ/ሽ ታስባለህ/ሽ	(1)አዎ (2) አይደለም (3). አላውቅም
611	ጫትና ሌሎች ሱስ አምጪ ነገሮችን በአንድ ላይ ተጠቅመህ/ሽ ታውቃለህ/ቁያለሽ?	(1)አዎ (2) አይደለም
612	ጥያቄ ቁጥር 611 አዎ ከሆነ የተኞችን ሱስ አምጪ ነገሮችን በአንድ ላይ ተጠቅመህ/ሽ ነበር?	(1) አልኮል (2) ሲጋራ (3) ሌላ/ ይጠቀስ/_____

ከስነ አይምሮ ጋር ተያይዞ ሱስ የሚያሰዙ ነገሮች መጠይቅ

		አልስማማም 01	አልወሰንኩም 02	እስማማለሁ 03
701	ጫት ወይም ሲጋራ ወይም አልኮል የምጠቀመው ከጭንቀቴ ለመላቀቅ ነው			
702	ጫት ወይም ሲጋራ ወይም አልኮል የምጠቀመው ከድብርቴ ለመላቀቅ ነው።			
703	ጫት ወይም ሲጋራ ወይም አልኮል የምጠቀመው ለመደሰት ነው።			
704	ጫት ወይም ሲጋራ ወይም አልኮል የምጠቀመው ችግሮችን ለመርሳት ነው			

ሱስ አምጪ ነገሮች ከመኖራቸው ጋር ተያይዞ ሱስ የሚያሰዙ ነገሮች መጠይቅ

		አልስማማም 01	አልወሰንኩም 02	እስማማለሁ 03
801	ጫት ወይም ሲጋራ ወይም አልኮል በቅርብ በቀላሉ አገኛለሁ።			
802	ጫት ወይም ሲጋራ ወይም አልኮል በምፈልግበት ጊዜ በቀላሉ አገኛለሁ።			
803	ጫት ወይም ሲጋራ ወይም አልኮል በፈለኩበት ቦታ አገኛለሁ።			
804	ጫት ወይም ሲጋራ ወይም አልኮል ከፈለኩኝ በፈለኩበት ጊዜ መጠቀም እችላለሁ			
805	ጫት ወይም ሲጋራ ወይም አልኮል ዋጋቸው በጣም ርካሽ ነው።			

ስለትብብራችዉ በጣም አመሰግናለሁ !!

ቃለ-መጠይቅ ለወጣቶች የቀረበ

የታ _____

እድሜ _____

ሐይማኖት _____

በሔር _____

ስራ _____

የትምህርት ደረጃ _____

ተ.ቁ	ጥያቄ
1	ስለ ሱስ አምጪ ነገሮች ምን ታውቃለህ /ሽ ::
2	የጅም ወጣቶች ብዙ ጊዜ የትኛውን ሱስ አምጪ ነገር ትጠቀማላችሁ (ጫት፣ ሲጋራ፣ አልኮልና ሺሻ)
3	ብዙ ጊዜ በምን ሰዓት ላይ ሱስ አምጪ ነገሮችን ትጠቀማላችሁ (ጠዋት፣ ማታ፣ ሌሊት፣ ከሰዓት) ተጨማሪ ጥያቄ ለምን በዚህ ሰዓት መረጣችሁ
4	ብዙ ጊዜ አንተና ጓደኞችህ /ወጣቶች የት ነው ሱስ አምጪ ነገሮችን የምትጠቀሙት ተጨማሪ ጥያቄ ለምን እዛ ቦታ መረጣችሁ እዛ ቦታ ላይ ሌላ የሚሰራ ነገር አለ
5	አንተና ጓደኞችህ ለምንድነው ሱስ ውስጥ የገባችሁት ተጨማሪ ጥያቄ ከስራ ማጣት ጋር ይገናኛል ከህግ ቁጥጥር ድክመት ጋር ይገናኛል ከአካባቢ ባህል እና ከማህበረሰባዊ ነገሮች ጋር ይገናኛል ከቤተሰብ አስተዳደር ጋር ይገናኛል
6	ስለ ሱስ አምጪ ነገሮች መኖር ፣ ማግኘት እና መግዛት መቻል ከወጣቶች አንጻር ምን ትላለህ /ሽ ተጨማሪ ጥያቄ ሱስ አምጪ ነገሮች በምን ሰዓት ነው ለገበያ የሚቀርቡት በምን አይነት መንገድ ነው ለገበያ ቀርበው የሚሰሩጩት
7	የሱስ አምጪ ነገሮችን ለመግታት ምን መደረግ አለበት (ከወጣቶች ፣ ከመንግስት፣ ከ ግል ተቋማት እና ከማህበረሰቡ)
8	ተጨማሪ ሀሳብ ካለ /ሽ

ስለትብብራችዉ በጣም አመሰግናለሁ !!

ቃለ-መጠይቅ ለወጣቶች ተወካይ የቀረበ

የታ _____

እድሜ _____

ሐይማኖት _____

በሔር _____

ስራ _____

የትምህርት ደረጃ _____

ተ.ቁ	ጥያቄ
1	ስለ ሱስ አምጪ ነገሮች ምት ታውቃለህ /ሽ ::
2	የጅም ወጣቶች ብዙ ጊዜ የትኛውን ሱስ አምጪ ነገር ይጠቀማሉ (ጫት፣ሲጋራ፣አልኮልና ሺሻ)
3	የጅም ወጣቶች ብዙ ጊዜ በምን ሰዓት ላይ ሱስ አምጪ ነገሮችን የሚጠቀሙት ተጨማሪ ጥያቄ (ጠዋት፣ማታ፣ሌሊት፣ክሰዓት) ለምን በዛ ሰዓት መረጡ
4	ብዙ ጊዜ የጅም ወጣቶች የት ነው ሱስ አምጪ ነገሮችን የሚጠቀሙት ተጨማሪ ጥያቄ ለምን እዛ ቦታ መረጡ እዛ ቦታ ላይ ሌላ የሚሰራ ነገር አለ
5	የጅም ወጣቶች ለምንድነው ሱስ ውስጥ የገቡት ተጨማሪ ጥያቄ ከስራ ማጣት ጋር ይገናኛል ከህግ ቁጥጥር ድክመት ጋር ይገናኛል ከአካባቢ ባህል እና ከማህበረሰባዊ ነገሮች ጋር ይገናኛል ከቤተሰብ አስተዳደር ጋር ይገናኛል
6	ስለ ሱስ አምጪ ነገሮች መኖር ፣ማግኘት እና መግዛት መቻል ከወጣቶች አንፃር ምን ትላለህ /ሽ ተጨማሪ ጥያቄ ሱስ አምጪ ነገሮች በምን ሰዓት ነው ለገበያ የሚቀርቡት በምን አይነት መንገድ ነው ለገበያ ቀርበው የሚሰሩጩት
7	የሱስ አምጪ ነገሮችን ለመግታት ምን መደረግ አለበት (ከወጣቶች ፣ከመንግስት፣ከ ግል ተቋማት እና ከማህበረሰቡ)
8	ተጨማሪ ሀሳብ ካለ /ሽ

ስለትብብራችሁ በጣም አመሰግናለሁ !!

Declarations

I declare that this research thesis entitled “**Substance use and associated factors among youth of Jimma town, Oromia regional state, south west Ethiopia: mixed methods approach**” is my own work that have not been addressed in study area as far as my knowledge touched and all sources I used has been indicated and acknowledged as complete reference. I understand that non adherence to the principles of academic honesty and integrity, misconceptions/fabrications of any idea/data/source will constitute sufficient ground for disciplinary action by the University and can also evoke penal action from the sources which have not been properly cited or acknowledged.

Name of Student:-_____ Signature:-_____ Date:-_____

Approval sheet

As thesis research advisor I hereby certify that I have read and evaluated this thesis prepared under my guidance by Tinsae Abeya entitled “Substance use and associated factors among youth of Jimma town, Oromia regional state, south west Ethiopia: mixed methods approach”. I recommend that the thesis be submitted for implementation and further actions as fulfilling the thesis requirement.

Name of major advisor:- _____ signature _____ Date _____

Name of co-advisor:- _____ Signature _____ Date _____

As member of the board of examiners of MPH thesis open defense, we certified that we have read and evaluated the thesis prepared by Tinsae Abeya and examined the candidates thesis. We recommend that the thesis be accepted for implementation and further actions as fulfilling the thesis requirement for the degree of Master of Public Health in Health Promotion and Health Behavior.

Chairperson:- _____ Signature _____ Date _____

Examiner:- _____ Signature _____ Date _____