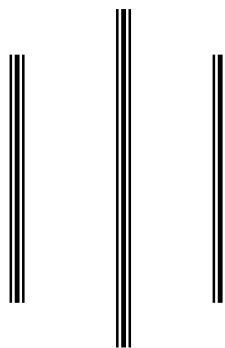




**RESEARCH ON SUBSTANCE ABUSE (ALCOHOL,
TOBACCO, DRUGS) USE IN ADOLESCENT POPULATION
IN DHANGHADI MUNICIPALITY**



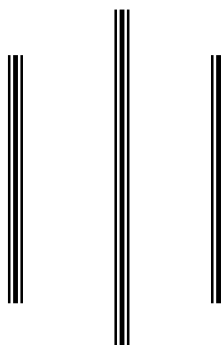
Presented by: CICD CENTER FOR INTEGRATED DEVELOPMENT

TARANAGAR, DHANGHADI, KAILALI

Submitted to: (NHRC) NEPAL HEALTH RESEARCH COUNCIL

KATHMANDU

February 2004



Written and submitted by:

Manju K.C.,
Principal Investigator

Bhanu Dev Jaishi, Co-Investigator

Surendra Chand, Co-Investigator

Valerie Carpenter, Co-Investigator

ACKNOWLEDGEMENTS

The Nepal Health Research Council (NHRC) supported this research study. So first the CICD Research Team would like to thank

NHRC for making this project possible by providing financial and technical support for work in the Kailali Far West Development Region.

Special thanks go to Mr. Dev Raj Paneru for his invaluable assistance in revision, editing and contributions to the writing of the final draft of the report.

CICD would also like to thank Dhanghadi Municipality and the Ward leaders of Ward 2: Bharat Baskota , Ward 8: Shanta Ram Rana and Ward 5: Dependra Shrestha who gave their permission to conduct research in their areas and for their support during the study.

CICD would like to thank the youth groups of Wards 2, 8 and 5 of Dhangadhi Municipality for their contributions of valuable time and sharing their knowledge, attitudes and practices about tobacco, alcohol & drugs during the data collection.

Thanks also to the Auxiliary Nurse Midwife (ANM) students of CICD for their time and hard work in assisting with the data collection in the field. The research team would also like to thank the CICD and Lab Assistant students for pre-testing the questionnaire and giving their suggestions. -

The research team would also like to thank Mr. Dev Bdr Khati and the CICD administrative staff for their help with co-ordination of fieldwork and administrative support.

A special thanks you to Ms. Dawa Thapa, Peace Corps Nepal, for her support and guidance throughout the research.

Finally CICD would like to Mr. Suraj Raj Pant for his help in reviewing the tables and numerical data.

Manju K.C.

Principle Investigator

CICD

ABBREVIATIONS USED IN THIS PAPER

KAP: knowledge, attitude, and practice

CICD: Center for Integrated Community Development

TB: Tuberculosis

STD: Sexually Transmitted Disease

FAS: Fetal Alcohol Syndrome

ARI: Acute Respiratory Illness

TABLE OF CONTENTS

Chapter 1.	Introduction/Setting of the Research Project	p.5
1.2	Statement of the Problem	p.6
1.3	Objectives	p.7
1.4	Methodology	p.8
1.4.1	Study Sites	p.8
1.4.2	Objectives	p.8
1.4.3	Data Collection	p.9
1.4.4	Questionnaire Topics	p.9
1.4.5	Field Work	p.10
1.4.6	Data Analysis	p.10
1.4.7	General Experiences of the Researchers	p.11
1.4.8	Limitations of the Study	p.11
Chapter 2		p.12
2.1	Review of Literature	p.12
2.2	Importance of the Study	p.13
Chapter 3		p.16
3.1	Presentation and Analysis of Data	p.16
Chapter 4		p.45
4.1	Summary	p.45
4.2	Conclusion	p.50
4.3	Recommendations	p.51
	Bibliography	p.52

CHAPTER 1

INTRODUCTION/SETTING OF THE RESEARCH PROJECT

The Center for Integrated Community Development (CICD) is a non-profit organization that is working in the field of Human Resources Development in Kailali/Kanchenpur and others districts of the Far Western Development Region of Nepal. CICD trains Auxiliary Nurse Midwives (ANM) and Laboratory Assistant students in an intensive clinical and community based program, and operates a Reproductive Health Center on campus. CICD's goal is to involve students in every aspect of community work, including research, so they can become confident practitioners and community workers in their own careers.

Dhanghadi is a Terai bazaar town and Zonal Center, 1 km from the border of India (Uttar Pradesh). It has approximately 70,000 (Nargapalika statistics, Feb. 2004) people of various ethnic and religious backgrounds. Due to the insurgency the population has been steadily increasing, and more children and adolescents are migrating with their families from remoter villages. This has increased the burden on schools, particularly government schools. The Kailali Multi-Campus is also situated in Dhanghadi, and this school has an enrollment of approximately 3000 students, most of them in their early 20's. Despite this, Dhanghadi is still in the Far West Development Region, which is the most underserved and poorest District in Nepal. Early marriage and pregnancy rates are still high, as is female illiteracy as well. There is a high unemployment and underemployment rate in the area, exacerbated by the increasing population and migration. Most people in the area still rely on subsistence farming only to support their families. Migratory workers to India, especially with the close proximity of an open border, adds additional social pressures on families.

According to the United Nations (UN Office on Drugs and Crime, March 2003 Nepal country file) "cannabis is being grown increasingly in the Terai region close to the Indian border ". On the other hand, often other drugs are easily obtained across the border in medicine shops in India and other cross border supplies (Chatterjee, et al). Tobacco and alcohol are both readily available and sold openly. Advertisements for these substances are seen throughout the municipality and like other parts of the world young people are increasingly targeted by advertisers as a new market.

CICD recognizes, as health professionals, the increase of drug abuse and addiction in the area, especially among young people and adolescents, is growing. Not only does this affect individual health, but impacts family health, children's health, as well as the health of pregnant women, their unborn children and newborns. With

an increase of injectable drug use, an increase of HIV/AIDS is being seen in the area as well. The social implications of drug use and abuse are also of great concern among health professionals in the area, as in all of Nepal.

The setting of this research was in three separate wards of Dhanghadi Municipality. These wards were chosen to represent three different but representative populations of young people in the area. Ward 2, Bhansar was chosen as it is on the border with India. Dhanghadi gau, 8, was chosen as it has a predominantly Tharu (Rana and Chaudhary) population. And Taranagar Gau, 5 was chosen as it is a mixed community (Brahmin, Chetri, Tharu). All three wards are within the municipality and close to the main bazaar, but still have their own sense of community and are agricultural based villages.

In each ward 50 students were selected, making up 150 total. The target group of the study was adolescents (defined here as ages 15-20), but youth (defined here as ages 20-25) were also included in the study to further test out, in later studies, the differences and/or similarities in KAP in this area.

1.2 Statement of the Problem

- Drug use is a growing problem in Dhanghadi Municipality. The closeness to the open border with India, a growing population, a growing migratory population (into Dhanghadi Municipality as well as cross-Indian borders migrant workers) and lack of sources of health education and resources for many all add to the problem.
- Drug use creates many health problems within the family and community. The risk for contagious diseases such as TB, Hepatitis, STD's (including HIV/AIDS) all increase with drug use. The impact of drug use among pregnant women (particularly alcohol and tobacco in this area) add to the health problems in newborns such as low birth weight, brain damage, FAS (Fetal Alcohol Syndrome) and other serious neonatal health problems, adding too high infant mortality rates. These conditions lead directly into early ('killer') health problems such as ARI, Septicemia, and Diarrheal diseases. Also, drugs can have a direct impact on dangerous complications during pregnancy and childbirth for both mother and child.
- The economic impact of drug use and abuse within the family can be seen by loss of income and monies being spent for drugs. This in turn affects family access to nutritious food, sufficient food, medicine and medical care, and money that would go to school fees and supplies.

- An increase in drug and alcohol use has a direct impact on domestic violence, child abuse and suicide rates seen in the area.
- The growing adolescent population in the area is under increasing concern due to the stresses of change in traditional culture and norms and increased exposure to negative media images in television, film and the internet. Adolescents and young people are strongly influenced by peer pressure and the need to belong to a group. The increasing risk for HIV/AIDS infection among this age group is also of concern.
- The increasing targeting of adolescents and young people by alcohol and tobacco companies, both Nepali and International, as a new and growing consumer group is of great concern. Increasingly advertisements that portray young people or have appeal especially to this age group are being seen in the media. This in turn will create a new generation of substance users with attendant health problems.

1.3 Objectives

The overall purpose of this research project is to provide baseline information about the knowledge, attitude and practice among primarily adolescents (15-20) and secondarily young people (20-25) In Dhanghadi Municipality on the topic of drug use and abuse: alcohol, tobacco and drugs. The objectives are:

- To conduct a baseline study to assess the knowledge of adolescents/young people about drugs, alcohol and tobacco.
- To assess the attitude among adolescents about substance abuse and its impact on health.
- To assess the concept of the definition of drug use verses abuse, dependency and addiction among this age group.
- To assess the knowledge of the target group of the impacts on health of various substances and their use/abuse.
- To discover the knowledge among the target group about the links between injectable drugs and HIV/Aids and other blood borne diseases, as study to assess the effectiveness of trainings in this area.

- To determine the retention of subject matter related to health and substance use/abuse that this age group should have been exposed to in set curriculum.
- To explore the attitudes of adolescents/young people on use of drugs in their society, the impact of this drug use on community and individual health.
- To explore the this age groups feelings on why people turn to using drugs, and what methods are best to prevent/cure drug use and abuse/addiction.
- To determine what adolescents/young people in the area define as a drug, why they are used, and if there are any differences among the various wards (populations).

1.4 Research Methodology

1.4.1 STUDY SITES:

Three (3) Wards were selected within Dhanghadi municipality to give the greatest cross-section of Adolescents/young people in this area. Each Ward reflects a different social and cultural as well as religious breakdown, and was chosen to reflect the district as a whole. 50 respondents were chosen from each Ward, with an equal division of male and female.

1.4.2 BACKGROUND OF THE WARDS:

(A) Bhansar, Ward 2 : Directly on border with India (Gauri Phanta/ Uttar Pradesh), this Ward is located off the feeder road to India to the south, which is the only legal entry point. More suburban in feel this Ward's housing is mostly concrete construction; most homes have electricity and running water. Most homes have TV and/or radio and represent overall a higher educational level. It is more convenient for residents to shop In India than Dhanghadi bazaar due to distance and lower prices.

(B) Dhanghadi Gau, Ward 8: This Ward is predominately Tharu (Rana and Tharu) indigenous ethnic group and is more rural with a higher illiteracy rate. Many young people here must spend much of the year helping families in the field, which means they attend school sporadically. This leads in turn to earlier marriage and higher school drop out rates. Tharu's have a cultural practice of using alcohol for religious and ceremonial purposes, and some cultivate cannabis for religious purposes as well. Most people in this Ward rely on subsistence farming only for income, it still has a traditional lifestyle, most live in the traditional mud/bamboo structures with tile or thatch roofs in extended family compounds. This Ward is connected to the main bazaar road, about 3 km to the east, and the border with India is marked with small rivers only.

(C) Taranagar, Ward 5: This Ward is a mix of Brahmin, Chetri, Tharu and other cultural/caste/socio-economic groups. It is linked by less than 1 km. to the main bazaar, Zonal hospital and major health centers to the northeast. The ward extends back into the 'jungle' area where poorer and indigenous peoples live. There is also a small 'sukam basi' or landless population. This area is a transition point from urban/suburban to rural and village area. Ward 5 represents the largest mix of groups. Houses range from concrete with full amenities and TV/radio to traditional bamboo/mud housing with no water, sanitation or electricity. Educational levels run from college level to illiteracy.

1.4.3 DATA COLLECTION:

The data was collected from responses from a questionnaire designed and written by the CICD research team. This questionnaire was designed to cover all components of KAP on drugs, alcohol, tobacco, and was specifically geared toward an adolescent/young age group (10-25 years). Some questions covered both qualitative and quantitative (open / closed ended) questions.

32 of the 33 questions were quantitative (closed ended). {#2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29, 30,31,32,33} These were designed to easily check and compare the responses/data in the different Wards, and to easily tabulate the data.

3 of the questions were qualitative {#1,10,18} or subjective, open-ended in nature. These questions were used to explore the respondents' feelings about drug use, health implications and media pressure.

Students were told the information was confidential and to be used for research only. They were told that only names, ages and sex were needed in the personal information section. They were informed that the study was voluntary and they could stop at any time.

1.4.4 QUESTIONNAIRE TOPICS:

Questions were based on the study objectives and variables. Questions were developed to provide the information needed for baseline data as follows:

- Definitions and general knowledge: 10 questions
- General health: 3 questions
- Health specific to safer motherhood: 2 questions
- Physical effects: 5 questions
- Relation to disease: 5 questions
- Prevention/cure: 3 questions
- Why people try/use/abuse: 5 questions

The questionnaire was pre-tested by CICD students for clarity and consistency.

1.4.5 FIELD WORK:

The research team, assisted by CICD ANM students did the collection of the data. The research team first went to the Ward chairmen to obtain permission and allow them to review the questionnaire. Each was given an explanation of why the research was being and why CICD wished to do research specifically in his Ward. This took about 2 months for preparation and final selection of Wards.

The time for actual fieldwork had to coincide with CICD student's school schedule in conjunction with the optimal time to work in the field in regards to respondents school breaks and/or work (planting/harvesting) work so the greatest mix of young people could be selected. CICD students with constant supervision and monitoring by CICD staff did the actual data collection over a period of 2 weeks. Each team of 3 students worked together in the field (a total of 35 students in the field at one time) The filling out of the questionnaires took about ½ to 1 hour per respondent. This period of data collection took approximately 5 days per week, for 6 hours a day.

The respondents (homes) were chosen by the multistage system: that is the homes selected were pre-determined only if they had willing participants in the correct age range. Then homes were chosen by random selection, every third household for example, to cover the widest possible area and avoid a biased sample. The CICD students explained what the questionnaires and research was about and acted as guides only: at no time did they prompt the students, they only clarified questions when asked and assisted respondents with limited literacy so the study would not be limited to literate respondents only. The purpose of this method was two-fold: (1) CICD students were directly involved in a research project, exposing them to concepts of random sampling and questionnaire method of data collection as part of their community field study.

(2) The respondents had a 'peer group' to work with (CICD students) and a greater cross-section of respondents could be used.

The research team felt that as questionnaires were distributed and filled out in respondent's homes, more personal open-ended questions would be better used in another study, perhaps as a part of a training.

1.4.6 DATA ANALYSIS:

The research team themselves did the research data analysis. Data was compared in English and Nepali, where applicable, to ascertain the truest response. Answers/responses were counted and tabulated by Wards. Answers were recorded in Tables designed by CICD, and percentages were assigned to all numbers. Total time for data analysis, report writing and revision took approximately 21/2 months.

1.4.7 GENERAL EXPERIENCES OF THE RESEARCHERS:

The respondents of all Wards were open to the research and showed great interest in the process and CICD students. Having the ANM students in the field seemed to work well with this age group, perhaps not as intimidating as adults.

Generally the data shows that in all three Wards the knowledge of drug use/abuse and components related to health are very poor. This shows a lack of education in this area. The respondents took much time over the filling out of the questionnaires, and the research team feels that this reflects their interest in the topic. There were many requests for access to the final findings of the research, and this also reflects an interest level and need for information among this age group.

1.4.8 LIMITATIONS OF THE STUDY:

The data collected for this paper is broken down in a way to later analyze the differences between different ethnic groups within the district. Respondents were asked a few qualitative questions due to time restrictions, but CICD has developed a range of qualitative questions to be used at a further time. This will give a better understanding of actual use/abuse of drugs, alcohol, and tobacco in the area and should be used in conjunction with an education program.

CHAPTER 2

2.1 Review of Literature

While creating the proposal for this research the members of the CICD research found little in the way of literature and documentation on the problems of drug use/abuse specific to the Far West and Adolescents/Young people. Especially because of this CICD felt that much more work needs to be done in this area, not only more research but education programs, and that the findings of such work need to be disseminated broadly.

Drug use, which might have been in vogue with a positive and promising aim from time immemorial, was not recognized as the vile object to bite into the stamina of biologically sound and healthy young people. But after long time experience had by our inquisitive people drug use has been converted into drug abuse since people began to promote over-use. Even from the long past man has been using drugs in many forms either for the intention of curing disease or relieving the mind from over stress due to the humdrums of life; this trend at the brink of the new century has turned out to be understandably grave.

Consequently it has been so critical a phenomenon that any lapse on the part of humanity in bringing effective devices of curtailment would be fatal. Focusing on data concerning drug abuse, its impact on family, health, community and economy, the following literature were reviewed thoroughly to ensure that the issue is seen as a critical one.

Pointing to the beginning of drug abuse in Nepal, the Ministry of Home Affairs under the title" *Drugs Problem and Controlling Initiatives in Nepal*" (sic), has recorded that Cannabis(marihuana) and Hashish was made illegal as it was identified as becoming increasingly linked with crime. With the advent of 'hippies' in the 1960's, coming to Nepal in increasing numbers due to the legality of these substances, a new market opened up to drug traders.

"In the beginning it was only a matter related to foreign tourists but gradually started infecting Nepalese youth." (Ministry of Home Affairs, "*Drugs Problems and Controlling Initiations in Nepal*", 1996). From this data transcribed by government authorities it is apparent how drug use pervaded into the health of the common people.

Nepal is a country inhabited by people still making their mythical and religious fanaticism in which drugs especially in the form of Hashish (ganja) was brought into use with a view to obtain the level of sanctity with God. "Local use of cannabis widespread and influenced by legends, traditions and religious culture" (source: UNAIDS "*Overview of the Drug Control Situation*".) It was one of the

reasons even 'Hippies' did have easy access to such drugs, the abuse of which spread to Nepalese Youths. " Drug abuse in Nepal was not a matter of serious concern until the mid-sixties. The explanation generally given is that the 'Hippies' found cannabis readily and cheaply available in Nepal and used it freely outside the system of social control. This pattern of abuse spread to the Nepalese youth." (Source: UNAIDS,

2.2 "Overview of the Drug Control Situation".)

Drug abuse has its impact in several areas such as economy, health, family and society which cannot be neglected, more over drug-abuse especially the practice of injecting drugs, adversely resulting in STD's and HIV/AIDS, are more increasingly of concern. "There is an increasing trend towards injecting drug use, buprenorphine and heroin, among addicts. The injection of drugs leads to additional health problems, including the spread of HIV/AIDS and hepatitis" (source: UNAIDS, "*Overview of the Drug Control Situation*".) The passage quoted qualifies that young people in urban areas of Nepal have begun to develop such habits such as injecting drugs, due to which pandemic disease like HIV/AIDS are gaining a stronghold in Nepal.

Because Nepalese people in majority out of touch with awareness, education and such essential guidance and help-line programmes, increasing numbers of people are found addicted to drugs of various types. It is a common situation in many families that at least one member consumes drugs of one or more types. "About 30 percent of the sample was married. A large majority of the sample had a family member or a close relative, immediate family who smoked or drank alcohol and a friend who smoked, drank or used illicit drugs. Apart from tobacco and alcohol, the major drugs were cannabis, codeine containing cough syrup, nitrazepam tablets, buprenorphine injections and heroin (usually smoked, rarely injected)the commonest were other drug using friends, cross border supplies from India or medicine shops." (Source: *Drug Abuse in Nepal, A Rapid Assessment Study*, Chatterjee, et al., 1996)

In this way the passage quoted highlights that there are many types of drugs victimizing the youths, which is becoming a grave problem for the future of the country. Secondly the passage is relevant to this topic as it points out that people along the Nepal/India border areas are more vulnerable due to easy access of drugs from various sources.

Drug abuse and use seems to entice and way-lay the youths in the 14-17 year age group. Per district in Nepal: " Mean age at onset of smoking: Far-Eastern: 16.2, Central:15.4, Western 14.8, Mid-Western 15.4, Far Western 17." (Source: *Drug Abuse in Nepal, A Rapid Assessment Study*, Chatterjee, et al., 1996)

Nepalese people have been noticed falling prey to drug abuse due to peer group, kinship and elder family members influence, which seems to be a more dominant

factor than any other reason. As recorded by Chatterjee under the title "*Drug abuse pattern among family members and friends*" an abuser's comment: " Ganja and Charesh (cannabis) are taken like cigarettes.....I take them sitting with my father, if not allowed I take them secretly." Another 's comment:" I tasted cigarettes for the first time stealing them from my father's packet. A third respondent commented:" What is bad to drink beer...perhaps illicit drugs are bad...drinking beer is common in our family."

(Source: *Drug Abuse in Nepal, A Rapid Assessment Study*, Chatterjee, et al., 1996)

In recent years injecting drugs for the purpose of intoxication has been increasingly a trend, driving many young people into this disastrous situation: "Of the total of 520 respondents who took part in the semi-structured interview, 40% (n. 204) had taken drugs by injection, while 41.2% had not in the last six months mainly because of being in treatment." (Source: *Drug Abuse in Nepal, A Rapid Assessment Study*, Chatterjee, et al., 1996)

Drug abuse after all is an evil that has been damaging mother-child health, the health of young people and the vital potentialities of our life. As stated in "*Alcohol, Tobacco, Medical Conditions and BMI*" in JNMA, "...the average BMI (Body Mass Index) of a currently smoking female has been found to be slightly lower than non-smokers and ex-smoker females."

From all the above mentioned literature related to this issue of drug-abuse, it becomes evident that drug or substance abuse in Nepal is a growing crisis that has been working as a catalyst in the state of health of youths, women, and others who have been falling prey to it. Whether from the external influence of advertisements or due to family structures that contribute to the present use of drugs in ritual observance or forming new habits outside of cultural norms, drug use is growing in the region. It is drugs alluring nature that helps young people deal with the tensions of growing up and becomes an easy refuge from problems. Therefore it is essential that means of intervention and techniques for prevention and rehabilitation are absolutely needed to relieve individuals and society from his modern scourge.

2.2 Importance of the Study

The purpose of this research proposal was to collect baseline data among youth groups in Dhanghadi Municipality on Substance abuse and use (specifically tobacco, alcohol and drugs) and their impact on individual, family and community health. This data was collected and analyzed to assess the knowledge and attitudes of three separate wards within Dhanghadi municipality: each with a large young population but different ethnic and socio-economic breakdown. The data was analyzed against researcher expected findings to assess the areas showing most critical need in education in this area specific to this age group.

Findings, including CICD recommendations, will be disseminated among agencies at the local and national levels, to assess the need for educational programs, rehabilitation programs, and other preventative measures in this area. Data will also be widely disseminated to all interested parties, especially researchers in the health field concerned with and/or working with this age group in the Far West, health care providers, and health information centers (MOH) to provide formal and informal health education programs in the area.

Due to the growing rate of drug use/abuse in the area (especially among young people), the closeness with an open border with India, a growing population and lack of resources for and sources for health education in the Far West: the hypothesis of this study was that certain gaps would be found among the adolescent/youth age group concerning the topic of this study. Furthermore this study hoped to show that critical health education was lacking for this age group which is the most vulnerable for beginning poor health practices. The study also hoped to show the discrepancies in KAP among different ethnic groups and age groups in the area, and create a baseline of data of attitudes among young people that could be used as a base for health education.

The main importance of this study lies in the fact that people of this region may not have easy access to studying the statistics collected and worked out by government agencies on drug abuse on one hand, and on the other hand all literature reviewed here does not concern or impact on the local problems of this municipality and this border-line region. Neither do they give a clear picture of the reality of the level of education obtained by the youths of this area. Thus it is justifiable that all young people, agencies, NGO's & INGO's concerned with the struggle against such epidemics such as drug abuse and HIV/AIDS will be profited by research specific to the area. Even education sectors such as colleges and high schools in the area can find easy help and resources from the findings of this study. The greatest degree of importance lies with the concerned units and agencies in devising future plans to work for the betterment of their society.

CHAPTER 3

3.1 PRESENTATION OF DATA

Tables #1 to #6 below give a breakdown of the students age, sex, caste, religion, family income source and family (head of family) occupation, as well as respondent's educational level.

TABLE #1
TITLE: AGE

AGE	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
15-20	27	30	20	77	51.33 %
21-25	23	20	30	73	48.67 %

SOURCE: FIELD REPORT

TABLE #2
TITLE: CASTE

CASTE	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
Bahun	20	2	16	38	25.33 %
Chetri	20	3	10	33	22.0 %
Tharu	2	40	20	62	41.33 %
Other	8	5	4	17	11.33 %

OTHER:THAKURI/GUPTA/RAI

SOURCE: FIELD REPORT

TABLE #3
TITLE: SEX

SEX	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
male	20	30	25	75	50 %
female	30	20	25	75	50 %

SOURCE: FIELD REPORT

TABLE #4

TITLE: occupation

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
agriculture	5	30	14	49	32.67 %
business	6	4	5	15	10 %
student	15	13	22	50	33.33 %
housework	15	-	5	20	13.33 %
rickshaw	6	-	-	6	4 %
service	3	3	4	10	6.67 %

SOURCE: FIELD REPORT

TABLE #5

TITLE: family income

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
agriculture	15	30	25	70	46.67 %
business	21	15	5	41	27.33 %
teaching	-	3	-	3	2 %
riksha	2	-	-	2	1.33 %
other	-	-	2	2	1.33 %
service	12	2	18	32	21.33 %

SOURCE: FIELD REPORT

TABLE #6

TITLE: Educational level

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
literate/ basic literacy	23	26	22	71	47.33 %
SLC	10	10	13	33	22 %
college level	10	4	13	27	18 %
illiterate	7	10	2	19	12.67 %

SOURCE: FIELD REPORT

Under the hypothesis that Drug Abuse is growing problem in Dhanghadi as in other parts of Nepal. Three (3) wards of Dhanghadi municipality were chosen for

the setting of this research project. The wards selected were Taranagar, Ward 5, Dhanghadi Gau, Ward 8, and Bhansar, Ward 2. 150 young people between the ages of 15-25 were selected randomly. They were each handed a computer-printed questionnaire and were asked to produce their answers as freely as they could. The questions were related to the topic of research: Research on Substance Abuse (Alcohol, Tobacco, Drugs) and Use in the Adolescent Population in Dhanghadi Municipality. The questions were of both quantitative and qualitative nature. The data on drug abuse, adolescent's knowledge about various types of adverse effects of drugs upon family health, reproductive health and their attitude toward drug use/abuse and the data focusing on the level of awareness among the adolescents toward drug abuse has been presented below:

TITLE: what is a drug?

150 young people were asked what they meant by a drug and to this, as Table #7 shows 29 that is 19.33% of the total could not produce any answer. 0% respondents mentioned it as smoking cigarettes(bidi) and alcoholic drinks. The figure stands for 33.33% of the total. Only 5 respondents mentioned it as a substance that affects one's mental capacity (brain). The figure ranges for 3.33% of the total. The respondents' answers have been given in Table # 7 below.

TABLE #7

TITLE: what is a drug?

Question #1 : What is a drug?

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
no answer	7	10	12	29	19.33%
smoking cigarette (bidi) and alcoholic drinks	15	15	20	50	33.33%
a harmful substance	10	13	14	37	24.67%
a substance that affects one's mental capacity (brain)	3	2	5	5	3.33%
a substance that intoxicates one after use	15	10	4	29	19.33%

SOURCE: FIELD REPORT

Finally 29 respondents said that a drug is a substance that intoxicates one after its use. It is 19.33% of the total.

TOBACCO

TITLE: Start Smoking

The respondents were questioned why they thought people generally smoke in order to understand and detect the facts about the causes of drug addiction. To this, as Table # shows 33 young people reasoned that they smoked because of pressure from friends and , the number is 22% of the total. 14 respondents thought that it was because people felt curious about smoking, which is 9.33% of the total. 13 young people opined that the use of drug relieved tension that makes 8.67% of the total.

The respondents' answers have been given in Table # 8 below.

TABLE #8

TITLE: Start Smoking

Question #2: Why do people start smoking? a) pressure from friends b) curiosity

c) relief of tension

d) imitation of older people e) all f) none

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
a/pressure from friends	10	12	11	33	22 %
b/curiosity	6	5	3	14	9.33 %
c/relief of tension	6	6	1	13	8.67 %
d/imitation of older people	5	9	6	20	13.33 %
e/all	4	5	-	9	6 %
f/none	18	7	25	50	33.33 %
unknown	1	6	4	11	7.33 %

SOURCE: FIELD REPORT

A little larger number of young people, that is 20 of them, reported that people smoked because they imitated and learned from older people. The number counts for 13.33% of the total. 9 respondents agreed all the above mentioned factors as the cause of smoking. The figure is 6% of the total. 50 respondents did not admit to any of the above mentioned factors as causative for smoking. The number counts for 33.33% of the total. 11 respondents did not know anything about the matter. That is nearly 7.33% of the total.

TITLE: Worldwide death due to smoking

In order to find out how much young people knew about the adverse results of smoking, they were asked to figure out the deaths occurring worldwide due to smoking, and to this as Table #9 shows below 17 respondents answered that 50 % of the population dies directly due to smoking. That is 11.33% of the total. 20 respondents believed that 60% of the people die due to smoking and that is slightly over 33% of the total. 40 young people could not produce any answer. It is approximately 26.67% of the total.

The respondents' answers have been given in Table # 9 below.

TABLE: #9

TITLE: Worldwide death due to smoking

Question #3: How many deaths occur worldwide due to smoking?

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
50%	8	4	5	17	11.33 %
60%	8	7	5	20	13.33 %
unknown	10	15	15	40	26.67 %
10%	15	10	8	33	22 %
20%	9	9	10	28	18.67 %
5%	-	5	7	12	8 %

SOURCE: FIELD REPORT

33 respondents pointed out that 10% of the population die of smoking which is 22% of the total. 28 respondents, that is 18.67% of the total, stressed that 20% of the people die of it and finally 12 respondents, in other words 8% of the total figured out 5% of the people face death due to smoking.

TITLE: second hand smoke

With a purpose to mark how far the respondents were conscious about smoking and its effect on bystanders, the respondents were asked whether they agreed nonsmokers breathing in 'second hand' smoke of smokers was dangerous or not. To this as Table 10 shows 79 respondents answered affirmatively which counts for 52.67% of the total (correct percentage) whereas 71, that is 47.33% of the total did not agree with the idea.

The respondents' answers have been given in Table #10 below.

TABLE #10

TITLE: second hand smoke

Question # 4 breathing in cigarette smoke is dangerous for the non-smoker. true/false

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
true	29	30	20	79	52.67%
false	21	20	30	71	47.33%

SOURCE: FIELD REPORT

It is interesting to note that the numbers here are very close together, indicating a lack of knowledge about the harmful effects of 'second hand smoke'.

TITLE: pregnancy and smoking/drinking

The respondents were questioned whether they supported the fact that an unborn baby of a pregnant woman is affected by her use of tobacco or alcohol or not. As shown in Table # 11 below, 119 of the respondents, in other words 79.33% did not support the idea.

The respondents' answers have been given in Table # 11 below.

TABLE #11

TITLE: pregnancy and smoking/drinking

Question #5 If a pregnant woman smokes or drinks alcohol it can harm her unborn baby. true/false

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
true	45	30	44	119	79.33 %
false	5	20	6	31	20.67 %

SOURCE: FIELD REPORT

Of the total 31 respondents, in other words 20.67% did not support the idea. Those who answered positively (correctly) are in the majority by almost 80% of the total.

TITLE: immediate effects

The respondents were asked what they knew about the immediate effects of smoking (using tobacco) for which they were asked to pick out which of the items given: lungs irritated, cough, heart rate increasing or pulse rate going down. was *not* an immediate effect on the body. As Table #12 below shows only 45 respondents chose "d", pulse rate goes down as the correct choice, this was 30% of the total.

The respondents' answers have been given in Table # 12 below.

TABLE #12

TITLE: immediate effects

Question #6 Immediate effects of smoking (using tobacco) include all but (except) a/lungs irritated b/cough c/heart goes faster d/pulse rate goes down

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
a/lungs irritated	10	10	10	30	20 %
b/cough	16	11	14	41	27.33 %
c/heart goes faster	10	14	10	34	22.67%
d/pulse rate goes down	14	15	16	45	30%

SOURCE: FIELD REPORT

which is 30% of the total. A majority of 105 or 70% of the total chose answers "a", "b" or "c" as the correct choice, all of which are incorrect.

TITLE: long time use of tobacco

The respondents were further suggested to pick out the results of long-term smoking and as Table # 13 shows below 31 respondents chose cancer, emphysema, eye damage *and* heart disease as the correct choice. The number is 20.67% of the total and is the correct choice.

The respondents' answers have been given in Table #13 below.

TABLE #13

TITLE: long time use of tobacco

*Question #7 Smoking (using tobacco) for a long time leads to: a/cancer
b/emphysema c/ eye damage d/ heart damage*

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a:cancer	16	23	20	59	39.33 %
b:emphysema	10	7	10	27	18 %
c:eye damage	5	3	4	12	8 %
d: heart damage	10	5	6	21	14 %
all	9	12	10	31	20.67 %

SOURCE: FIELD REPORT

On the other hand 119 students could not pick out the correct answer. The figure is 79% of the total. In this question all answers are technically correct, but all of the answers are correct, so checking one disease is not the correct response.

TITLE: Nicotine is addictive

With a purpose of detecting whether the respondents knew how addictive nicotine was, and that it is in fact more addictive than heroin, they were asked whether they agreed that nicotine, the toxin found in heroin, was more addictive or not. And as shown in Table #14 below 93 respondents answered affirmatively to the question, which is 62% of the total.

The respondents' answers have been given in Table # 14 below.

TABLE #14

TITLE: nicotine is addictive

Question # 8 Nicotine, the toxin found in tobacco, is more physically addictive than heroin. true/false

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
true	33	30	30	93	62 %
false	17	15	15	47	31.33 %
unknown	-	5	5	10	6.67 %

SOURCE: FIELD REPORT

Another 47 respondents gave a negative response opinion, that number is 31.33% of the total. . 10 respondents ranging for 6.67% of the total did not have any clear idea.

Therefore 62% gave the correct answer.

TITLE: Lung Cancer

The respondents were asked how many times higher a risk smokers have, compared to non-smokers, of lung cancer to which, as shown in Table #15 below, 20 respondents (or 13.33% of the total) chose three times as the correct answer. Another 23 responded it was a five times higher risk, and this is 15.33% of the total, a slightly higher percentage than the first number of choosing three times as the correct choice. An even larger number of respondents , a 35 out of total 150 respondents, picked out ten times as the correct number, which was 23.33% of the total. But the largest number of respondents , 50, agreed that smokers have a twenty times higher chance of contracting lung cancer. The respondents' answers have been given in Table #15 below.

TABLE #15

TITLE

Question: #9: Smokers have a -----times higher risk of lung cancer than non-smokers a/ 3 b/ 5 c/ 10 d/ 20

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
a: 3x	5	4	11	20	13.33 %
b:5x	4	10	9	23	15.33 %
c:10x	11	9	15	35	23.33 %
d:20x	22	13	15	50	33.33 %
unknown	8	14	-	22	14.67 %

SOURCE: FIELD REPORT

The number counts for 33.33% of the total, and is the correct choice. 22 respondents (14.67%) did not have any clear idea.

TITLE: advertisements and the media

With a purpose to detect what their attitude was regarding the influence of the media, especially geared or targeted toward young people, as the main source of motivation toward the use of tobacco, the respondents were asked whether they felt that the media encouraged /attracted people to use tobacco. As Table # 16 shows below, 92 respondents agreed that advertisements attract, and this is 61.33% of the total.

The respondents' answers have been given in Table #16 below.

TABLE # 16

TITLE: advertisements and the media

Question: 10 Do you feel advertisements and the media (film/TV) attract people to use tobacco? yes/no. why/why not

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
yes	32	25	35	92	61.33 %
no	18	11	15	44	29.33 %
no answer	-	14	-	14	9.33 %

SOURCE: FIELD REPORT

However, 44 respondents , that is 29.33% of the total, did not feel that ads encouraged smoking and 14 respondents , in other words 9.33%, did not have any clear idea.

They were further asked to give their comments for their opinion and as shown in Table #17 below,

20 respondents of a total of 150 (92 total in agreement) believed that ads gave rise to their (people's) desire for smoking. The number stands for 13.33% of the total number of 150 respondents. Another 19 respondents opined that ads encouraged smoking as viewers would feel better by being encouraged (or validated) by them. It was 12.67% of the total.

TABLE # 17

RESPONDENTS' COMMENTS ON QUESTION # 10

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
YES/agree					
encourage/ give desire to smoke	10	5	5	20	13.33%
encourage as viewers would feel better and encouraged	10	5	4	19	12.67%
help create the habit of smoking	2	10	6	18	12%
arouse curiosity in the viewers	10	5	20	35	23.33%
no reason given	-	14	-	14	9.33%
NO/disagree				-	-
no rason given	10	15	19	44	29.33%

SOURCE: FIELD REPORT percentages of 150 total

18 respondents commented that ads helped create a habit of smoking. That was 12% of the total. Finally 35 respondents felt that ads aroused curiosity in the viewers toward using tobacco, this was 23.33% of the total. 14 respondents who had answered positively could not produce any reason and this was 9.33 % of the total. Another 44 respondents who did not admit or feel that advertisements encouraged smoking similarly could not produce any reason. The figure ranges for 29.33% of the total.

TITLE: control

To check the respondents attitude toward controlling tobacco use they were asked to tick the option that would *not* be a proper method to control tobacco use from the other options and to this 54 said that health education classes were not a method, this is 36% of the total. 19 respondents felt that banning ads was not a method, and this was 12.67% of the total. 31 respondents did know the correct answer that eating sweets was not a method of controlling tobacco use, and this was only 20.67% of the total.

The respondents' answers have been given in Table # 18 below.

TABLE: #18

TITLE: control

Question # 11: Tobacco use can be controlled by all except (but) a/ health education classes b/banning advertisements c/ eating more sweets d/avoid smokers

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
classes	13	20	21	54	36 %
banning ads	10	5	4	19	12.67%
eat sweets	14	9	8	31	20.67%
avoidance	13	10	10	33	22%
unknown	-	6	7	13	8.67%

SOURCE: FIELD REPORT

33 respondents were in the opinion that avoiding smokers was not a method, and this was 22% of the total. 13 respondents had no idea (or 8.67% of the total).

TITLE: chewing tobacco is safer

In the light of the fact that the use of 'khaini', pan and pan-masala is growing at present, it was attempted to find out what young people thought of such substances in regard to being less or more harmful than smoking tobacco. They were asked whether it was true that eating "pan, pan masala, khaine or surti" is safer than smoking cigarettes, to which , as Table #19 below shows, 56 respondents that is 37.33% of the total answered affirmatively, which is the correct answer.

The respondents' answers have been given in Table # 19 below.

TABLE: #19

TITLE: chewing tobacco is safer

Question 12 Chewing tobacco (pan, pan masala, khaini, surti) is safer than cigarette smoking. true/false

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
true	22	14	20	56	37.33%
false	28	36	30	94	62.67%

SOURCE: FIELD REPORT

However, a majority of 94 respondents or 62.67% of the total felt that these substances were safer than smoking.

ALCOHOL

The second item, which is known as a type or classification of drug, is alcohol, and the young respondents opinions , attitudes and knowledge toward alcohol have been given below.

TITLE: alcohol use

First of all the respondents were asked why people use alcohol and to this as Table # 20 shows below 35 respondents reasoned that people use it for fun, as a tradition, due to a belief that it helps digest food, or because others pressure to use it. It was 23.33% of the total. Only 9 thought none of these were the correct choice, which was 6% of the total. Only 9 respondents or 6% of the total answered that people use it because it helps digestion and because other people told them to.

The respondents' answers have been given in Table #20 below.

TABLE: #20

TITLE: alcohol use

Question # 13 Why do people use alcohol? a/ for fun with friends b/ tradition c/ belief that it helps digest food d/ other people pressure them to 1) all 2) c&d 3) a&b 4) none

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
all	10	10	15	35	23.33%
none	1	3	5	9	6%
c&d	2	4	3	9	6%
a&b	15	17	7	39	26%
a	22	16	20	58	38.67%

SOURCE: FIELD REPORT

39 responded that chose the multiple reasons of for fun and tradition, or social reasons. It was 26% of the total. 58 respondents or 38.67% of the total chose the separate answer of "a" or for fun with friends only. It is significant to note that this large percentage of respondent's felt moved to answer outside the choices, and to the answer that alcohol use was for fun with friends only.

TITLE: immediate effects of using alcohol

The respondents were asked to pick out the correct answer that would be applicable to the question what the immediate effects of using alcohol were and to that end they had to choose which answer out of four were incorrect, in this case: germs in the body are killed. To this question, as shown in Table #21 below, 50 respondents chose thinking disturbed as the incorrect effect, and this was 33.33% of the total. 31 respondents, in other words 20.67% of the total chose loss of muscle control, which was also an incorrect answer. 21 respondents or 14% of the total picked "eyes would not focus" as the correct choice, which is in fact an incorrect answer.

The respondents' answers have been given in Table # 21 below.

TABLE: #21

TITLE: immediate effects of using alcohol

Question # 14 Immediate effects of using alcohol include all except: a/ thinking is disturbed b/loss of muscle (body) control c/eyes do not focus d/ germs in the body are killed

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/thinking disturbed	22	18	10	50	33.33%
b/loss of muscle control	8	14	9	31	20.67%
c/eyes don't focus	7	8	6	21	14%
d/germs killed	13	10	25	48	32%

SOURCE: FIELD REPORT

This was 14% of the total. Finally 48 respondents were found believing that germs in the body are killed would not be an immediate effect of using alcohol, which was indeed the correct choice. It cannot be ascertained whether they knew that it is not an effect at all, however. This final figure stands for 32% of the total.

TITLE: alcohol is:

In order to find out whether the respondents thought alcohol was a depressant or stimulant, they were asked to choose either, all or none. As shown in Table #22 below, 60, which is 40% of the total, thought it is a stimulant. 29 respondents thought that it is a depressant, the figure is 19.33% of the total.

The respondents' answers have been given in Table # 22 below.

TABLE: #22

TITLE: alcohol is:

Question # 15: Alcohol is a : a/stimulant b/depressant c/both d/neither

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/stimulant	25	15	20	60	40%
b/depressant	9	15	5	29	19.33%
c/both	11	20	15	46	30.67%
d/neither	5	-	8	13	8.67%
unknown	-	-	2	2	1.33%

SOURCE: FIELD REPORT

46 respondents preferred to pick that it was both: this was 30.67% of the total and is indeed the correct answer. Only 13 respondents , in other words 8.67% of the total did not feel that alcohol was a depressant or a stimulant. And 2 respondents or 1.33% did not have any clear idea. In this way only 46 respondents gave the correct answer.

TITLE: violent crime

The respondents were asked which substance among tobacco, bhang (cannabis), alcohol and heroin leads to violent crime, and under which substance more violent crimes are committed while under the influence of, to which as Table #23 below shows 7 respondents believed tobacco to be a stimulant for violent crime. The number is 4.66% of the total.

The respondents' answers have been given in Table #23 below.

TABLE: #23

TITLE: violent crime

Question # 16: More violent crimes are committed under the influence (while taking) a/tobacco b/bhang (marihuana) c/alcohol d/heroin

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/tobacco	4	3	-	7	4.67%
b/bhang	8	8	5	21	14%
c/alcohol	26	30	35	91	60.67%
d/heroin	12	9	10	31	20.67%

SOURCE: FIELD REPORT

21 respondents chose bhang (cannabis) as the chief promoter of violent crime. It was 14% of the total. The biggest number, that is 91 or 60.67% of the responders chose alcohol as the stimulant of violent crime, which is the correct answer. Another 31 respondents chose heroin as the cause of violent crime. The figure is 20.66% of the total.

TITLE: long term effects of alcohol abuse

The respondents were asked which, among liver disease, lung disease, infertility and heart disease are the long-term effects of alcohol abuse. They were asked to pick the *incorrect* choice out of the four. To this, as shown in Table# 24, 50 respondents thought that liver disease was the incorrect choice, which counts for 33.33%. Of the total, 49 respondents believed lung disease not to be a long-term effect.

The respondents' answers have been given in Table # 24 below.

TABLE: #24

TITLE: long term effects of alcohol abuse

Question # 17: Continued use of alcohol (long term) abuse leads to all except:

a/ liver disease b/ lung disease c/ infertility d/ heart disease

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/liver disease	15	20	15	50	33.33%
b/lung disease	20	14	15	49	32.67%
c/infertility	5	2	1	8	5.33%
d/heart disease	10	14	17	41	27.33%
unknown	-	-	2	2	1.33%

SOURCE: FIELD REPORT

The respondents answering correctly then were 32.67% of the total. 8 respondents picked out 'infertility' as not being the long-term effect of alcohol abuse. It was 5.33% of the total. Another 41 respondents opined that heart disease is not the long-term effect, which was 27.33% of the total. Only 2 respondents could not produce an answer, which was 1.33% of the total.

TITLE: alcohol abuse and the community

The respondents were asked to express their opinion on whether alcohol is a community disease or not and as given in Table #25 below, 124 answered affirmatively to the question which was 82.67% of the total.

The respondents' answers have been given in Table #25 below.

TABLE: #25

TITLE: alcohol abuse and the community

Question # 18: Alcohol abuse is a community health problem. true/false. Explain

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
true	41	39	44	124	82.67%
false	9	11	6	26	17.33%

SOURCE: FIELD REPORT

But 26 did not agree to it and this number stands for 17.33% of the total. The respondents who answered affirmatively to the question reasoned in the following way: 21 respondents answered in support of alcohol as a community disease because they reasoned alcohol users disturbed the peace of society: they made noise and other problems after drinking. It was 14% of the total 150 respondents. 37 respondents reasoned for it, as they believed it prompted distress and conflict among family members. This figures stands for 24.67% of the total 150. Another 67 respondents took it as the source of health problems, that is 44.67% of the total whereas 10 respondents did not have any clear idea (6.67%). On the other hand, those who answered negatively to the question could not produce any reason to support it.

TITLE: alcohol affects---

Finally the respondents were asked what is affected by alcohol: body, mind, both, neither. As shown in Table #26 below 38 respondents answered in support of the body being effected by alcohol. It was 25.33% of the total. 28 respondents picked out the mind alone, it was 18.67%. A majority of 68 respondents believed both body and mind as being effected as the correct answer. It was 45.33% of the total.

The respondents' answers have been given in Table # 26 below.

TABLE: #26

TITLE: alcohol affects---

Question 19: Alcohol affects: a /the body b/ the mind c/ both d/ neither

	bhansar 2	dhanghadi gau	taranagar 5	Total	percentage
a/body	15	13	10	38	25.33%
b/mind	13	7	8	28	18.67%
c/both	22	16	30	68	45.33%
d/neither	-	14	2	16	10.67%

SOURCE: FIELD REPORT

Finally 16 young people said none of the choices was true. It was 10.67% of the total. Therefore 45.33% chose the correct answer.

DRUGS

The respondents were presented with another set of questions relating to Drugs, the third section of the questionnaire on substances (along with Alcohol and Tobacco). These questions were the same types of questions that sought the respondents' opinions, attitude and knowledge level among young people in this area. Those questions and answers focusing on the above-mentioned area are presented below.

TITLE: abuse means----

The respondents were asked initially what they thought "Drug abuse" meant and to this, as Table #27 shows, 21 respondents opined that using a drug for its actual use (for treatment of a disease) meant drug abuse. The number counts for 14% of the total. Another 54 respondents picked out "using a drug at the wrong time" as the correct choice. It was 36% of the total of 150 respondents.

The respondents' answers have been given in Table #27 below.

TABLE: #27

TITLE: abuse means-----

Question # 20. ABUSE of drugs means: a) using a drug for its actual use for treatment of a disease b) using a drug at the wrong time c) using too much of a drug in a way considered harmful

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/actual use	6	10	5	21	14%
b/ wrong time	19	15	20	54	36%
c/harmful way	20	15	19	54	36%
d/unknown	5	10	6	21	14%

SOURCE: FIELD REPORT

An additional 54 respondents picked out "using too much of a drug in a way considered harmful" as drug abuse which was the correct choice and this number was an additional 36% of the total. 21 respondents could not come up with any clear idea. That was 14% of the total.

TITLE: drug addiction

The respondents were asked what they thought drug *addiction* to be, as shown in Table 28, 64 respondents believed it was using a habit forming drug frequently (repeated use). The number is 42.66% of the total. 23 respondents took it to be something harmful to the individual. It was 15.33% of the total.

The respondents' answers have been given in Table #28 below.

TABLE: # 28

TITLE: drug addiction

Question # 21: DRUG ADDICTION includes: a/ using a habit forming drug frequently (repeated use) b/ is harmful to the individual c/ is harmful to society d/ all e/ none

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/repeated use	25	17	22	64	42.67%
b/harmful to individual	6	9	8	23	15.33%
c/harmful to society	4	10	-	14	9.33%
d/all	10	14	20	44	29.33%
e/none	5	-	-	5	3.33%

SOURCE: FIELD REPORT

14 respondents preferred calling it something harmful to society, which was 9.33% of the total number. 5 respondents answered that none of the above mentioned were drug addiction. It was 3.33% of the total. Therefore only 29.33% chose the correct answer.

TITLE: addiction is caused by

The respondents were asked to pick out the choice that would *not* be the cause of addiction and to this as shown in Table #29, 45 responded that drugs taken to forget problems is not a cause of addiction. The number was 30% of the total. Another 19 respondents thought having friends who take drugs (peer pressure) as not being a potential cause of addiction. It was 12.67% of the total.

The respondents' answers have been given in Table # 29 below.

TABLE: #29

TITLE: addiction is caused by

Question # 22: All are causes of drug addiction except: a/ taken to forget problems b/ having friends who take drugs (pressure) c/ change in traditional culture (Western influence) d/ drug addiction is accepted by society

	bhansar 2	dhanghadi gau	taranagar 5	total	percentage
a/ taken to forget problems	20	15	10	45	30%
b/ / having friends who take drugs	6	13	-	19	12.67%
c/ change in culture	12	9	15	36	24%
d/ accepted by society	12	5	25	42	28%
unknown	-	8	-	8	5.33%

SOURCE: FIELD REPORT

36 respondents, in other words 24% of the total answered that change in traditional culture and influence from the West is not a cause of drug addiction. 42 respondents answered drug addiction being accepted by society as not the cause of addiction (which is the correct answer here as it is in fact *not* accepted by society), ranging for 28% of the total. 8 respondents (or 5.33%) had no idea.

TITLE: injecting drugs means---

With a purpose of finding out what the young people knew about injecting drugs, they were asked what they understood by injecting drugs and as shown by Table 30, 14 respondents felt it meant 'eating drugs' or by mouth, which was 9.33% of the total. 20 respondents answered it as refusing drugs. The number counts for 13.33% of the total.