

Alcohol and drug use and other high-risk behaviors among youth in the slums of Kampala, Uganda: Perceptions and contexts obtained through focus groups

Monica H. Swahn¹, Melissa Haberlen¹, Jane B. Palmier¹, and Rogers Kasirye²

¹ School of Public Health, Georgia State University, Atlanta, Georgia, U.S.A

² Uganda Youth Development Link, Kampala, Uganda

Abstract

Aims: The study seeks to determine perceptions of and contexts for risky behaviors among street and slum youth in Kampala, through focus groups.

Design: Three 90-minute focus groups were conducted in Luganda (local language) to ask specific questions on alcohol and drug-related behaviors among youth in the slums.

Setting: Uganda Youth Development Link drop-in centers for disadvantaged youth in Kampala.

Participants: 31 participants aged 14 to 24 years.

Measures: The focus group probes were based on the World Health Organization report “Working With Street Children: Module 5: Determining the Needs and Problems of Street Children—A Training Package on Substance Use, Sexual and Reproductive Health Including HIV/AIDS and STDs.”

Findings: Results show that these youth engage in a number of risky behaviors, including alcohol and drug abuse, fighting and weapon carrying, delinquency, prostitution and unsafe sexual behaviors.

Conclusions: The study provides context for risky behaviors in this population, which can provide useful insights and help to guide resource allocation and intervention planning for services that seek to reduce adverse health outcomes in this vulnerable population, particularly those related to alcohol and drug use.

In sub-Saharan Africa, street and slum youth shoulder a large burden of poverty and disease (Chigunta, 2002; Mufune, 2000). While some literature exists, indicating a high prevalence of negative outcomes in street or slum youth, there is a dearth of research regarding the risk factors; even scarcer are effective interventions that target health outcomes among these youth (Coren et al., 2013). Estimates indicate that there are about 100 million street youth worldwide, most of them living in lower- and middle-income countries (Lieb, Meinschmidt, & Araya, 2007; Souza, Porten, Nicholas, & Grais, 2011; UNICEF, 2003). Because the prevalence of street youth in a population can largely be attributed to poverty (Le Roux & Smith, 1998; Sherman, Plitt, Hassan, Cheng, & Zafar, 2005), it is essential to examine the health problems affecting street and slum youth in lower-income sub-Saharan African countries. Further, lower-income countries with large youth populations—such as Uganda,

where youth make up 78% of the population (Uganda Bureau of Statistics, 2002)—should be particularly targeted for such research and intervention. Uganda’s population growth is among the highest in the world, due to its extremely high birth rate (49 births per 1,000, compared with 14 births per 1,000 in the United States) (2006 World Population Data Sheet, 2013; Worldwatch Institute, 2011); consequently, the country has become a critically important location for the study of issues negatively affecting a young, lower-income, and rapidly growing population.

The World Health Organization (WHO) reports that Uganda has one of the highest estimated rates of per capita alcohol consumption in the world (WHO, 2011a), which further exacerbates many of the health concerns already present in that country and speaks to the urgency of interdisciplinary research and action (Swahn & Tumwesigye, 2013). It is well documented that alcohol

and drug use in youth populations are linked to other risky behaviors, such as fighting, unsafe sex, or increased and unprotected sexual activity (Khan, Berger, Wells, & Cleland, 2012; Raffaelli et al., 2000; Stueve & O'Donnell, 2005). Thus, it is important that health research and prevention efforts focused on youth in Uganda, and in Kampala in particular, address alcohol and drug use.

Unfortunately, there is very limited research to date on vulnerable youth living on the streets and in the slums of Kampala (Rotheram-Borus, Lightfoot, Kasirye, & Desmond, 2012; Swahn, Gressard, et al. 2012; Swahn, Palmier, & Kasirye, 2013; Swahn, Palmier, Kasirye, & Yao, 2012). This is an impediment to progress, as the plight of street youth is not easily generalizable. Issues faced by street youth are often unique to their location, even among different cities within one country (Uganda Youth Development Link [UYDEL], 2013). While a few studies exist describing health or other issues faced by street youth populations across countries, the lack of generalizability means that there is a need for further research within specific street youth populations. Accordingly, research on street youth in lower-income countries, in cities like Kampala that have youth populations and serious health problems, could be highly impactful, particularly if they address the risk factors underlying the health issues.

The purpose of our study was to examine, from a qualitative perspective, the perceptions of and context for risky behaviors including, and related to, alcohol and drug use, in a sample of service-seeking street or slum youth in Kampala. Findings from this study may be used to inform future research, and may help to guide resource allocation and prevention strategies aimed at improving the well-being of this urban and vulnerable youth population.

Methods

The overarching goal of the “Kampala Youth Survey,” conducted in May and June of 2011 and comprised of focus groups and a cross-sectional survey, was to examine the prevalence of alcohol use, exposures to alcohol marketing, and involvement in other health-risk behaviors in a convenience sample of urban youth, aged 14 to 24, living on the streets or in the slums. The methodology and findings from the cross-sectional study have been reported previously (Swahn, Braunstein, & Kasirye, 2014; Swahn, Braunstein, Palmier, Kasirye, & Yao, 2014; Swahn, Gressard et al., 2012; Swahn, Palmier, & Kasirye, 2013; Swahn, Palmier, Kasirye, & Yao 2012). The participants were receiving services in UYDEL drop-in centers for street youth (UYDEL, 2013), which see approximately 650 youth per month across eight centers.

Focus group recruitment was conducted by word of mouth, and participating youth received snacks and transportation. Participants were informed about the study, read (or were read) the consent forms, and were then asked to indicate their willingness to participate in the focus groups. Potential participants were eligible for the study if they

were between 14 and 24 years of age. No other exclusion criteria were used. In Uganda, youth aged 14 to 17 who “cater for their own livelihood” are considered emancipated, so these youth were able to provide their own consent for participating in the survey, as were the youth aged 18 to 24, with whom the same consent process was followed. The study protocol was approved by the Georgia State University Institutional Review Board and the Uganda National Council for Science and Technology.

This paper is based on data collected from three focus groups, each about 90 minutes in length, regarding alcohol use and related risky behaviors among these youth. The focus groups were moderated by two trained UYDEL staff, who used a list of predetermined focus group probes to initiate the discussion. The probes were based on the World Health Organization report “Working With Street Children: Module 5: Determining the Needs and Problems of Street Children—A Training Package on Substance Use, Sexual and Reproductive Health Including HIV/AIDS and STDs.” (WHO, 2011b). There was one focus group from each of three centers: the Nateete and Masooli youth centers and the Nakulabye Drop-In Center. Focus group moderators conducted discussions in Luganda, and directly translated and recorded results in English. The three focus groups contained a total of 31 participants: one group of males, one group of females, and one mixed-gender group. The breakdown of these groups was as follows: Nakulabye—10 participants, all male (age range of 18–28; average age of 21); Nateete—nine participants, all female; (age range of 17–22; average age of 19); Masooli—12 participants, six female, six male (age range of 14–18; average age of 16).

Data analysis consisted of transcribing the handwritten discussion notes into electronic form, reading through the transcripts and identifying themes and key opinions discussed throughout the groups based on language and context, and noting any particularly significant individual responses (see Appendix A). On this basis, the findings were produced, and quotations from individual participants and groups have been used to provide additional context.

Results

The results of the study regarding risky behaviors are presented in the following thematic areas: use of alcohol or drugs, fighting and weapon carrying, stealing and prostitution, and sexual behaviors.

Use of Alcohol or Drugs

Focus group participants unanimously agreed that street and slum youth use alcohol and drugs, and listed a number of different examples. Readily available, non-illegal items that are inhaled as intoxicants were the most frequently mentioned drugs; these include petrol, airplane fuel, and paint thinner. Marijuana was also frequently mentioned as a drug of choice, and narcotics such as heroin and opium were also listed. Alcohol use was confirmed as well,

particularly use of the extremely potent locally distilled alcoholic beverage (or moonshine), Waragi.

Participants were also asked whether street and slum youth participated in further high-risk behaviors after drinking alcohol or doing drugs. Those who answered the question believed that alcohol and drugs exacerbate risky behaviors. Most answered in general terms, but a few of the female participants specifically mentioned the relationship between drug and alcohol use and sex; they believed that using alcohol or drugs makes one more likely to engage in sex. Some examples of these responses were as follows:

“Some [street youth] when they take drug[s], they become sexually aroused and rape.” (17-year-old female, Nateete youth center)

“When [you] use drugs, it changes [your] mind and [you] engage in sex.” (20-year-old female, Nateete youth center)

Fighting and Weapon Carrying

Fighting was another common high-risk behavior reported by focus group participants. Street and slum youth were said to fight mostly with each other and with friends. However, it was mentioned that they might also fight with pedestrians, or persons attempting to give them advice. The main reasons given for fighting were conflicts over girlfriends or boyfriends, determining dominance, and being intoxicated by alcohol or drugs.

“They [street youth] also fight with other people, especially when they are drunk.” (male, Nakulabye drop-in center)

“If they use drugs, they fight anyone.” (22-year-old female, Nateete youth center)

Street and slum youth were further reported to carry weapons, primarily kinds that are readily available, such as knives, or items not originally intended as weaponry, such as belts or chains.

“They [street youth] carry knives and other weapons like . . . chains . . . heavy belts, and bicycle padlocks.” (male, Nakulabye drop-in center)

“[Street youth carry weapons] most especially in a club to fight their enemies.” (22-year-old female, Nateete youth center)

“They [street youth] use other weapons like knives, but not guns, to fight.” (15-year-old female, Masooli youth center)

Stealing and Prostitution

Focus group participants believed that street and slum youth participate in a variety of high-risk behaviors in order to get money, clothes, food, shelter, or other provisions. The main risky behaviors they may engage in for this

purpose are stealing and prostitution. Regarding stealing, participants' statements included the following:

“They steal, especially women’s bags.” (male, Nakulabye drop-in center)

“[They] remove clothes from wire lines, sell them, and get money.” (male, Nakulabye drop-in center)

“[They steal] people’s cell phones [while they’re] talking on the phone.” (male, Nakulabye drop-in center)

“[They] pretend to be fighting, [and] when other people come to settle them, they turn against them and steal what they have.” (male, Nakulabye drop-in center)

Participants' statements about prostitution included the following:

“Girls want money so much, so they engage in risky behaviors like prostitution to get quick money.” (19-year-old female, Nateete youth center)

“Some [girls] don’t have somewhere to stay, so they offer their bodies for shelter.” (17-year-old female, Nateete youth center)

“Houses for rent in Kampala are costly, so they give sex to get somewhere to sleep, most especially youth in slum areas.” (19-year-old female, Nateete youth center)

“Some have sex to get clothes.” (17-year-old female, Nateete youth center)

Male participants believed that only female street and slum youth engage in prostitution in order to get money, clothes, food, or shelter. However, the male participant group did state that males may find “sugar mamas” (older women who will pay for their upkeep, in exchange for a relationship, including sex) to help take care of them. Although such an exchange is similar to prostitution, it was not viewed in the same light by focus group participants.

Sexual Behaviors

All focus group participants agreed that street and slum youth engaged in sex. But while males were thought to have sex by their own choice, females were often described as being coerced into having sex, either by means of intoxication from drugs or alcohol, or by force:

“Sometimes, if it’s a group, the chairperson can force you to have sex with [whoever] he/she wants you to.” (male, Nakulabye drop-in center)

“Yes [street/slum youth have sex], because . . . they get drunk. Others rape them, most especially girls.” (22-year-old female, Nateete youth center)

"[They are forced] most especially when they are drunk. [Street kids] do rape their fellow street kids." (22-year-old female, Nateete youth center)

"To some children or youth, when they take or use drugs, they gain sexual desire and become sexually aroused and at the end, rape or have sex with a person without their consent." (20-year-old female, Nateete youth center)

Street and slum youth were also described as frequently engaging in unprotected or unsafe sex:

"Some can't afford [condoms]." (22-year-old female, Nateete youth center)

"Some use [condoms], but not correctly." (17-year-old female, Nateete youth center)

"They use used condoms." (16-, 17-, and 18-year-old males, Masooli youth center)

"Some pick [used condoms] from the garbage." (20-year-old female, Nateete youth center)

"Some say that one can't eat sweets with its polythene bag, and also they don't have time to wear [condoms] because they want to taste the sweetness." (22-year-old female, Nateete youth center)

"Some don't want to put on because they want to earn or sell their bodies expensively. For example, if you have unprotected sex [you can earn] 10,000 Ugandan shillings [\$4.26], and protected sex is 500 Ugandan shillings [\$0.21]." (female, Nateete youth center)

Among participants, there also seemed to be a varied and incomplete understanding of safe sex and STDs. Many understood the term "safe sex" to be associated with correct condom use. Girls from one focus group thought safe sex had a variety of meanings:

"When the couple love each other." (19-year-old female, Nateete youth center)

"When someone goes for [a] blood test, goes to parents, and then after the couple goes to church for recognition." (22-year-old female, Nateete youth center)

"When you sit and discuss when to have sex with your partner." (17-year-old female, Nateete youth center)

"When you [test] for HIV/AIDS and then have sex." (17-year-old female, Nateete youth center)

"When you're faithful to each other." (17-, 18-year-old females, Nateete youth center)

Most participants had a basic understanding of sexually transmitted diseases, including HIV/AIDS. Still, there

were a number of participants who were less informed. Responses on this subject included the following:

"STDs are diseases which are transmitted through having unprotected sexual intercourse with an infected person." (several male youths, Nakulabye drop-in center)

"These are diseases which attack around the vagina/penis." (20-year-old female, Nateete youth center)

"HIV is the virus that causes AIDS." (several female and male youths, Nateete and Nakulabye centers)

"[AIDS is the] disease that cause[s] the pain." (17-year-old female, Nateete youth center)

"AIDS is the disease that is got after having sex." (15-year-old female, Masooli youth center)

"[AIDS] is the disease that has no cure." (16-year-old male, Masooli youth center)

"AIDS is a disease got after using sharp instruments that an infected person has used." (16-year-old female, Masooli youth center)

Discussion

The prevalence of health problems faced by street and slum youth, such as high rates of alcohol and drug use, HIV, hunger, and suicidal ideation, has been reported in previous studies (Chigunta, 2002; Mufune, 2000; Swahn et al., 2013; Swahn, Gressard, et al., 2012; Swahn, Palmier, et al., 2012). However, vulnerable youths' perceptions of these alcohol or drug-related risky behaviors, and the context surrounding them, have not been studied among vulnerable youth in the slums of Kampala. Insights from these youths are particularly important and relevant, as it is these young people who are service-seeking. The Kampala focus group study confirms that this understudied population reports high levels of risky behaviors. What is particularly unique is that the findings from the Kampala focus groups reflect the youths' own perception of the prevalence of high-risk behaviors among themselves and their peers. Participant descriptions of reasons for risky behaviors, such as the need for basic clothing and shelter, add important context to the street youth narrative.

The Kampala focus group results show that the street and slum youth population exhibits, and can identify the prevalence of, a variety of risky behaviors that include alcohol and other drug use, unsafe sexual behaviors such as prostitution and lack of condom use, and fighting and weapon carrying. An even more critical finding is the youths' own perception and acknowledgement of the relationship between alcohol or drug use and many of the other risky behaviors. In particular, group participants often linked alcohol use with increased fighting and sexual activity. These results are consistent with current literature

that shows strong ties between adolescent alcohol use and increased sexual risk factors (initiation, intercourse, unprotected sex, multiple sexual partners) (Stueve & O'Donnell, 2005) and fighting (Raffaelli et al., 2000). Focus group participants also indicated repeatedly that alcohol use made youth more likely to become victims of rape, as well as perpetrators. This finding is also consistent with studies demonstrating associations between alcohol use and violence in adolescents and young adults (King et al., 2004; Rickert & Wiemann, 1998; Swahn & Donovan, 2005). The focus group data, together with the findings of previous studies, thus suggests that interventions to reduce unsafe sexual behaviors, sexual victimization, or fighting among street youth may be more effective if they include a component aimed at reducing alcohol or drug use.

The responses captured by the Kampala focus group study also shed light on the need for intervention specific to reproductive and sexual health. The statements about street youth picking used condoms out of trash cans for reuse, or forgoing the use of condoms because of lack of money, give weight to interventions that include free condom distribution. This is also important because research that compares these vulnerable and primarily non school-attending youth with those who attend school, demonstrate that the youth in the slums are less likely to use condoms (Swahn, Braunstein, Palmier et al., 2014). Additionally, the varied responses illustrating disparate levels of knowledge about the meaning of "safe sex" indicate a need for increased sexual health intervention and education around this topic.

This was a small qualitative pilot study, with several important limitations. First, the study participants were not randomly selected, but were youth who self-selected to attend the drop-in centers and to take part in the focus groups. Therefore, the findings may not be representative of street and slum youth in Kampala and may not be generalizable to populations elsewhere. However, the findings may complement previous research (Rotheram-Borus et al., 2012; Swahn, Palmier, et al., 2012; Swahn et al., 2013; Swahn, Gressard, et al., 2012; Swahn, Raunstein, Palmier et al., 2014) and provide needed context for new intervention strategies. Second, our definition of street and slum youth was broad and included a range of circumstances and family contexts; the sample included both homeless youth and youth who lived in the slums but may have had a stable living arrangement. Third, because of limited literacy rates and fluency in English (the official language in Uganda), the focus groups were conducted in Luganda (the local language) and certain nuances may have been missed in the translation, although the focus group leaders and the transcriber were fluent in both languages.

Conclusion

This qualitative study of Kampala street and slum youth provides much-needed insight into the risky behaviors engaged in by this vulnerable population. Continued research is required to fully understand the negative health outcomes faced by this and other street youth populations, and, in particular, the role alcohol has in these risky behaviors. The qualitative data found in this study may add

critical context to, supplement, and clarify the findings of quantitative studies that address similar risky behaviors and related health outcomes among street youth (Swahn, Palmier et al., 2012; Swahn et al., 2013; Swahn, Gressard et al., 2012). Most importantly, the statements of the Kampala focus group participants may be used to inform and shape subsequent intervention methods with this or similar populations, so that services can be strengthened to enhance their quality of life. This is critically important given the city's large youth population, the high population growth, the incidence of poverty, and the high levels of alcohol and drug use.

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APPENDIX A

Focus Group Analysis: Theme, Subtheme, and Quote Identification

Focus Group Questions	Theme	Subtheme	Subtheme Pervasiveness	Compelling Quotes*
- Do street children/slum youth use drugs? If so, what type of drugs?	Use of Alcohol or Drugs	High alcohol and drug use, mixture of substances abused	High number of responses/ All reflect this theme	None
- Do street children/slum youth do risky things after using alcohol or drugs, like having sex with strangers?		Alcohol/drug exacerbation of risky behaviors (i.e., engaging in sex)	Small number of responses/ Almost all reflect this theme	2
- Do street children/slum youth get in fights? If so, who do they fight with?	Fighting and Weapon Carrying	Frequent fighting	High number of responses/ All reflect this theme	2
- Do street children/slum youth carry or use a knife, gun, or other weapon?		Carry readily available or "make-shift" weapons	Small number of responses/ Half reflect this theme	2
- Do street children/slum youth do risky things to get money, food, clothes, shelter, or other things?	Stealing and Prostitution	Stealing to get living necessities	High number of responses/ Half reflect this theme	4
- Do street children sometimes have sex to get food, money, shelter or other things?		Prostitution/survival sex used to get living necessities	High number of responses/ All reflect this theme	4
		Don't identify males with prostitution /survival sex	High number of responses/ 1 in 3 reflect this theme	None
- Do street children/slum youth have sex? Are they forced to have sex?	Sexual Behaviors	Street/slum youth engage in sex:	High number of responses/ All reflect this theme	4
- Are street children/slum youth at risk of getting HIV or other sexually transmitted diseases?		<ul style="list-style-type: none"> • Male by choice • Females mainly by coercion 		
- Do street children/slum youth use condoms when having sex? If so, where do they get the condoms?		Frequently engaging in unprotected /unsafe sex	High number of responses/ All reflect this theme	6
- What is "safer sex"? What are sexually transmitted diseases? What is HIV? AIDS?		Mixed awareness about safe sex and STDs (high and low levels of understanding)	High number of responses/ All reflect this theme	12

*Upon review of focus group responses, quotes were identified as "compelling" and useful for inclusion in this paper, based upon their ability to inform and add perspective to identified themes and subthemes.