

**Drug Abuse, Mental Health and Sexuality Among The Youths Of
Kampala**

By

Kade Esther Nelson

20/X/23190/ps

2000723190

Supervisor: Dr. Sara Gava

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Award of a Bachelor's Degree In Social Sciences Of Makerere University**

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Declaration.

I KADE ESTHER NELSON declare that the research dissertation submitted is my original work and it has not been submitted to any other university or institution.

Signature: 

Date: 16th / 10 / 2023.

Kade Esther Nelson

20/X/23190/PS

Approvals.

This research was done under the supervision of my supervisor Dr. Sara Gava after which it was submitted to Makerere University School of Psychology.

Signature: 

Date: th 16/10/2023

Dr. Sara Gava

(Supervisor)

Dedication.

I would like to dedicate this research work to my beloved father Mr. Nelson Sasa for his unending love and financial support. May the almighty richly bless him.

Acknowledgement.

I thank the Almighty God who gave me the capacity to be able to go through the task and reach completion with a few challenges.

I would also like to thank my supervisor who guided me accordingly and helped me through correcting my mistakes as well as being patient with me.

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List of Abbreviations

AMI	-	Any Mental Illness
Kgs	-	Kilograms
LGBTQ	-	Lesbian, gay, bisexual, transgender, queer
MDE	-	Major Depressive Episode
Shs	-	Shillings
SMI	-	Serious Mental Illness
US \$	-	US dollars
WHO	-	World Health Organization

Abstract.

The study aimed at examining the relationship between drug abuse, mental health and sexuality among the youth in Namuwongo Parish. The objectives of the study were to find out the relationship between drug abuse and sexuality, to find out the relationship between drug abuse and mental health, to find out the relationship between mental health and sexuality. The study adopted a quantitative study design and a simple random sampling technique was used to draw a sample of 196 respondents. Data was collected with the help of questionnaires whereby participants were

required to tick or circle the most appropriate response and the validity of the instruments was determined by pretesting in a similar area with people that have similar characteristics with the study population. Descriptive statistics showed that majority of the respondents were male (62.8%) and the rest were female (37.2), the majority of the respondents r(49.0%) and also the majority of the respondents were self-employed (38.8%).

Results from Pearson product moment correlation coefficient (r) indicated that there is a negative weak statistically significant relationship between drug abuse and mental health ($r = -0.203^{**}$, $p < 0.01$). Since the p value (0.04) is less than the level of significance we reject the null hypothesis and conclude that drug abuse can affect someone's mental health. as well as a negative weak statistical significant relationship between drug abuse and sexuality ($r = -0.151^*$, $p < 0.05$). Since the p value (0.035) is less than the level of significance (0.05) we reject the null hypothesis and conclude that drug abuse can affect someone's sexuality. And also a positive weak statistical significant relationship between mental health and sexuality ($r = 0.391^{**}$, $p < 0.01$). Since the p value (0.000) is less than the level of significance (0.01) we reject the null hypothesis and conclude that mental health can affect someone's sexuality. It was recommended that counseling services should be set up in the communities to help individuals battling with drug misuse and addiction so as to also reduce on the levels of individuals likely to develop mental disorders

Chapter One

Introduction

1.1 Background

Research suggests that sexual minorities such as people who identify as being lesbian, gay or bisexual are at a greater risk for substance use and mental health issues and compared with the majority population that identifies as being heterosexuals or straight. (NSDUH DATA REVIEW, October 2016, Sexual Orientation and Estimates of Adult Substance Use and Mental Health, by Grace Medley, Rachel N. Lipari, Jonaki Bose, Devon S. Cribb, Larry A. Kroutil, and Gretchen McHenry).

Drug abuse therefore refers to the excessive use of psychoactive drugs such as alcohol, pain medications or illegal drugs that can lead to physical, social or emotional harm. It can also be defined as the excessive, maladaptive or addictive use of drugs for non-medical purposes despite the social, psychological and physical problems that arise from such use.

It is characterized by the steady need to increase dosage and usage of a particular drug or drugs to experience its effects and the need to use the drug regularly to feel good. Common symptoms include having intense urges that block other thoughts, spending excessive amounts of money on the drug (even if you cannot afford it), continuing to use the substance even if it causes a number of problems in your life, taking risks to obtain the drug, inability to stop using the drug, experiencing withdrawal symptoms when you stop using the drug among others.

There are a number of causes which include; peer pressure, physical and sexual abuse, stress, early exposure to drugs, divorce of parents or loss of a loved one, social media, curiosity, easy access to drugs, psychiatric problems for example anxiety disorders, mood disorders among others. Some of the effects of drug abuse include; heart diseases, stroke, liver diseases, weakened immune system, nasal damage and trouble swallowing, collapsed veins, increased risk of over dose and possible death, mental health problems like anxiety, depression, insomnia, violent behavior among others.

Some of the effects of drug abuse may include; weakened immune system which increases the risk of infection and illness, heart conditions ranging from abnormal heart rates to heart attacks and

collapsed veins and blood vessel infections from injected drugs, nausea and abnormal pain which can also lead in changes in appetite and in turn weight loss, problems with memory, attention and decision making which may make daily living more difficult, seizures, stroke, mental confusion, brain damage and lung disease among others.

According to the daily monitor (Friday, March 04, 2022), at least 16% of the youth in urban centers are under the influence of drugs. The Commissioner Anti-Narcotics Department Uganda Police said that the statistics are based on a study carried out by the department and Makerere University. According to him, the good fertile soil in Uganda favors the growing of cannabis both deliberately and accidentally, and there is cannabis growing almost every part of the country. Drug abuse both hard drugs like cocaine, heroin and cannabis which are home is on the rise especially in urban areas affecting the youth. He also said that the function where 48.22kgs of narcotic drug exhibits worth shs778 million were burnt at the police barracks in Nsambya.

Drug abuse usually brings about different mental issues. This is mainly because these different drugs contain different chemicals that affect the brain in different ways and tend to damage its normal functioning. Thus said, mental health includes our emotional, psychological and emotional wellbeing. It affects how we think, feel and act. Factors that can contribute to mental health disruptions include; continuous social and economic pressure, childhood adversity, genetic factors.

Mental illness on the other hand refers to a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Some of the causes of mental illness among the youth include; childhood abuse, trauma or neglect, social isolation, experiencing discrimination or stigma including racism, severe or long-term stress, drug and alcohol misuse, head injury among others. Some of the underlying effects of mental illness include issues with emotional stability, behavior regulations, relationship difficulties, substance abuse and even physical illness.

Available statistics indicate that there is a high burden of child and adolescent mental health disorders putting depression among secondary school adolescents at 21% and anxiety at 26.6% with rates higher in females (29.7%). Daily Monitor on Thursday, March 10th, 2022 reported that cases of mental health conditions have been on the rise in the country, with reported numbers shooting up from 491,013 in the financial year 2019/2020 to 550,373 in the financial year 2020/2021 according to government statistics.

Sexuality simply refers to the emotional, romantic or sexual attraction that a person feels towards another person. Sexual attraction describes a person's desire to have sex or form a sexual relationship with other people. It is one of the fundamental drives behind everyone's feelings, thoughts and behavior. It defines the means of biological reproduction, describes psychological and sociological representation of self and orientation a person's attraction to others. Furthermore it shapes the brain and body to be pleasure seeking.

During the teen years, people often find themselves having sexual thoughts and attractions. For some, these feelings and thoughts can be intense and seem confusing. This can be especially true people who have romantic or sexual thoughts about someone who is of the same sex as they are. They may think „Am I gay?“ Being interested in someone of the same sex may not necessarily mean that a person is gay just like being interested in someone of the opposite sex doesn't mean that a person is straight. Its common for teens to be attracted to of have sexual thoughts about other people as it is one of the ways of sorting through emerging sexual feelings. Some people even go on ahead to experience with sexual experiences with people of the same sex or opposite sex but this doesn't necessarily mean that one is straight or gay.

Sexuality is one of the fundamental drives behind everyone's feelings, thoughts and behavior. It defines the means of biological reproduction, describes psychological and sociological representation of self and orientation a person's attraction to others. Furthermore it shapes the brain and body to be pleasure seeking. It is not all about who you have sex with, or how often you have it. It's about one's sexual feelings, thoughts, attractions and behaviors towards others. You can find other people physically, sexually or emotionally attractive and all those things are part of your sexuality.

1.2 Statement of the problem.

Drug abuse, mental health and sexuality are issues that are all interconnected in one way of another. This is in such a way that in most cases persons faced with a mental health issue for example anxiety, depression and persons facing a sexuality identity crisis for example in case they are gay or of any other kind of sexuality that is not accepted in their community and are being discriminated against, most of the times both these groups of people tend to resort to drug use as an escape plan and frequent use of these drugs later leads to and addiction and in turn drug abuse which could

also have a number of negative consequences not only physically but mentally as well for example heart diseases, stroke, liver diseases, weakened immune system, nasal damage and trouble swallowing, collapsed veins, increased risk of over dose and possible death, mental health problems like anxiety, depression, insomnia, violent behavior among others. Sexuality identity crisis is usually brought about by the social, cultural and religious stigma and marginalization of the LGBTQ (lesbian, gay, bisexual, transgender, and queer) people that interfere with one's ability to fully understand and accept their sexual identity causing profound emotional distress and alienating one from their authentic self.

1.3 Purpose of the study

The purpose of the study was to investigate the relationship between drug abuse, mental health and sexuality among the youth in Kampala.

1.4 Objectives of the study

- (i) To find out the relationship between drug abuse and sexuality.
- (ii) To find out the relationship between drug abuse and mental health.
- (iii) To find out the relationship between sexuality and mental health.

1.5 The scope of the study

1.5.1 Geographical scope

The research study was majorly focusing on drug abuse, mental health and sexuality among the youth in Namuwongo Parish.

1.5.2 Conceptual scope

Drug abuse refers to the excessive, maladaptive or addictive use of drugs for non-medical purposes despite the social, psychological and physical problems that arise from such use.

(Encyclopedia Britannica).

It also refers to the habit of taking too much of a harmful drug or drinking too much alcohol.

(Oxford Advanced Learner's Dictionary, 10th edition)

Mental health includes our emotional, psychological and emotional wellbeing influencing cognition, perception and behavior. (Wikipedia).

It also be defined as the state of health of someone's mind. (Oxford Advanced Learner's Dictionary, 10th edition)

Sexuality refers to the emotional, romantic or sexual attraction a person feels towards another person. (MedicalNewsToday).

It also refers to the feelings and activities connected with a person's sexual desires. (Oxford Advanced Learner's Dictionary, 10th edition)

1.5.3 Time scope

This research study was meant to run from March 2023 to May2023 and it covered all aspects of the community members and district authorities on the reduction of drug abuse, mental health and sexuality.

1.5.4 Significance of the study

The study brings out the different causes, types, and effects of drug abuse, mental health and sexuality thus enabling the community to see the reasons as to why these issues need to be dealt with. The study also helps people in the community better understand these problems in order to find the most appropriate solutions to them.

The study can be used by other students for future reference in case they are making similar study. The study also adds knowledge to the already existing knowledge about mental health, drug abuse and sexuality that can help solve certain issues regarding these issues.

1.5.5 Contextual framework

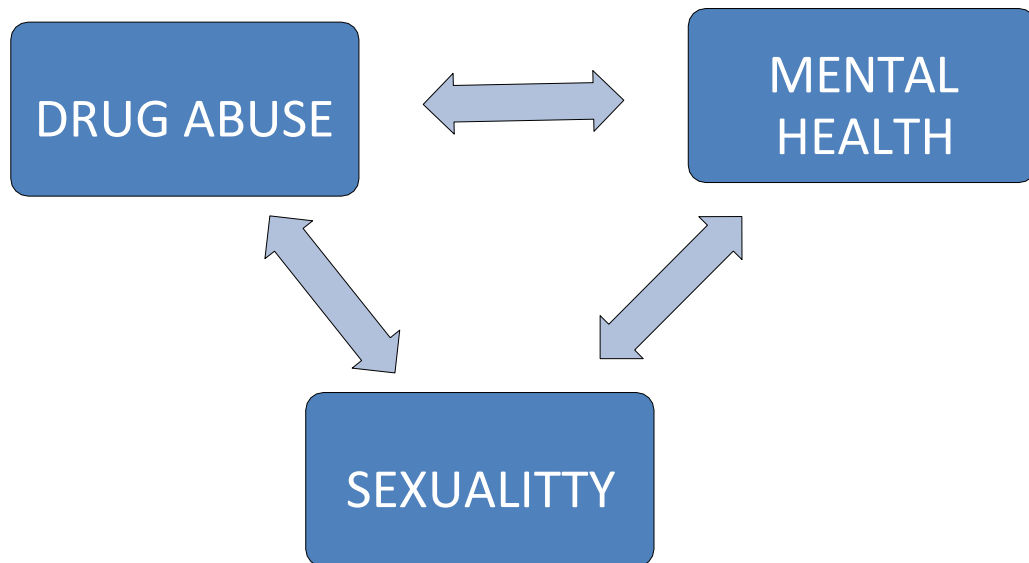


Figure 1: *Relationship between drug abuse, mental health and sexuality.*

Chapter Two:

Literature Review

2.1 Introduction

This chapter intends to show a literature review on drug abuse, mental health and sexuality and in turn also showing the relationship between the three variables.

2.2 Drug Abuse

Drug abuse refers to the excessive use of psychoactive drugs such as alcohol, pain medications or illegal drugs that can lead to physical, social or emotional harm. There are various types of drug abuse some of which include;

Stimulant abuse. Stimulants are substances that cause physical and psychological functions to speed up. Individuals that abuse stimulants tend to experience a major boost in energy, euphoria and a powerful sense of grandiosity. While some stimulant substances can be effective for individuals battling mental health issues, several stimulants offer no medical or psychiatric benefits. Some of the most commonly abused stimulants include meth, aderall, crack among others.

Cocaine abuse. Cocaine is a street drug that has been and continues to be extremely popular and one of the most commonly abused drugs. This substance which is derivative of the cocoa plant comes in a white powder form and is normally snorted. Individuals abusing cocaine will experience an energetic euphoria high for 20 minutes before it wears off and as a result most users abuse this substance back-to-back to maintain that high but unfortunately, using cocaine frequently quickly leads to dependence and potential overdose.

Sedative abuse. Sedatives such as benzodiazepines are primarily used to treat anxiety disorders such as panic attacks, phobias and obsessive-compulsive disorder. Benzodiazepines are highly effective in reducing anxiety disorders and can also aid in helping individuals who suffer from sleeping problems or seizures. However, they can very popular substances of abuse due to the feeling of detachment and relaxation they produce.

Hallucinations. These have long been a part of club culture as substances that can enhance one's experiences. While there are countless physical dangers of abusing hallucinogens, one of the most

pressing areas of concern is that one who is under the influence of hallucinogens can behave in a manner that is possibly dangerous or even deadly.

Ecstasy. When ecstasy is abused, individuals experience delusions and hallucinations that can be both visual and auditory. Those who are under the influence explain being on ecstasy as being in a state of complete euphoria. But when the drug is abused, several negative effects can occur including dehydration that can be life threatening.

According to the daily monitor (Friday, March 04, 2022), at least 16% of the youth in urban centers are under the influence of drugs. The Commissioner Anti-Narcotics Department Uganda Police said that the statistics are based on a study carried out by the department and Makerere University. According to him, the good fertile soil in Uganda favors the growing of cannabis both deliberately and accidentally, and there is cannabis growing almost every part of the country. Drug abuse both hard drugs like cocaine, heroin and cannabis which are home is on the rise especially in urban areas affecting the youth. He also said that the function where 48.22kgs of narcotic drug exhibits worth shs778 million were burnt at the police barracks in Nsambya.

According to the Daily Monitor (Thursday, February 15th, 2018- updated on January 12th, 2021), the police in Kampala recorded more than 1,000 cases of drug-related offenses particularly involving teenagers and youth aged 13 to 24 years. Statistics at Police Narcotics Department indicate that by the end of 2016, police had arrested 2,163 drug users and traffickers. The age range of those arrested was between 14 and 35 years and 95% of them were arrested in Kampala and this is attributed to parental negligence and unemployment.

2.3 Mental Illness

Mental health includes our emotional, psychological and emotional wellbeing. It affects how we think, feel and act. Factors that can contribute to mental health disruptions include; continuous social and economic pressure, childhood adversity, genetic factors.

Mental health can also be de defined as an active state of mind which enables a person to use their abilities in coordination with the common human tenets of society. (According to Galderisi, Heinz, Beezhold, 2015).

Uganda is ranked among the top six countries in Africa in rates of depressive disorders (4.6%; Miller et al, 2020), while 2.9% live with anxiety disorders (WHO 2017). About 5.1% of females and 3.6% of males are affected.

Molodynski et al. (2017) found that Uganda spends 9.8% of its gross domestic product on health care or US\$246 annually per person, but just 1% goes into mental healthcare. The majority of the national mental health funding goes to the national mental health referral hospital, Butabika Hospital. The estimated incidence of mental illness is massive: 35% of Ugandans suffer from mental illness and 15% of Ugandans require treatment. It is likely that the incidence of mental illness and the need for treatment is much higher (Molodynski, Cusack and Nixon, 2017).

Mental illness on the other hand refers to a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Some of the causes of mental illness among the youth include; childhood abuse, trauma or neglect, social isolation, experiencing discrimination or stigma including racism, severe or long-term stress, drug and alcohol misuse, head injury among others.

Some of the underlying effects of mental illness include issues with emotional stability, behavior regulations, relationship difficulties, substance abuse and even physical illness or stigma including racism, severe or long-term stress, drug and alcohol misuse, head injury among others. Some of the underlying effects of mental illness include issues with emotional stability, behavior regulations, relationship difficulties, substance abuse and even physical illness.

Available statistics indicate that there is a high burden of child and adolescent mental health disorders putting depression among secondary school adolescents at 21% and anxiety at 26.6% with rates higher in females (29.7%). Daily Monitor on Thursday, March 10th, 2022 reported that cases of mental health conditions have been on the rise in the country, with reported numbers shooting up from 491,013 in the financial year 2019/2020 to 550,373 in the financial year 2020/2021 according to government statistics.

Mental health issues can not only be caused by drug abuse but also can be triggered by sexuality in that most of the sexual minority youths and people tend to develop mental health issues mainly to discrimination they experience which can lead to depression, stress among others.

2.4 Sexuality

Sexuality simply refers to the emotional, romantic or sexual attraction that a person feels towards another person. Sexual attraction describes a person's desire to have sex or form a sexual relationship with other people. The most common types of sexuality include;

Heterosexual. People that are heterosexual are romantically and physically attracted to members of the opposite sex. Heterosexual males are attracted to heterosexual females and vice versa.

Heterosexuals are also called „straight“. Homosexuals on the other hand refer to people who are romantically and physically attracted to the same sex. Females who are attracted to other females are known as lesbians and males that are attracted to other males are known as gay. The term gay is sometimes used to describe homosexual individuals of either sex.

Bisexual. People that are bisexual are romantically and physically attracted to members of both sexes that is to both members of the same sex and members of the opposite sex. Bisexual doesn't mean that attraction is evenly weighted that is to say a person may have stronger feelings for one gender than the other and this can vary depending on who they meet. Some bisexual school still consider themselves to be mainly straight or gay or they may have sexual feelings towards both genders but only have intercourse with one.

Asexual. People who are asexual may not be interested in sex, but they still feel emotionally close to other people. Asexuality is not a choice like abstinence where someone chooses not to have sex with anyone whether they are attracted to them or not. It's is a sexual orientation just like homosexuality or heterosexuality. Some people feel sexual attraction only after they develop a strong emotional bond with someone and this is known as demisexuality while other people experience asexuality in a range of other ways.

Sexuality is one of the fundamental drives behind everyone's feelings, thoughts and behavior. It defines the means of biological reproduction, describes psychological and sociological representation of self and orientation a person's attraction to others. Furthermore it shapes the brain and body to be pleasure seeking. Some of the factors that may affect sexuality include; age, gender, marital status, race, disability, culture, religion, social circumstances and childhood environment aong others.

2.5 Relationship between Drug Abuse and Mental Health

Individuals that usually tend to misuse drugs usually develop severe mental illnesses for example Juma Matovu was lynched after he reportedly stabbed three people with a knife at Biina in Mutungo, Kampala. The 17-year-old had reportedly developed a sudden mental illness due to drugs. Nakawa division mayor Ronald Balimwezo, says Matovu had earlier been reported for having started using drugs a few days before he's death. He says they were in the process of taking hi to a rehabilitation center. "Matovu had just lost he's mental stability because of drugs. He had been brought to our attention but unfortunately, he was lynched because they did not know he's status. People close to him ad informed us how he had become mentally ill." Mr. Balimwezo explains. (According to the Daily Monitor Thursday, February 15th, 2018- updated on January 12th, 2021- Kampala battling teenage drug abuse).

Alcohol and drug abuse are the biggest contributors to the spike in mental illness across the country for example MPs and Butabika National Referral Mental Hospital staff touring a ward at the facility on Wednesday, 15th September, 2021 Kampala, Uganda, legislatures on the Committee on Health learned that alcohol and drug abuse are the biggest contributors to the spike in mental illness across the country. The Executive Director of Butabika National Referral Mental Hospital, Dr. Juliet Nakku told the MPs touring the facility on Wednesday that most of her patients suffered from mental illness related to substance abuse and depression. „We have an imminent pandemic affecting a lot of our young people stemming from abuse of alcohol and drugs like opium, marijuana, khat and in some instances cocaine," said Nakku. She revealed that the surging cases of mental illness had driven the number of patients at the hospital to over 850 way above its capacity of 550 inpatients. (According to The Independent September 16th, 2021 NEWS- Substance abuse biggest contributor to mental illness).

Most drugs affect the brain's "reward circuit", causing euphoria as well as flooding it with chemical messenger dopamine. A properly functioning reward system motivates a person to repeat behaviors needed to thrive such as eating and spending time with loved ones. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable and unhealthy behaviors like taking drugs, leading people to repeat the behavior over and over again. As the person continues to use the drugs, the brain reduces the ability of the cells in the reward circuit to respond to it. This reduces the high the person felt when first taking the drug an effect known as tolerance. They might take

more of the drug to try and achieve the same high. These brain adaptations often lead to the person becoming less and less able to derive pleasure from other things they once enjoyed like food, sex or social activities. Long term use also causes changes in other brain chemical systems and circuits as well as affecting functions that include; learning, judgement, decision-making, stress, memory and behavior.

Youths with a history of mental health disorders are more likely to develop substance abuse problems than other people. Studies show that 60% of adolescents being treated for substance abuse disorder met diagnostic criteria for other mental illnesses as well.

Furthermore, substance use and addiction can contribute to the development of mental illness in that it can lead to changes in some of the brain areas that are disrupted in other mental disorders such as schizophrenia, anxiety, mood or impulsive control disorders.

Stimulant drugs can also make an individual feel depressed, anxious and paranoid. Cocaine can make previous mental health problems recur and trigger psychosis and schizophrenia. Ecstasy users can experience memory problems while hallucinogenic drugs such as magic mushrooms can make any mental health issues worsen.

2.6 Relationship between Sexuality and Mental Health

In most cases individuals that are either lesbian, gay, bisexual, or queer are more likely to experience mental health concerns and this is because of the stigma, prejudice and discrimination the experience. In a similar way, discrimination and violence experiences by these individuals can result in being excluded from social spaces, higher likelihood of unemployment, avoidance of health care due to not having access to a health care provider because of concerns or because they cannot find a provider who can understand and speak to their needs and hence poor mental health outcomes.

Sexual minority youth are more likely than their sexual majority counterparts to have Any Mental Illness (AMI), and Serious Mental Illness (SMI). Sexual minority youths are also likely to have a Major Depressive Episode (MDE) or have had an MDE with severe impairment compared to their sexual majority counterparts. Sexual minority youths with AMI are more likely to receive mental health services during the past 12 months.

People diagnosed with psychotic disorders often have unmet needs relating to sexuality and intimacy, which impact negatively on recovery and the ability to lead a fulfilling life. Psychosis tends to be a barrier to the expression of sexuality and intimacy(Montejo A.L., Montejo L., Baldwin D.S. The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management. *World Psychiatry*. 2018;17:3–11. doi: 10.1002/wps.20509.)

Most of the sexual minority youths undergo a lot of stress from feeling different which can lead them to feel on guard all the time and they may also be alienated from their friends and families. In addition, they may end up experiencing their own internalized homophobia or transphobia.

Compared to the general population, sexual minority youths are more likely to be diagnosed with a mental health condition such as anxiety, depression and suicidal thoughts. Being a sexual minority, it does not cause mental illness but the ongoing stigma, bullying, abuse and discrimination can. This may lead to issues with work, relationships, finances, housing and everything else.

LGBTQ people have an increased risk of depression, anxiety, substance abuse, homelessness, self-harming and suicidal thoughts compared to the general population. This is particularly true with young LGBTQ people who are coming to terms with their sexuality and experiencing victimisation and bullying at school. Some of the stressful experiences that can affect the mental health of these people include feeling different from other people, being bullied both verbally and physically, feeling pressure to deny or change their sexuality, feeling worried about coming out and being rejected or isolated and feeling unsupported or misunderstood. All these pressures are on top of all the other stuff people have to deal with in life such as managing school, finding a job, forming relationships and making sense of your identity and place in the world.

2.7 Relationship between Sexuality and Drug Abuse

Sexual minority youth are more likely than their sexual majority counterparts to engage in abuse of drugs. In particular, sexual minority youth more likely to use illicit drugs in the past year, to be current cigarette smokers, and to be current alcohol drinkers compared to their sexual majority counterparts. Sexual minority youths are also most likely to have substance use disorders related to their use of alcohol, illicit drugs, marijuana or misuse of pain relievers. Sexual minority youth

are more likely to than their sexual majority counterparts to receive substance use treatment in a facility.

Sexual minority youths are more likely to engage in drug and substance abuse due to the stress they encounter which is specific to their stigmatized identities. They turn tend to turn to use of substances as a method to deal with the stigma, discrimination and minority stress. For example, using marijuana or other drugs to cope with the stress they are undergoing.

Many bars, clubs and restaurants have been seen as safe places for sexual minority youths to socialize and thus smoking, drinking and drug use can be prevalent activities within these environments. The more time these members spend in these environments, the more likely they are to engage in drug and alcohol use and the more often they will do so.

2.8 Hypotheses

1. There is a significant relationship between drug abuse and mental health.
2. There is a significant relationship between drug abuse and sexuality.
3. There is a significant relationship between sexuality and mental health.

Chapter Three

Methodology

3.1 Introduction

This chapter intends to show the data collection method that will be used and how this data will be managed.

3.2 Study Design

Correlational study design was adopted for this study to establish a relationship between drug abuse, mental health and sexually among the youth in Kampala.

3.3 Study Site

The study site comprises of Namuwongo Parish. Most of the youths living in this area usually tend to engage in drug and substance abuse which could be due to a number of reasons one of which may sexuality in that some youths tend to engage in drug and substance abuse as a way of dealing

with the stress and discrimination they face from society as a result of having a different sexuality compared to what is considered as normal and this may in turn cause mental health issues in the long run.

3.4 Study Population

The study population for this research comprised of the youth both male and female aged 18years to 40years in Namuwongo Parish. Where a zone with approximately 400people was used to determine the sample size.

Using Krejcie and Morgan, 1970 table, sample size 196 was determined as the target for the study.

3.4 Sample and Sampling Procedure

Total enumeration of all the youths that participated in this study was carried out so as to know the exact number of participants.

The sampling procedure used included random sampling so that each element in the population has an equal chance of occurring and taking part in the research.

3.5 Instrument for Data Collection for the Study

The instrument used for this study were questionnaires. The questionnaires included both openended and close-ended questions.

The questionnaires were meant to collect information from the youths regarding their mental health, sexually and drug use in the areas of study.

3.6 Validity of the Instrument

To measure the accuracy and strength of study instrument,,s content, a draft questionnaire was pretested among the youth in the slums of Kamwokya which has similar characteristics with the proposed study sites and subjects. The test was carried out and the chosen subjects had the same characteristics with the study participants and site so as to ascertain the ability of the questions to measure the purpose of the study. Necessary corrections were made following the pretest exercise based on the analysis of the result of the pretest and questionnaire was reviewed for content validity by the researcher,,s supervisor.

3.7 Reliability of the Instrument

To ensure reliability, the questionnaires used in pretesting were analyzed using reliability coefficient.

3.8 Data Collection

The validated questionnaires were then used for data collection. The administration of the questionnaires was done by me the researcher. The respondents were reminded not to indicate their names or any means of identity so that no one can be able to trace or link them to any of the responses, this was done to facilitate sincere response from participants. The LC's of the areas of study were informed about the intention to conduct a research about drug abuse, mental health and sexuality among the youths in these areas of study. There after copies of the questionnaire were distributed to the participants and later retrieved after completion.

3.9 Data Analysis

The descriptive data was analysed using frequency distribution tables and percentages while the inferential statistics were analyzed using Pearson Product Correlation Coefficient(r).

3.9 Data Management

All the administered questionnaires were checked by the researcher one by one and edited for the purpose of completeness and accuracy. Serial number were assigned to each question for easy identification and for correct data entry and analysis. The data entered into the computer was subjected to descriptive that is to say mean, median, mode and inferential that is to say Pearson's product moment correlation coefficient statistical analysis. Finally, information obtained was summarized and presented in tables and charts.

3.10 Study Limitations

Language barrier in that the people in the field were comfortable with a certain language for example luganda whereby i was not fluent in and therefore this caused an issue in communication thus making it difficult and the collection of information limited.

Financial difficulties. This was in such a way that the research was costly in terms of transport, food, printing and other additional expenses that arose for example some of the LC'S required to be paid a certain fee before they allowed the research to be carried out in their area.

Chapter Four

Data Analysis

4.1 Introduction

This chapter consists of results and interpretation of the findings in line with the objectives and hypothesis, data is presented in form of frequencies and percentages followed by correlations between drug abuse, sexuality and mental health.

4.2 Descriptive statistics

In this section, the respondents' personal data results are presented in form of frequencies and percentages as shown in the table below;

Table 1:

Personal data for respondents

Variable	Response	Frequency (N)	Percentage
Sex of the respondent	Male	123	62.6
	Female	73	37.2
Age group (years)	18-25	97	49.5
	26-31	52	26.5
	32-36	26	13.3
	37-40	21	10.7
Marital Status	Single	96	49.0
	Engaged	41	20.9
	Married	42	21.4
	Divorced/ separated	17	8.7
Employment status	Student	50	25.5
	Part-time employee	33	16.8

Full-time employee	37	18.9
Self employed	76	38.8

The results in table one show that majority of the respondents were male (62.8%) and the rest were female (37.2), the majority of the respondents were between the age group of 18-25years (49.5%), the majority of the respondents were single (49.0%) and also the majority of the respondents were self-employed (38.8%).

Table 2:

Responses to Drug Abuse

S/N	Item	Percentage of responses (%)	
		Yes	No
1	Have you used drugs other than those required for medical reasons?	74.0	26.0
2	Have you abused prescription drugs?	65.8	34.2
3	Do you abuse more than one drug at a time?	53.6	46.4
4	Can you get through the week without using drugs?	52.0	48.0
5	Are you always able to stop using drugs when you want to?	55.6	44.4
6	Have you had "blackouts" or "flashbacks" as a result of drug use?	48.0	52.0
7	Does your spouse or parent ever complain about your involvement with drugs?	55.1	44.9
8	Has drug abuse created problems between you and your spouse or parents?	47.4	52.6
9	Have you lost friends because of your use of drugs?	43.9	56.1
10	Have you neglected your family because of your use of drugs?	32.1	67.9
11	Do you feel guilty or bad about your use of drugs?	46.9	53.1
12	Have you been in trouble at work because of drug abuse?	39.3	60.7
13	Have you lost your job because of drug abuse?	29.1	70.9
14	Have you gotten in to fights when under the influence of drugs?	55.6	44.4
15	Have you engaged in illegal activities in order to obtain drugs?	36.2	63.8
16	Have you been arrested for possession of drugs?	29.6	70.4

17	Have you ever experienced withdrawal symptoms (fell sick) when you stopped taking drugs?	51.0	49.0
18	Have you had medical problems as a result of drug use (e.g. memory loss, hepatitis, convulsions, bleeding etc.)?	41.3	58.7
19	Have you gone to anyone for help for a drug problem?	43.9	56.1
20	Have you been involved in a treatment program specifically related to drug use?	32.7	67.3

According to the results in table 2, most of the respondents have used drugs other than those required for medical reasons(74.0%),most of the respondents have abused prescription(65.8%),most of the respondents abuse one drug at a time(53.6%),most of the respondents can get through the week without using drugs(52.0%),most of the respondents are able to stop using drugs when they want to(55.6%),most of the respondents have not had blackouts or flashbacks as a result of drug use(52.0%),most of the respondents spouse or parent has ever complained about their involvement with drugs(55.1%),most of the respondents have not had any problems with their spouse or parent due to drug abuse(52.6%),most of the respondents have not lost friends because of their use of drugs(56.1%),most of the respondents have not neglected their family because of their use of drugs(67.9%),most of the respondents do not feel guilty or bad about their use of drugs(53.1%),most of the respondents have not been in trouble at work because of their use of drugs(60.7%),most of the respondents have not lost their jobs because of drug abuse(70.9%),most of the respondents have gotten into fights when under the influence of drugs(55.6%),most of the respondents have not engaged into illegal activities in order to obtain drugs(63.8%),most of the respondent have not been arrested because of possession of drugs(70.4%),most of the respondents have ever experienced withdrawal symptoms(51.0%),most of the respondents have not had medical problems as a result of drug use(58.7%),most of the respondents have not gone to anyone for help for a drug problem(56.1%) and most of the respondents have not been involved in a treatment program specifically related to drug use(67.3%).Overall, majority of the respondents have used drugs other than those required for medical reasons(74.0%) and have not lost jobs because of drug abuse(70.9%).

Table 3:

Responses to Mental Health

S/N	ITEM	Percentage of responses (%)				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	My health is in good condition	23.0	9.7	20.4	23.5	23.5
2	I am able to adapt when changes occur	10.2	20.4	14.8	37.2	17.3
3	I can deal with whatever comes my way	6.1	16.8	23.0	36.7	17.3
4	I think of myself as a strong person when dealing with life's challenges and difficulties	5.1	14.3	16.8	43.4	20.4
5	I feel nervous, anxious or on edge most of the time	14.8	19.4	22.4	25.0	18.4
6	I get so restless that it's hard to sit still	16.3	15.3	15.8	33.2	19.4
7	I usually feel afraid as if something awful might happen	12.8	18.4	18.4	26.5	24.0
8	I have ever been in a serious car accident, or serious accident at work or somewhere else	31.6	14.3	13.3	19.9	20.9
9	Most of the time I have been limited in the kind of work or other activities that I could do as a result of your mental health	17.3	11.7	13.3	36.2	21.4
10	Sometimes I do work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious)	11.7	14.8	13.3	38.8	21.4

11	Sometimes my physical health or emotional problems have interfered with my social activities like visiting friends or relatives	15.3	11.7	12.8	35.2	25.0
12	I am able to handle unpleasant or painful feelings like sadness, fear and anger	12.8	19.9	13.8	35.7	17.9
13	As a child, I was ever physically punished or beaten by a parent, care taker or teacher so that I was very frightened or thought I would be injured or received bruises, cuts welts, lumps or other injuries	15.8	14.8	16.8	24.0	28.6
14	I have experienced the death of some of my children	54.1	12.8	7.1	12.2	13.8
15	I have ever been in a situation in which someone made or pressured me into having some type of unwanted sexual contact	35.2	11.7	7.1	23.0	23.0
16	I have ever witnessed a situation in which someone with whom I was very close to was seriously injured or killed or in which I feared someone would be seriously injured or killed	34.2	9.2	8.7	24.0	24.0
17	I have a close family members or friends who died violently in a serious car crash, mugging or attack	28.6	15.8	16.8	24.0	14.8
18	I have experienced a seriously traumatic event not already covered in any of these questions	19.4	13.8	18.4	23.0	25.5

According to the results in table 3, majority of the respondents strongly disagree that their health is in good condition(23.0%), most of the respondents agree that they are able to adapt when changes

occur(37.2%),majority of the respondents agree that they can deal with whatever comes their way(36.7%),majority of the respondents agree that they think of themselves as strong people when dealing with life’s challenges and difficulties(43.4%),most of the respondents agree that they feel nervous, anxious or on edge most of the time(25.0%),most of the respondents agree that they get so restless that its hard to sit still(33.2%),most of the respondents agree that they usually feel afraid as if something awful might happen(26.5%),most of the respondents strongly disagree that they have ever been in a serious car accident or serious accident at work or somewhere else(31.6%),majority of the respondents agree that most of the time they have been limited in the kind of work other activities that they could do as a result of their mental health(36.2%),most of the respondents agree that sometimes they do work or other activities less carefully than usual as a result of any emotional problems(38.8%),majority of the respondents agree that sometimes their physical health or emotional problems have interfered with their social activities(35.2%),most of the respondent agree that they are able to handle unpleasant or painful feelings(35.7%),most of the respondents strongly agree that they have ever been physically punished or beaten during their childhood age by a parent, care taker or teacher so that they would be frightened (28.6%),most of the respondents strongly disagree that they have experienced the death of their children(54.1%),most of the respondents strongly disagree that they have ever been in a situation in which someone made or pressured them into having some unwanted sexual contact(35.2%),most of the respondents have ever witnessed a situation in which someone they were very close to was injured(34.2%),most of the respondents strongly disagree that they have a close family member or relative who died violently in a serious car crush(28.6%) and most of the respondents strongly agree that they have experienced a seriously traumatic event not already covered in any of these questions(25.5%).Overall, most of the respondents strongly disagree that they have experienced the death of their children(54.1%).

Table 4:

Responses to Sexuality

S/N	ITEM	Percentage of responses (%)
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		Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
1	I consider myself open when talking about sex	27.0	10.2	10.2	24.0	28.6
2	When talking with people, I anticipate I will be comfortable talking about their sexuality and sexual practices	21.4	17.3	14.8	24.5	21.9
3	I believe it's important to talk to physician about sexuality or sexual practices	13.3	14.3	17.3	26.5	28.6
4	I have ever experienced trauma related to sexuality, e.g. sexual abuse or assault	36.7	16.8	15.3	19.9	11.2
5	I have ever experienced discrimination or stigma related to your sexuality	38.8	18.9	17.9	13.8	10.7
6	I have experienced negative emotional or psychological effects related to my sexuality e.g. anxiety or depression	36.2	18.4	14.8	15.8	14.8
7	I have ever felt shame or guilt related to my sexuality	33.2	21.9	10.7	21.4	12.8
8	I have ever experienced conflicts in my relationships due to my sexuality	33.2	21.4	14.3	20.9	10.2
9	I have experienced suicidal thoughts or behaviors related to my sexuality	47.4	11.7	10.2	19.9	12.2
10	I sometimes feel isolated or alone due to my sexuality	34.7	24.0	9.2	17.3	9.7

11	I have ever received counselling or therapy related to my sexuality	33.7	23.5	10.2	16.8	15.8
12	I have ever used drugs or alcohol to cope with the discrimination and stigma I face because of my sexuality	37.2	15.3	9.2	25.0	13.3
13	I have ever used drugs or alcohol to numb emotional pain related to sexual trauma or abuse	33.2	18.4	8.2	23.5	16.8
14	At this point in my life, I have wished there were some place confidential and knowledgeable where I could discuss my feelings about sexuality	16.8	13.8	16.8	25.5	27.0

According to the results in table 4, most respondents strongly agree that they consider themselves open when talking about sex(28.6%), majority of the respondents agree that when talking with people, they anticipate that they will be comfortable talking about their sexuality and sexual practices(24.5%), most of the respondents strongly agree that they believe it's important to talk to physician about sexuality or sexual practices(28.6%), majority of the respondents strongly disagree that they have ever experienced trauma related to sexuality(36.7%), majority of the respondents strongly disagree that they have ever experienced discrimination or stigma related to their sexuality(38.8%), most of the respondents strongly disagree that they have experienced negative emotional or psychological effects related to their sexuality(36.2%), most of the respondents strongly disagree that they have ever felt shame or guilt related to their sexuality(33.2%), most of the respondents strongly disagree that they have ever experienced conflicts in their relationships due to their sexuality(33.2%), majority of the respondents strongly disagree that they have experienced suicidal thoughts or behaviors related to their sexuality(47.4%), most of the respondents strongly disagree that they sometimes feel isolated or alone due to their sexuality(34.7%), majority of the respondents strongly disagree that they have ever received counselling or therapy related to their sexuality(33.7%), most of the respondents strongly disagree that they have ever used drugs or alcohol to cope with the discrimination and stigma they face

because of their sexuality(37.2%),most of the respondents strongly disagree that they have ever used drugs or alcohol to numb emotional pain related to sexual trauma or abuse(33.2%) and majority of the respondents strongly agree that at that point in their lives, they wish there were some places confidential and knowledgeable where they could discuss their feelings about sexuality(27.0%).Overall, most of the respondents strongly disagree that they have experienced suicidal thoughts or behaviors related to their sexuality(47.4%).

4.3 Inferential statistics

The tables below present Pearson’s Product Moment Correlation Coefficient of the relationship between Drug Abuse, Mental Health and Sexuality.

Table 5:

Correlation of Drug abuse and mental health

Correlations			
		Drug abuse	Mental health
Drug abuse	Pearson Correlation	1	-.203**
	Sig. (2-tailed)		.004
	N	196	196
Mental health	Pearson Correlation	-.203**	1
	Sig. (2-tailed)	.004	
	N	196	196

** . Correlation is significant at the 0.01 level (2-tailed).

The results in table 5 show that there is a negative weak statistically significant relationship between drug abuse and mental health ($r = -0.203^{**}$, $p < 0.01$). Since the p value (0.04) is less than the level of significance we reject the null hypothesis and conclude that drug abuse can affect someone’s mental health. This implies that as the level of someone’s drug abuse increases, the

effect on their mental health increases relatively while as the level of someone's drug abuse decreases, the effect on their mental health decreases relatively.

Table 6:

Correlation of drug abuse and sexuality

Correlation			
		Drug abuse	Sexuality
DRUG ABUSE	Pearson correlation	1	-.151*
	Sig. (2 tailed)		.035
	N	196	196
SEXUALITY	Pearson correlation	-.151*	1
	Sig. (2 tailed)	.035	
	N	196	196

*. Correlation is significant at the 0.05 level (2-tailed).

The results in table 6 show that there is a negative weak statistical significant relationship between drug abuse and sexuality ($r = -0.151^*$, $p < 0.05$). Since the p value (0.035) is less than the level of significance (0.05) we reject the null hypothesis and conclude that drug abuse can affect someone's sexuality. This implies that as someone's level of drug abuse increases, the effect on their sexuality also increases while as someone's level of drug abuse decreases, the effect on their sexuality also decreases.

Table 7:

Correlation of mental health and sexuality

Correlation

		Mental health	Sexuality
MENTAL HEALTH	Pearson correlation	1	.391**
	Sig. (2 tailed)		.000
	N	196	196
SEXUALITY	Pearson correlation	.391**	1
	Sig. (2 tailed)	.000	
	N	196	196

** . Correlation is significant at the 0.01 level (2-tailed).

The results in table 7 show that there is a positive weak statistical significant relationship between mental health and sexuality ($r=0.391^{**}$, $p<0.01$). Since the p value (0.000) is less than the level of significance (0.01) we reject the null hypothesis and conclude that mental health can affect someone's sexuality. This implies that as the level of someone's mental health increases, the effect on their sexuality also increases while as the level of their mental health decreases, the effect on their sexuality also decreases.

Table 8:

Multiple regression analysis for Drug abuse, mental health and Sexuality

Independent variable	Unstandardized coefficients		Standardized coefficients	T	Sig.	R squared	Adjusted R squared	F	Sig.
	B	Std error	Beta						
(constant)	1.824	0.096		18.92	0.000	0.047	0.037	4.789	0.009
Mental health	-0.072	0.032	-0.170	-2.231	0.027				

Sexuality	-0.023	0.021	-0.084	- 1.1024	0.272				
a. Dependent variable: Overall Drug Abuse									

The results in table 8 indicate that 478.9% of the variation in the respondent's drug abuse could be attributed to independent attributes of mental health ($p=0.027$, $Beta=-0.170$, $T=-2.231$) and Sexuality ($P=0.272$, $Beta=-0.084$, $T=-1.102$). Both mental health and sexuality were not statistically significant predictions of drug abuse implying that the respondents with high mental health and sexuality can avoid drugs.

Chapter Five

Discussion, Conclusion And Recommendations

5.1 Introduction

The purpose of the study was to examine the relationship between drug abuse, mental health and sexuality.

This chapter provides a discussion of the findings recommendations and conclusions.

Research questions

The study was guided by some of the following questions

- Have you used drugs other than those required for medical reasons?
- Do you abuse more than one drug at a time?
- Can you get through the week without using drugs?
- My health is good.
- I am able to adapt when changes occur
- I can deal with whatever comes my way
- I consider myself open when talking about sex
- I believe it is important to talk to a physician about sexuality or sexual practices.

Methodology

The study utilized qualitative inquiry specifically descriptive cross sectional design to examine the relationship between drug abuse, mental health and sexuality among the youths of Katanga and Namuwongo slums. I used qualitative research through the use of questionnaires where the participants filled them in.

Participants

The study included 196 participants. Additional information regarding the participants is provided below;

- Males were 123 with 62.8%.
- Females were 72 with 37.2%
- Majority of the respondents were between ages 18-25 with a frequency of 97 (49.5%)
- Most of the respondents were single 49.0%
- Majority were self-employed 38.8%

5.2 Discussion

The discussion below was based on the objectives of the study.

Objectives of the study included;

1. To find out the relationship between mental health and sexuality.
2. To find out the relationship between drug abuse, mental health.
3. To find out the relationship between drug abuse and sexuality.

1. Relationship between mental health and sexuality.

The findings showed that there is a positive weak statistical significant relationship between mental health and sexuality. Since the p value is less than the level of significance(0.01) therefore I rejected the null hypothesis. People diagnosed with psychotic disorders often have unmet needs relating to sexuality and intimacy, which impact negatively on recovery and the ability to lead a fulfilling life. Psychosis tends to be a barrier to the expression of sexuality and intimacy(Montejo A.L., Montejo

L., Baldwin D.S. The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management. *World Psychiatry*. 2018;17:3–11. doi: 10.1002/wps.20509.)

The stigma, prejudice, and discrimination the LGBTQI2S+ people experience both in their daily lives and when they go to the doctor result in higher rates of depression, anxiety, obsessive compulsive and phobic disorders, suicidal thoughts and acts, self-harm, alcohol and drug dependence. These impacts can be worse if people also face discrimination because of their race, class, ethnicity, or disability. <https://www.actioncanadashr.org/sexual-health-hub/connections-between-mental-and-sexual-health>

Having any particular sexual orientation does not mean you have a mental health problem. But the experiences you have because of your sexuality can impact your mental health. Sometimes, people are bullied, treated differently or badly because of their sexuality. You might be made to feel different from those around you, or might have friends or family who don't understand or support your sexuality.

Society may treat you differently, not understand your sexuality, or not accept it. There may be places where you don't feel safe or comfortable. These are all experiences or feelings that can leave you feeling upset, worried or isolated.

Sexual minority youth are more likely than their sexual majority counterparts to have Any Mental Illness (AMI), and Serious Mental Illness (SMI). Sexual minority youths are also likely to have a Major Depressive Episode (MDE) or have had an MDE with severe impairment compared to their sexual majority counterparts. Sexual minority youths with AMI are more likely to receive mental health services during the past 12 months

Personally, I see that sexuality can impact on ones mental health in a sense that if one is gay or bisexual, they are likely to be stigmatized in society and this would result in depression, anxieties and many more mental disorders.

2. To find out the relationship between drug abuse and mental health.

There is a significant relationship between drug abuse and mental health as it was analyzed in the data since the P value was less than the level of significance. It implies that as the level of someone's drug abuse increases, the effect on their mental increases.

The individuals that tend to misuse drugs usually develop severe mental illnesses for example Juma Matovu was lynched after he reportedly stabbed three people with a knife at Biina Mutungo, Kampala. The 17 year old had reportedly developed a sudden mental illness due to drugs.

Ronald Balimwezo, the Nakawa division mayor said that Matovu had earlier been reported for having started to use drugs a few days before his death. He added that Matovu had just lost his mental Stability because of drugs.

Personally, I agree that drug abuse can affect one's mental health. Since drugs tend to alter one's mind and that is why we see that people who misuse drugs tend to have a low reasoning and thinking capacity, develop seizures, depression and anxieties.

The results from the data analysis showed that there was a negative weak statistically significant relationship between drug abuse and mental health ($r=0.203$, $p<0.01$) and so since the p value (0.04) is less than the level of significance, we reject the null hypothesis and conclude that drug abuse can affect someone's mental health.

The findings are in line with what the executive Director of Butabika National Referral Mental Hospital, Dr. Juliet Nakku told the Mps who toured the facility that most of her patients suffered from mental illness related to substance abuse Drake, Mecer-Mcfadden, Mueser, McHugo and Bond (1998) assert that an integrated approach is not only necessary but crucial to treat both the drug addiction and mental illness concurrently.

Mueser Drake and Wallach (1998) contend individuals suffering from mental illness are at an increased risk for substance abuse.

3. To find out the relationship between drug abuse and sexuality.

The results from the analysis showed that there was a negative weak statistical significant relationship between drug abuse and sexuality ($r = 0.151$, $P<0.05$) since the P value (0.035) is less than the level off significance (0.05) we rejected the null hypothesis and concluded that drug abuse

can affect one's sexuality. It implies that as someone's level of drug abuse decreases, the effect on their sexuality also decreases.

To a point that also one's sexuality also onsets drug abuse in a sense that the sexual minority that gay people, bisexuals as a result of stigma and discrimination, resort to drug misuse for comfort

In many cases, these opportunities or behaviors are often linked. Where alcohol is offered, often so are illicit drugs like marijuana. When drugs are available to adolescents, usually alcohol is also easy to get. At parties where drugs and/or alcohol are present, unsupervised adolescents tend to engage in risky sexual behaviors, too.

Teens who drink or use drugs are much more likely to partake in risky sexual behaviors than their non-using peers. Despite the negative consequences, they are more likely to have sexual intercourse at younger ages and to have it with multiple partners. Teens under age 15 who have used drugs, for example, are almost four times as likely to have had sex as those who had never used drugs. Drug-using teenagers over age 15 are five times likelier to have sexual intercourse and three times likelier to have it with four or more partners during their adolescence. <https://www.turnbridge.com/news-e> High-risk behaviors stretch beyond plain drug use and sex.

Healthy Women reports that teens who partake in prescription drug abuse are:

- 26 percent more likely to be currently sexually active
- 14 percent more likely to not use protection during sex
- 32 percent more likely to use drugs or alcohol before they have sex
- 45 percent more likely to have four plus previous sexual partners

It can be concluded that there is a significant relationship between drug abuse and sexuality.

5.3 Conclusion

The findings of the study showed that there was a significant relationship between drug abuse and mental health the results showed positive correlations which means that the more youths engage in drug abuse, the more chances of developing mental disorders.

The study findings also showed that there was a significant relationship between drug abuse and sexuality. The results showed a negative correlation which means that the negative correlation which means that the more youths engages in drug abuse, the less I affect their sexuality.

Finally, the study findings showed a significant relationship between mental health and sexuality. The results showed a positive significant relationship between mental health and sexuality which implies that as the level of someone's mental health increases the effect on their sexuality also increases while as the level of their mental health decreases, the effect on their sexuality also decreases.

Drug abuse is one of the most common factor affecting youths in Uganda today with less attention against its associated negative effects in the societies.

Therefore, if the government does not put strict measures against drug misuse, the levels of people with mental health disorders is likely to increase.

5.4 Recommendations

Basing on the findings of the study, I would recommend that counseling services should be set up in the communities to help individuals battling with drug misuse and addiction

Basing on the findings, I would recommend for the development of culturally appropriate drug abuse prevention programs as culture has been found to play an important role in determining the risk and protective factors for drugs.

Since it is revealed from the study that drug abuse is related to some clinical variables and psychological wellbeing highlights the importance of mental health among young adults. As such the Psychological Well-Being Scale can perhaps, in future research be used to identify those adolescents who have low psychological well-being levels and thus who are at a greater risk of developing drug abuse problems and associated disorders. The vicious tension-reduction circle of psychological problems leading to drug use and then further psychological deterioration needs to be stopped at an early point. Since majority sampled for this 71 study were young adult thus, awareness should be made of the higher risks they face in developing substance abuse behavior. The knowledge about drug use should be given to them and the devastating consequences involved as a result should be highlighted.

Costs related to substance abuse are on the increase as reflected by the increasing need for young adult treatment services. The costs involved in these services are massive and they place an immense burden on the country's health system and economy. The results of this study would suggest that apart from the essential programs targeted at preventing drug abuse, there should be programs aimed at identifying and then advising adolescents who have negative life events and little help from relative and family. this would possibly be an effective method of decreasing drug abuse

I would recommend that mental health services should be integrated in primary health care settings so that everyone can access the services so as to reduce on the likelihood of developing mental health disorders

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Appendices

Appendix I:

Questionnaires

Introduction.

Dear respondents, this questionnaire is seeks to measure the relationship between drug abuse, sexuality and mental health and all your responses will be treated with confidentiality. I kindly request for your full cooperation and that you answer with honesty. THANK YOU.

Section A: Personal Information (tick what applies to you)

NO	ITEM	CATEGORY	
1	Sex	Male	Female
2	Age	18- 25 Years	32- 36 Years
		26- 31 Years	37- 40 Years
3	Marital Status	Single	Engaged
		Married	Divorced/ Separated
4	Employment Status	Student	Part-Time Employee
		Full-Time Employee	Self Employed

Section B: Drug Abuse (tick the most appropriate)

NO.	QUESTION	RESPONSE	
		YES	NO
1	Have you used drugs other than those required for medical reasons?		

2	Have you abused prescription drugs?		
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3	Do you abuse more than one drug at a time?		
4	Can u get through the week without using drugs?		
5	Are you always able to stop using drugs when you want to?		
6	Have you had “blackouts” or “flashbacks” as a result of drug use?		
7	Does your spouse (or parent) ever complain about your involvement with drugs?		
8	Has drug abuse created problems between you and your spouse or your parents?		
9	Have you lost friends because of your use of drugs?		
10	Have you neglected your family because of your use of drugs?		
11	Do you feel guilty or bad about your drug use?		
12	Have you been in trouble at work because of drug abuse?		
13	Have you lost your job because of drug abuse?		
14	Have you gotten into fights when under the influence of drugs?		
15	Have you engaged in illegal activities in order to obtain drugs?		
16	Have you been arrested for possession of illegal drugs?		

17	Have you ever experienced withdrawal symptoms (fell sick) when you stopped taking drugs?		
18	Have you had medical problems as a result of drug use (e.g memory loss, hepatitis, convulsions, bleeding etc)?		
19	Have you gone to anyone for help for a drug problem?		
20	Have you been involved in a treatment program specifically related to drug use?		

Section C: Mental Health

(Circle or tick the most appropriate)

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

NO	ITEM	RESPONSE				
		1	2	3	4	5
1	My health is in good condition					
2	I am able to adapt when changes occur					
3	I can deal with whatever comes my way					
4	I think of myself as a strong person when dealing with life's challenges and difficulties					
5	I feel nervous, anxious or on edge most of the time					
6	I get so restless that it's hard to sit still					
7	I usually feel afraid as if something awful might happen					

8	I have ever been in a serious car accident, or serious accident at work or somewhere else	1	2	3	4	5
9	Most of the time I have been limited in the kind of work or other activities that I could do as a result of your mental health	1	2	3	4	5
10	Sometimes I do work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious)	1	2	3	4	5
11	Sometimes my physical health or emotional problems have interfered with my social activities like visiting friends or relatives	1	2	3	4	5
12	I am able to handle unpleasant or painful feelings like sadness, fear and anger	1	2	3	4	5
13	As a child, i was ever physically punished or beaten by a parent, care taker or teacher so that I was very frightened or thought I would be injured or received bruises, cuts welts, lumps or other injuries	1	2	3	4	5
14	I have experienced the death of some of my children	1	2	3	4	5
15	I have ever been in a situation in which someone made or pressured me into having some type of unwanted sexual contact	1	2	3	4	5
16	I have ever witnessed a situation in which someone with whom i was very close to was seriously injured or killed or in which I feared someone would be seriously injured or killed	1	2	3	4	5
17	I have a close family members or friends who died violently in a serious car crush, mugging or attack	1	2	3	4	5
18	I have experienced a seriously traumatic event not already covered in any of these questions	1	2	3	4	5

Section D: Sexuality (tick the appropriate)

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

NO	ITEM	RESPONSE				
1	I consider myself open when talking about sex	1	2	3	4	5
2	When talking with people, I anticipate I will be comfortable talking about their sexuality and sexual practices	1	2	3	4	5
3	I believe it's important to talk to physician about sexuality or sexual practices	1	2	3	4	5
4	I have ever experienced trauma related to sexuality, e.g. sexual abuse or assault	1	2	3	4	5
5	I have ever experienced discrimination or stigma related to your sexuality	1	2	3	4	5
6	I have experienced negative emotional or psychological effects related to my sexuality e.g. anxiety or depression	1	2	3	4	5
7	I have ever felt shame or guilt related to my sexuality	1	2	3	4	5
8	I have ever experienced conflicts in my relationships due to my sexuality	1	2	3	4	5
9	I have experienced suicidal thoughts or behaviors related to my sexuality	1	2	3	4	5
10	I sometimes feel isolated or alone due to my sexuality	1	2	3	4	5
11	I have ever received counselling or therapy related to my sexuality	1	2	3	4	5
12	I have ever used drugs or alcohol to cope with the discrimination and stigma I face because of my sexuality	1	2	3	4	5
13	I have ever used drugs or alcohol to numb emotional pain related to sexual trauma or abuse	1	2	3	4	5

14	At this point in my life, I have wished there were some place confidential and knowledgeable where I could discuss my feelings about sexuality	1	2	3	4	5
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Appendix**II: Time Schedule**

ACTIVITY	TIME
Proposal Writing	NOVEMBER 2022- FEBRUARY 2023
Data Collection	MARCH–MAY 2023
Dissertation Writing	JUNE- JULY 2023
Submission	AUGUST, 2023

Appendix**III: Budget**

ITEM	AMOUNT
Data Collection	Shs. 60,000
Transport	Shs. 60,000
Stationary	Shs. 30,000
Internet Usage	Shs. 40,000
Printing	Shs. 45,000
Miscellaneous	Shs. 20,000
Total	Shs. 255,000

Appendix

IV: Sample Size Determination Table.

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Appendix

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970