

**KNOWLEDGE AND ATTITUDE ON DRUG ABUSE AMONG AGE
GROUP OF 15 TO 45 IN CAPITAL CITY OF MALDIVES**

AISHATH NOORA

THE MALDIVES NATIONAL UNIVERSITY

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KNOWLEDGE AND ATTITUDE ON DRUG ABUSE AMONG AGE GROUP OF 15 TO 45
IN CAPITAL CITY OF MALDIVES

AISHATH NOORA

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ABSTARCT

Drug abuse executes around 200,000 individuals worldwide every year, as per another United Nations (UN) report. Worldwide treatment for drug abuse would cost \$250 billion every year if everybody who required help got legitimate consideration, as per the UN. This research is a descriptive cross sectional study. Total of 208 participated in this research and it was randomly collected from Male' City. Duration for this study was from August to November which is 3 months period. According to the first drug survey done in Maldives, it shows that the present drug use prevalence, including the use of alcohol, in the capital city Male' is 6.64 for every cent. Altogether, there are an expected 7,500 drug users in the Maldives. The greater part of drug users are youngsters in the 15-24 age. Data was collected using a questionnaire and analyzed using SPSS version of 20.0. This study will be valuable in light of the fact that up to today Maldives is challenging this particularly for the adolescents in the community in the Maldives. The result of this study has shown that majority (90.4%) of the participants are well aware of the drugs and (87.3%) knows the different types of drugs and (77%) agreed that peer pressure was the main reasons for abusing drugs. By this research it was found that this matter can be minimized by giving awareness to the public and other related organizations and by implementing strong laws and policies towards drug abuse.

Key Words: Drug Abuse, Knowledge, Attitude, Maldives, Health

DECLARATION

Name: Aishath Noora

Student Number: 000030729

I hereby declare that this project is the result of my own work, except for quotations and summaries which have been duly acknowledged.

Signature:

Date:

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LIST OF ABBREVIATIONS

(ASEAN)- Association of South East Asian Nation

(DRC) - Drug Rehabilitation Centre

(FASHAN) - Foundation for Advancement of Self Help in Attaining Needs

(HIV)- Human Immunodeficiency Virus

(INCB) – International Narcotics Control Bureau

(KAP)- Knowledge, Attitude, Practice.

(NGOs)- Non-Governmental Organizations

(NHRC) - National Health Research Committee

(SPSS) - Statistical Package for the Social Sciences.

(UNICEF)- United Nation Children’s Fund

(UNODC)- United Nations Office on Drugs and Crime

(WHO) – World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background to the study

Psychoactive substance use represents a critical danger to the health, social and monetary fabric of families, groups and countries. The degree of overall psychoactive substance use is assessed at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users (World Health Organization , 2016).

In an initial estimate of factors responsible for the global burden of disease, tobacco, alcohol and illicit drugs contributed together 12.4% of all deaths worldwide in the year 2000 reference (World Health Organization , 2016). Looking at the rate of aggregate years of life lost because of these substances, it has been evaluated that they represent 8.9% (World Health Organization , 2016).

Drug abuse executes around 200,000 individuals worldwide every year, as per another United Nations (UN) report (Drug-Free Kids, 2012). Worldwide treatment for drug abuse would cost \$250 billion every year if everybody who required help got legitimate consideration, as per the UN (Drug-Free Kids, 2012).

The Executive Director of the UN Office on Drugs and Crime, Yury Fedotov, said in a news that “Heroin, cocaine and different drugs keep on killing around 200,000 individuals a year, shattering families and conveying wretchedness to a many other

Individuals, insecurity and the spread of HIV," He also included that as creating nations imitate industrialized countries' lifestyle, it is likely that drug abuse will increment (Drug-Free Kids, 2012).

Numerous young people in this disconnected nation of islands in the Indian Ocean, which lives off its exceptional, characteristic excellence, have swung to an existence of dangerous dependence that undermines society. Drug compulsion touches about each family and is a major stress. Under the present laws, drug clients can confront up to 25 years in jail. Former Minister of Health Dr. Aiminath Jameel says that adjustments in the laws will soon be tabled in Parliament with the goal that addicts are dealt with therapeutically, rather than criminal (United Nations Children's Fund (UNICEF), 2009).

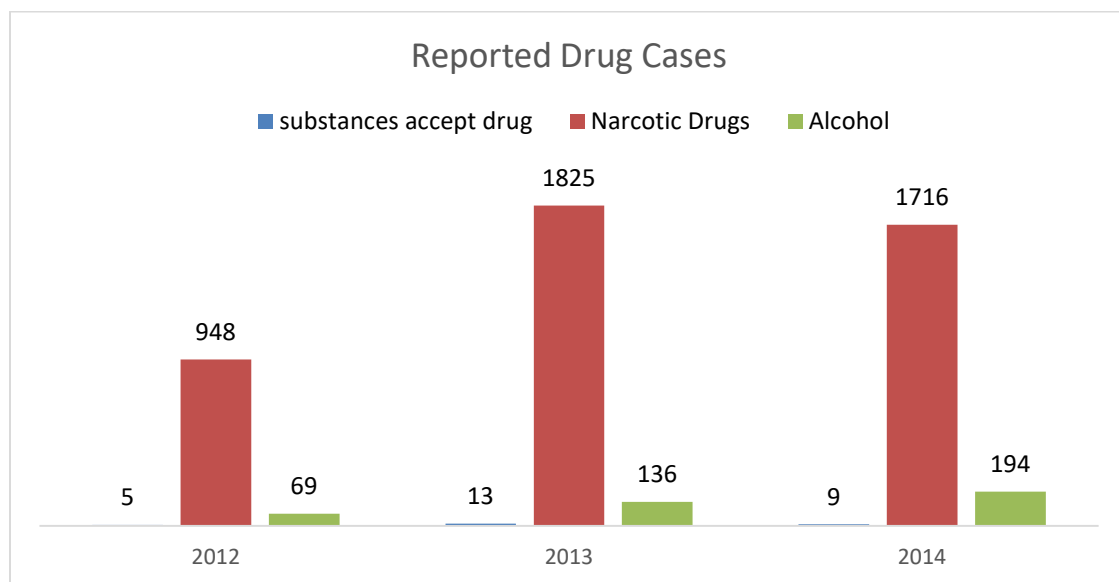
According to the first drug survey done in Maldives, it shows that the present drug use prevalence, including the use of alcohol, in the capital city Male' is 6.64 for every cent. Altogether, there are an expected 7,500 drug users in the Maldives. (United Nations Office on Drugs and Crime , 2013) The greater part of drug users are youngsters in the 15-24 age (United Nations Office on Drugs and Crime , 2013).The survey is based on the number of current drug users and hence, the drug use prevalence in the country. It has also studied knowledge, attitudes and perceptions in the community regarding the drug problem.

1.2 Problem statement and Justification

According to Census 2014 the population of Male' was 153904 which include both local and foreigners. And the population between age of 15-45 was 76469 (Census

Preliminary, 2015) According to Maldives Police Service crime statistics of the year 2016, there have been 1981 cases of drug abuse recorded to the recent date (Maldives Police Services, 2016).“ Kushuge thafaas Hisaabu by annual 2014” a statistic book published by Maldives Police Service has stated that drug abuse is the second most crime in the country. Also they stated that drug abuse rate was high in 2014 compare to 2012 statistics. That is 87.8% increment in rate (Aroosha, 2014).

Figure 1: Drug cases reported from 2102 to 2104 (Maldives Police Service, 2016)



Source: Maldives Police Service 2016

Studies done on the abuse of alcohol and drugs in South Asian countries have revealed that heroin misuse has spread further in Asia, both socially and topographically, including such nations as India and Sri Lanka (National Institute on Drug Abuse, 2009). Same studies also have shown that the abuse of made psychotropic substances has been expanding and that heroin addicts switch to these substances when heroin is hard to discover. Misuse of alcohol and drug use is an overall issue. In nations of the South Asian

countries including Bangladesh, Bhutan, India, Nepal, and Sri Lanka, the drug use generally abused are heroin, cannabis, opium, and drug preparations. (National Institute on Drug Abuse, 2009) Alcohol and drug abuse cause stress in a family and channel national resource (National Institute on Drug Abuse, 2009).

Drug abuse is no less regular among the Southeast Asian population in different parts of the world. In the course of recent decades there has been an expanding pattern towards drug use, regularly including experimentation with more than one substance, among youth all through school. In simply the northern part of Vietnam, 43.5 percent of intravenous drug users were overdose survivors (Drug Rates, Addiction and Policy in Southeast Asia, 2013) Drug abuse is defined as the diligent abuse of an unlawful substance even when the aftereffects of such practices deliver negative results, for example, legitimate consequences, sickness or family issues (Drug Rates, Addiction and Policy in Southeast Asia, 2013)

1.3 purpose of the study

To assess the Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives.

1.4 Objectives of study

To assess the Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives.

1.4.1 General Objective

To assess the Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives.

1.4.2 Specific Objectives

1. To assess the Knowledge on drug abuse among age group of 15 to 45 in Capital city of Maldives.
2. To assess the Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives.

1.5 Research question

1. What is the Knowledge on drug abuse among age group of 15 to 45 in Capital city of Maldives?
2. What is the Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives?

1.6 Significance

This study is being done to identify the importance of the effects of drug abuse for the country of Maldives. In comparison to other countries which are states of the Association of South East Asian Nations (ASEAN), such as Thailand who are experiencing a significance increase in drug abuse and are implementing harsh law enforcements against illicit drug trafficking, financial crimes and alien smuggling, (Centre, 2015) whereas Maldives stands in its early stages and take preventive measures instead of opting for those measures.

1.7 Delimitation / Scope of the study

This survey applies to the capital city of Maldives, Male' and this includes all the areas within the city. It is a limitation of this research that the target population taken would represent only in Male', as a large part of the population as well as diversity can be

observed in Male'. The literature review done for the study will be limited to those which focuses on Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives. The randomness and selection of community from Male' makes this study a good representative of the situation in Maldives. The study results will not have any significant changes if applied to a different sample at a different setting. However, it is to be noted that if this study were to be applied to other atolls within Maldives different results may be applied as there are difference in levels of awareness about drug abuse.

1.8 Definition of Terms

Drugs- a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

Cultivation- the planting, tending, improving, or harvesting of crops or plants

Smuggling- move (goods) illegally into or out of a country.

Drug Trafficking- pharmaceutical and Chemical Development and Production

Psychotropic medication - Any medication capable of affecting the mind, emotions, and behavior.

Illegal-contrary to or forbidden by law, especially criminal law.

Cross sectional- It is an observational study that involves the analysis of data collected from a population one specific point in time

Rehabilitation - to restore to a condition of good health, ability to work, or the like.

CHAPTER 2

REVIEW OF LITERARURE

An even but unacceptably large number of drug users worldwide continue to lose their lives rashly, which according to the United Nations Office on Drugs and Crime (UNODC) Chief, with an estimated 187,100 drug-related deaths in 2013 (United Nations Office on Drugs and Crime, 2015). Drug use consistency is steady around the world, according to the 2015 World Drug report of the United Nations Office on Drugs and Crime (United Nations Office on Drugs and Crime, 2015).

According to the research released by Australian researchers, the first statistics report based on the worldwide addiction statistics states that 240 million people around the world are reliant on alcohol, more than a billion people smoke whilst almost about 15 million people inject drugs into themselves such as heroin (World Drug Report 2016, 2016). In the same research it is believed that 1 in 20 adults, or a quarter of a billion people of the age group 15 to 64 years, used at least one drug in 2014 (World Drug Report 2016, 2016). It is estimated that nearly 12 percent of the total number of drug abusers, or over 29 million people are assessed to suffer from drug abuse disorders (World Drug Report 2016, 2016).

Cannabis continues to be the world's most commonly used drug, with an estimated 183 million people to have used the drug in 2014, and amphetamines keep on being the second most widely used drug. With a probable 33 million users, the usage of opiates and

prescription opioids may not be used as much as cannabis, however opioids remain as a major drug of potential harm and of health consequence (World Drug Report 2016, 2016).

According to the ASEAN Secretary General Le Luong Minh, in the 3rd ASEAN Ministerial Meeting held on Jakarta, that the law must ensure that their responses to drug trafficking are equally innovative, equally prompt to adapt to changing and challenging circumstances as organized criminal groups and drug traffickers are taking on a more worldwide perspective in their operations (Birch, 2015).

During the meeting on drug matters in December 2014, ASEAN ministers settled on the need for a new standard to manage the danger of drugs, with a new strategy that balances the rehabilitation and prevention altogether and law enforcement on the other (Birch, 2015).

In 2011, the International Narcotics Control Board (INCB) categorized the usage of opioids analgesics in all ASEAN countries as 'inadequate' whilst in seven out of the ten ASEAN countries it was considered 'very inadequate'. A 2013 study published in the journal *Annals of Oncology* acknowledged several regulatory barriers in ASEAN countries, such as cost and multiple restrictions on supplying prescriptions (Birch, 2015).

Among all ASEAN countries, only thirty-two countries in the world retain the death penalty for drug smuggling, and seven of those countries routinely execute drug offenders. Amongst them, four are Vietnam, Malaysia, Singapore and Indonesia which are ASEAN member states (Birch, 2015).

Moreover all of the ASEAN member states holds a high record for drug abuse as opposed to other member states such as France, Spain, Argentina, Egypt and Australia. In an objectionable effort to cleanse the country of drugs, it is estimated by the Human Rights Watch that Thailand’s government carried out amongst 2800 extrajudicial killings in 2003 alone (Semuel, 2014).

Since 2006, Myanmar being the world’s second largest producer of opium has experienced a tripled effect in its growth. In the growing regions, towns are experiencing a large number of addicts using heroine openly (Semuel, 2014). At the same time, drugs such as methamphetamine and other similar drugs are spreading swiftly. Once deemed as a transit point, Southeast Asia now holds labs and huge domestic market for drugs. Between 2009 and 2013, more than 50% of the foreigners arrested in Lagos in the possession of amphetamine-type were found to be from Southeast Asia (Semuel, 2014).

According to the information received from Maldives Police Services website, the number of drug abuse cases reported increased from 2008 to 2016. It is the second highest crime in the country after robbery (Aroosha, 2014). Here is a data on rate of drug abuse which increases year by year.

Table 1: Crime rates in Maldives 2016 by Maldives Police Service.

	2008	2009	2010	2011	2012	2013	2014	2015	2016
DRUGS	2495	2366	1617	1823	2533	3965	3137	2079	1567

Source: (Maldives Police Services, 2016) year: 2016

Above mentioned table shows that drug abuse cases were increasing year by year yet some decrements are seen in between the years. But there isn't huge decrements in the following years.

In Maldives, the first case of the drug issue came in 1977 when an individual was captured with 350 grams of hashish (National Drug Agency, 2014). Therefore, the first main administrative demonstration of the Maldives managing opiate drugs and psychotropic substances (Law No 17/77 - The Law on Drugs) was passed that year with a specific end goal to help the lawful framework manage it, and to go about as an obstacle (National Drug Agency, 2014). The Law on Narcotics Drugs (Law No. 17/77) is the main Legislative Act of the Maldives managing opiates drugs and psychotropic substances (National Drug Agency, 2014).

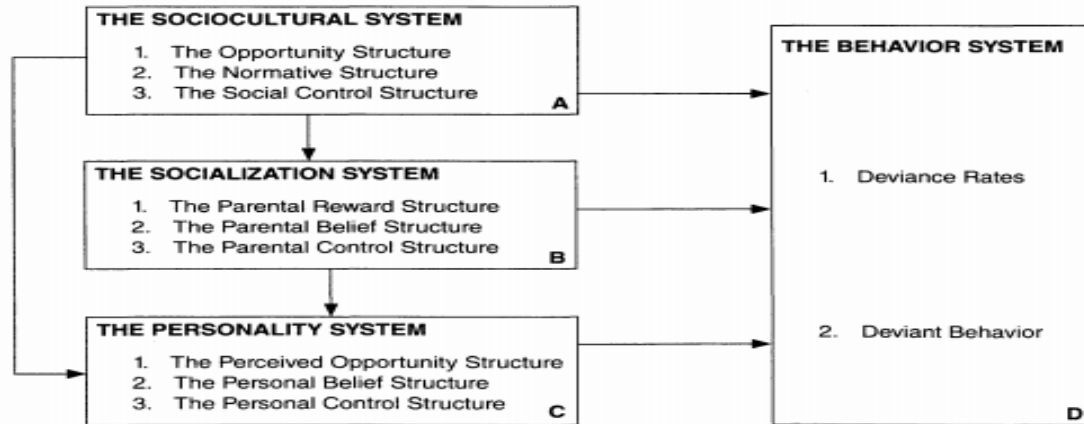
Moreover, a student guide “ Get it Straight – The Facts about Drugs” have suggested that teens use drugs due to following reasons like peer pressure, culture of drugs, negative role models, prevalence of medication, music, social networking sites, movies, advertising, internet and parental attitudes and behaviors (Get it straight - The Facts about Drugs, 2011).

2.1 Theoretical Framework

This study is based on Problem Behavior theory of Drug Abuse proposed Richard Jessor, a distinguished professor of Institute of Behavioral Science. This hypothesis stresses how considering, behavioral, individual, and environmental elements interface to decide inspiration and behavior (Dan J. Lettieri, Phd, 1980). Human functioning is the aftereffect of the association among every one of the three of these variables. Problem – behavior

theory was explained further for later research including pro- social behavior, and health compromising and health enhancing behavior (Dan J. Lettieri, Phd, 1980).

Figure 2: Theoretical Framework on Problem Behavior theory by Richard Jessor



Source: Richard Jessor (1980)

(Problem Behaviour Theory - A Half Century of Research)

Problem Behavior Theory is applied in this research to identify the risk behaviors, nature and their thought or perceptions on this matter, how the parents and community deals with it and how it effects ones behavior to change or change their attitudes towards drugs misuse. This model consists of three components which effects the behavior, which are the social cultural system, the socialization system and the personality system. These major three components helps to find out the variables which leads to drug abuse. Hence the model has been applied in this research.

CHAPTER 3

METHODOLOGY

3.1 Research Design

Drug used by Maldivian youth has proven a rapidly changing occurrence, when it grows rapidly in the general youth population; illicit drug use has remained a major concern for the nation (UNDOC, 2012). In this research descriptive cross sectional study was used. They are usually shown to estimate the frequency of the outcome of interest for a given population. Data can also be collected on individual features, including introduction to risk factors, alongside information about the outcome. In this way cross-sectional studies provide a 'snapshot' of the result and the appearances associated with it, at a specific point in time. This type of study is done in the following situations.

3.2 Study Area

This was a study in light of descriptive Cross sectional Study to find the Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives. This design was used since it is not costly to perform and does not require a lot of time and the multiple outcomes can be studied using this method.

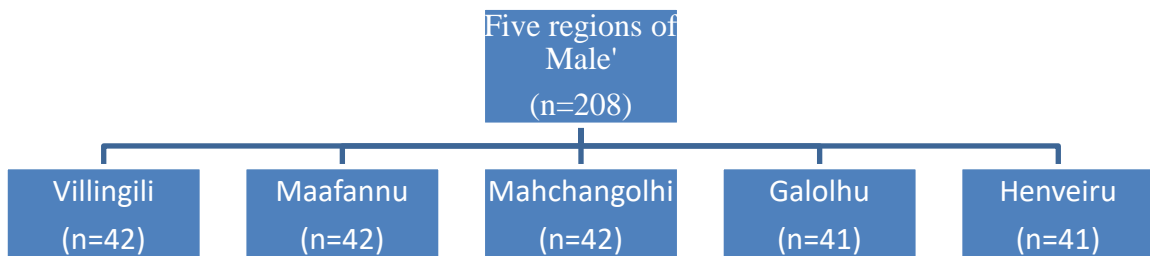
3.3 Target population & Sample size

The study was conducted in the island of Male' the capital city of Maldives. All the five divisions of Male' were selected for this study. Simple random sampling was used in this study and the target population was calculated by the formula by using Raosoft.com,

$$n=Z^2pq/d^2$$

Where, n= required sample size, Z = Standard normal value at 1% level of confidence, p = Prevalence rate and d = Precision level. (Raosoft, 2004) It includes 95% confident level 6% of error & 70% of respondent. The target population of the study was aged from of 15-45 years of 5 regions of Male'.

3.4 Sample Frame



According to census 2014, there was total of 76469 people between this age group within five regions of Male'. 12974 in 15-19 years of age group, 16352 people in 20-24 years of age group, 16350 in 25-29 years of age group, 13197 of people in 30-34 years of age group and 7892 in 40-44 years age group (Census Preliminary, 2015)

3.5 Sampling technique

Simple Random Sampling was used in this research. For this survey, the whole target population, which implies all the 283 individuals was taken as the sample. The use of taking the whole target population is to improve the productivity of the study result. To derive study sample, simple random sampling was used to select the portion of both gender for each final sample so that all the individuals in the population has an equal chance of been selected. This technique works better in situations where a population contains varieties of characteristics. To select final sample 70% of 283 was taken equals to 198 people were selected from the community randomly. And to prevent information loss from incomplete data and withdrawal of the respondents from this study the sample size was increased by 10%. So total of 208 samples were collected.

3.6 Research instruments

For this study, a self-directed survey was created. The main reason for choosing a questionnaire is to absence of time and by utilizing this instrument an extensive number of information can be gathered from a huge gathering of individuals in a practical manner. The survey questionnaire consists of three parts:

Part 1: Socio Demographic factors

Part 2: Knowledge based questions towards drug abuse

Part 3: Attitude based questions towards drug abuse

Part 1: Socio Demographic factors

Part 1 was for their own data which incorporates their age, sexual orientation, marital status, educational status and job status. Participants are asked to write their age and the age of the participants were among 15 to 45 years. Educational status were categorized into 7 criteria's where they have to tick the appropriate criteria. Sex, marital status and job status were divided into two levels which they have to tick "yes" or "no"

Part 2: Knowledge based questions towards drug abuse

Part 2 was to survey their knowledge; this segment has 8 questions. It incorporates Dichotomous questions and multiple choice questions. It examines how much the participants have the knowledge on drugs, its abusive factors, and types of drugs they know and question regarding health problems.

Part 3: Attitude based questions towards drug abuse

Part 3 was to evaluate the attitude towards drug abuse and comprises of 12. Questions were asked about the actions taken against drugs, crimes committed due to drugs, reasons for failure and effectiveness of rehabilitative programs, and the actions that can be taken to minimize the drug use. Also in this part, participants are asked to answer to the statements which is classifies into 3 levels: A= Agree, D= Disagree and NA/ND= neither agrees nor Disagrees. Some questions are like, suppose if the respondents answered "agree" then the participants had to go for next question and tick the multiple choices they agreed.

3.7 Pre-Testing

Questionnaire was pre tested prior to the data collection. 10 sample questionnaires were distributed to different areas of Male'. Changes were made respectively according to participants' suggestions to ensure finest quality for the final survey questionnaire.

3.8 Validity and Reliability

The whole study concentrated on the knowledge and attitude towards drug abuse among the community in Male'. Along these lines the entire survey was worked to evaluate the knowledge and attitude towards drug abuse among the community in Male'. Survey was pretested as said above to minimize mistakes and bias. This was to empower the survey to determine particular data of the individuals which was reliable, and valid. To make validity high, questionnaire was translated to Dhivehi, so that the vast majority of them would find it easy to answer them and to comprehend the concept of the questionnaire. As mentioned above to minimize errors and bias.

3.9 Data collection Techniques

During the process of data collection, a self-regulated questionnaire was used with the end goal of gathering field information. The questionnaire were given to be filled in their own particular area. Before filling the survey, information sheets and consent form were given to them and just the individuals who filled the consent form were taken for this study.

3.10 Data Analysis

Statistical analyses of data will be calculated using SPSS version 20.0 (Statistical Package for Social Sciences). All the data's will be analyzed in tabular and in graphical forms. Results will be classified into mean, mode, median, frequency and percentage of the particular results. Below is the framework of data analysis

Table 2: Framework of Data Analysis

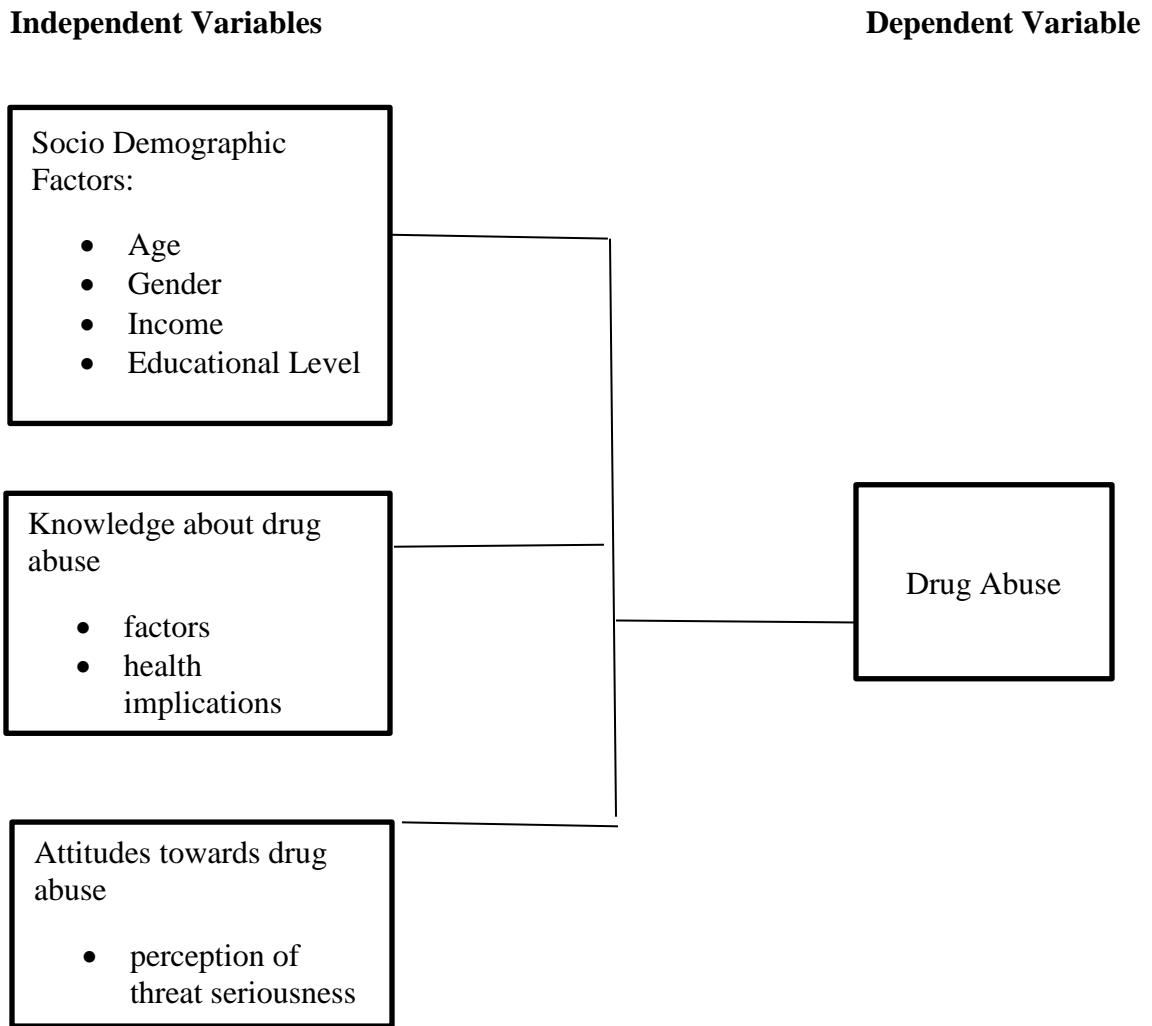
Objective	Question	Source of Data	Types of Data	Technique for analysis
To assess the Knowledge of community aged from 15 to 45 within Male' city towards drug abuse	What is the Knowledge of community aged from 15 to 45 within Male' city towards drug abuse	Survey questionnaire	Primary data	Using SPSS®
To assess the attitude of community aged from 15 to 45 within Male' city towards drug abuse	What is the attitude of community aged from 15 to 45 within Male' city towards drug abuse	Survey questionnaire	Primary data	Using SPSS®

3.11 Ethical Consideration

All the participants' were given information about the research being conducted through a printed information sheet. It explained that about the content of this questionnaire would be used to gather information on knowledge and attitude towards drug abuse among the community in Male'. The importance of the study and the benefits of this were explained to the participants. No participant's personal information could be derived from the questionnaire and the information shared in this survey would not be used in a harmful way and is purely confidential. They were informed that they have the right to withdraw it whenever they need.

3.12 Conceptual framework and Measurement of variables

Figure 3: Health Belief Model according to Rosenstock



The conceptual frame work can be drawn according to health belief model proposed by Rosenstock, 1966 as shown in figure 4. The Health Behavior Model (HBM) utilizes two parts of people representations of health behavior because of risk of disease. That are view of illness threat and assessment of practices to balance this threat. As the chart shows, all the independent variables will be surveyed to know the level of its impact on

the dependent variable. Knowledge and attitude will be evaluated to distinguish any difficulties confronted in those areas. Socio-demographic factors incorporate Gender, age, marital status, educational level. Knowledge and attitude on abuse incorporate most basic components for drug abuse and as often as frequently hear about of drug abuse. Attitudes towards drug abuse and its seriousness and situations that trigger for drug abuse towards community are noted.

CHAPTER 4

DATA ANALYSIS & RESULTS

Table 3: Socio-demographic Characters of target population

Characteristics	Frequency (n = 208)	Percent (%)	
Age			
15-20 years	55	26.4	
21-25 years	67	32.2	
26-30 years	40	19.2	
31-35 years	24	11.5	
36-40 years	17	8.2	
41-45 years	5	2.4	
Mean=25.37,	Median=24.16,	Mode=23,	SD=7.23
Gender			
	Frequency (n= 208)	Percentage (%)	
Male	107	51.4	
Female	101	48.6	
Marital Status			
	Frequency (n=208)	Percentage (%)	
Married	84	40.4	

Single	124	59.6
Educational Level		
	Frequency (n=208)	Percentage (%)
Primary	6	2.9
Middle School	3	1.4
Secondary	61	29.3
Higher Secondary	36	17.3
Certificate	29	13.9
Diploma	40	19.2
Degree	33	15.9
Job status		
	Frequency (n=208)	Percentage (%)
Employed	163	78.4
Unemployed	45	21.6

Above table shows the demographic characteristics of the target population. Out of 208 participants 26.4% (55) were between age group of 15-20 years, 32.2% (67) were between 21-25 years, 19.2% (40) were between 26-30 years, 11.5% (24) were between age groups 31-35 years, 8.2% (17) were between age group of 36-40 years and 2.4% (5) were between age group of 41-45 years. Out of 208 participants 51.4% (107) were males and 48.6% (48.6) were females.

The marital status from 208 respondents, married was 40.4% (84) and Single was 59.6% (124). Based on the educational level, from 208 participants 2.9% (6) were educated up

to primary grades, 1.4% (3) were educated to middle school grades, 29.3% (61) were educated to secondary grades, 17.3% (36) were higher secondary educators, 13.9% (29) were certificate level participants, 19.2% (40) were educated up to diploma level and 15.9% (33) were degree level participants. Among the participants, 78.4% (163) were employed and 21.6% (45) were unemployed.

Table 4: Frequency and percentage of community knowledge based questions

Variable	Frequency (n=208)	Percent (%)
Have you received any information about drug use?		
Yes	188	90.4
No	20	9.6
Do you know any drugs?		
	(n=208)	(%)
Yes	181	87
No	27	13
What are the form of drugs that is available?		
	(n=208)	(%)
Cocaine	122	58.6
Heroin	151	72.6
Hashish Oil	111	53.4
Cannabis	107	51.4
Marijuana	122	58.7
Dunlop	134	64.4

Cologne	148	71.1
Alcohol	164	78.8
*Multiple response		
Do you believe that there is any health issues related due to drug abuse??	(n=207)	(%)
YES	206	99.5
NO	1	0.5
*Missing Value		
What are the Diseases that may occur using drugs?	(n=208)	(%)
Heart Disease	136	65.4
Diabetes	60	28.8
HTN	105	50.5
Stroke	107	51.4
Lung diseases	143	68.8
AIDS/HIV	102	49.0
Kidney Disease	131	63
Mental Illness	149	71.6
Others	2	0.97
*Multiple Response		
Do you have any family members or friend using drugs or have abused drugs before?	(n=205)	(%)
Yes	115	56.1

No	90	43
*Missing Values		
What are the age group who uses drugs in Maldives?		
14-20	164	78.8
21-25	174	83.7
26-30	136	65.4
31-35	118	56.7
36-40	84	40.4
41-45	73	35.1
*Multiple Response		
What do you think the reasons for using drugs?		
Influence of Media	132	63.5
Lack of parental Guidance	141	67.8
Due to Depression	130	62.5
Influence of friends	160	77
From School environment	86	41.3
Due to surrounding environmental problems	139	66.8
*Multiple Response		

The table 4.2 shows the knowledge of participants regarding drug abuse in the community of Male', from 208 respondents, 90.4 % (188) said that they have received the information about drugs. And 9.6 % (20) responds that they don't have any information about drugs.

Among 208 respondents, 87% (181) said that they know the different forms of drugs and 13% (27) said that they didn't know any kind of drugs.

In addition to that, 58.6% (122) said that they know Cocaine, 72.6% (151) said that they know Heroin, 53.4% (111) said that they know Hashish oil, 51.4% (107) said that they know Cannabis, 58.7% (122) knows about Marijuana, 64.4% (134) knows about Dunlop and 71.1% (148) knows about Cologne. 78.8% (164) knows about Alcohol and it is found to be the form of drugs known by most of the participants. 2nd and 3rd most known forms of drugs were heroin and Cologne.

Furthermore, 99.5% (206) believes that there are health problems due to the use of drugs and only 0.5% (1) participant believes that there wouldn't be any health issues. There was one person who didn't respond to this question.

Therefore, 65.4% (136) participants agree that heart attacks may occur as a result of using drugs. 28.8% (60) agree that they might get diabetes, 50.5% (105) agree they might increase in BP and cause hypertension, 51.4% (107) agree that they might get stroke, 68.8% (143) says may cause pulmonary/respiratory diseases, 49% (102) respondents say that drug abusers might get AIDS, 63% (131) say they might get kidney diseases, 71.6% (149) participants say they might cause mental illness after the use of drugs. 0.97% (2) gave comments on other medical issues such as liver damage, Miscarriage (women), gastrointestinal problems like constipation, abdominal bloating and other conditions like infertility, hormonal changes and cancer.

Moreover, from 208 respondents 205, 56.1% (115) said that they have a friend or family member who use drugs. 43.3% (90) participants said that they don't have any friend or

family member who uses or used drugs and three participants haven't respond to the question.

From 208 participants, 78.8% (164) agreed that at the age of 14-20 people are involved in drug abuse. 83.7% (174) agreed that 21-25 years are also involved in, 65.4% (136) agrees that the age between 26-30 are also involved, 31 to 35 years of age group that is 56.7% (118) are also involved in, 40.4% (84) participants agreed that age group between 36-40 are also abusers among the community and 35.1% (73) agrees that age group between 41-45 are also included in the usage category. One participant commented that all the age groups are also involved and now there isn't specific age group that we can say. Even they included that children under 15 are also getting involved in this.

The reasons for drug use are asked from the participants and the responses are as follows. 63.5% (132) said that it was due to the influence of media. 67.8% (141) said that it was due to the lack of parental guidance, 62.5% (130) said that it was due to depression, 77% (160) agreed that it was due to the pressure of the friends and it was the most commonly agreed reason for drug abuse by the participants. 41.3% (86) said that it may be due to the school environment, 66.8% (139) said that it is due to the surrounding environmental problems and some participants have commented saying that bullying, for fun experiment and boredom may be also the reasons for drug abuse.

Table 5: Frequency and percentage of community attitude based questions

Level of agreement			
	Agree (A)	Disagree(D)	NA / ND

Do you believe that government is taking strong actions against it? N=207	29	14	156	75 %	33	16
		%				%
Drugs education in school should start at appropriate school level.	169	81.3	35	16.8	4	1.9
		%		%		%
Do you believe that smoking leads to drug abuse?	134	64.4	60	28.8	14	6.7
		%		%		%
Do you think that drug abuse causes more problems in society than any other problems?	204	98.1	04	1.9%	-	-
		%				
Do you think most people are concerned about drug problems in Maldives? N=207	201	97.1	5	2.4%	1	0.5
		%				%
Do you believe that the availability of illegal drugs poses a great threat to young people nowadays? N=207	199	96.1	5	2.4%	3	1.4
		%				%
Do you believe the drug problem in Maldives is out of control?	139	66.8	58	27.9	11	5.3
		%		%		%
Do you believe that the actions taken against drug abuse are effective?	39	18.8	147	70.7	22	10.6
		%		%		6%

1. Agree (A), 2. Disagree (D), 3. Neither Agree / Nor Disagree (NA/ND)

The table 4.3 shows that community have rate the following situations causing drug abuse. 14 % (29) agrees that government is taking strong action against drug abuse, whereas 75% (156) disagrees that the government is taking actions against drug abuse and 16% (33) are neither supportive nor disagrees to this statement.

81.3% (169) participants agreed that drugs education should be included in education system and given information about it at appropriate school level ages. 16.8% (35) participants disagreed and 1.9% (4) participants does not agreed/disagree.

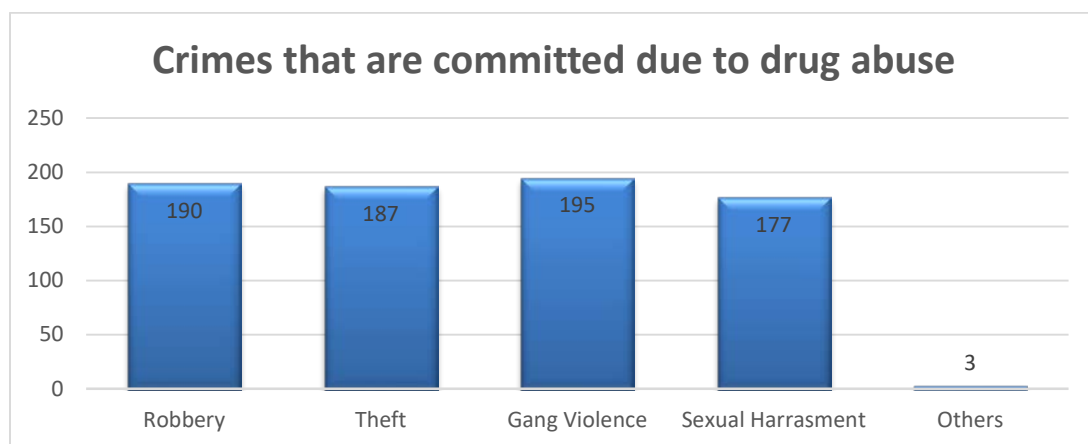
64.4% (134) agrees that smoking may lead to drug abuse. Whereas 28.8% (60) participants disagrees and 6.7% (14) are not against or favor of the statement. 98.1% (201) participants agrees that drug abuse causes more problems in the society than any other problem and 1.9 % (4) disagrees with that. Also 97.1% (201) agreed that most people are concerned about the drug problems in the Maldives and few disagrees with that, that is 2.4% (5). 0.5% (1) does not agree / disagrees with the situation.

96.1% (199) participants agrees that the availability of illegal drugs poses a great threat to young generations and 2.4% (5) disagrees. And 0.5% (1) does not agreed/disagree.

66.8% (139) agreed that drug issue in the Maldives is out of control whereas 27.9% (58) does not agreed. 5.3% (11) does not agree/disagree.

Moreover, 18.8% (39) participants agrees that the actions taken against drug abuse are effective whereas 70.7% (147) disagrees about it, and also 10.6% (22) participants does not agree/disagree.

Figure 4: Crimes that are committed due to drug abuse



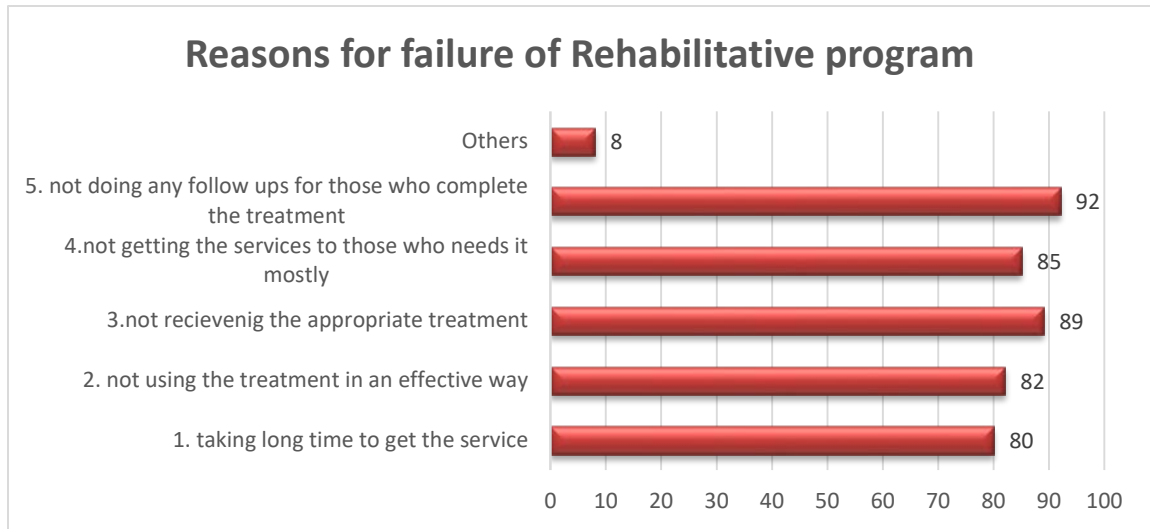
This figure shows that majority of the participants agreed that gang violence is the most common crime 93.8% (195) due to drug abuse and robbery 91.3% (190) is the 2nd most crime. 89.9% (187) agrees that theft is also a crime committed due to drug abuse and sexual harassment was considered and 4th common crimes due to drug abuse. Participants also commented that money laundering and murder are also a crime that happens in our community.

Figure 5: Reasons for effectiveness of the Rehabilitative program.



71.79% (28) participants agreed that good services provided by the rehabilitative programs and completion of rehabilitative programs are the effectiveness on the actions taken against drug abuse. 69.23% (27) agreed that the knowledge received by the family member and friends of drug abusers are an effective reason for the Rehabilitative program. Whereas 64.10% (25) participants agreed that giving an appropriate treatment is also a reason for effective rehabilitation.

Figure 6: Reasons for Failure of the Rehabilitative program



This figure shows that taking long time to get the service 28.6% (80) of are one of the reason for the failure of Rehabilitative program. 29.3% (82) said that not using the treatment in an effective way is also considered as a reason for failure. 31.8% (89) agreed on not receiving the appropriate treatment as another reason for failure. 30.4% (85) agreed on not getting the services to those who needs it mostly and majority of the participants 32.9% (92) agreed that not doing any follow ups for those who complete the treatment are the most common mistakes for making it failure. And also 2.9% (8) commented that there is corruption while investigating the problems, not taking strong action against this issue, not making strong and strict rules against drug abuse, not giving any special attention to this matter and releasing of drug abusers through judicial system.

Figure 7: Solutions for Drug Abuse



This figure shows that the things that can be done in order to minimize the drug abuse. 86.54% (180) participants agreed that greater education on Religious matters and Greater parental guidance should be provided equally in the community. 75.96% (158) agreed that revising education system and giving proper education are also important to solve this matter. 79.81% (166) said that the passage of strict laws against drugs is the most important thing to solve in this community regarding drug abuse. 69.23% (144) agreed that there should be awareness programs, 70.19% (146) participants said that establishment of recreational facilities can be included, 69.71% (145) agreed on involvement of youth in organizing the activities are also required for a better community. 5.29% (11) participants commented the things like closing all the entrance of drugs to Maldives, should give the punishment for the least used drug abusers, to give punishment according to Islamic shariah, providing jobs for them and giving trainings for both genders.

CHAPTER 5

DISCUSSION & CONCLUSION

5.1 Summary of main findings

The objectives of this study were to evaluate Knowledge and Attitude on drug abuse among age group of 15 to 45 in Capital city of Maldives. Since this is a descriptive, cross sectional study, and the results are about how much general knowledge and extent of attitude community has about drug abuse in quantitative basis. Main findings of this survey revealed that most of the participants has high knowledge that is (87%) towards drug abuse. Majority of the participants (32.2%) who participated are age group of 21 to 25. More than half of the participants (51.4%) were males. The study also reveals that (87%) of participants knows the forms of drugs and also said that the reason for drug abuse (77%) was due to peer pressure. It was also evident from the study that (97.1%) of the participants are concerned about this problem in the Maldives. (75%) of the participants does not believe that government is taking strong actions against drug abuse.

In terms of health problems, (72%) of the participants said that mental illness may arise using drug abuse. Among the data's on health problems, (69.1%) agreed that respiratory diseases were the second most illness that may occur using drug abuse and (65.7%) agreed that heart diseases are also common among drug abusers.

5.2 Discussion

Total of 208 have participated in this research. Among them 51.4 % are male and 48.6% are female. So this suggests that gender wise there are more males having knowledge regarding drug abuse. People who use illicit drugs have a high chance in seeking emergency medical health care and also the number of overdose deaths is higher for them. Reports from national institute of drug abuse reveals that number of men exceeds women when it comes to use of illicit drugs. Thus the above mentioned emergency department visits and overdose deaths is higher for men (National Institute on Drug Abuse, 2014). Likewise, this research also shows that there is high number of male have chances of using or experimenting it.

The majority (32.2 %) of the populations in the community participated are in the age group of 21-25 years. The fewer 2.4% participants are in the age group between the ages 41-45 years. Other age groups are as follows: 15-20 years is 26.4 %, 26-30 years is 19.2%, 31-35 years is 11.5% and 36-40 years is 8.2%. Therefore it was seems that age group of 21-25 have more knowledge about drug abuse that any other group.

Among 208 respondents, out of 208 when looking into the highest level of education the respondents had achieved; majorities (29.3%) of the respondents had completed secondary grades and 19.2% of them had completed diploma. The least educational status was middle school which 1.4% .primary graders was 2.9%. Certificate level was 13.9%. The Degree level was 15.9%. Higher secondary was 17.3% .According to my study the majority is with higher educational status.

Therefore, most of the participants are aware of drug abuse. But there are theories that claim youngsters with higher IQs grow up to will probably utilize psychoactive drugs

(marijuana, heroin, cocaine) in their later years than kids who were regarded "dull." One hypothesis is that more intelligent individuals can intellectualize their medication utilize more which is not quite the same as defense and denial. Some research has shown a connection between more clever youngsters and drug use later on in life (Bushak, 11).

The marital status from 208 respondents, majority (59.6%) of the participants are unmarried. Furthermore, there is large amount t of participants married which was 40.4 %.

About the knowledge of participants in this research, it shows that majority (90.4%) have the knowledge on drug abuse. In this study from 208 participants, 188 participants said that they have received the information about drugs whereas 20 participant's responds that they don't have receive any information about it. So as the majority knows what drugs are, and there will be less chances of abusing drugs.

The most common forms of drugs known by the participants, majority (79.2%) says alcohol, and the second most known form is Heroine, which is 73%. Cologne was rated as third most known form of drug which is 71.5%. Dunlop is known by 64.7%, cocaine and marijuana 59%, Hashish oil 53.6% and least known was cannabis which is 51.7%. Participants also have commented that they know some other forms like methadone, methamphetamine, crystal meth, LSD, weed, pills, MDMA or Ecstasy and Amphetamine. In a survey done in America says that, the survey estimated that 6.4% of Americans (roughly 17 million adults) abuse or are dependent on alcohol (Bill Hendrik, 2011)

Almost all the participants, except one all other responded that they believes that there will be health effects due to drug abuse. Most of them (72%) agreed that mental illness may arise due to abuse, 2nd most participants (69.1%) agreed on pulmonary/respiratory

diseases and 3rd most participants (65.7%) agreed that heart diseases may occur. While drug abuse consequences for the body differ contingent upon the medication utilized, all drug use adversely effects one's impact on health. Basic impacts of drug use on the body incorporate sleep changes and weakened memory and psychological capacities. Other basic physical issues include: Abnormal key signs like breath, heart rate and circulatory strain, Chest or lung torment, Nausea, spewing, loose bowels, and stomach irritation. Skin can be cool and sweating or hot and dry Diseases, for example, hepatitis B or C, or HIV from needle-sharing Impotence More successive ailments, visit aftereffects, power outages (Tracy, 2016).

Most Participants agreed that (83.7%) age group of 21-25 are more prone to drug abuse. 78.8% says age group between 14-20 years are also involved in drug abuse. 65.4% said 26-30 are 3rd most of age group involved in it. According to SAMSHA (Substance Abuse and Mental Health Service Administration) an expected 1.3 million U.S. young people ages 12 to 17 had a substance utilize clutter in 2014 (5% of all youths). The 2014 rate of past-month illegal drug utilize was 3.4% among those ages 12 to 13, 7.9% among youth ages 14 to 15, and 16.5% among youth ages 16 to 17. The most astounding rate of current illegal drug utilize was among youth ages 18 to 20 (22.7%), with the following most elevated rate happening among individuals ages 21 to 25 (21.5%) (SAMHSA, 2016).

The reasons for drug use are asked from the participants and the responses are as follows. Majority (77%) agreed that it was due to pressure of the friends, secondly most of them

agreed (66.8%) that it was abused due to surrounding environmental problems, Thirdly most of them (67.8%) said it was due to the lack of parental guidance, 63.5% (132) said that it was due to the influence of media. 62.5% (130) said that it was due to depression, 41.3% (86) said that it may be due to the school environment and some participants have commented saying that bullying, for fun experiment and boredom may be also the reasons for drug abuse.

In 2010 report titled "Preventing Drug Use among Children and Adolescents", NIDA records a few elements that can improve or relieve immature hazard for starting or keeping on using drugs. These factors incorporate introduction to drugs, financial status, and nature of child rearing, peer pressure towards drug abuse (Indian Journal of Medical Research, 2013). Furthermore monitoring these risk factors can help families, experts, schools and other group specialists with distinguishing at hazard youth and help in lessening or disposing of risk factors through anticipation and treatment programs.

5.3 Limitations

Study results are based on an overall impression gained from the data collected throughout Male'. This area was chosen because we have been given a very limited time to conduct the study. The high possibility of reluctance to provide information from the participants is they may not be so knowledgeable in the subject of drug abuse or that it may be a sensitive subject for them. The obtained results cannot be generalized on the whole Maldives because the study was conducted only among the Community of Male'

City. So people live in Male' may have high knowledge compare to people living in the Islands.

Some people may not have the right level of education to fill out the questionnaires, others may be unwilling to take the time out of their busy schedule to fill out. Hence, the expected number of respondents may not be achieved. It will be impossible to determine whether the respondents are giving correct information or not. Due to the nature of the study, most of the respondents may answer the questions in a biased manner. In addition, they may also be influenced by the opinion of their family, friends or other loved ones.

5.4 Conclusion

Today, one in four deaths is inferable from illegal medication utilize. Individuals who live with substance reliance have a higher danger of every single terrible result including unexpected injuries, accidents, danger of aggressive behavior at home, medicinal issues, and deaths and more deaths, disorders and inabilities originate from substance abuse than from whatever other preventable health condition (Gateway Foundation - Alcohol and drug treatment centers, 2011).

Descriptive, cross sectional research outline was best suit to recognize knowledge and attitude of all ages gather within brief time frame. The outcome was effortlessly analyzed. Furthermore, the research are essential to recognize the degree which any health issue in a group of a particular age assemble. Same way, this study demonstrated the greater part of the participants have great knowledge and attitude towards drug abuse. The study fortifies the need to support solid way of life among group of Male' to keep away from drug abuse.

In this research, it shows that majority of the community is aware about the drug abuse and the forms of the drugs that are available in the community. Majority says that it is one of the biggest concern in the community and government is not taking strong actions against it. But they also agreed that some rehabilitative programs are conducting and there are success and failures in this programs that they have to revise it and continues it.

They also believed that there are certain things that can be done to minimize the use of drugs in the community. Like conducting awareness programs often to the community explaining about its health impacts, government should make strong actions against the drug cases, closing all the entries which gets it easily, a good monitoring process should be everywhere, revising the education system and including health impacts of the drugs and information that could passed to relevant age groups etc. According to the Substance Abuse and Mental Health Service Administration (SAMHSA) have stated that according to their mew studies it showed that age group between 12-14 drinks alcohol and they get it from their home or from their family members (Bill Hendrik, 2011).

5.5 Recommendation

This study recommends making awareness on the impact of drug use among the community of Male' city and their knowledge and attitude. Therefore, education programs can concentrate on educating various gatherings about how to deal with drug abusers and their circumstance. Areas that can be integrated can be school kids, guardians, teachers, community and other related government divisions.

There should be revised and strong drug act implemented by People's Majilis to execute drug law effectively, and support from different segments of the government and NGOs to actualize the drug Act to control internal drug trafficking within the country since Maldives is not a drug cultivating country. It is also important to continue drug treatment services, treatment and long-term rehabilitation (after-care) services those who require more intense or specialized services can be referred. Treatment services should be adequate in number, easily accessible and affordable to anyone who needs help.

Moreover, there should be opportunities for youths to create awareness events regarding drug abuse, distribute brochures, posters and other materials within the community, schools, and other gathering places, team up with student, clubs and NGO's that promote healthy decisions and behaviors, can set up Facebook account with those who have quit it and role models and invite others to join.

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5 APPENDIX

5.1 Budget Plan

Code	Item Description	Quantity	Rate	Total
1001	A4 size paper ream (survey form, evaluation form and other purpose)	2	85.00	170
	Wage for 5 enumerators for 3 months (200 MRF/day/person)	5	1200.00	6000
	Printing services 2printed paged questionnaire (2 MRF/Page)	768	2.00	1536
	Exam pad book 60page	5	10	50
	Pen Cello Gripper (blue)	10	10	100
	Pen Cello Gripper (black)	10	10	100
	Pencil	10	3	30
	Eraser	5	4	20
	sharpener	5	3	15
	Paper File	5	9	45
	Stapler	5	20	100
	Staples	5	7	35
	Ruler	5	6	30
	Other Instrument (water bottle, id represented card etc.)		1000	1000
TOTAL				9231

5.2 Work Plan

Activity	Week 2 4-8 th Sep	Week 3 11-15 th Sep	Week 4 18-22 nd Sep	Week 5 25-29 th Sep	Week 6 02-6 th Oct	Week 7 9-13 th Oct	Week 8 16-20 th Oct
Translating questionnaire into Dhivehi format	✓						
Preparing a final questionnaire and pilot testing	✓						
Conduct a survey		✓	✓	✓			
Data analysis and final report					✓	✓	✓

5.3 Map



5.4 Consent form

My name is Aishath Noora. This is a part of the Bachelors in Primary health Care Course conducted by Faculty of Health and Sciences in The Maldives National University. I am doing a Research on the topic knowledge & attitude of community aged from 15 to 45 within male' city towards drug abuse. I am collecting data for my research. I will be so appreciative if you help me and become part of my research by filling the questionnaire.

This information will only be used for academic purpose and all the information that you provide for this study will be highly confidential. Your name will not be included in the survey questionnaire. By participating in this study, you will not be responsible for any illegal offence, and no harm will be caused, this is only a study conducted in partial fulfillment of subject "Research for Health" in Faculty of Health Sciences; Maldives National University.

Even after participating, if you want to withdraw from this study, you can do it at any time. This study will identify the knowledge & attitude of community aged from 15 to 45 within male' city towards drug abuse. As a result, it will be beneficial for the government of Maldives and this study will be useful in remaking the current and existing knowledge & attitude of community aged from 15 to 45 within male' city towards drug abuse. In addition, to address the challenges and improve and derive positive outcomes for the best interest of government as well as staff and the overall community. Also it will help to carry out research in future as well. Therefore, it will be beneficial to you.

I am willingly participating in this study and have understood the above statement. To the level of my knowledge the Information given will be true.

Sign:

Date:

דאָס פּאַרענעקסטע און פּאַרענעקסטע

פּאַרענעקסטע און פּאַרענעקסטע

פּאַרענעקסטע און פּאַרענעקסטע

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12. דאָס פּאַרענעקסטע און פּאַרענעקסטע **פּאַרענעקסטע!**

פּאַרענעקסטע און פּאַרענעקסטע

פּאַרענעקסטע און פּאַרענעקסטע

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פּאַרענעקסטע און פּאַרענעקסטע

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5.7 Questionnaire in English

SECTION – 1 (DEMOGRAPHIC INFORMATION)

A) Age

B) Gender

1) Male

2)Female

C) Marital Status

Single Married

D) Educational Level

- | | |
|--|--|
| 1) Basic Education <input type="checkbox"/> | 4) Primary Education <input type="checkbox"/> |
| 2) Secondary Education <input type="checkbox"/> | 5) Higher Secondary Education <input type="checkbox"/> |
| 3) Above Higher Secondary <input type="checkbox"/> | 6) None <input type="checkbox"/> |

E) Job

Yes No

SECTION 2: KNOWLEDGE BASED QUESTIONS

1. Have you received any information about drug use?

Yes No

2. Do you know any drugs?

Yes No (if yes, please note here)

3.If yes please tick the form of drugs is available? (you can choose more than one answer)

- Cigarette
- Hashish Oil
- Chewing gum
- Cocaine
- Marijuana
- Drinking liquid
- Dunlop

4. Do you believe that there is any health issues related due to drug abuse?

- Yes No

5. If yes please tick the diseases that you feel appropriate.

- 1.Heart Diseases
- 2.Diabetes
- 3.hypertension
- 4.Stroke
- 5.Lung Diseases
- 6.AIDS/HIV
- 7.Kidney diseases
- 8.Dengues

6. Do you have any family members or friend using drugs or have abused drugs before?

- Yes No

7. What are the age group who uses drugs in Maldives?

- a. 14-20
- 2. 21-25
- 3. 26-30
- 4. 31-35
- 5. 36-40
- 6. 41-45

Others.....

8. What do you think the reasons for using drugs?

- In the influence of the media
- To cope with Home problems
- Lack of parental Guidance
- To Deal with school
- Peer pressure
- Depression
- Others

(If others, please specify)

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SECTION 3: ATTITUDE BASED QUESTIONS

1. Do you believe that government is taking strong actions against it?

Agree Disagree NA/ND

2. Drugs education in school should start at appropriate school level.

Agree Disagree NA/ND

3. Do you believe that smoking leads to drug abuse?

Agree Disagree NA/ND

4. Do you think that drug abuse causes more problems in society than Any other problems?

Agree Disagree

5. If agree please tick the crimes that are committed after abusing drugs?

1.Robbery 2.Theft 3.Gang Violence 3.Sexual abuses 4.others

6. Do you think most people are concerned about drug problems in Maldives?

Agree Disagree NA/ND

7. Do you believe that the availability of illegal drugs poses a great threat to young people nowadays?

Agree Disagree NA/ND

8) Do you believe the drug problem in Maldives is out of control?

Agree Disagree Difficult to answer

9) Do you believe that the actions taken against drug abuse are effective?

Agree Disagree NA/ND

10. If yes, tick the reasons for its effectiveness.

- Completion of Rehabilitation Program
- Good services provided
- know the knowledge on drug abuse by family members and friends
- Giving appropriate treatment for them

11. If no, tick the reasons for its failure.

- taking long time to get the service
- not using the treatment in an effective way
- not receiving the appropriate treatment
- not getting the services to those who needs it mostly
- not doing any follow ups for those who complete the treatment
- Others

12. What do u think can be done to solve the drug abuse problem in your community?

- Greater education on Religious matters
- Greater education of young people in the community
- Establishment of more youth clubs and groups
- The establishment of recreational facilities
- The passage of strict laws against drugs
- Greater Parental guidance
- Greater education on Religious matters

If you know any other solution, please mention in the space provided

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Thank you for your cooperation and time.☺

A= Agree, D= Disagree, NA/DA= neither Agree nor Disagree