

Influence of peer and family factors on drug abuse Among Youth in Mubende Regional Referral Hospital. A cross-sectional study.

James Kazini, Alois Okadapaoo Imwangan, Hasifah Nansereko, Francisco Ssemuwemba, Immaculate Prosperia Naggulu, Jane Frank Nalubega
Mildmay Institute Of Health Sciences*

Page | 1 **Abstract**

Background:

Peer and family relationships are critical determinants of youth behavior, including substance use. This study aims to examine the influence of peer and family factors on drug abuse Among Youth in Mubende Regional Referral Hospital.

Methodology:

The study adopted a cross-sectional study design in which quantitative data were collected. Questionnaires were used to collect data from 54 respondents. Data was analyzed using Microsoft Excel, and results were generated and presented in tables, charts, and graphs.

Results:

Most of respondents 33(61.1%) were aged 20-25 years whereas 21(38.39) were aged 15-19 years. Majority of the respondents 42(77.78%) were male while 12(22.22%) were female. Most of them, 25(46.3%), had attained primary education, whereas the least, 7(12.96%), had attained tertiary education. A significant number of youths, 44(81.48%), were Christians. The leading source of income was business 21(38.89%), and the least 13(24.07%) reported salary as their main source of income. 50(92.59%), reported that their friends also use drugs, whereas 4(7.41%) reported having friends not use drugs. The majority of respondents, 37(68.52%), reported receiving encouragement from friends to use drugs, whereas the least, 17(31.48%), reported not receiving encouragement from their peers. More than half of the respondents, 31(57.41%), report their parents being neutral towards discouraging drug use, while the least, 6(11.11%), reported their parents being non-supportive.

Conclusion:

Peer and family dynamics strongly influence youth drug abuse, highlighting the need to address social and familial factors in prevention strategies.

Recommendation:

Strengthen family support and parental supervision while promoting positive peer mentorship programs to reduce adolescent substance use.

Keywords: peer influence, family factors, youth drug abuse, adolescent behaviour, Mubende Regional Referral Hospital.

Submitted: December 03, 2025 **Accepted:** January 12, 2026 **Published:** March 30, 2026

Corresponding author: James Kazini

Mildmay institute of health sciences.

Background of the study

Drug abuse among youth is strongly shaped by the social environment in which adolescents grow and develop. During adolescence and early adulthood, individuals increasingly rely on social relationships to form identity and behavioral norms, making peer groups and family structures critical determinants of substance use behavior (Mark, 2022). Social learning theory explains that young people often imitate behaviors observed in their immediate social circles, particularly when such behaviors appear accepted or rewarded.

Peer influence is one of the most consistent predictors of drug initiation and continued use. Youths who associate with friends who consume alcohol or other psychoactive substances are significantly more likely to experiment and eventually develop habitual use due to peer pressure, desire for acceptance, and fear of social rejection (Daniel, 2024). In sub-Saharan Africa, studies have shown that

adolescents belonging to substance-using peer networks have substantially higher odds of engaging in alcohol, cannabis, and tobacco use compared to those with non-using peers (Darius, 2023). Peer groups also shape perceptions of risk, often normalizing drug use and reducing perceived harm, thereby increasing frequency of use and dependence.

Family factors also play a central role in shaping youth behavior. Parenting style, supervision, communication patterns, and household stability significantly influence substance use outcomes. Adolescents raised in families characterized by conflict, neglect, inconsistent discipline, or substance-using parents are more likely to initiate drug use at an earlier age (Nakibuuka, 2022). Conversely, strong parental attachment, monitoring, and open communication have been shown to be protective factors against substance abuse (Benard, 2025).

In Uganda, family instability, lack of parental supervision, and exposure to substance use within the household have been identified as major contributors to youth drug use (Hellen, 2024). Cultural tolerance of alcohol consumption within family settings may unintentionally introduce adolescents to substance use, while economic stress and domestic conflict further increase vulnerability (Okello, 2022). When peer pressure combines with weak family support systems, the risk of drug experimentation and dependence increases substantially.

Therefore, understanding the combined influence of peer and family factors is essential for designing effective prevention strategies. Interventions targeting only individual behavior may be insufficient unless they incorporate family-based programs and peer-focused behavioral approaches aimed at modifying social norms and strengthening protective relationships. This study aims to examine the influence of peer and family factors on drug abuse Among Youth in Mubende Regional Referral Hospital.

Methodology

Study design

A cross-sectional descriptive study design was used for the study simply because it allowed the collection of data from a vast group of people within a short period of time. This study design aimed at quantifying the distribution of certain variables related to drug abuse among youths at one point in time.

Study area

This study was conducted in Mubende Regional Referral Hospital, Mubende District. The hospital lies approximately 150 km west of Kampala, serving as a major Referral Hospital for the greater Mubende sub-region. It's bordered by Kiboga to the north, Mityana to the east, Sembabule to the south, and Kyegegwa to the west. It is a public-funded hospital that offers services like delivery (maternity), minor and major surgeries, internal medicine, orthopedics, laboratory, radiology, family planning, counselling, antenatal care services, pediatric care, and immunization services, etc., to the people of Mubende and neighboring districts.

Study population

The study population comprised 54 youths aged 15-24 years attending Mubende Regional Referral Hospital during the study period. This category of respondents was chosen because they are susceptible to drug abuse, hence, useful and meaningful to the researcher.

Sample size determination

The sample size was calculated using the Kish and Leslie formula

$$n = z^2 p q / d^2$$

Where:

Z=1.96(for 95% confidence level)

P=0.17(prevalence of drug abuse in Mubende Regional Referral Hospital) Q= (1-p)

d=0.05(margin of error) Substituting in the values:

$$n = [1.962 \times 0.17(1 - 0.17)] / 0.052 = 217$$

However, due to resource and time constraints, the sample size will be divided by 4; that is

$$n = 217/4 = 54$$

This was acknowledged as a limitation for this study.

Sampling techniques

A convenience sampling technique was used to select study participants based on availability and willingness to participate.

Sampling procedures

Data was collected from the mental health clinic on scheduled clinic days and approached youths aged 15-24 years attending the clinic. The purpose of the study was explained, and those who consented (or whose guardians consented below 18 years) were recruited. Participants were included consecutively until the target participants were reached. This process continued across clinic days until the required sample size was attained.

Data collection method

Data were collected using a structured questionnaire administered to the study participants by the researcher. The questionnaire included standardized, closed-ended questions designed to capture information on demographics and the prevalence of drug abuse. This method ensured uniformity in responses, minimized interviewer bias, and facilitated easy coding and analysis of the data.

Data collection tool.

A structured questionnaire was used. The study tool was preferred because it ensured efficiency in collecting data, which is standardized within a short period of time.

Data collection procedure.

An introductory letter was sought from the Mildmay Institute of Health Sciences and presented to the Mubende regional referral hospital research committee. The study participants were allowed to receive medical attention after being involved in the study. Each study participant was interviewed for a maximum of 30 minutes. Those who were not able to understand English had their questions translated into their local language.

Quality control

Pretesting of study tools.

The questionnaire was pretested among students and staff at the school to assess clarity, reliability, and validity. Feedback obtained was used to revise and improve the tool.

Giving ample time for data collection

Additional time was included to ensure smooth data collection and to address any foreseen delays during data collection.

Clear inclusion and exclusion criteria

Inclusion

Youths aged 15–24 years who consented (or whose guardians consented for those below 18) and who were available during the study period

Exclusion

Critically ill youths who could not respond to the questionnaire.

Data analysis and presentation

Study data was analyzed using Microsoft Excel to generate tables, pie charts, and bar graphs.

Ethical consideration

Ethical approval was obtained from the Mildmay research committee. An introductory letter obtained from the Mildmay Institute of Health Sciences granted permission to collect data from Mubende Regional Referral Hospital. Written consent was obtained from study participants after explaining the purpose of the study to the respondents. The respondents were assured of anonymity and confidentiality, as no names were required. Privacy was maintained during the interview process. The participants were free to withdraw at any time without fear. Informed consent was obtained from the participants.

Results

Socio-demographic characteristics of respondents.

Table 1: socio-demographic characteristics of the respondents.

Variable	Frequency	Percentage (%)
Age		
15-19	21	38.89
20-25	33	61.11
Total	54	100
Gender		
Male	42	77.78
Female	12	22.22
Total	54	100
Level of education		
Primary level	25	46.3
Secondary level	22	40.74

Most of respondents 33(61.1%) were aged 20-25 years whereas 21(38.39) were aged 15-19 years. Majority of the respondents 42(77.78%) were male while 12(22.22%) were female. Most of them, 25(46.3%), had attained primary education, whereas the least, 7(12.96%), had attained tertiary education. A significant number of youths, 44(81.48%), were Christians. The leading source

of income was business 21(38.89%), and the least 13(24.07%) reported salary as their main source of income.

Peer and family influence on drug abuse

Table 2: Relationship between peer and family factors and drug use among youths in Mubende Regional Referral Hospital.

Variable	Frequency	Percentage (%) ⁷
Friends use drugs		
Yes	50	92.59
No	4	7.41
Total	54	100
Encouragement from peers to use drugs		
Yes	37	68.52
No	17	31.48
Total	54	100
Family use drugs		
Yes	34	62.96
No	20	37.04
Total	54	100
Family support in discouraging drug use		
Very supportive	17	31.48
Neutral	31	57.41
Not supportive	6	11.11
Total	54	100

The majority of respondents, 50(92.59%), reported that their friends also use drugs, whereas 4(7.41%) reported having friends who do not use drugs. The majority of respondents, 37(68.52%), reported receiving encouragement from friends to use drugs, whereas the least, 17(31.48%), reported not receiving encouragement from their peers. More than half of the respondents, 31(57.41%), report their parents being neutral towards discouraging drug use, while the least,

6(11.11%), reported their parents being non-supportive.

Discussion
Influence of peer and family factors on drug abuse.

The study findings revealed that peer and family influence played a major role in influencing drug use behavior among youths. Most respondents, 50(92.59%), reported

having friends who used drugs, while 37(68.62%) indicated that they had been encouraged by their peers to use drugs. Additionally, 34(62.96%) had a family member who used drugs, and more than half cited poor parental supervision and family conflict as contributing factors. These findings show that social relationships, especially peer networks and family environments, are strong drivers of early initiation and consumption of drugs among youths. This probably may be due to modeling behaviors observed by youths within their immediate social circles, especially when parental monitoring is weak, and communication among family members is poor.

These findings concur with previous studies that have emphasized the influence of peer pressure and family environments on youth behavior (Riley et al., 2019) found that adolescents with peers who used drugs were three times more likely to initiate use themselves. Similarly, Brincks et al. (2025) highlighted that parental neglect, poor communication, and parental drug abuse strongly predict youth initiation of alcohol and cannabis. In Uganda, Alex (2023) reported that adolescents in Wakiso whose friends used drugs were 11 times more likely to also use substances, while family neglect and poor monitoring reinforced experimentation. Likewise, Walugembe (2019) observed that a family history of alcohol use increased the likelihood of drug abuse among youths. The current study results from Mubende Regional Referral Hospital align with these findings, confirming that social relationships are critical determinants of drug behavior among young people.

Overall, the evidence suggests that both peer and family dynamics exert a significant and interdependent influence on youth drug use in Mubende district. This underscores the need for reinforcing the need for family-based interventions, improving parental supervision, and community-focused programs to mitigate substance abuse.

Conclusion

Peer and family dynamics play a significant role in shaping youth drug abuse behaviors, emphasizing the need for prevention strategies that target social relationships and the home environment.

Recommendations

Implement family-based education programs to strengthen parenting skills, supervision, and communication with adolescents.

Introduce peer-led support and mentorship programs in schools and communities to promote positive behavioral norms.

Encourage parental involvement in school and community youth activities to enhance monitoring and guidance.

Acknowledgement

My deepest gratitude goes to my research supervisor for the continuous guidance, encouragement, and constructive feedback offered throughout the entire research process.

I extend my sincere appreciation to the administration and staff of Mubende Regional Referral Hospital, especially the Mental Health Clinic, for granting me access to the study area and supporting the data collection process.

I also acknowledge the invaluable contribution of the respondents who willingly participated and provided essential information that made this study possible.

I further express my heartfelt thanks to the Mildmay Institute of Health Sciences (MIHS) for the academic foundation and support that strengthened my research abilities.

Special appreciation goes to my coursemates for their teamwork, encouragement, and shared efforts during this academic journey.

List of Abbreviations

HIV;	Human Immunodeficiency virus
NIDA;	National Institute on Drug Abuse
PTSD;	Post-Traumatic Stress Disorder
SAMHSA;	Substance Abuse and Mental Health Service Administration
SACENDU;	South African Community Epidemiology Network on Drug Use
UK;	United Kingdom
USA;	United States of America

Data availability

The data is available upon request.

Informed consent

All the respondents consented to this study.

Source of funding

The study did not receive any external funding.

Conflict of interest

The author did not declare any conflict of interest.

Page | 6

Author contributions

James Kazini was the principal investigator. Okadapao Imwangan Alois, Hasifah Nansereko, Francisco Ssemuwemba, Immaculate Prosperia Naggulu, and Jane Frank Nalubega supervised the research project.

Author Biography

James Kazini holds a Diploma in Clinical Medicine and Community Health from Mildmay Institute of Health Sciences.

Francisco Ssemuwemba is the dean of the School of Allied Health

Hasifah Nansereko is the chairperson of the Institutional Review Council (IRC)

Okadapao Imwangan Alois, Immaculate Prosperia Naggulu, and Jane Frank Nalubega are tutors at Mildmay Institute of Health Sciences.

References

1. Alex, D. (2023). Motivations for continued tobacco smoking and reasons for quitting among youths in Wakiso district, Uganda: A qualitative study | BMC Primary Care. <https://link.springer.com/article/10.1186/s12875-023-02218-y>
2. Benard, D. (2025). App.scholarai.io. https://app.scholarai.io/paper?paper_id=DOI:10.47760/COGNIZANCE.2022.V02I09.005&original_url=https%3A%2F%2Fwww.academia.edu%2Fdownload%2F95881509%2Fcognizance.2022.v02i09.pdf
3. Brincks, A. M., Bauer, S. J., & Anthony, J. C. (2025). Parental Monitoring and Its Association With Alcohol, Tobacco, Cigarettes, and Cannabis Initiation in the United States Adolescent Population. *Journal of Adolescent Health*, 76(2), 332–336. <https://doi.org/10.1016/j.jadohealth.2024.09.022>
4. Daniel, D. (2024). *Frontiers | Substance use among young people in sub-Saharan Africa: A systematic review and meta-analysis.* <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2024.1328318/full>
5. Darius, G. (2023). Drugs and Substance Abuse Amongst Adolescents—A Pilot Study in 7 Districts | *Rwanda Public Health Bulletin.* <https://www.ajol.info/index.php/rphb/article/view/273908>
6. Mark, M. (2022). Substance use disorder among adolescents before and during the COVID-19 pandemic in Uganda: Retrospective findings from a psychiatric ward registry *PLOS One.* <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0269044>
7. Nakibuuka, I. and Nalubega, M.J. (2022). Factors Influencing Drug Abuse among Youth (15-24 Years) in Kisenyi Slum, Kampala District of Uganda. *Cognizance Journal of Multidisciplinary Studies*, 2, 89-99. - References—Scientific Research Publishing. <https://www.scirp.org/reference/referencespapers?referenceid=3991793>
<https://doi.org/10.47760/cognizance.2022.v02i09.005>
8. Okello, Braham. (2022). Prevalence, causes, and impact of substance use among adolescents and young adults aged 18-25 years in Kapaapi Parish, Kigolobya Sub- County, Hoima District. https://www.researchgate.net/publication/374582244_Prevalence_causes_and_impact_of_substance_use_among_adolescents_and_young_adults_aged_18-25_years_in_Kapaapi_Parish_Kigolobya_Sub-County_Hoima_District
9. Riley, T. N., Sullivan, T. N., Hinton, T. S., & Kliewer, W. (2019). Longitudinal relations between emotional awareness and expression, emotion regulation, and peer victimization among urban adolescents. *Journal of Adolescence*, 72(1), 42–51. <https://doi.org/10.1016/j.adolescence.2019.02.005>
10. Walugembe, F. (2019). The Effect Of Drug Abuse On The Behavior Of Students In Selected Secondary Schools Of Nsangi Town Council, Wakiso District. <http://hdl.handle.net/20.500.12306/2836>

PUBLISHER DETAILS

AfroGlobal Press



AfroGlobal
Press

Amplifying Voices Worldwide

Contact: +256 763 123 847

Email: afroglobalpress@gmail.com

Website: <https://afroglobalpress.com>

Address: Scholar's Summit, Nakigalala, East Africa