Self-Perceived Health Status of Substance Abusers and Access to Mental Health Services in Kinondoni Municipality, Tanzania

Dr. Ezekiel Mbao[1]; Dr. Godefroid Mudaheranwa[2]

Abstract:- This research aimed to investigate the self-perceived health status of young individuals engaged in substance abuse within the Kinondoni Municipality of Dar es Salaam, Tanzania. The study addresses the paucity of knowledge surrounding substance abusers' perceptions of their health status. Grounded in the Health Belief Model, it combines elements of positivist and constructivist paradigms, employing a mixed-method research approach. The investigation adopts a cross-sectional descriptive survey design, integrating both quantitative and qualitative techniques. The primary target population encompasses youths involved in substance abuse and those with varying degrees of interaction with them. Data collection methods encompassed closed-ended questionnaires, in-depth interviews, focus group discussions (FGDs), and documentary reviews, with methodological and theoretical triangulation to enhance data validity. Respondents and participants were sampled through random and purposive methods. Quantitative data was analysed using Statistical Package for Social Sciences (SPSS) version 20.0, while qualitative data underwent content analysis. The results reveal that approximately 49% of respondents perceived their health status as poor, followed by 35% considering their health status fair (normal), and a mere 8.3% believing their health status to be good. The study's conclusion highlights the connection between individuals' perception of their health status and their propensity to seek health support. The researcher advocates for increased efforts to prevent and manage substance abuse among youth, emphasizing strategies that promote an understanding of the significance of recognizing one's own health status. Collaborative action between the government and Civil Society Organizations (CSOs) is recommended to address individual health status and combat substance abuse in Tanzania.

Keywords:- Self Perceived, Health Status, Substance use Disorders, Kinondoni, Tanzania.

I. INTRODUCTION

Self-perceived health status is a fundamental metric in health research, providing significant insights into how individuals perceive and evaluate their overall well-being (Jylhä, 2009). This subjective assessment encompasses multiple dimensions of health, such as physical, mental, and social aspects, making it a comprehensive reflection of an individual's holistic experience of health. Unlike clinical measurements, self-perceived health status incorporates psychosocial and environmental factors, allowing researchers to gain a broader understanding of an individual's health perception. This subjectivity is particularly relevant when examining individuals with substance use disorders (SUDs), as it provides a unique perspective on how their health is influenced beyond traditional clinical indicators.

The importance of studying self-perceived health status cannot be overstated. This measure is instrumental in capturing the inherently subjective nature of well-being (Bombak, 2013). Unlike objective clinical data, self-perceived health status provides a direct window into how individuals evaluate their own health. It goes beyond physiological parameters, encompassing a broad spectrum of health-related dimensions, including the physical, mental, and social aspects of well-being. This holistic perspective makes it an indispensable tool for understanding an individual's overall health experience.

For individuals with substance use disorders (SUDs), the study of self-perceived health status takes on added significance. These individuals often struggle with complex and multifaceted health challenges, making their subjective assessments of well-being particularly insightful (Rehm, 2013). Substance use disorders often leads to several health problems, such as mental health disorders, cardiovascular problems, liver damage and increased vulnerability to infectious diseases (Bradshaw, 2012) These consequences of substance use can substantially affect how individuals perceive their own health, as they navigate the symptoms and functional limitations associated with their condition (Rehm, 2010). Therefore, recognizing the subjectivity of self-perceived health status in individuals with SUDs is a critical step in tailoring healthcare interventions to address their unique needs. This understanding can guide the development of targeted strategies for improving the overall well-being of individuals facing the complex challenges of substance use disorders, ensuring that their perspectives and experiences are given the consideration they deserve in the realm of healthcare policy and practice.

Self-perceived health status of individuals dealing with substance use disorders (SUDs) stretches its influence beyond the individual level, with significant societal implications (Rosenberg, 2009). The consequences of substance abuse on self-perceived health status can ripple

through society, affecting various factors of our collective well-being. One key societal impact is the potential reduction in the overall quality of life for individuals affected by SUDs. Substance use disorders often leads to a cascade of health-related issues such as hindered social relationships, and decreased participation in daily activities (Rehm et al., 2009). In addition to a compromised quality of life, substance use disorders-related self-perceived health issues can have far-reaching economic implications. Increased healthcare costs are a significant concern, as individuals with SUDs often require extensive medical and psychiatric interventions (Rehm et al., 2009). The burden on healthcare systems can lead to increased spending and resource allocation, potentially straining the capacity of healthcare providers. Moreover, substance use disorders can affect an individual's productivity, which, in turn, can impact workforce productivity on a broader scale. Reduced work performance and absenteeism due to health issues associated with SUDs can lead to lower productivity levels, affecting businesses and the economy as a whole. Furthermore, this research highlights the potential exacerbation of social inequalities. Individuals with SUDs often face stigma and discrimination, which can be further magnified by their self-perceived health status (Van Boekel et al., 2013). Addressing these disparities is essential for creating a more equitable society.

The findings of this study on self-perceived health status among individuals with SUDs in Kinondoni Municipality, Tanzania, can have far-reaching policy implications (WHO, 2014). These policies may include the development of improved access to substance abuse treatment and mental health services, the implementation of harm reduction strategies, and efforts to reduce the stigma associated with SUDs (NIDA, 2018). Additionally, the outcomes of this study can guide resource allocation, informing the development of targeted public health campaigns and interventions designed to address the complex health challenges faced by individuals with SUDs (UNODC, 2019).

Despite the known impact of substance use disorders (SUDs) on self-perceived health status and its societal consequences, there is a limited body of research that investigates into the factors and mechanisms influencing self-perceived health among individuals with SUDs. Existing studies often focus on the physical health consequences, with little research on self-perceived health status among individuals with substance use disorders and the potential barriers to seeking healthcare services for individuals with SUDs in the context of their self-perceived health. Investigating these dimensions and their interactions is crucial for developing more comprehensive interventions, public policies, and healthcare strategies tailored to the specific needs of this vulnerable population.

The Health Belief Modal (HBM) explains the health seeking and utilization behaviors of youth who are involved in substance abuse. In this study the model is used to study self-Perceived Health Status of Substance Abusers and access to mental health services in Kinondoni Municipality, Tanzania

This model discusses the individual's action to treat and prevent disease through consideration of the following variables which includes: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy.

- Perceived susceptibility: The subjective perception of the risk the individual is at from a state or condition.
- Perceived severity: Subjective evaluation of the seriousness of the consequences associated with the state or condition.
- Perceived threat: this refers to a combination of the perceived susceptibility and the perceived severity of the disorder.
- Perceived benefit: this refers to individual's own conclusion or decisions on the advantages of adopting and continuing with the proposed actions in order to reduce the severity or consequences of the illness.
- Perceived barriers: perceived barriers refer to an individual's evaluation as to what would prevent or hinder him/her from using the available treatment options for substance abuse
- Self-efficacy: this refers to individuals' own belief regarding their capability to practice the suggested health behavior successfully.
- Cues to action: Reminders or prompts to take actions consistent with an intention, ranging from advertising to personal communications from health professionals, family members and/or peers.

II. METHODOLOGY

This paper describes a study that aimed to explore how young individuals involved in substance abuse perceive their own health status in Tanzania's Kinondoni Municipality. The choice of Kinondoni was driven by the high prevalence of substance abuse among the youth there, a fact highlighted by Sudef (2008), which indicated it as having the highest number of young people engaged in substance abuse. The study used a mixed research method guided by pragmatic philosophical principles. It involved gathering, analyzing, and interpreting data through both quantitative and qualitative approaches, following Creswell's convergence model from 2014. The study collected and presented a blend of quantitative and qualitative data simultaneously, recognizing that every method has its biases and limitations. This mixed methodological approach aimed to counterbalance these shortcomings by using diverse data sources and methodologies to enhance the overall validity of the findings.

The sample size was established by referring to Krejcie and Morgan's (1970) table of random numbers, which determines the sample size required for a given population. According to their guidelines, for a population size of 1300, a representative sample size should be at least 297. Considering that Sudef (2008) reported an estimated population size of 1300 for all youth engaged in substance

abuse in Kinondoni Municipality, a sample size of 300 was deemed sufficiently representative. Respondents were selected randomly from the provided sampling frame. The data collection tools included a questionnaire, an in-depth interview guide, and a focus group discussion guide, all of which underwent pre-testing.

Quantitative data underwent analysis using the Statistical Package for the Social Sciences (SPSS) version 20.0. Qualitative data derived from in-depth interviews (IDs) and focused group discussions (FGD) was aligned with the research inquiries, transcribed, and cross-verified to pinpoint recurring themes and theoretical connections. Bryman (2016) notes that employing triangulation ensures the validity of study outcomes. To maintain data quality, various measures were implemented. For instance, a questionnaire underwent validation through pre-testing on 10 respondents (5%) from the chosen sample. Additionally, a three-day training session was conducted for research assistants involved in data collection and processing procedures. Insights from the pre-testing phase were used to refine and adjust the research tools. Throughout daily operations, principal investigators closely supervised data collectors, ensuring completeness of each questionnaire was assessed on a daily basis.

During the actual implementation of this field study, the authors obtained the necessary clearance from the ethics committee of the Open University of Tanzania. Additionally, permission to conduct the study was requested and approved by the Kinondoni Municipal Medical Officer. Throughout the research process, utmost honesty was maintained in the reporting of findings, with no manipulation or unwarranted assumptions. The responses collected were handled with the utmost care to safeguard the privacy of the participants by ensuring their identities remained confidential. Furthermore, participants were assured that the data gathered would solely be used for research purposes. Informed consent was actively sought, and there was no pressure or coercion on the part of the respondents to either participate in the study or decline participation.

III. RESEARCH FINDINGS

A. This Study found the Following Findings in Relation to the Topic.

➤ *Quantitative Results*

Table 1 Perception of Substance Abusers on their current health status

Variable	Response	
	N	(%)
Acceptance of substance use as health problem		
Always	60	20
Most of the time	96	32
Sometimes	95	31.7
Rarely	37	12.3
Never	12	4
Total	300	100
Importance of your health		
Very much	201	67
Much	69	23
Somewhat	18	6
Low	8	2.7
Very low	4	1.3
Total	300	100

Table 2 Perception of Current Health Status

Very good	**22**	**7.3**
Good	25	8.3
Average	105	35
Poor	147	49
Very poor	1	0.3
Total	300	100
Concern on health status		
Some how	9	3
Very much	19	6.3
Much	26	8.7
Rarely	11	3.7
Never	235	78.3
Total	300	100

Feeling shame involved in substance use		
Very much	42	14
Much	91	30.3
Average	45	15
Little	54	18
Very little	68	22.7
Total	300	100
Source: Field Data, 2021		

Table 3 Relationship between Perception of Drug Abuser's Health Status and Health Seeking and Utilization

Perception Variables	Health seeking behaviour			X 2	Df	P value
	Yes	No	Total			
Accept of substance use as a health problem						
Always	25	35	60	8.926	4	0.063
Most of the time	727	69	96			
Sometimes	19	76	95			
Rarely	9	28	37			
Never	3	9	12			
Importance on your health						
Very much	58	143	201	3.753	4	0.440
Much	16	53	69			
Average	5	13	18			
Little	0	5	5			
Very little	2	2	4			
Concern about your health status						
Some what	13	12	25	14.110	5	0.015
Very much	13	27	40			
Much	6	30	36			
Rarely	7	39	46			
Never	44	108	152			
Feeling shame talking about substance abuse problem						
Very much	9	33	42	1.840	4	0.765
Much	23	68	91			
Average	14	31	45			
Little	17	37	54			
Very little	20	48	68			
Current health status						
Very good	7	15	22	5.129	4	0.274
Good	10	15	25			
Average	33	93	126			
Poor	39	108	147			
Very poor	1	0	1			

Source: Field Data, 2021

B. Majority of Participants Considered their Health Status to be Poor and Average

➢ *Qualitative Findings*

"When everything is difficult, and no one accept you in the community, no one listens to you and you even do not know where to go and get help it is usually during that time when one tries to seek help and usually there is no one to help you except your friends who also abuses the substances and so instead of helping you he/she adds more problem to you by giving you more drugs"

"We do not see it as a problem and actually we enjoy abusing the drugs and for those whom you see asking for treatment it is because their heads are not that much strong"

"The problem with substance abuse is that in the initial stage of abusing substances we do not see it as a problem and we are enjoying a lot by abusing the substances, but later on when everything is getting harder and harder then we start regretting and looking for treatment"

"Since I started using these substances, there are a number of bodily changes I have been experiencing including being weak to such an extent that it is hard for me to perform any of my usual daily activities also often feel

uneasy/not comfortable when I do not use it" My health has been constantly deteriorating since I started using these drugs, and I really feel sorry for myself and my family."

"In most cases majority of the youth involved in substance abuse are aware of their health status as a result of using substances, but most of them feel ashamed to express their substance use problem mainly due to the stigma associated leading to a break in good relationship with other community members".

IV. DISCUSSION OF FINDINGS

The findings of this study shed light on the self-perceived health status of individuals engaged in substance abuse. The results demonstrate a significant proportion of respondents perceiving their health status as poor, with 49% of participants falling into this category. This is a concerning revelation as it points to a pervasive sense of poor health among a substantial portion of individuals grappling with substance abuse. It aligns with previous research that has often identified the detrimental impact of substance abuse on one's overall well-being (Bradshaw et al., 2012). These self-assessments are indicative of how individuals view their own health, and such perceptions may carry significant implications for their overall health and well-being.

The 35% of respondents who considered their health status as fair (normal) represent another noteworthy aspect of the findings. This percentage indicates a sizable portion of individuals who, despite their engagement in substance abuse, perceive their health as relatively normal. This raises questions about the factors influencing their perception of health, whether it be a lack of awareness regarding the potential health risks associated with substance abuse, or whether they genuinely experience fewer negative health effects. This finding underscores the complexity of assessing self-perceived health status and the need for a nuanced understanding of individuals' perspectives on their well-being.

Of particular interest is the small proportion, 8.3%, who believed their health status to be good. This optimistic self-assessment within the context of substance abuse is a point of intrigue. It suggests that some individuals may underestimate the negative health consequences of their substance use or that their substance use patterns might not have yet produced noticeable health deterioration. However, the study's conclusion reveals a critical connection between how individuals perceive their health status and their willingness to seek health support. This highlights the importance of recognizing these varying self-assessments, as they may influence an individual's readiness to engage with healthcare services. It also underscores the significance of tailored interventions that consider the diverse perceptions of health status within this population, whether it be to provide preventive education for those who underestimate their health risks or to address the needs of those who correctly perceive their health as poor (Kazimoto, 2014).

V. CONCLUSION AND RECOMMENDATION

In conclusion, the self-perceived health status among youth involved in substance abuse is a multifaceted issue. These findings emphasize the need for healthcare providers, policymakers, and researchers to consider the wide range of self-assessments within this population. Recognizing that individuals' perceptions of their health can significantly impact their healthcare-seeking behaviors underscores the importance of a comprehensive and individualized approach to addressing substance abuse. This approach should take into account the diverse self-assessments and varying levels of health awareness within the population, ultimately promoting more effective interventions (Ndayongeje et al., 2018)

Tailored Health Education Programs: The study's findings underscore the importance of tailored health education programs for individuals engaged in substance abuse. Recognizing that a significant proportion perceives their health status as poor, these programs should focus on increasing awareness about the potential health risks associated with substance abuse. Targeted interventions should aim to provide clear, evidence-based information about the specific health consequences that can result from various substances and patterns of use. These programs can be delivered through multiple channels, including schools, community canters, and online platforms, to ensure broad accessibility.

Accessible and Stigma-Free Healthcare Services: To encourage individuals involved in substance abuse to seek health support, it is crucial to create accessible and stigma-free healthcare services. Reducing barriers to entry, such as cost or geographical distance, can promote early intervention and preventive care. Additionally, healthcare providers should receive training on delivering non-judgmental care to substance abusers, fostering a safe and supportive environment for those who may be hesitant to seek assistance.

Comprehensive Assessment and Referral: Healthcare providers and social workers should employ a comprehensive approach to assessing the health and social needs of individuals engaged in substance abuse. Beyond addressing substance-related health issues, professionals should explore mental health, social support systems, and socioeconomic factors that can influence an individual's well-being. This holistic assessment can guide appropriate referrals to substance abuse treatment programs, mental health services, and social support networks. It is essential to address the multifaceted challenges faced by this population.

Research on Optimistic Self-Perception: The study highlights the intriguing finding that a small percentage of individuals involved in substance abuse perceive their health status as good. Further research is needed to understand the factors contributing to this optimistic self-assessment. This can help identify protective factors that may reduce the impact of substance abuse on health or inform interventions that promote healthier behaviors and attitudes. Such research

can also guide the development of motivational interventions to encourage these individuals to maintain their positive health perceptions while adopting healthier lifestyles.

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