

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

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FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND PREVALENCE OF
TRAMADOL ABUSE AMONG STUDENTS OF PRESBYTERIAN SENIOR HIGH
SCHOOL, BEREKUM**

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2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused to assess the knowledge and prevalence of tramadol abuse among students of Presbyterian Senior High School, Berekum. A descriptive study design was used to collect in-depth information for the study. The sample population was obtained using a proportionate stratified sampling technique. A total of 100 students were sampled for the study. The data for the study was collected by administering the questionnaire to the participants.

The study found that Majority 63 (63%) of the respondents strongly agreed that taking larger amount of tramadol over time is a sign of tramadol addiction. Most 68 (68%) of the respondents strongly agreed that Tramadol should not be used by people younger than 18 years. Majority 78 (78%) of the respondents strongly agreed that peer pressure can influence one into tramadol abuse. Majority 45 (45%) of the respondents indicated that they heard about tramadol abuse on television. Majority 51 (51%) of the respondents indicated that peer pressure can cause one to abuse tramadol. Majority 41 (41%) of the respondents indicated that people abuse tramadol to relieve pain. Majority 47 (47%) of the respondents indicated that prolonged use of tramadol can cause heart attack. Majority 56 (56%) of the respondents strongly agreed that tramadol abuse can cause physical deformity.

The study concluded that majority have heard about tramadol abuse, most of the respondents strongly agreed that taking larger amount of tramadol over time is a sign of tramadol addiction and majority indicated that prolonged use causes heart attack.

TABLE OF CONTENT

| | |
|--------------------------------------|-------------------------------------|
| DECLARATION | Error! Bookmark not defined. |
| ABSTRACT | i |
| TABLE OF CONTENT | iii |
| LIST OF TABLES | vi |
| LIST OF FIGURES | vii |
| ABBREVIATION..... | viii |
| ACKNOWLEDGEMENT | ix |
| CHAPTER ONE..... | 1 |
| INTRODUCTION | 1 |
| 1.0 Background Information | 1 |
| 1.1 Problem Statement | 4 |
| 1.2 General Objective..... | 5 |
| 1.3 Specific Objectives..... | 5 |
| 1.4 Operational Definition..... | 6 |
| CHAPTER TWO | 7 |
| LITERATURE REVIEW | 7 |
| 2.0 Introduction | 7 |
| 2.1 Knowledge on Tramadol Abuse..... | 7 |

| | |
|---|----|
| 2.2 Prevalence of Tramadol Abuse | 9 |
| 2.3 Effects of Tramadol Abuse | 11 |
| CHAPTER THREE | 13 |
| MATERIALS AND METHODS..... | 13 |
| 3.0 Introduction | 13 |
| 3.1 Study area..... | 13 |
| 3.2 The study population..... | 14 |
| 3.3 Study design | 14 |
| 3.4 Sampling technique and Size | 14 |
| 3.5 Data collection methods and instruments..... | 15 |
| 3.6 Data analysis techniques | 15 |
| 3.7 Ethical consideration..... | 15 |
| 3.8 Limitation of the study | 15 |
| CHAPTER FOUR..... | 16 |
| DATA ANALYSIS AND RESULTS..... | 16 |
| 4.0 Data Presentation & Analysis | 16 |
| 4.1 Demographic Profile of Respondents | 16 |
| CHAPTER FIVE | 23 |
| DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS..... | 23 |
| 5.0 Introduction | 23 |

5.1 Discussions..... 23

5.1.1 Knowledge on Tramadol Abuse..... 23

5.1.2 Prevalence of Tramadol Abuse 24

5.2 Conclusion..... 25

5.3 Recommendations 25

LIST OF TABLES

| | |
|---|----|
| Table 1: Age Distribution of Respondents..... | 16 |
| Table 2: Respondents knowledge on Tramadol Abuse..... | 19 |
| Table 3: Source of respondents' information..... | 20 |
| Table 4: Causes of tramadol abuse | 20 |
| Table 5: Reason for tramadol abuse..... | 21 |
| Table 6: Effects of tramadol abuse | 21 |
| Table 7: Physical effect of tramadol abuse | 22 |

LIST OF FIGURES

| | |
|---|----|
| Figure 1: Awareness of Tramadol Abuse | 18 |
|---|----|

ABBREVIATION

| | |
|--------|---|
| WHO | World Health Organization |
| FDA | Food and Drugs Board Authority |
| UN | United Nations |
| LGA | Local Government Area |
| SPSS | Statistical Package for Social Sciences |
| PRESEC | Presbyterian Senior High School |

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CHAPTER ONE

INTRODUCTION

1.0 Background Information

Every country strongly emphasizes the health of their youth. Unfortunately, there has been a considerable increase in the use of drugs, alcohol, and tobacco, specifically among the youth. Drug and substance abuse is one of the major problems affecting the health of adolescence in a nation. It has become a common trend all over the world and as the most crucial social disorder and has invaded the human community (Eleonora, Alexander, & Anders, 2022). Addiction of drugs among the younger people would cause complete destruction and degradation of that community. Despite prohibitions, illicit use of psychoactive substances is fairly widespread in many societies particularly among young adults, the usual purpose being to enjoy or benefit from the psychoactive properties of the substance (Eleonora, Alexander, & Anders, 2022).

One of the drugs which have been associated with this typical trend is Tramadol, a drug first developed in Germany in the 1970s and then introduced in the 90s as a centrally acting analgesic properties which are similar to those of codeine and morphine and which are widely prescribed as pain killer (Olsson, Öjehagen, Brådvik, Kronstrand, & Hakanss, 2017).

Tramadol (Brand name: Ultracet) is a synthetic (man-made) pain reliever (analgesic).

Researchers and doctors do not know the exact mechanism of action of tramadol, but it is similar to morphine. Like morphine, tramadol binds to receptors in the brain (narcotic or opioid receptors) that are important for transmitting the sensation of pain throughout the body to the brain (Elliason, Sandwo, Asechaab, Kpankpari, & Asiaktiwen, 2018).

Drug abuse is an age-old problem that has taken a toll on society and health systems. Many people, particularly young people, engage in drug abuse for varied reasons, including physical, psychosocial, educational, political and moral gains. The past decade has witnessed changing trends in the patterns of drug and substance abuse, with tramadol emerging as a leading drug that is widely patronized in the West African sub-region (Wakil & Ibrahim, 2017). Tramadol is an analgesic with an opioid-like effect when taken orally (Global Commission on Drug Policy, 2017). It is primarily prescribed to treat mild to severe pain in both acute and chronic conditions (Abdel-Hamid, Andersson, Waldinger, & Anis, 2016).

According to Olsson et al. (2017), approximately 32% of adolescents in Malmö, Sweden, abuse tramadol. While the level of abuse of tramadol is well documented elsewhere, estimates on the level of abuse of the drug are unclear in Africa due to the lack of studies on the epidemiological statistics of tramadol abuse in the continent. However, there is evidence of a growing trend of abuse of tramadol in most African countries, particularly Togo, Ghana, Libya and Egypt among others (WHO, 2017). Data available suggest that the annual seizures of tramadol in sub-Saharan Africa have risen from 300 kg in 2013 to more than 3 tons in recent years, with Nigeria, Ghana, Togo, Sierra Leone, Cameroon and Côte d'Ivoire as the major transit or destination countries for tramadol (Salm-Reifferscheidt, 2018). In 2015, nearly 70% of people treated in a state addiction facility in Egypt were addicted to tramadol (Salm-Reifferscheidt, 2018). Again, in neighboring Nigeria, tramadol abuse has a prevalence rate of approximately 54.4%, with over 91% of these dependents obtaining the drug without prescriptions (Wakil & Ibrahim, 2017).

In Nigeria, The National Drug Law Enforcement Agency (2015), reports that, 3.2 million people over the age of 18 in Nigeria, used tramadol for non-medical reasons in their lifetime. The prevalence of Tramadol Abuse is 54% and over 65% of tramadol users were within 18-37 years

of age, while the average age of onset of use was 24 years (Liu, Lianz and Ren 2014). The major mode of initiation into tramadol use was peer influence and 63% used over 200mg per day. The primary reasons for tramadol abuse was reported as relief of tiredness, stress and pain 48%, prolonging of sexual enhancement and intercourse 40% and compulsive urge was 12% (Bashirian, 2014).

In Ghana and most countries in the West African sub-region, tramadol is not on the list of controlled substances regulated by the Food and Drugs Authorities, because it is believed to have a low abuse potential compared with the prototypic opioids such as morphine (Salm-Reifferscheidt, 2018). This has made the drug readily available in pharmacies, chemical shops and the black market and can be acquired without a prescription. Although the significance of tramadol abuse potential has been questioned (WHO, 2017), other evidence suggests that the drug has a clear risk of producing high abuse and dependence even among people without a history of substance abuse (Zhang & Liu, 2018). There have been several reports on the side effects of tramadol, especially when taken in higher doses (Oguntona & Adelowo, 2018). These side effects, among others, include nausea and vomiting, constipation, sweating, dizziness, seizures and postural hypotension among others (Oguntona & Adelowo, 2018; Zhang & Liu, 2018). According to Salm-Reifferscheidt (2018), tramadol mixed with energy drink is a common remedy for enhanced sexual performance among men in neighbouring Benin and Nigeria.

In 2016, tramadol abuse became a major concern in Ghana. Intelligence assembled, by the FDA across the country pointed to disperse incidence. As rapid response measure, the FDA determinedly conducted a series of raids in three target region (Northern, Volta and Western) to confirm reported case (Jamila, 2018).

In a statement copied to Joy News, the Pharmaceutical Society of Ghana stated that “the strengths approved for use in Ghana by the FDA are the 50mg and 100mg oral capsules,” not 200mg/250mg as it has found to be circulating in markets in the country (Pharmaceutical Society of Ghana, 2017). Just recently Ghana News Agency (2017) reported that Food and Drugs Authority (FDA) has decried the increasing abuse of Tramadol, a pain reliever, among the youth and called for concerted effort by stakeholders to curb the trend.

1.1 Problem Statement

Former Secretary General of the UN, Kofi Annan (2010), once said *“If you think that you and your family are immune to the drug problem, think again! Drugs are not a problem solely for the poor, the rich minorities or inner-city residents. The drug problem affects everyone”*.

Drug abuse and addiction has become one of the most important public health problems in recent years. Information providing role of lay theories is undeniable in preventive and rehabilitative works related to drug addiction (WHO, 2017). Younger people are more prone to drug abuse (Oguntona & Adelowo, 2018).

Despite the damaging outcomes of substance use, there is an increasing rate of substance use among young people globally. Psychoactive substance use and related issues continues to receive research attention across the globe, however, due to increasing urbanization of the country, there is a tendency of changing patterns in psychoactive substance use therefore, the need to constantly update information on the use of these substances among adults and young adults (Ehwarieme & Emina, 2022).

Quantitative data on tramadol abuse in Ghana are not readily available. Even so, reports from the Food and Drugs Authority (2018) pronounce that the proliferation and abuse of tramadol in

higher doses continues to remain a major public health concern in the country (Food & Drugs Authority, 2018).

Tramadol ought to be taken under the monitoring and supervision of the doctor. However, any form of an attempt to subject the drug to constant use precariously leads to addictions which in some case may lead to death (Anzaku, 2019).

The abuse of tramadol among the people of Surulere local government, Nigeria indicates that 30% both male and female aged between 14 and 30 years have abused tramadol at least one time, and there are many people who are increasingly dependent on the drug with some becoming seriously addicted (Ibrahim et al., 2017).

Tramadol abuse liability is underestimated and the evidence of abuse and dependence is emerging in the Wassa Amenfi West Municipal Assembly in the Western Region of Ghana. It has many health and social consequences especially among the youth. The availability of tramadol in our Ghanaian community should be highly regulated since its abuse among the youth is on the ascendency (Elliason, et al., 2018).

This incidence has not been properly researched. It is therefore based on this context that there is an urgent need to conduct an assessment on the knowledge and prevalence of tramadol abuse among students of Presbyterian Senior High School, Berekum.

1.2 General Objective

To assess the knowledge and prevalence of tramadol abuse among students of Presbyterian Senior High School, Berekum.

1.3 Specific Objectives

1. To determine the knowledge on the abuse of tramadol

2. To assess the prevalence of tramadol abuse
3. To obtain the effects of tramadol abuse.

1.4 Operational Definition

Tramadol: Tramadol, sold under the brand name Ultracet among others, is an opioid pain medication used to treat moderate to moderately severe pain.

Tramadol abuse: use of tramadol without medical reasons and the daily dose exceeding 400-600mg.

Knowledge: Knowledge is a familiarity, awareness, or understanding of someone or something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning.

Prevalence: a proportion of a population who have a specific characteristic in a given time period.

Students: people who are studying at the university or other place of higher education

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter chronicles the existing current empirical studies related to the present study. The source will be derived from published nursing journals, newspaper articles, academic resources and search engines on the research topic on the internet such as PUBMED, Google Scholar.

2.1 Knowledge on Tramadol Abuse

A descriptive cross-sectional study was conducted by Anzaku (2019) among teenagers and adults in Surulere Local Government Area (LGA), Nigeria. Purposive sampling was relied to enable the researcher to recruit participants with a variety of demographic characteristics and thereby garner a diversity of perspectives. A total of 120 respondents were sampled for the study. Items of the questionnaire were constructed in consideration of the requirement of each variable and objective of the study. The study used statistical package for social sciences SPSS to analyze quantitative data. The study found that (84.7%) of the respondents had heard of tramadol abuse.

A descriptive cross-sectional survey was conducted by Elliason et al. (2018) at Western Region of Ghana. Structured questionnaire was used as the major instrument for the collection of data. A sample size of 300 respondents was used through the use of simple random sampling technique. Quantitative data analysis methods were used with the aid of Statistical Package for Social Sciences (SPSS) version 21.0 in the analysis of the data. The study found that majority (84.7%) of respondents knew about tramadol abuse of which more happened to be males. The study also found that participants take higher doses of tramadol. Preponderance (84%) of respondents affirmed they knew people who use tramadol while the remaining (14%) indicated No. The study

found that majority (84%) of the respondents affirmed they got information from their friends/peers, followed by pharmacy or drug store (28%), radio/internet//TV (16%) and Books (5%).

An exploratory study conducted by Boateng (2018) at Sunyani on the knowledge, cause and effect of the use of tramadol showed that; (91.2%) of respondents aged 22-35 had heard of tramadol abuse. The older the respondent, the higher the possibility to have heard about tramadol abuse, (61.7%) of the youth have heard about drug abuse.

A descriptive cross-sectional study was conducted by Ibrahim, Omar and Shimaa (2022), among students of Cairo University, Egypt. A judgmental sampling technique was employed in the recruiting of participants for the study. A total of 177 respondents were sampled for the study. Items of the questionnaire were constructed in consideration of the requirement of each variable and objective of the study. The study used statistical package for social sciences SPSS to analyze quantitative data. The study found that majority (74.0%) of the respondents knows about tramadol abuse.

A descriptive cross-sectional study was conducted by Manar, Hend, Mahmoud, Fawzy, Rehab and Taalab (2022), among students of Sudan Government University, Sudan. Convenience sampling was employed in the conducting of the study. A total of 100 respondents were sampled for the study. A self-administered electronic questionnaire was used to collect data for the study. The study used statistical package for social sciences SPSS to analyze quantitative data. The study found that majority (80%) of the respondents knew about tramadol abuse.

2.2 Prevalence of Tramadol Abuse

Scholar like Isanedighi (2017) depicted that the reason for tramadol abuse among youths is the need to survive in other, to cope with challenges of life that includes hunger, sex drive and altered state etc.

Haladu (2019) opined that, experimental curiosity is one of the factors that is responsible for tramadol abuse thus motivates adolescents into abusing drugs. That the first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue. Peer pressure plays a major role in influencing many adolescents into tramadol abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms. Many parents have no time to supervise their sons and daughters. They have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases tramadol abuse.

In the opinion of Mahmoud (2020), the factors responsible for tramadol abuse can be linked to fact that; it creates a morphine-like euphoric effects that can last up to eight hours, it has desired effects similar to other opiates including; feelings of euphoria, feeling numb or detached from one's body, feeling lethargic and heavy, also feeling relaxed and calm. A contributing factor is its accessibility and its offer for premature ejaculation in men.

Hassan (2018) reported that some youth in the Kpandai District in the Upper West Region have become addicted to Tramadol, using it in large doses and mixing it with some energy drinks such as Storm, 5star, Rush and many others to boost their energy without medical prescription. He believes that, the youth, including students, reportedly also take the drug to increase their desire

during sexual intercourse with their partners and also to help them to sit over night to learn, which is not healthy for the human body.

A descriptive cross-sectional survey was conducted in Western Region of Ghana. Structured questionnaire was used as the major instrument for the collection of data. A sample size of 300 respondents was used through the use of simple random sampling technique. Quantitative data analysis methods were used with the aid of Statistical Package for Social Sciences (SPSS) version 21.0 in the analysis of the data. The study found that more than half (55%) of the respondents affirmed the main purpose of tramadol as energy booster, (30%) said it enhances sexual ecstasy, whereas (15%) of the respondents indicated relieving of pains (Elliason, et al., 2018).

A qualitative exploratory descriptive design was employed in conducting among the youth in Northern Ghana. A total of 18 participants were purposively sampled. Data for the study were collected through two focused group discussions and three in-depth- interviews. It was revealed that many young people initially get into tramadol abuse because of peer pressure, curiosity or post-traumatic addiction. However, they often continue the practice for various physical and psychological gratifications including euphoria, attentiveness, high energy levels, pain relief and improved sexual performance (Fusieni, Afizu, Yakubu, & Nachinab, 2019).

A community-based analytic cross-sectional study involving 420 respondents was conducted in Jirapa Municipality in the Upper West Region. The participants were selected using a multistage sampling technique. Semi structured questionnaire was used to generate the data. The study found that the first three commonest reasons why majority of respondents took tramadol were peer influence (38.8%), improve physical performance (37.5%), and improve physical strength/become more active (24.3%). A higher proportion (63.2%) of the respondents believed

that there are extraordinary benefits associated with abusing tramadol. Therefore, the perception of respondents on the benefits of tramadol use was significantly related to its abuse. It was observed that quite majority (65.1%) did not have adequate knowledge on the dangers/consequences associated with tramadol abuse (Saapire, Mamillah, Tanye, & Abubakari, 2021).

In a study carried out by Ibrahim et al. (2017) on tramadol abuse among patients attending an addiction clinic in North-Eastern Nigeria, the primary reasons why subjects abused tramadol on a continuous basis were; to relieve tiredness (28.7%, n=37), to prolong time of sexual intercourse (22.5%, n=29), and compulsive urge (14.7%, n=19) respectively. Curiosity and experimentation (33.3%).

A study conducted in wong and malde (2016), reported that in spite of the enormous side effect, many people continue to abuse tramadol for physical, psychosocial and sexual reasons. There have been evidences on the positive effect of tramadol on sexual performance of man. Tramadol result in a significant improvement in partner sexual satisfaction.

2.3 Effects of Tramadol Abuse

The most commonly reported adverse drug reactions are nausea, vomiting, sweating, itching and constipation. Drowsiness is reported, although it is less of an issue than for non-synthetic opioids. Patients prescribed tramadol for general pain relief with or without other agents have reported withdrawal symptoms including uncontrollable nervous tremors, muscle contracture, and thrashing in bed like restless leg syndrome if weaning off the medication happens too quickly (Anzaku, 2019).

Tramadol can have undesired side effects, similar to other opioid drugs these include; nausea, vomiting, constipation, dizziness, drowsiness, headache, loss of appetite and dry mouth. There is also a known risk of seizures and convulsions, physical dependence on tramadol may occur; Withdrawal reactions can include restlessness, agitation, anxiety, sweating, insomnia, hyperkinesia, tremor, parenthesis, and gastrointestinal symptoms. It may cause serotonin syndrome when combined with other drugs that also increase serotonin (Fudin, Babin, Hansen, & Ray, 2017).

A descriptive research design was utilized to conduct a study among students of Benha University. Stratified random sample was used in this study. A structured interviewing questionnaire was used to collect data. Computerized data entry and statistical analysis were done using Statistical Package for Social Science (SPSS) version 20. The study found that 48.7% of students had average knowledge on the effect on tramadol while 18.1% of students had poor knowledge about tramadol and 33.2% of students had a good knowledge on the effect on tramadol (Abdelfattah, Abdelaal, & Sobhy, 2019).

A qualitative exploratory descriptive design was employed in conducting among the youth in Northern Ghana. A total of 18 participants were purposively sampled. Data for the study were collected through two focused group discussions and three in-depth- interviews. The study revealed some unpleasant side effects of tramadol abuse such as severe vomiting, loss of appetite, seizures, emotional aloof- ness and irritability (Fusieni, et al., 2019).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter details, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

3.1 Study area

The study will be carried out at Berekum Presbyterian Senior High School (PRESEC). The school is located in the southern part of Berekum, off the Berekum-Sekwai road. According to the headmaster, the school has a student population of about 2,500. The school was established on the 4th March, 1993. The school runs five courses; General Science, General Arts, Home Economics, Business, Agriculture Science and Visual Arts. There are 125 teaching and 26 non-teaching staff. The teaching staffs include the Headmaster, Assistant Headmaster, heads of departments, accountants and teachers. The non-teaching staffs include, drivers, security men, cooks and cleaners. The settlement type of the schools' building is a nucleated one with building mainly built with blocks and roofed with aluminum sheets. The school has an administration block, a class room block made up of forty (40) classrooms, staff common room, a conference hall, an assembly hall, a canteen, a dining hall and a kitchen. There is a well-furnished computer laboratory, a well-furnished practical hall for home economics students, science laboratories for science students as well as a well-furnished library in the school. The school has a day and boarding system. The school has buses which convey students.

3.2 The study population

The target population is students of Berekum Presbyterian Senior High whereas the accessible population is all science students in the school.

3.3 Study design

A descriptive study design was used for the study. This design was used for the study because there was the need to describe the characteristics of the phenomenon being studied. The design also allows for us to observe the students in their natural and unchanged environment. The data collection in descriptive research allows for the gathering of in-depth information about the research problem.

3.4 Sampling technique and Size

The proportionate stratified sampling technique will be used to select samples for the study. This was chosen because sampling is made from all the strata thereby making the overall sample unbiased as well as ensuring that equal proportions of each stratum are well represented.

The accessible population for the study is all science students with a population of 850. They will be grouped into various classes (stratum), that is Science 1 (310 students), Science 2 (289 students) and Science 3 (251 students). The sample size for the study will be 100 students. The total number of students from each class was obtained by dividing the sample size of the study by the population size and multiplying the result by the total number of students in each class. A lottery method was used to recruit 36 students from science 1, 34 students from science 2 and 30 students from science 3.

3.5 Data collection methods and instruments

Data collection will be done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas. This was chosen as the method of data collection because it is relatively cheaper, avoided embarrassment on the part of the respondents, and the complete anonymity of respondents. Questionnaires were shared with the students in their various classrooms during the class period. We will explain to them how the questionnaires were to be filled. Each student used a maximum of 20 minutes to complete the questionnaire.

3.6 Data analysis techniques

The data obtained from the study were checked for accuracy, utility, and completeness. Data were analyzed using Microsoft Excel 2013 and results were presented in tables and figures.

3.7 Ethical consideration

An introductory letter was obtained from the Administration of the school before we conducted the study. The respondents were well informed about the purpose of the study and their consent was sought. Respondents were assured of anonymity and confidentiality by not providing any form of identification on the questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study. Respondents will be allowed to participate and withdraw from the study voluntarily at any time without any penalty.

3.8 Limitation of the study

The limitations to this study were, the limited time with which we had to complete the study and the smaller sample size that was chosen for the study. Because the sample size was small, we could not generalize the study findings.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Profile of Respondents

Table 1: Age Distribution of Respondents

| Variable | Categories | Frequency (n) | Percentage (%) |
|------------------------|------------|---------------|----------------|
| Characteristics Age | 14-16 | 62 | 62 |
| | 17-19 | 34 | 34 |
| | 20-22 | 4 | 4 |
| | Above 22 | 0 | 0 |
| Sex | Male | 26 | 26 |
| | Female | 74 | 74 |
| Marital Status | Single | 100 | 100 |
| | Married | 0 | 0 |
| Program | Science 1 | 36 | 36 |
| | Science 2 | 34 | 34 |
| | Science 3 | 30 | 30 |

From Table 1 above 62 (62%) of the respondents were aged between 14-16 years, 34 (34%) of the respondents were aged between 17-19 years. Few 4 (4%) of the respondents were aged between 20-22 years. None of the respondents were aged above 22.

The majority 74 (74%) of the respondents were females and 26 (26%) were males.

All 100 (100%) of the respondents were single and none of the respondent were married.

Less than half 36 (36%) of the respondents offered science 1, 34 (34%) offered science 2 and 30 (30%) of the respondents offered science 3.

4.2 Distribution on Awareness of Tramadol Abuse

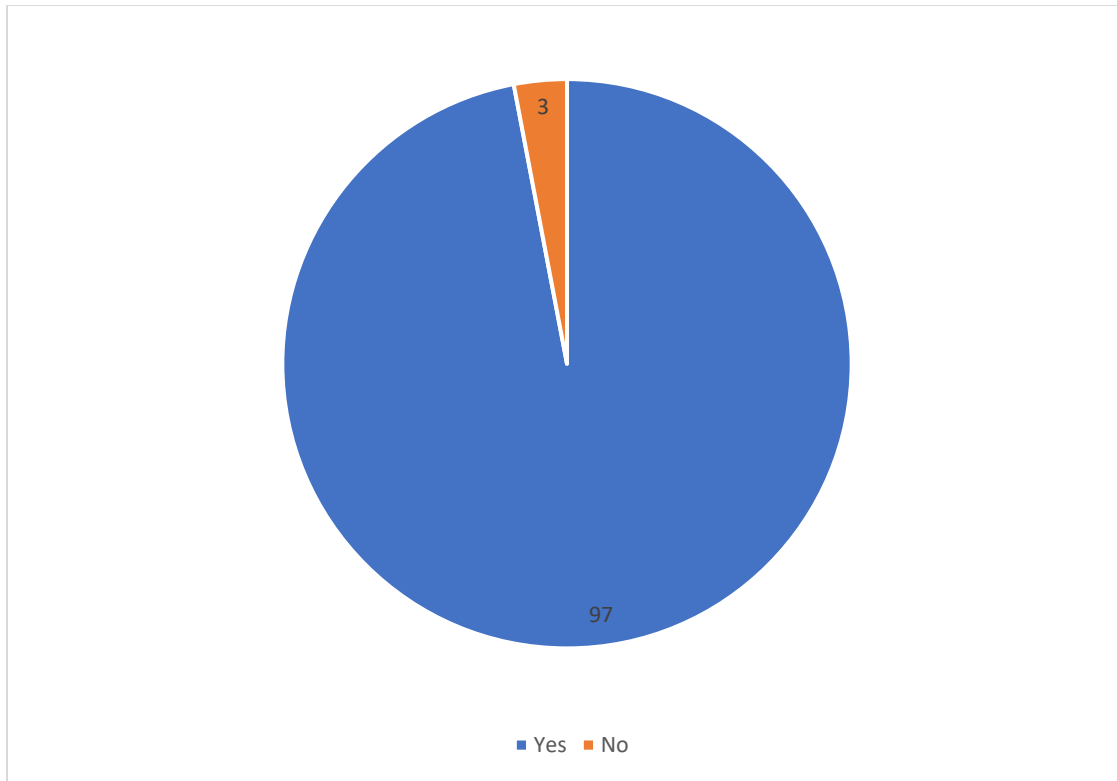


Figure 1: Awareness of Tramadol Abuse

From figure 1, majority 97 (97%) of respondents have heard about tramadol abuse and only 3 (3%) of the respondents have no knowledge about tramadol abuse.

Table 2: Respondents knowledge on Tramadol Abuse

| Statement | | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|---|--------------------------|-----------------|--------------|-----------------------|
| Taking larger amount of tramadol over time is a sign of tramadol addiction | n | 0 | 2 | 35 | 63 |
| | % | 0 | 2 | 35 | 63 |
| Tramadol is an opioid pain medication | n | 0 | 0 | 13 | 87 |
| | % | 0 | 0 | 13 | 87 |
| Tramadol should not be used by people younger than 18 years | n | 2 | 5 | 25 | 68 |
| | % | 2 | 5 | 25 | 68 |
| Peer pressure can influence one into tramadol abuse | n | 0 | 1 | 20 | 79 |
| | % | 0 | 1 | 20 | 79 |

From table 2 above, majority 63 (63%) of the respondents strongly agreed that taking larger amount of tramadol over time is a sign of tramadol addiction. Less than half 35 (35%) agreed to this assertion. Two percent (2%) of the respondents disagreed and none of the respondents strongly disagreed.

Eighty-seven percent (87%) of the respondents strongly agreed that Tramadol is an opioid pain medication. Thirteen percent (13%) agreed to this assertion.

Most 68 (68%) of the respondents strongly agreed that Tramadol should not be used by people younger than 18 years. Less than half 25 (25%) of the respondents agreed. Few of the respondents 5 (5%) and 2 (2%) disagreed and strongly disagreed respectively.

Majority 78 (78%) of the respondents strongly agreed that peer pressure can influence one into tramadol abuse. Twenty percent (20%) of the respondents agreed and only one percent (1%) disagreed to this assertion.

Table 3: Source of respondents' information

| Variable | Categories | Frequency (n) | Percentage (%) |
|---|---------------------|---------------|----------------|
| Where did you hear about tramadol abuse | Television | 45 | 45 |
| | Books | 37 | 37 |
| | Internet | 17 | 17 |
| | Have used it before | 1 | 1 |

From table 3 above, majority 45 (45%) of the respondents indicated that they heard about tramadol abuse on television. Thirty-seven percent of the respondents heard about tramadol abuse from books. Few 17 (17%) of the respondents heard about tramadol abuse from the internet while only 1 (1%) of the respondents had abuse tramadol.

Table 4: Causes of tramadol abuse

| Variable | Categories | Frequency (n) | Percentage (%) |
|--------------------------|--------------------|---------------|----------------|
| Causes of tramadol abuse | Peer pressure | 51 | 51 |
| | Sexual dysfunction | 24 | 24 |
| | Ignorance | 25 | 25 |

From table 4, majority 51 (51%) of the respondents indicated that peer pressure can cause one to abuse tramadol. Less than half 25 (25%) of the respondents indicated that ignorance can cause one to abuse tramadol and few 24 (24%) of the respondents indicated sexual dysfunction also cause one to abuse tramadol.

Table 5: Reason for tramadol abuse

| Variable | Categories | Frequency (n) | Percentage (%) |
|--|--------------------|----------------------|-----------------------|
| What are some reasons why people abuse tramadol? | To increase libido | 24 | 24 |
| | To booster energy | 35 | 35 |
| | To relieve pain | 41 | 41 |

From table 5, majority 41 (41%) of the respondents indicated that people abuse tramadol to relieve pain, less than half 35 (35%) of the respondents indicated that people abuse tramadol to booster their energy and few 24 (24%) of the respondents indicated that people abuse tramadol to increase libido.

Table 6: Effects of tramadol abuse

| Variable | Categories | Frequency (n) | Percentage (%) |
|-------------------------------------|---------------------|----------------------|-----------------------|
| Prolonged use of tramadol can cause | Happiness | 4 | 4 |
| | Heart attack | 47 | 47 |
| | Mental disorder | 39 | 39 |
| | Emotional breakdown | 10 | 10 |

From table 6, majority 47 (47%) of the respondents indicated that prolonged use of tramadol can cause heart attack. Less than half 39 (39%) of the respondents indicated that prolonged use of tramadol can cause mental disorder. Few 10 (10%) of the respondents indicated that prolonged

use of tramadol can cause emotional breakdown. Only 4 (4%) of the respondents indicated that prolonged use of tramadol can cause happiness.

Table 7: Physical effect of tramadol abuse

| Statement | | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|-------------------|----------|-------|----------------|
| Tramadol abuse can cause physical deformity | n | 1 | 23 | 20 | 56 |
| | % | 1 | 23 | 20 | 56 |

From table 7, majority 56 (56%) of the respondents strongly agreed that tramadol abuse can cause physical deformity. Less than half 23 (23%) of the respondents disagreed that tramadol abuse can cause physical deformity. Twenty percent 20 (20%) of the respondents agreed and only 1 (1%) strongly disagreed that tramadol abuse can cause physical deformity.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusion, and recommendations.

5.1 Discussions

5.1.1 Knowledge on Tramadol Abuse

Respondents were asked if they have heard about tramadol abuse. Majority 97 (97%) of respondents indicated that they have heard about tramadol abuse and only 3 (3%) of the respondents have no knowledge about tramadol abuse. Similarly, to a study conducted by Elliason et al. (2018) which found out that majority (84.7%) of the respondents knew about tramadol abuse of which more happened to be males. Again Ibrahim, Omar and Shimaa (2022) conducted a study among students of Cairo University, Egypt found out that majority of the respondent (74.0%) knows about tramadol abuse. Again Boateng (2018) conducted a study at Sunyani on the knowledge, cause and effect of the use of tramadol which showed that; (91.2%) of the respondents of aged 22-35 had heard of tramadol abuse.

Majority of the respondents indicated that they heard about tramadol abuse on television. Similarly, to a study conducted by Elliason et al. (2018) which found out that majority of the respondents affirmed they got information from their TV/radio/internet, friends/peers, followed by pharmacy or drug store and Books.

5.1.2 Prevalence of Tramadol Abuse

Majority of the respondents indicated that peer pressure can cause one to abuse tramadol. These findings are in line with the study conducted by Haladu (2019) which found out that Peer pressure plays a major role in influencing many adolescents into tramadol abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends.

Majority of the respondents indicated that people abuse tramadol to relieve pain, less than half of the respondents indicated that people abuse tramadol to booster their energy and few of the respondents indicated that people abuse tramadol to increase libido. These findings are in line with a study conducted by Elliason, et al (2018) which found out that more than half of the respondents affirmed the main purpose of tramadol as energy booster, thirty said it enhances sexual ecstasy, whereas fifteen of the respondents indicated relieving of pains. Again Fusieni, Afizu, Yakubu and Nachinab (2019) conducted a study which found out that many young people initially get into tramadol abuse because of peer pressure, curiosity or post-traumatic addiction. However, they often continue the practice for various physical and psychological gratifications including euphoria, attentiveness, high energy levels, pain relief and improved sexual performance.

5.1.3 Effects of Tramadol Abuse

Majority of the respondents indicated that prolonged use of tramadol can cause heart attack. Less than half of the respondents indicated that prolonged use of tramadol can cause mental disorder. Few of the respondents indicated that prolonged use of tramadol can cause emotional breakdown. Only 4 of the respondents indicated that prolonged use of tramadol can cause happiness. Similarly, to a study conducted by Fudin, Babin, Hansen and Ray (2017) found out

that the side effects of tramadol abuse include; nausea, vomiting, constipation, dizziness, drowsiness, headache, loss of appetite and dry mouth. There is also a known risk of seizures and convulsions, physical dependence on tramadol may occur; Withdrawal reactions can include restlessness, agitation, anxiety, sweating, insomnia, hyperkinesia, tremor, parenthesis, and gastrointestinal symptoms. It may cause serotonin syndrome when combined with other drugs that also increase serotonin.

5.2 Conclusion

The following conclusions were drawn from the study;

1. Majority of the respondents (97%) have heard about tramadol abuse.
2. Majority of the respondents (63%) strongly agreed that taking larger amount of tramadol over time is a sign of tramadol addiction.
3. Most of the respondents (68%) strongly agreed that Tramadol should not be used by people younger than 18 years.
4. Majority of the respondents (45%) indicated that they heard about tramadol abuse on television.
5. Majority of the respondents (51%) indicated that peer pressure can cause one to abuse tramadol.
6. Majority of the respondents (41%) indicated that people abuse tramadol to relieve pain.
7. Majority of the respondents (47%) indicated that prolonged use of tramadol can cause heart attack

5.3 Recommendations

Based on the findings of the study, the following recommendations are made;

1. Students of Presbyterian Senior High School (PRESEC) should be educated to prevent the abuse of tramadol
2. Students of PRESEC should be encouraged to report people who abuse drugs especially tramadol
3. There should be health care worker in every Senior High School to educate students on how to prevent the use of tramadol and to counsel students who abuse tramadol.
4. Strict law should be made and enforced on students who abuse tramadol.

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APPENDICES

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the above institution researching the topic; knowledge and prevalence of tramadol abuse among students of Presbyterian Senior High School, Berekum.

Kindly answer the under-listed questions by ticking (✓) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [✓] THE APPROPRIATE BOX WHERE APPLICABLE

SECTION A: Demographic Data

1. Age: A. 14-16 [] B. 17-19 [] C. 20-22 [] D. Above 22 []
2. Sex: A. Male [] B. Female []
3. Marital status: A. Single [] B. Married []
4. Program: a. Science 1 [] b. Science 2 [] c. Science 3 []

PLEASE TICK [] THE APPROPRIATE BOX WHERE APPLICABLE

SECTION B: Knowledge of Students on Tramadol abuse

5. Have you ever heard about tramadol abuse

- a. Yes b. No

If yes.

6. Where did you hear about tramadol abuse;

- a. Friend b. Television c. Books d. Others (Specify).....

7. Taking larger amount of tramadol over time is a sign of tramadol addiction

- a. Strongly disagree [] b. Disagree [] c. Agree [] d. Strongly agree []

8. Tramadol is an opioid pain medication.

- a. Strongly disagree [] b. Disagree [] c. Agree [] d. Strongly agree []

9. Tramadol can be used by all age groups.

- a. Strongly disagree [] b. Disagree [] c. Agree [] d. Strongly agree []

10. Peer pressure can influence one into tramadol abuse

- a. Strongly disagree [] b. Disagree [] c. Agree [] d. Strongly agree []

11. Where did you hear about tramadol abuse

- a. Have used it before [] b. Television [] c. Books [] d. Internet []

12. What causes one to be abuse tramadol?

a. Peer Pressure [] b. Sexual disfunction [] c. Ignorance []

13. What are some reasons why people abuse tramadol

a. To increase libido [] b. To booster energy [] c. To relieve pain []

SECTION C: Effects of Tramadol Abuse

14. Prolonged use of tramadol can cause

a. Happiness [] b. Heart attack [] c. Mental Disorders [] d. Improvement in academic performance []

15. Tramadol abuse can cause physical deformity

a. Strongly disagree [] b. Disagree [] c. Agree [] d. Strongly agree []

SECTION D: Prevalence of Tramadol abuse

16. When was the last time you use tramadol?

a. < 1 month [] b. > 1 month [] c. Other (specify).....

17. Do you know a friend(s) who use tramadol?

a. Yes [] b. No []

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)

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Our Ref:
Your Ref: HFNMTC/GC/011/100722

Date October 7, 2022

The Head Master
Presbyterian Senior High School
Berekum

Dear Headmaster

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the underlisted names of final year students of the College:

1. Adu Djan Vincent
2. Adu – Adje Mispa

As part of the pre- requisite for the award of Diploma in Nursing , they are to conduct research study, hence the data collection on the topic "Knowledge and Prevalence of Tramadol Abuse among Students of the Presbyterian Senior High School, Berekum".

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Eric Obeng
Supervisor
For :Principal