Knowledge on Use and Effects of Drug and Substance Abuse among Youth Aged 13 To 24 Years in Raila Village, Kibera Slum, Nairobi, Kenya

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Abstract:
Drug and substance abuse is a global problem and is one of the major problems affecting the youth both in school and out of school as a result of drug and substance abuse. The purpose of the study was to determine the knowledge on use and effects of drugs and substance abuse among the youth aged 13-24 years in Raila village, Kibera slum, Nairobi. The study hoped to provide additional information to the already existing records about drug and substance abuse which can be of much importance to future scholars and those interested in researching on the same issue and the relevant authorities like the Ministry of Health to find out the effective measures to put in place in order to solve this issue. The study used a descriptive cross-sectional study design, involving both quantitative and qualitative methods. The sample size used was 87 respondents. Random Sampling method was used to select the 87 subjects. Data was collected through interviewer administered questionnaires containing both open-ended and closed ended questions and data was analyzed through the statistical Package for Social Sciences (SPSS) version 20 and Microsoft Excel was used for graphical presentation. The study established that majority of the youth (77) out of the 87 respondents aged 13 to 24 years had adequate knowledge on use and effects of drugs and substances abuse although despite the knowledge, some of them were abusing drugs and substances. The study also found out that majority (50%) of the youth who were abusing drugs and substances were the ones who had completed secondary school education but had not gone to tertiary level and those who did not complete secondary school education. The study recommends continuous awareness programs, creation of opportunities and direct intervention measures in order to address the challenge of drugs and substances abuse.
Chapter One: Introduction:

1.1 Background information:

Drug and Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2015). Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO, 2015). Drug and substance abuse is a problem that countries throughout the world have had to contend with for centuries. According to a report released by the Office for National Statistics in the United Kingdom (2013), alcohol related deaths doubled since the early 1990s, from 6.7 per 100,000 people in 1992 to 13.6 per 100,000 people in 2008. The report further shows that the number has consistently increased from the lowest figure of 4,023 in 1992 to 9,031 in 2008.

According to Kanyonyi et al, (2015), the use of alcohol, tobacco, cannabis and other psychoactive substances constitutes one of most important public health problems among youth worldwide. It is estimated that there were between 99,000 and 253,000 deaths globally in 2010 as a result of illicit drug use, with drug-related deaths accounting for between 0.5 and 1.3 per cent of all-cause mortality among those aged 15-64 (World Drug Report, 2012). Drug and substance abuse is becoming an increasing problem in Kenya (Kimani, 2013). This problem inhibits attainment of the individual’s full potential thus jeopardizing lives and careers (Levinthal, 2002 & NACADA, 2012).

1.2 Statement of the problem

Drug and substance abuse is a problem that countries throughout the world have had to contend with for centuries. It is estimated that there were between 99,000 and 253,000 deaths globally in 2010 as a result of illicit drug use, with drug-related deaths accounting for between 0.5 and 1.3 per cent of all-cause mortality among those aged 15-64 (World Drug Report, 2012). Kanyonyi et al, established in a study conducted in the year 2015 that the use of alcohol, tobacco, cannabis and other psychoactive substances constitutes one of most important public health problems among youth worldwide. The substance abuse problem in Kenya is no different from other countries though there may be variations in the magnitude of the problem. A report by NACADA (2007) observed that drugs and substance abuse both licit and illicit are forming a sub-culture in Kenya among the youth which is a big challenge to the Kenyan society and immediate attention is necessary. The abuse of drugs in Kenya is escalating rapidly from alcohol and cigarettes to more dangerous drugs such as marijuana, cocaine and heroin (NACADA, 2007).

A report by Chesang (2013) indicates that by the age of 15, 34% of this age group had used tobacco, 18% cannabis sativa, 32% had abused khat and 5% cocaine in Kenya. According to national statistics from the Rapid Situation Assessment of Drug and Substance Abuse in Kenya (NACADA, 2012), 11.7% of young people aged 15-24 are current users of alcohol, 6.2% use tobacco, 4.7% khat while 1.5% are users of cannabis. In addition, the median age of initiation to tobacco products is 10 years while the minimum is 8 years. Alarmingly, the median age for alcohol is 10 years and the minimum 4 years. The above statistics are an indication of the grave situation faced by children and the youth in Kenya who are already burdened by other socio-economic challenges.
This problem is more in the slum areas especially Kibera, Nairobi whereby drugs and substances like illicit brew are readily available and are sold at a very low cost which ranges from Ksh 10. This puts the youth into a risk of contracting Non-Communicable Diseases like Cancer (Facts and Information about Kibera). Owing to this information, it is imperative to carry out a descriptive qualitative and quantitative research among the youth aged 13-24 years in Raila village, Kibera, Nairobi in order to design effective strategies to remedy the health issues caused by drug and substance abuse.

1.3 Research questions
This study aimed to answer the following research questions:

1. What is the prevalence of drugs and substance abuse?
2. What is the level of knowledge and awareness of drug and substance abuse?
3. What types of drugs and substances are used and abused?
4. What are the effects of drug and substance abuse?

1.4 General Objective
To determine the knowledge on use and effects of drug and substance abuse among the youth aged 13 to 24 years in Raila village, Kibera slum.

1.4.1 Specific Objectives
1. To establish levels of knowledge and awareness on drug and substance abuse.
2. To determine the prevalence of drug and substance abuse.
3. To determine the types of drugs and substances used and abused.
4. To determine the effects of drug and substance abuse.

1.5 Justification and rationale of the study
Drug and substance abuse and use are risk factors to non-communicable diseases like cancer which have currently increased the burden of the disease worldwide. The findings from this research will provide additional information to the already existing records about drug and substance abuse which can be of much importance to future scholars and those interested in researching on the same issue. Understanding the knowledge and effects of drug and substance abuse will help in finding out the effective measures to put in place in order to solve this issue.

1.6 Limitation of the study
This study will only cover the youth aged 13-24 years in Raila, Kibera, Nairobi yet people aged below 13 years and above 24 years in this location could also be experiencing the same problem of drug and substance abuse. In addition, the study will only cover Raila village in Kibera which has a total of 13 villages.

Chapter Two: Literature Review

2.1 Introduction
This section contains the review of the available literature about drug and substance abuse from various scholarly materials. It is divided into sections which are: The concept of drug and substance abuse, Drug and substance abuse as an international problem, Drug and substance abuse in Africa, Drug and substance abuse in Kenya, The drugs and substances commonly available, accessible, affordable and abused in Kenya,
Influence of availability of drug and substance abuse to the society, Influence of literacy level on drug and substance abuse, and Effects of drug and substance abuse on family, community and individual.

2.2 The concept of drug and substance abuse

A drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Escandon & Galvez, 2006). Drug abuse is the self-administration of any manner that diverts from approved medical or social patterns within a given culture (WHO, 2003). Drugs that impact on the psyche of the individual are referred to as psychoactive substances and they include both legal and illegal drugs (NACADA, 2012). The legal or licit drugs and substances are socially accepted and their use does not constitute any criminal offence. Such drugs include alcohol, khat (miraa) and cigarettes. Illegal drugs and substances on the other hand are socially rejected and their use, possession or sale constitutes a criminal offence. Such drugs include cannabis (bhang/marijuana), ecstasy, heroine, mandrax and lysergic acid diethylamide. The youth mostly abuse the legal drugs (NACADA, 2012).

A study by Rew (2005), which was conducted in California, established that psychoactive substances produce in the consumer effects of feeling surplus energy, euphoria, stimulation, depression, relaxation, hallucinations, temporary well-being, drowsiness and sleepiness. They cause physical and psychological addiction to the consumer. Due to the toxicity and addictiveness, drug and substance abuse can be fatal. They poison and degenerate the vital body organs causing diseases like liver cirrhosis, kidney failure and heart attack. This makes the problem of drug and substance abuse in the society complex and requires a lot of attention.

2.3 Drug and substance abuse as an international problem

Drug and substance abuse is a problem that has raised concern all over the world. Drugs abused affect people at all levels of development, they are also introduced at very early age of between 10-14 years (Kyalo, 2010). According to Drammond (2001), in United States of America (USA) about 79.1% of the teenagers drink alcohol. The USA and Japan have the highest smokers in the world (Mvubelo, 2001). In USA marijuana is the most widely used illicit drug among American youth (Mvubelo, 2001). Fishburne (2003) states that an estimated 1.5 million Americans, 12 year and older are chronic cocaine users. Many youth have been attracted to the inexpensive, high purity heroine that can be sniffed.

According to Scanlon, (2003), developing countries often tend to have more complex problem with the abuse of alcohol, tobacco smoking, use of cannabis and the sniffing of glue and other volatile substances due to socio-economic status. Increased movement of people, better communication technology and improved socio-economic status influence the drug trade and increase drug abuse problem (Scanlon, 2003). Drug abusers in the developing countries start and often continue a lifetime of drug abuse with legal drugs, such as alcohol and tobacco smoking and then do not go beyond the abuse of cannabis, whereas abusers in developed countries might start with the abuse of alcohol and cannabis but quickly move to more dangerous drugs or even start with more addictive drugs like ecstasy and cocaine. Millions of lives in both developing and developed countries have been destroyed through illicit drug trading (United Nations on Drug Control and Crime Prevention, 2001).

2.4 Drug and substance abuse in Africa

According to Njuki (2004), there are so many issues confronting Africa hence drug and substance abuse is not looked at with the seriousness it deserves. Both illicit drug trafficking and substance abuse are on the
increase in Africa. Cannabis, methaqualone, heroine and alcohol are among the drugs used across the African continent (Njuki, 2004).

Njuki (2004) continues to state that the injection of heroine has caused heightened concerns as intravenous drug use assists in the continued spread of HIV and AIDS and the breakdown of culture, urbanization and increased use of the continent as a transit point in the international drug trafficking is a major cause of the increase in drug and substance abuse.

A survey conducted between 1997 and 2003 in Bela-bela (rural) and Greater Pretoria Metropolitan area (urban) in Republic of South Africa (RSA) found that use of cannabis among the urban youth was similar to the rural youth (WHO, 2003). 80% of male between 10-14 years and 71% of females aged between 10-14 years had used cannabis at least once, and this occurred at home or at a friend’s home. The reasons given for this drug use were to relieve stress, out of curiosity, for enjoyment and to be sociable.

2.5 Drug and substance abuse in Kenya

Kenya has not been spared the pestilence of drug and it is abundantly clear that it is a transit point for hard drugs from Columbia heading to European capitals (Ngesu et.al, 2008). Drug abuse is a major issue in Kenya, especially in the city of Mombasa and especially among men in their early 20s. In Mombasa and Kilindini, there are approximately 40 locations where drug abusers meet to share drugs. Kenya is among the countries ranked top in Africa for growing Cannabis Sativa, commonly known as bhang and the increased mental health problems among the youth are attributed to this drug (World Drug Report 2010).

A report by NACADA (2007) observed that drugs and substance abuse both licit and illicit are forming a sub-culture in Kenya among the youth and students. This is a big challenge to the Kenyan society and immediate attention is necessary. When a drug is abused it causes brain injury, alterations within the central nervous system are produced, at times irreversible ones. When psych-active substances destroy several thousands of neurons, the consequences are fatal (Kyalo, 2010).

2.5.1 The drugs and substances commonly used and abused in Kenya

Alcohol  is  the  most  commonly  abused  substance  in  Kenya  and  poses  the  greatest  harm  to  Kenyans as evidenced by the numerous calamities associated with excessive consumption and adulteration of illicit brews. Among the different types of alcoholic drinks, traditional liquor is the most easily accessible type of alcohol followed by wines and spirits and lastly chang’aa. In general, 30 % of Kenyans aged 15-65 have ever consumed alcohol in their life; 13.3% of Kenyans currently consume alcohol totaling to at least 4 million people (WHO, 2004).

In Kenya, only 15% of alcohol consumption is recorded and based on this measure Kenyans aged 15 years and above on average consume 1.74 liters of pure alcohol annually which is a moderate level compared to some other African countries (WHO, 2004). Despite legislative attempts to curb drinking, Kenya is still facing its greatest threat from alcohol abuse. Calamities associated with excessive intoxication dementia, seizures, liver disease and early death have done little to deter users. Not even confirmed reports by the Ministry of Health and government agencies such as the National Authority for Campaign against Alcohol and Drug Abuse (NACADA) that illicit brewers have been turning to lethal embalming fluid used in mortuaries have cut the rate of abuse (Gathigah, 2015). In a 2011 report, the Kenyan National Campaign against Drug Abuse Authority, or NACADA, says alcohol and drug abuse are the major social problems in Kenya, with serious public health ramifications.
2.5.2 Drug and substance abuse among the youth in Kenya

In Kenya individuals are introduced to drugs at a tender age. As the habit gains root in them, a big change occurs in their lives. This includes collapsed families and parents who ignore their responsibilities as role models for their children; contributing to drug abuse (NACADA, 2010). Research has shown that the key risk periods for drug abuse are during major transitions in children’s lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage, early adolescence, that children are likely to encounter drugs for the first time. It is important to note that the country has experienced an information technology explosion in recent years, a development that has both positive and negative effects on the youth. The medium for promoting the legal drugs, such as alcohol, have been so explicit that the youth are made vulnerable. A weak justice system, corruption and collusion by law enforcement officers have undermined the war against drug abuse. Drug peddlers and barons are increasingly targeting the youth, most of them below 18 years old (Ngesu et.al, 2008).

2.5.3 Prevalence of drug and substance abuse in Kenya

Drug abuse is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of drug abusers in Kenya are aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC 2004). Taking drugs at an early age of 14 or younger greatly increases the chances of developing drug problems in future. The most commonly abused drugs in Kenya are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs (NACADA 2004). A report by Chesang (2013) indicates that by the age of 15, 34% of this age group had used tobacco, 18% cannabis sativa, 32% had abused khat and 5% cocaine. According to national statistics from the Rapid Situation Assessment of Drug and Substance Abuse in Kenya (NACADA, 2012), 11.7% of young people aged 15-24 are current users of alcohol, 6.2% use tobacco, 4.7% khat while 1.5% are users of cannabis. In addition, the median age of initiation to tobacco products is 10 years while the minimum is 8 years. Alarmingly, the median age for alcohol is 10 years and the minimum 4 years. The above statistics are an indication of the grave situation faced by children and the youth in Kenya who are already burdened by other socio-economic challenges.

2.5.4 The situation of youth in slum dwellings in Nairobi and Kibera

Youth in slum dwellings in Nairobi and Kibera face numerous challenges as they transit from adolescence into adulthood. They find themselves in a rather hostile slum environment characterized by unemployment, poor housing, large family sizes, violence, crime, drug and alcohol abuse, poor education facilities and lack of recreational activities (Onyango & Tostensen, 2015).

2.6 Factors that influence drug and substance abuse

2.6.1 Availability of drugs

People use illegal drugs because of their readily availability and promotion interests of those who are in a position to benefit financially from their sale. Alcohol and cigarettes are termed as gateway drugs because they are the ones that welcome the youth into drug abuse (Indian Preventive Resource Centre, 2003). These drugs are mostly abused because they are readily available (Okoza, Fajoju, Okhihu & Aluede, 2009) among other reasons. School transitions such as from elementary to middle school or middle school to high school can be times that children and teenagers make new friends and are more susceptible to fall into
environments where there are drugs available. Binge drinking has been shown to increase once an individual leaves the home to attend college or live on their own. Most youth do not progress towards abusing other drugs after experimentation. The earlier the drug use, research shows, the greater possibility for continued use. Three exacerbating factors that can influence drug use to become drug abuse are social approval, lack of perceived risks and availability of drugs in the community (National Institute on Drug Abuse, 2003).

2.6.2 Literacy level

Literacy has been described as the ability to read for knowledge and write coherently and think critically about the written word. The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines literacy as the “ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. According to National Literacy Trust (2008), literacy level refers to the level of education and other abilities that may help the youth make informed decisions as regards drug and substance abuse. Drug abuse has great effect on individual’s health, according to a study done by Manganello (2007), health literacy is an important issue in public health today, especially as patients are taking a greater role in obtaining information about their health. Health literacy is commonly defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Given the low literacy levels among the adolescents, it is unclear how well this age group is able to understand process and evaluate health information. According to Kyalo (2010), the youth are introduced to drugs and substance abuse as early as the age of 10-14 years. At this age the youth are in primary school or in their early years of secondary school. This means they have not yet acquired the relevant skills to give them the ability to make decisions on the influence of drugs and substance of abuse. They then get into drug abuse due to lack of knowledge and are addicted hence unable to stop.

2.7 Effects of drug and substance abuse on family, community and individual

Diamond, Barrette & Tejeda (2001) and Preboth (2005) indicate that drug abusers often become so obsessed with the habit that everything going on around them is ignored, including the needs and situations of other family members, leading to breakdown of the family as an entity. Besides possible criminal behavior brought into the home by the drug abuser, the family suffers varying degrees of personal anguish both physically and psychologically (Preboth, 2000). Family members are affected as they watch the destruction of an individual who is close to them (Sweetney & Neff, 2001). Drug and substance abuse have adverse consequences like insomnia, prolonged loss of appetite, increased body temperature, greater risk of hepatitis and HIV and AIDS infection (Perkinson, 2002). Overdose of some drugs abused can lead to sudden death. Some of these drugs and substances cause various forms of cancer, ulcers and brain damage. A study done by Winger, Wood and Hofmann (2004) came up with various physiological effects such as accelerated heartbeat, speeding in the peripheral circulation of blood, alteration of blood pressure, breathing rate and other body functions decline. Drug and substance abuse contributes to the formation of uric acid which accelerates conditions like arthritis, gout, osteoporosis, and heart attack especially for people with coronary hypertensive problems (Kyalo, 2010).

2.8 Conceptual framework

Based on the literature review, the following concepts are relevant to drug and substance abuse. Their relationship is illustrated in the following framework
Chapter Three: Methodology

3.1 Introduction

This chapter discusses the research design, overview of study area, target population, inclusion criteria, exclusion criteria, sampling method, sampling size, data collection method and tool, data collection strategy, data analysis and representation, ethical issues and consideration, conceptual framework, time frame and budget.
3.2 Research design

The study used a descriptive cross-sectional study design which involved use of guided questionnaires to study knowledge on use and effects of drug and substance abuse among the youth aged 13 to 24 years in Raila village, Kibera, Nairobi. It also involved both quantitative and qualitative methods.

3.3 Study site

The study was conducted in Raila village which is one of the villages in Kibera Slum, Nairobi. The Kibera slum is within the city of Nairobi in Kenya. There are approx 1.2 million slum dwellers in Kibera in about 200 settlements in Nairobi representing 60% of the Nairobi population and occupying just 6% of the land (African Population and Health Research Center, 2014). 75% of the population of Kibera are under the age of 18 and 100,000 children living here are orphaned (http://www.lunchbowl.org/the-kibera.html). It is the biggest slum in Africa and the slum environment is degrading and dehumanizing, characterized by abject poverty, corruption, periodic violence and contagious diseases due to environmental pollution. The majority of the slum dwellers are reduced to begging due to lack of employment and opportunities to earn a living for individual wellbeing or provision of their families. Kibera is divided into 13 villages, including Raila, Soweto, Gatwekera, Kisumu Ndogo, Lindi, Laini Saba, Siranga/Undugu, Makina and Mashimoni (http://www.lunchbowl.org/the-kibera.html).

According to Migwi, (2012), the conditions of the people who live in Kibera slums are similar because most of the houses are made of mud and having leaking roofs because they are made of old iron sheets. The whole of Kibera slums also have no drainage system and a result the sewage spread all over especially on the valley side and on trenches. The area therefore stinks very badly and children and grown-ups continue to inhale the bad odor. Pit latrines are also few and so many people especially children help themselves on the path ways. Migwi continues to state that there is no provision of water and therefore people buy water from the water vendors in jars. The biggest percentage in the slums has no formal employment and therefore they are always in search of casual labor on a daily basis to try and make ends meet. Women are mostly involved in casual labor of washing clothes in the surrounding middle class and up market estates. They also do small businesses of selling groceries, charcoal and other basic commodities. These small businesses are not sustainable because the little money they get goes to food and shelter and they end up not taking their children to school because they cannot afford education. Men involve themselves basically with casual labor at construction sites and they have to wake up very early in the morning. There is no guarantee of getting this job because there are thousands of unemployed youths and grown-ups who are in search of these casual labors on a daily basis. They have to walk long distances in Nairobi industrial area every morning in search of these jobs. In addition, drug abuse especially alcohol consumption is highly on increase amongst the youths aged 15 – 30 years which expose them to non-communicable diseases like Cardiovascular diseases and diabetes (Migwi, 2012).

3.3.1 Target population

The study involved the youth aged 13 to 24 years from Raila village, Kibera, Nairobi.
3.3.1.1 Inclusion Criteria

The study included only youth aged between 13 to 24 years from Raila village who were willing to participate and were present during data collection.

3.3.1.2 Exclusion criteria

All youth aged below 13 years and those aged above 24 years. In addition, it excluded the youth who were unwilling to participate and who were not present during data collection.

3.4 Sampling method

The study used a random sampling method. Since the sample size was 87 youth, some youth were randomly selected from households in Raila Village Community Strategy Unit and also from youth groups as well as from drugs and substances basement areas.

3.4.1 Sample size

The sample size was calculated using Fischers formula 1998 and Mugenda M and Mugenda G 2003. Then according to Mugenda and Mugenda 1999, 30% of the population was used to determine the actual desired sample size for the study. This calculation took four steps as follows;

1. Determination of the total population of residents in Raila village.
2. Determination of the population of the youth aged 13 – 24 years.
3. Calculation of sample size from the population of the youth aged 13 - 24 years.
4. Calculation of 30% according to Mugenda and Mugenda 1999, who says that 30% of the desired population can be used as a sample.

The calculation was as follows:

The total population of residents in Raila = 6,175
The total population of the youth aged 13 – 24 years = 1,173

\[
\begin{align*}
n &= \frac{z^2pq}{d^2} \\
&= \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} \\
&= 384
\end{align*}
\]

Where: 
- \(n\)=the desired sample size (if the target population is greater than 10,000)
- \(z\)= the standard normal deviation at the required confidence level (=1.96 with confidence level of 95%)
- \(p\)=a proportion in target population (50% = 0.5)
- \(q\) = 1 - \(p\)
- \(d\) = the level of statistical significance set (0.05)

Therefore the desired sample size was;
Given that the target population was less than 10,000, therefore the actual sample size according to Mugenda M and Mugenda G 2003 was:

\[ n_f = \frac{n}{1 + \frac{n}{N}} \]

Where \( n_f \) = desired sample size (when population is less than 10,000)

\( n = \) desired sample size (when population is more than 10,000)

Total population of residents in Raila village Kibera is 6,175

\( N = \) the estimate of population size (1,173 youth in Raila village)

\[ n_f = \frac{384}{1 + 0.327} \approx 289 \]

According to Mugenda and Mugenda 1999, 30% of the estimated population can be a sample size. Therefore, the sample size for this proposal was:

30% x 289 = 86.7 rounded to 87 respondents.

3.5 Data collection method and tool

Data was collected by use of interviewer administered questionnaires containing both open-ended and closed-ended questions. Before interviewing the participants, the aims and objectives of the intervention were clearly explained to them. In addition, data was collected at the appropriate and convenient time for the participants.

3.6 Data analysis and presentation

The quantitative data collected was analyzed through the statistical Package for Social Sciences (SPSS) version 20 and Microsoft Excel was used for graphical presentation. Qualitative data was first coded then analyzed. Microsoft word was used to describe the data.

3.7 Ethical issues and consideration

Permission to carry out the study was obtained from Regina Pacis University College; Ethical approval was obtained from the KNH/UON Ethical and Research Committee; Permission was also obtained from the Ministry of Health Lang’ata Sub-county, Nairobi. The autonomy and the rights of the 87 randomly selected participants aged 13 – 24 years was assured by first clearly defining the aims and objectives of the study, gaining consent and assent from each of them before gathering any information and giving them freedom to answer the questions they feel comfortable with. The participants aged 18 to 24 years were required to sign or thumb print an informed consent form whereas the participants aged less than 18 years were required to
sign or thumb print an informed assent form which was accompanied by a guardian’s confirmation of consent. Confidentiality of the information from the participants was also ensured and the names of the participants were anonymous.

Chapter Four: Findings

4.1 Introduction

This chapter presents the study findings based on the objectives which were; to establish levels of knowledge and awareness on drug and substance abuse, to determine the prevalence of drug and substance abuse; the types of drugs and substances used and abused and the effects of drug and substance abuse. The total sample size (N) was 87 respondents; the response rate was as follows;

4.2 Demographic characteristics of the study population

The demographic characteristics of the study focused on the sex, age, marital status, education and religion of the youth.

4.2.1 Respondents by sex

Figure 1 below gives a summary of the respondents by sex:

Figure 1: summary of the respondents by sex

Majority of the respondents for the study were females accounting for the highest number of respondents.
4.2.2 Age category by sex of respondents

Figure 2 below highlights the summary of the respondents’ age category by sex:

![Bar chart showing age category by sex](chart1.png)

Majority of the respondents were aged between 21-24 years, (29) respondents were aged between 13-17 years and (22) respondents were aged between 18-20 years. However, the findings indicate that there were more females than males. Majority of the females were aged between 13-17 years.

4.2.3 Marital Status by age category of the respondents

Figure 3 below gives the summary of the respondents’ marital status by age category:

![Bar chart showing marital status by age](chart2.png)

Figure 3: Summary of Marital Status Analysis by age
Majority of the respondents (29) were not eligible for marriage, (24) were single and (9) were married of which most of the married were aged between 21 to 24 years. Those not eligible for marriage accounted for the highest number of the respondents.

4.2.4 Level of Education of the respondents

Figure 4 below highlights the respondents’ sex by education level:

![Sex by Education level of the respondents](image)

Majority of the respondents had not completed primary school education accounting for the highest number of the respondents.

4.2.5 Main source of income of the respondent

Table 1 below highlights the main source of income of the respondents in terms of frequency and percentage:

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>26</td>
<td>29.9</td>
</tr>
<tr>
<td>Self-employed</td>
<td>8</td>
<td>9.2</td>
</tr>
<tr>
<td>Salaried</td>
<td>6</td>
<td>6.9</td>
</tr>
<tr>
<td>Business(specify)</td>
<td>4</td>
<td>4.6</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>NA</td>
<td>42</td>
<td>48.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 1: Main source of income

Majority of the respondents, 26 (29.9%) did not have any source of income, 8 (9.2%) were self-employed, 6 (6.9%) were salaried, 4 (4.6%) engaged in business and their businesses were cooking mandazi, Selling
CDs, Casuals, liquid soap and selling omena, about 42 (48.3%) were not legible for any source of income because they are still in school.

4.2.6 Religion of the respondents by use of drugs and substances

Figure 5 below gives the religion of the respondents:

![Figure 5: Religion of respondent by use of drugs and substances](image)

Majority of respondents were found abusing drugs and substances were Christians accounting for the highest number of the respondents.

4.3 Prevalence of Drug and Substance Abuse among the youth

The study sort to establish the prevalence of drug and substance abuse in terms of usage guided by the following factors; age, sex, education level and main source of income.

4.3.1 Age of respondents by use of drugs and substances

Table 2 below highlights the respondents’ age category by use of drugs and substances:

<table>
<thead>
<tr>
<th>Age category</th>
<th>Use of drugs and substances</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13-17</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>18-20</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>21-24</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>71</td>
</tr>
</tbody>
</table>
Majority of youth who were found to be abusing drugs and substances were those aged 21 to 24 years, five were aged between 18 to 20 years while only one was aged between 13 to 17 years.

4.3.2 Sex of respondent by use of drugs and substances

Figure 6 below highlights the respondents’ sex by use of drugs and substances:

Majority of youth who were found to be abusing drugs and substances were males compared to females although the difference was minimal.

4.3.3 Education level of respondent by use of drugs and substances

Table 3 below highlights the respondents’ education level by use of drugs and substances:

<table>
<thead>
<tr>
<th>Education level</th>
<th>Use of drugs and substances</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Primary completed</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Primary incomplete</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Secondary completed</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Secondary incomplete</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Still in secondary</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Tertiary(college/university)</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>71</td>
</tr>
</tbody>
</table>
Majority of the youth who were found abusing drugs and substances were those who did not complete secondary school education and those who completed secondary school but did not join college/university education.

4.3.4 Main source of income for the respondent by use of drugs and substances

Table 4 below highlights the respondents’ main source of income by use of drugs and substances:

<table>
<thead>
<tr>
<th>Main source of income</th>
<th>Use of drugs and substances</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Self-employed</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Salaried</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Business</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>71</td>
</tr>
</tbody>
</table>

Majority of the respondents who were found abusing drugs and substances were those who had no sources of income and those who were self-employed.

4.3.5 Religion of the respondent by use of drugs and substances

Figure 7 below highlights the respondents’ religion by use of drugs and substances:

[Figure 7: Religion of the respondent by use of drugs and substances]

Majority of the respondents who were found to be abusing drugs and substances were Christians while only two respondents from Muslim religion and two respondents from indigenous Church were found to be abusing drugs and substances.

4.4 Knowledge of drugs and substance abuse among the youth

The study sort to establish the respondents’ knowledge of drugs and substances abused relative to the age category.
4.4.1 Age of respondent by knowledge of drugs and substances that are abused

Figure 8 below gives the respondents age by knowledge of drugs and substances that are abused:

![Graph showing age of respondents by knowledge of drugs and substances.]

Figure 8: Age of respondent by knowledge of drugs and substances that are abused

Majority of respondents have adequate knowledge of drug and substance abuse while only 10 respondents do not know of drug and substance abuse.

4.4.2 Whether the respondent has ever abused drugs and substances

Figure 9 below outlines whether the respondent has ever abused drugs and substances:

![Bar chart showing frequency and percentage of respondents who have ever abused drugs and substances.]

Figure 9: whether the respondent has ever abused drug and substance
Majority of the respondents have never abused drugs and substances while (26) respondents were found to have abused drugs and substances.

4.4.2.1 Introduction of drugs and substances abuse

Table 5 below outlines the frequency and percentage of people who first introduced drug and substance abuse to the respondents:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>4</td>
</tr>
<tr>
<td>Siblings</td>
<td>1</td>
</tr>
<tr>
<td>Neighbors</td>
<td>3</td>
</tr>
<tr>
<td>Friends</td>
<td>9</td>
</tr>
<tr>
<td>NA</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

Majority of the youth were who have ever abused drugs and substances were by friends.

4.4.3 Awareness of another person who abuses drugs and substances

Figure 10 below outlines the respondents’ awareness of another person who was abusing drug and substance in their surroundings:

![Figure 10: Awareness of another person who abuses drug and substance](image)

Majority of respondents knew of other people who were abusing drugs and substances whereas 12 (13.8%) respondents did not know any other person.

4.4.4 Cost of drugs and substances abused by the rate of respondents

Figure 11 below gives the various costs of drugs and substances abused by the respondents’ rate:
4.5 Use of drugs and substances

The study sort to establish the youth who were currently using drugs and frequency of the use as follows;

4.5.1 Use of drugs and substances by the respondents

Figure 12 highlights the current use of drugs and substances by the respondents:

Most of the drugs and substances were found to cost between Kshs 10-20 which is easily affordable to the youth.

Figure 11: Cost of drugs and substances abused by the rate of respondents

Majority of the respondents were not currently using drugs and substances while (16) respondents were found to be currently abusing drugs and substances.

Figure 1: Use of drugs and substances by the respondents
4.5.2 Frequency of using drugs and substances by the rate of respondents

Table 6 below gives the frequency of using drugs and substances by the respondents’ rate:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>10</td>
</tr>
<tr>
<td>Once per week</td>
<td>3</td>
</tr>
<tr>
<td>Once per month</td>
<td>1</td>
</tr>
<tr>
<td>During celebrations</td>
<td>3</td>
</tr>
<tr>
<td>NA</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

Majority of the respondents who were found to be currently abusing drugs and substances were using them daily.

4.6 Effects of drugs and substances abuse

The study sort to find out the thoughts of respondents in relation to the effects of drug and substance on the individual, family and community as follows;

4.6.1 Thoughts of respondents by effects of drug and substance abuse on individual, family and community

Figure 13 below highlights the respondents’ thoughts by effects of drug and substance on individual, family and community:

![Figure 13: Thoughts of respondents by effects of drug and substance abuse on individual, family and community](image)

Majority of the respondents have the perception that drug and substance abuse has effects on the individual, family and community while only (11) respondents thought that drug and substance abuse has no effects.
4.6.2 Use of drugs and substances by thoughts on effects on individual, family and community

Table 7 below highlights the respondents’ use of drugs and substances by thoughts on effects on individual, family and community:

Table 7: Use of drugs and substances by thoughts on individual, family and community

<table>
<thead>
<tr>
<th>Thoughts on effects of drugs and substances abuse on individual, family and community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Use of drugs and substances Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>74</td>
</tr>
</tbody>
</table>

Majority of the respondents who were found to be using drugs and substances had the thoughts that there are effects on individual, family and community. However, some of the respondents who were found to be using drugs and substances had the thoughts that there are no effects.

Chapter Five: Discussion, Conclusion, and Recommendations:

5.1 Introduction:

This chapter discusses the study findings, conclusion, and recommendations. This aims at providing relevant information that could help the government and the community members come up with effective measures to solve and prevent the issue of drug and substance abuse among the youth aged 13-24 years in Raila, village Kibera, Nairobi.

5.2 Discussion of the findings:

5.2.1 Demographic data:

The findings showed that among the youth aged 13-14 years in Raila village Kibera, females were more than males. Majority of youth abusing drugs and substances were those aged 21 to 24 years and were males. The contributing factors were completion of secondary school education and failure to go to college or university, failure to complete the primary and secondary education, those in college/university, Lack of any source of income and those in self-employed jobs and more emphasis on the girl child hence the boy child is left on their own. According to the respondents, the reasons that make youth abuse drugs and substances were; Curiosity, influence from friends/peer pressure (To avoid being hated by friends), to reduce stress, to have fun, challenges encountered in life, idleness, drop out from school, lack of employment and bad company. Some of these reasons like influence from friends/peer pressure (To avoid being hated by friends), were in agreement with National Institute on Drug Abuse (2003), Who according to the literature review in this study argues that the three exacerbating factors that can influence drug use to become drug abuse are social approval, lack of perceived risks and availability of drugs in the community.

5.2.2 Level of knowledge and awareness of drug and substance abuse:

Majority of respondents knew what drugs and substances abuse entails and other people in their surroundings who were abusing drugs and substances. Among the drugs they knew were; Bhang, Alcohol,
Tobacco, Shisha, Chang’aa, Cocaine, Heroin and Miraa. From these findings, there was a clear indication that majority of the youth aged 13 to 24 years in Raila Village, Kibera have adequate knowledge about drugs and substance abuse. This could be attributed to the knowledge they have gained in various levels of education. However, despite of the knowledge, some of the youth, were still abusing drugs and substances and the reasons were; it is fun and it is not bad to have fun; Drinking is not bad and it helps one to think loud; Drugs like Khat makes one feel high.

5.2.3 Prevalence of drugs and substances abuse:

The findings indicate that Majority of the youth who were abusing drugs and substances were the ones who had completed secondary school education but had not gone to tertiary level and those who did not complete secondary school education. Therefore, those who have less education are more likely to engage themselves into drugs and substance abuse unlike those who have advanced in education. These findings could help come up with measures to ensure that the youth who are in primary school and secondary schools complete their education successfully and enroll to the colleges/universities where they can be able to learn more healthy behaviors like saying no to drugs and substances abuse.

The findings indicated that about 26 (30%) respondents who were legible for employment did not have any source of income. This could lead to idleness which is one of the contributing factors to drugs and substances abuse which could eventually result to social crimes like theft cases. The respondents who were found to be abusing drugs and substances were those who had no sources of income, those who were self-employed and those who were in businesses. This indicates that the respondents are not accountable to any higher authority in terms of employment are more likely to abuse drugs and substances unlike those who are expected to follow certain codes of conducts wherever they are employed.

Out of 81 Christians, 12 were using drugs and substances, on the other hand 2 respondents were Muslims and 2 respondents were from indigenous Church. These findings indicate that most of the youth abusing drugs and substances were Christians. This could be attributed to the fact that the largest population of the respondents was Christians. The respondents were first introduced to drugs and substances abuse by; parents, siblings, neighbors and friends. However, majority were introduced by friends who are most probably found in school. This agrees with the argument of Ngesu et.al, (2008) in the literature review of this study that the first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage, early adolescence, that children are likely to encounter drugs for the first time. The medium for promoting the legal drugs, such as alcohol, have been so explicit that the youth are made vulnerable. A weak justice system, corruption and collusion by law enforcement officers have undermined the war against drug abuse. Drug peddlers and barons are increasingly targeting the youth, most of them below 18 years old. This also agrees with social learning theory by Albert Bandura (1977) who argues that children observe the people around them behaving in various ways. Individuals that are observed are called models. In society, children are surrounded by many influential models, such as parents within the family, characters on children’s TV, friends within their peer group and teachers at school. These models provide examples of behavior to observe and imitate. Children pay attention to some of these people (models) and encode their behavior. At a later time they may imitate the behavior they have observed. For example if their peers are abusing drugs and substances, some may copy this behavior and it becomes part of their lives.
5.2.4 Types of drugs and substances that are used and abused:
The types of drugs and substances used and abused by youth aged 13 to 24 years in Raila Village, Kibera were; Bhang, Alcohol, Tobacco, Shisha, Chang’aa, Cocaine and Miraa. This is in agreement with the argument in the literature review done in this study from NACADA (2004) that the most commonly abused drugs in Kenya are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs. A survey from Two feet project (2013) on causes of drug abuse among slum dwellers also revealed that the most common substances used by young people were alcohol, tobacco, marijuana (bhang/cannabis sativa) miraa (khat, a plant used as a narcotic), and inhalants such as glue. Among all these marijuana or bhang is the only illegal drug. The survey found that substance abuse was much higher among out of school youth than among students.

Majority of these drugs and substances cost between Khs. 10-20. This makes them to be readily affordable. These drugs and substances are also available from the following sources; Politicians/political leaders, homemade, shops, drug peddlers and friends. This could be a contributing factor to the challenge of drug and substance abuse among the youth. This agrees with the argument by Indian Preventive Resource Centre, (2003) that people use illegal drugs because of their readily availability and promotion interests of those who are in a position to benefit financially from their sale.

5.2.5 The effects of drug and substance abuse:
Majority of the respondents (74 out of 87) were quite aware of the effects of drugs and substances on individual, family and community as follows;

5.2.5.1 Individual:
Drugs and substances abuse cause diseases like liver cancer, one loses control over their lives, Mental disturbance, the individual become very dirty because there is no time to shower, chest congestion, distorted thinking, misuse of money hence the individual does not meet their goals in life, madness, death, loss of wealth, addiction, immorality, dropout of school, poor performance in school, time is wasted and spent on drugs, fighting, the individual becomes irresponsible, lack of jobs, difficult breathing and Sexually Transmitted Diseases.

5.2.5.2 Family:
Drugs and substances abuse leads to lack of money which leads to poverty, conflicts and lack of understanding between family members, disorderliness, the other members dislike the individual abusing drugs and substances, loss of moral conduct, divorce/separation, disunity, fighting, wastage of resources which could have been used for basic needs, irresponsibility and negligence of children and the individual, stress, criminal offence, lack of communication, no help to the parents, and criminal offence.

5.2.5.3 Community:
Drugs and substances abuse leads to immorality, insecurity and increase in social crimes like theft, noise pollution, low economic growth hence lack of development if many people engage in drugs and substances abuse, violence and lack of peace, disturbance, lack of money to take the individual to the hospital, discrimination, quarrels and wrangles, lack of youth who can steer up the community, impaired judgment, lack of trust, poverty, and poor output.

Some of the respondents who were abusing drugs and substances said that there are no effects and the reasons were: It is fun and it is not bad to have fun; Drinking is not bad and it helps one to think loud; Drugs
like Khat makes one feel high. (63) Respondents who were not using drugs and substances said there are effects whereas (6) respondents who were not using drugs and substances said there are no effects. The findings indicate that some of those who were abusing drugs and substance are quite aware of the effects to the individual, family and community. This calls for intervention measures to create more awareness on drugs and substances abuse and also to undo the misconceived benefits.

5.3 Conclusion:

There is a clear indication from the study that majority of the youth aged 13 to 24 years in Raila Village, Kibera have adequate knowledge on use and effects of drugs and substances abuse. However, some of those who already have the knowledge confessed that they were abusing drugs and substances. The reasons were misconceived benefits of drugs and substances abuse as; it is fun and it is not bad to have fun; Drinking is not bad and it helps one to think loud; Drugs like Khat makes one feel high. This calls for intervention measures by the government and the community members to create more awareness and in order to undo the misconceived benefits.

5.4 Recommendations:

The recommendations from this study were:

5.4.1 Community:

1. The Community Health Volunteers (CHVs) since they have been educated by the Ministry of Health Lang’ata Sub-county through m-learning on drugs and substances abuse, to take lead in educating the youth on the effects of drugs and substances abuse.
2. The community members through the help of the Chief to come up with youth forums whereby the youth in colleges/universities can educate their peers who have completed secondary school education and did not get an opportunity to further their education on use and effects of drugs and substances abuse.

5.4.2 Government:

1. Continuous awareness programs on drug and substance abuse in order to erase the misconceptions of those who think drug and substance abuse is not bad and to encourage those who are already abusing to quit the behavior.
2. Creation of opportunities to ensure that youth are able to acquire higher education so that they can be able to learn more health behaviors like saying no to drugs and substances abuse which could lead to the reduction of the burden of disease caused by non-communicable diseases like cancer.
3. The Government to design direct intervention measures like rehabilitation programs that are accessible and affordable focusing on the individuals who are abusing drugs and substances which can be a greater improvement in the health of the community.

5.5 Suggestions for further research:

Further research to be done on:

1. The effects of drugs and substances abuse among youth who have abused them for a short duration in their lives as this is not captured in this study such as; what happens to their future health especially if they do not seek medical intervention.
2. The intervention measures that can be used to help the youth abusing drugs and substances yet they are aware of the effects to them as individuals, their families and communities so as to improve the health of the population.

3. Knowledge on use and effects of drugs and substances abuse among people aged above 24 years.

References:
34. Okonza,J Fajoju,S, Okhiku,I and Aluede O (2009), Drug Abuse Among Students of Ambrose Alli, European Journal of Social Sciences Vol. 10 No. 1