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Factors Associated with Alcohol and Substance Abuse Among Youths in Kenya

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Abstract

The use of alcohol, tobacco, cannabis and other psychoactive substances among the youth is a major public health concern worldwide. This study aimed to evaluate the effects of alcohol and substance abuse among the youth. A cross sectional descriptive design was adopted. Youth aged between 18 and 35 years undergoing rehabilitation were enrolled. Interviewer administered questionnaires were used to collect data. Data was analyzed descriptively and inferentially using statistical package for social science (SPSS) version 25 software. Chi-square and Fishers exact were used to compare variables between groups. A p value <0.05 was considered statistically significant. A total of 259 youth participated in this study where majority, 66.8% were male. The mean age of participants was 29 years. The proportion of female drug users decreased with increase in age while that of male increased with increase in age. All participants abused heroin in addition to cigarettes (64.2%), marijuana/bang (60.8%), alcohol (58.1%), cocaine (57.3%), khat (51.2%), and traditional brew (33.1%). Abuse of cigarettes ($P=0.009$) and cocaine ($p=0.005$) was associated with the male gender. There was no statistical significant association between family functioning and drug and alcohol abuse ($p>0.05$). History of having a guardian and siblings indulging in alcohol and substance abuse, receiving comfort, advice, and having an open communication with the parents were found to influence the level youth get indulge into drug and substance abuse. Family function is an important factor to consider in the development of prevention strategies.

Keywords: Alcohol, Substance Abuse, Youths, Kenya

1.0 Introduction

The use of alcohol, tobacco, cannabis and other psychoactive substances among the youth is a public health problem. The World Health Organization (WHO) estimates that the global burden of disease attributable to alcohol is estimated to be 5.4%. The abuse of the substances is due to availability, affordability and easy access of the drugs (Njoka, 2017). Alcohol tobacco, glue, khat, cannabis, (bhang), heroin or cocaine are the most commonly abused drugs among youth (World Drug Report [WDR], 2019). A report by the United Nations Office on Drugs and Crime (UNODC), estimated the number of people with substance use disorders to have increased from 30.5 million to 35 million globally, out of this, 585,000 died as a result of drug use (WDR, 2019).

In Africa, alcohol and substance abuse is greatly influenced by various practices. In South Africa, the prevalence rate of alcohol abuse has increased from 22% to 26% while youths with substance abuse had increased from 2.2 million in 2002 to 3.2 million by 2008 with cocaine use increasing by 20% (Chiroro *et al.*, 2012). The use of traditional brewed homemade alcohol in various traditional celebrations including weddings and rituals have resulted to misuse of alcohol among the youths. Alcohol and other substances have been used as socialization agents among the youths especially those who suffer social exclusion (Mabasa, 2018).

Substance abuse in the coast region of Kenya is a growing concern due to the geographical location of this area (Kanuthia *et al.*, 2013). In Mombasa County one in every ten people indulges in some drug abuse with the percentage being higher among the male population (Njoka, 2017). Survey data projects that, the prevalence of adolescents and youth who involve themselves in substance use will sky rocket if effective and efficient measures are not put in place. The proximity of the coastal region to the port makes the situation even worse, as the youth gain easy accessibility to drugs, which make the local community more vulnerable. (Kanuthia *et al.*, 2013)

A national authority for campaign against alcohol and drug abuse was established in 2012 in Kenya, with the aim of promoting health and safe development of youths to realize their potential by quitting use of the various substances. The authority launched a drug use prevention program in 2014 (NACADA, 2012). Despite various efforts by different institutions to prevent alcohol and substance abuse among the youth, the number of youths abusing the drugs in Kenya is alarming. The social control theory posits that the emotional closeness between parents and their children influences them to either use or not use drugs. This is in addition of parental support and involvement in children's social activities being linked to lower incidences of risky behavior amongst teenagers' drugs (Rafiee *et al.*, 2019).

Various effects of alcohol and substance abuse have been identified including the exposure to diseases, disability and death. Harmful use of alcohol has been ranked to be among the top five risk factors for non-communicable diseases worldwide. The increase in alcohol use has also been associated with increase in depression and anxiety among the youths (Kychala *et al.*, 2015). A study by Ansari *et al.* (2013) showed a negative association between school performance and substance abuse where individuals' who has were on alcohol and other substances had a low school performance score.

Though many alcohol and substance abuse related studies have been conducted in this region, their focus has been on the prevalence and types of drugs and substances abused. Little attention has been given to the factors influencing the abuse of drugs and substances in the region. This study therefore aimed to assess the factors associated with alcohol and substance abuse among youths in

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Mombasa. It focused on social and family functioning related factors influencing alcohol and substance abuse in the region.

2.0 Material and methods

A cross sectional descriptive study design was adopted. The study was conducted in a rehabilitation and counseling facility that offers free services to recovering drug addicts. The study involved 259 participants aged between 18 and 35 years selected through systematic random sampling technique.

The inclusion criteria included: Youth between 18-35 years who have currently or previously being involved in alcohol or any substance abuse, reside and have resided in Mombasa County for more than six months and were able to express themselves freely in English or Kiswahili language. Exclusion criteria included; Youths with cognitive impairment upon examination, those who did not consent to the study and who could not understand English or Kiswahili language.

Before embarking on data collection, Ethical approval for the study was obtained from Kenyatta University School of postgraduate, Kenyatta University Ethical Review Committee (KUERC) and National Commission for Science Technology and Innovation (NACOSTI). Research permit and authorization was obtained from the Mombasa County ministry of health and the administration of Kisauni health center. Interviewer administered structured questionnaires were used for data collection. The questionnaire had five sections including: demographic characteristics, influencers of alcohol/drug use, social and family functioning factors influencing drugs and substance abuse. Data was analyzed using Statistical Package for Social Sciences version 25. Characteristics of the study respondents were analyzed descriptively. Fischer's exact and Chi-square was used to determine ability of independent variables to predict the study outcome. A p value of <0.05 was set as statistical significance level.

3.0 Results

3.1 Participants' characteristics

The mean age of the participants was 29 years with a range of 18 to 35 years. Majority were aged above 31 years (40%) with 31.4% aged between 26 and 30 years. Majority of the participants were male accounting for 66.8%. Majority of the participants had primary education (43.6%) with most practicing Islam (51.4%) and less than one percent (0.8%) of participants being traditionalists (Table1).

Table 1: Socio demographic characteristics

Variables	Frequency	Percentage
Gender		
Male	173	66.8%
Female	86	33.2%
Age (median, range)	29 (18 - 35)	16.8%
Age bracket		
18 - 25 Years	73	28.6%
26 - 30 Years	80	31.4%
31 - 35 Years	102	40.0%
Education level		
No formal education	20	7.7%
Primary	113	43.6%
High school	67	25.9%
Tertiary	56	21.6%
Madrasa	3	1.2%
Religious practice		
Islam	129	51.4%
Christian	105	41.8%
Traditional	2	0.8%
None	15	6.0%

Further, all the participants had used heroin with most participant having heroin and cigarette combination (64.2%), followed by heroin and marijuana/bang (60.8%). Alcohol was used by more than half of participants (58.1%) and cocaine used by 57.3% of participants. Traditional brew (mboko) was the least used drug by study participants (33.1%).

3.2 Association between social factors with alcohol and substance abuse among the youth in Mombasa County

Majority of the participants (62.6%) had neither of their guardians' abuse alcohol. 20.9 % agreed to have their male guardians abusing drugs while 2% had their female guardian abusing alcohol. 14.6% of the participants agreed to be consuming alcohol at home with 24.1% of them using alcohol on Street, Park, or Open area. Majority of the respondents (71.8%) reported to be taking

alcohol with their friends with 37.9% having siblings who took alcohol. 59.3% of the participants reported of their parents/guardian knowing they do take alcohol. There was no statically significant relationship between family history variables on alcohol abuse and gender ($p>0.05$).

Table 2: Social factors associated with alcohol and substance abuse among the youth.

Variable		n (%)	Gender		p
			Male (n, %)	Female (n, %)	
Parent/ Guardian who abuses drugs					
	Neither	159(62.6)	110(64.3)	49(59.0)	0.709*
	My father or male guardian	53 (20.9)	34(19.9)	19(22.9)	
	My mother or female guardian	5 (2.0)	2(1.2)	3(3.6)	
	Both	22 (8.7)	15(8.8)	7(8.4)	
	I do not know	15 (5.9)	10(5.8)	5(6.0)	
Person with whom you take alcohol					
	I do not drink alcohol	40 (15.7)	25(14.5)	15(18.1)	0.74*
	With my friends	183 (71.8)	124(72.1)	59(17.1)	
	With my family	5 (2.0)	3(1.7)	2(2.4)	
	With persons I have just met	8 (3.1)	5(2.9)	3(3.6)	
	I usually drink alone	19 (7.5)	15(8.7)	4(4.8)	
Drink alcohol at home					
	I do not drink alcohol	32 (12.6)	17(10.1)	15(17.6)	$\chi^2=3.929$, df = 2, p = 0.145
	Yes	54 (21.3)	34(20.1)	20(23.5)	
	No	168 (66.1)	118(69.8)	50(58.8)	
Denied alcohol in the past 30 days due to under age					
	Didn't buy alcohol the past 30 days	96 (37.9)	64(37.6)	32(38.6)	$\chi^2=0.081$, df = 2, p = 0.967
	Yes	42 (16.6)	29(17.1)	13(15.7)	
	No	115 (45.5)	77(45.3)	38(45.8)	
Siblings also take alcohol					
	I do not have brothers or sisters	2 (0.8)	1(0.6)	1(1.2)	0.21*
	Yes	96 (37.9)	60(35.1)	36(43.9)	

	No	150 (59.3)	105(61.4)	45(54.9)	
	I do not know	5 (2.0)	5(2.9)	0(0)	
Parents/guardians know you take alcohol/drugs					
	I do not drink alcohol	21 (8.3)	11(6.5)	10(11.9)	0.396*
	Yes	150 (59.3)	103(60.9)	47(56.0)	
	No	72 (28.5)	47(27.8)	25(29.8)	
	I do not know	10 (4.0)	8(4.7)	2(2.4)	

*Fischer's exact statistics (two sided)

3.3 Association between family functioning with alcohol and substance abuse among the youth in Mombasa County

Family functioning indicators influencing alcohol abuse included: youth receiving comfort, sense of freedom, being understood, receiving advice and having open communication. Majority of the participant (18.7%) reported to have never received comfort from parents while 32.1% agreed to have mostly been offered freedom by their parents. 13.7% reported they were never understood, while 11.6% never had open communication with their parents. Parents/ guardians to 13.2% of respondents did not receive advises from their guardian/parents.

Analysis of the family functioning indicators and gender found a statistically significant difference between the two groups based on time spent with guardian/parent with more female participants reporting spending more time with guardians than male participants ($X^2 = 10.919$, $df = 4$, $p = 0.027$).

Table 3: Association between family functioning with alcohol and substance abuse

Response	Total		Gender				P
			Male		Female		
	n	%	n	%	n	%	
Received comfort from family							
Never	47	18.7%	29	17.5%	18	21.2%	$X^2= 2.909$, $df = 4$, $p = 0.573$
Rarely	31	12.4%	22	13.3%	9	10.6%	
Sometimes	88	35.1%	61	36.7%	27	31.8%	
Most of the time	62	24.7%	37	22.3%	25	29.4%	
Always	23	9.2%	17	10.2%	6	7.1%	
Offered a sense of freedom by parents/guardians							
Never	46	18.5%	34	20.6%	12	14.3%	$X^2= 5.646$, $df = 4$, $p = 0.227$
Rarely	33	13.3%	17	10.3%	16	19.0%	
Sometimes	66	26.5%	41	24.8%	25	29.8%	

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Most of the time	80	32.1%	56	33.9%	24	28.6%	$X^2= 4.419,$ $df = 4,$ $p = 0.386$
Always	24	9.6%	17	10.3%	7	8.3%	
Was understood							
Never	34	13.7%	25	15.2%	9	10.8%	
Rarely	29	11.7%	16	9.7%	13	15.7%	
Sometimes	76	30.6%	55	33.3%	21	25.3%	
Most of the time	83	33.5%	53	32.1%	30	36.1%	$X^2= 7.489,$ $df = 4,$ $p = 0.112$
Always	26	10.5%	16	9.7%	10	12.0%	
Had open communication							
Never	29	11.6%	22	13.3%	7	8.2%	
Rarely	25	10.0%	13	7.8%	12	14.1%	
Sometimes	85	33.9%	57	34.3%	28	32.9%	
Most of the time	81	32.3%	58	34.9%	23	27.1%	$X^2=11.829,$ $df = 4,$ $p = 0.019$
Always	31	12.4%	16	9.6%	15	17.6%	
Received advice from parent/guardian							
Never	33	13.2%	22	13.3%	11	13.1%	
Rarely	14	5.6%	6	3.6%	8	9.5%	
Sometimes	84	33.6%	53	31.9%	31	36.9%	
Most of the time	78	31.2%	62	37.3%	16	19.0%	21.4%
Always	41	16.4%	23	13.9%	18		

4.0 Discussion

4.1 Sociodemographic characteristics

The results of the study shows that majority of the participants who abused alcohol and drug substances were male. The results of the study mirror the World drug report,2014 which showed men to be more likely to indulge in drugs at a ratio of 3 to 1(Minnes et al., 2017). A report of the Substance Abuse and Mental Health Services Administration (2014) of the US equally stated that males aged 12 to 17 years are more likely to abuse marijuana than females by up to 20 percent. This difference however reduces with age. Similarly, a study of youths aged 10-24 years found that males were five times more likely to use alcohol and almost twenty times more likely to use marijuana than their female counterparts (NACADA, 2017). The indulgence of more male in drug and substance abuse may be contributed by lack of attention to the men as they grow up with more focus been given to the girls hence men find themselves easily negative influenced compared to women.

4.2 Association between social factors with alcohol and substance abuse among the youth in Mombasa County

The results of the study show that majority of the youth with substance use disorder had a father or guardian in their families who either abused alcohol or was on substance abuse. The results are similar to studies among the adolescents which showed family characteristics such as history of alcohol abuse in the family to contribute significantly to the abuse of drugs among the youths (Rafiee et al., 2019). Guillén et al. (2015) in his meta-analysis identified and classified familial factors that would predict potential for the youth to commence abusing alcohol into familial composition, role modelling by either parents or siblings and nature of parent- child relationships and communication. Having a parent, especially father who takes alcohol has been observed as a predictor of youth taking alcohol, with this risk increasing where both parents abuse alcohol (Guillén et al., 2015; NACADA, 2017). Similarly, the study results also showed that having siblings who abuse alcohol contributed to youth and adolescent drug abuse. This was similar to studies by Haghdoost et al., 2014 and Rafiee et al., 2019.

The study results also show that majority of the participants (21.3%) reported of being allowed to take alcohol at home. This finding mirrors Rafiee et al. (2019) findings who observed having permissive parents as a significant predictors of drug use. It has been noted that erroneous interpretation of parental acceptance to alcohol consumption arises, whereby the children perceive parental failure to regulate or offer clear guidelines as being approval for them to engage in alcohol use (Rafiee et al., 2019).

4.3 Association between family functioning with alcohol and substance abuse among the youth in Mombasa County.

The study finding showed an average score on family functioning among the youth with substance use disorder. This indicators included the youth receiving comfort, sense of freedom, having open communication, being understood and receiving advice from their parents. This showed to have an influence on alcohol and drug abuse among the youth. Though there was no difference between how parents treated their children based on gender, when it concerns receiving advice from parents and time spent with parents, a statistically significant difference was noted between male and female participants with the male being given the most advice while female participants spent more time with parents. The results were similar to those of several studies including Haghdoost et al., 2014 and NACADA & KIPRA, 2019.

The results also showed that majority of youth with drug use disorder had come from families which experienced conflict, violence and poor disciplinary process. These findings agree with those of Guillén et al. (2015) who reported family unsteadiness, negligence Conflicts, violence, poor disciplinary processes, inadequate support, and poor parent-youth relationships as some of the problems linked to alcohol and drug abuse among youth. Similarly, NACADA (2017) noted upright parenting skills that include effective child-parent communication and overall parental involvement of parents into their children's lives contributed to avoidance of alcohol and substance abuse among the youth. At a tender age, parents have capacity to properly mold their children behavior while minimizing conflict in the family hence the children are likely to learn more of drug addiction and importance of drug abuse avoidance.

5.0 Conclusion

The study demonstrates several family functioning indicators to have an influence on alcohol and substance abuse. History of having a guardian and siblings indulging in alcohol and substance abuse, receiving comfort, advice, and having an open communication with the parents were found to influence youth into drug and substance abuse. Family therapy should be part of the services provided to parents/guardians with the aim of educating them on youth handling as well as improving the bond with their children which aim at reducing youth exposure to drugs.

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