FACTORS INFLUENCING DRUG AND ALCOHOL ABUSE AMONG YOUNG PEOPLE IN KENYAN SLUMS. A CASE STUDY OF MOROTO SLUM MOMBASA COUNTY

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DECLARATION

Declaration by the student

This project is my original work and has not been presented for a diploma in any other University.

Signature …….. **Date……**

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DCP/14/00046/1/23

Declaration by the supervisor

This project has been submitted for examination with my approval as University Supervisor

Signature …… Date…….

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DEDICATION

I appreciate all the help and encouragement from my loved ones, particularly my parents. I'd also want to thank my course mates and friends for their encouragement and help in developing this project.

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ABSTRACT

Use of cigarettes, marijuana, and other psychoactive drugs among young people is a global health crisis. The goals of this case study of the Moroto Slums in Mombasa County were to assess the extent to which peer pressure, illiteracy, drug availability, and family cohesiveness contribute to youth substance abuse, and to draw conclusions about the implications of these factors. The study employed a quantitative research approach to demonstrate correlations and cause and effect relationships vital to the constructs' viability, and the methodology was descriptive. One hundred persons were randomly selected from a pool of 200 residents of the Moroto Slums. A questionnaire was used to gather information from participants in the research. Validity and reliability of the research instrument were established by a pilot study. The collected information was put via SPSS analysis before being shown graphically.

LIST OF FIGURES

ACRONYMS AND ABBREVIATIONS

NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
SPSS	Statistical Package for Social Science
UNDCP	United Nations International Drug Control Programme

OPERATIONAL DEFINITION OF TERMS

Drug Abuse	It's a term used to describe chronic drug abuse. However, in the context of this research, it encompasses the use of any substance with the potential to alter one's mental or emotional state. It may also refer to taking medicine in excess or in a manner that goes against the grain of accepted medical or social practice in a certain society.
Drug	It is any chemical or natural element, other than food, that may be breathed, ingested, applied externally, or injected to alter the body's functioning. This study implies the same significance.
Peer Pressure	The term "peer pressure" describes the impact on an individual when other people put pressure on them to change their attitudes, values, and actions to conform to those of the group or person doing the pressuring. According to these studies, peer pressure occurs when individuals are encouraged by their peers to act in a way that goes against their own preferences.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 Introduction

This chapter introduced the context of the research and delved into the study's location. Problem, aims, questions, relevance, scope, and limitations should all be outlined. This section of the research served as its foundation.

1.1 Background of Study

Scientific, political, and public interest in substance addiction by individuals worldwide has existed for quite some time (Stevanovic, Atilola, & Balhara, 2015). This problem arises because of the potential adverse effects of tobacco, narcotics, cannabis (dagga), and other drugs on human health in the short and long term (Moodley, Matjila, & Moosa, 2012). Several studies have shown that adolescent drug usage may have negative effects on physical and social health. Substance abuse has been linked to a wide range of negative outcomes, including but not limited to: unintentional accidents, cancer, homicide, suicide, depression, personality disorder, unwanted sexual encounters, and an increase in STIs. Furthermore, there is evidence that drug abuse correlates to high rates of school dropout, unemployment, and crime—all of which have a detrimental influence on a country's economy (Rezahosseini, Roohbakhsh, Tavakolian, and Assar, 2014; Griffin, Lowe, Acevedo, and Botvin, 2015). The United Nations has said that cannabis (dagga) is widely used as an illicit drug across the globe. According to the United Nations World Drug Report (2011), cannabis is by far the most abused illicit substance in Africa, especially among young people. This is despite the fact that it is not the most commonly abused substance in the majority of countries.

The World Health Organization (WHO) reports that many countries, especially developing ones, have a heavy financial burden due to drug and substance abuse. More than 3,3 million lives are lost each year due to drug abuse, as reported by the organization. Another 7 million individuals worldwide are believed to be living with HIV/AIDS they acquired as a consequence of their substance usage.

The most commonly used illicit drugs in Iran are alcohol, opium, and cannabis; however, recent concerns have been raised about anabolic steroids, ecstasy, and stimulant compounds such crystal methamphetamine (Momtazi & Rawson, 2010). High school students in Iran have a serious drug issue, say Momtazi and Rawson (2010). Possible causes include societal acceptance of certain drugs and positive role modeling from fathers. There is a considerable risk factor for subsequent drug misuse difficulties associated with the early beginning of tobacco use, with the daily consumption rate ranging from 4.4% to 12.8% among high school children. Except for medically necessary drugs, drug usage is more common among males. With a minimum lifetime prevalence rate of 9.9%, alcohol addiction is by far the most common kind of substance abuse. In different parts of the United States, the lifetime prevalence of opiate use—mostly opium use—ranged from 1.2 percent to 8.6 percent (Momtazi & Rawson, 2010).

Swendsen et al. (2012) conducted a cross-sectional research on American adolescents aged 13 to 18 and found that 78.2% of the adolescents had misused alcohol and 81.4% had abused an illicit drug at some point in their lives. According to the results, drug abuse among American adolescents is pervasive, with most starting at the age of 14. By the time they were 18, 75.6%, 48.6%, and 48.1% of American youths had abused alcohol, cannabis, and cigarettes, respectively, according to research by Kann et al. (2014). The World Health Organization reports that Europe and the United States have the highest rates of teen and young adult alcohol abuse, while South East Asia and the eastern Mediterranean have the lowest.

A poll conducted in 2008 and 2009 found that 2.3% of Canadian grade 10-12 students had tried heroin and 1.4% had used it during the last month, whereas 6.2% of South Africans aged 13-22 reported using heroin. Middle and high school students in Zambia were polled by WHO in 2011. The results showed that 3.5% of the students surveyed engaged in harmful cannabis usage. In South Africa, 13.1% of 13- to 22-year-olds were cannabis users in 2008, whereas in the United States, 33.4% of 10th graders did so in 2010. (2011 UN Report on Drug Use). Onya and Flisher (2008) polled high school students in Mankweng, Limpopo Province, South Africa, and found that 6.4% of students, 10.5% of students, 1.4% of students, and 1.2% of students had used alcohol, cigarettes, cannabis, glue, or spirits during the last month. Oshodi, Aina, and Onajole's (2010) study in Nigeria reveals that men had higher prevalence rates for all substances than females. Onya

and Flisher (2008) revealed a reduced rate of drug use among black Pedi high school students compared to previous studies.

The prevalence of drug and alcohol abuse in Africa is complicated by local norms. Coke consumption among teenagers increased by 20% between 2002 and 2008 (Chiroro et al., 2012), while the incidence of alcoholism among the country's adult population increased from 22% to 26%. Traditional festivities, including as weddings and rituals, sometimes include the use of homemade alcohol, which has contributed to a rise in underage drinking. Adolescents, especially the socially isolated ones, have turned to alcohol and other drugs as a means of connecting with their peers.

Tshitangano and Tosin (2016) reported that almost all secondary school students in South Africa had never used drugs (94% of males and 98% of females). Most students' first experiences with substance use occurred between the ages of 15 and 20. Most student drug users were young men. The vast majority of students (63% of males and 50% of females) tried to cut down on drug usage but were unsuccessful. Most students said that drugs are easily accessible in their hometowns and nearby communities. More over half of the students polled by Muthoka (2015) in Nzaui District Matitiku Division, Makueni County were drug addicts; of them, 60% were male and 40% were female. The poll also found that the most often abused substances and narcotics among students were beer, cigarettes, and bhang. Researchers in the county of Makueni discovered that drug addiction among secondary school pupils was affected by factors like peer pressure, socialization, and access to narcotics. According to a poll conducted between 2007 and 2008 among Kenyans aged 15 to 17, 1.1% reported misusing cannabis (dagga).

Marijuana, cocaine, and heroin are among the most commonly abused drugs in Kenya, although alcohol, cigarettes, and khat (miraa) are also widely used. There are considerable variations in the kind and rate of usage based on geographic location, age, gender, level of education, religious affiliation, and socioeconomic status among persons aged 15-65 (NACADA, 2015). Alcohol is used by 14.2% of Kenyans aged 15–65, miraa is chewed by 5.5%, and bhang is smoked and abused by 1%, according to NACADA (2015). Heroin usage is believed to be 0.1%, while cocaine addiction is at 0.2%.

1.1.1 Moroto Slums

One of the major slums in Mombasa is Moroto. In the past, Moroto was a shanty town on the fringes of the city, but now it is home to anywhere from 150,000 to 200,000 people in about 1.5 square kilometers northeast of the city center. After Majengo, and Magongo, it was ranked as Mombasa's fourth biggest slum in 2009. According to the residents, most of the inhabitants are individuals who mostly spend their daytime hours pushing the needle in Mombasa town and Mtwapa in the neighbouring Kilifi county.Residents consider the slum which came into being in 1985, as a supermarket of many things; the good, the bad and sometimes even the ugly.Most of the inhabitants here work in the nearby industries, private schools and beach resorts.Then there's the other category of inhabitants; peddlers of bang, slay-queens, sellers of mnazi and matengazi or palm wine, and chang'aa

1.2 Statement of the Problem

Teenage substance abuse is a major concern all around the globe. The rising prevalence of teenage substance abuse is the biggest cause for concern. Despite the fact that schools are supposed to instill pupils with strong morals and self-control, many young people nowadays cannot resist the allure of drugs and alcohol.

Some of the most devastating outcomes of substance abuse include the breakdown of families, an increase in crime and domestic violence, decreased productivity, and the spread of diseases like HIV and AIDS (Ndetei, 2014). There is a strong correlation between beginning drug use at a young age and developing a reliance on drugs later in life, according to research by Johnston, O'Malley, and Bachman (2017).

Recent discourse on human health has been dominated by the effects of drug misuse and associated factors (Kremer & Levy, 2008; Mugisha et al., 2003). Numerous studies (Chebukaka, 2014; Sacerdote, 2011) indicate that drug and substance misuse is a rising concern in the provision of quality education in Kenyan learning institutions, and that its consequences are impacted by numerous social, economic, and cultural variables. According to a number of studies, drug misuse is impacted by elements associated to the societal transformations brought about by modernity, globalization, and westernization (UNDCP, 2012).

According to Charitonidi et al. (2016), socioeconomic variables, such as parental education and family income, contribute considerably to child drug consumption. Nyaoke (2013) also indicated

that socioeconomic variables pertaining to the family unit were significant drivers of the frequency of drug misuse among kids. Substance and drug misuse diminishes the potential of individuals in a community and has been related to criminality and undesirable conduct. The youth, particularly those residing in places with a poor socioeconomic standing, such as slum homes, are much more susceptible (Wawira et al, 2018).

Kenya established a national authority for anti-alcohol and anti-drug abuse programs in 2012 to promote the health and safe development of youth so that they may realize their full potential by refraining from using drugs. A drug abuse prevention program was implemented by the authority in 2014 (NACADA, 2012). Despite the best efforts of many organizations, there remains a disturbingly high rate of drug usage among Kenya's youth. The social control hypothesis suggests that a child's propensity to experiment with substances is influenced by the quality of their relationships with their parents. This is in addition to the fact that having involved and supportive parents is linked to lower rates of risky drug use among teenagers (Rafiee et al., 2019). Addiction to alcohol or drugs has been linked to an increased risk of sickness, disability, and premature death, among other negative outcomes. There are no communicable diseases for which hazardous alcohol consumption is not among the top five risk factors worldwide. Young people's alcohol usage has been on the rise, and this has been connected to an increase in depression and anxiety (Kychala et al., 2015).

Researchers Ansari et al. (2013) found that drug usage was correlated with worse academic performance, suggesting that students who regularly drank or used other drugs were less likely to do well in class.

Moroto is a unique scenario for this study because of the high rate of drug use among its youth population; estimates place that number at 65% (NACADA, 2015). Therefore, it is critical to understand what motivates drug and substance use in order to create more effective intervention programs. Over 30% of Kenyan children under the age of 10 use several drugs, despite the best efforts of NACADA and other organizations (Kyalo, 2010). The purpose of this research was to identify the factors that put young people in Moroto, in the Mombasa County, at risk for developing a drug or substance use disorder.

1.3 Objectives of Study

This research set intended to better understand what drives substance addiction among young people in Kenya's urban slums. Studying the situation in Moroto, Kenya.

1.3.1 Specific Objectives

i. To establish the influence of peer pressure on drug and alcohol abuse among young people in Moroto slum.

ii. To find out the influence literacy levels on drug and alcohol abuse among young people in Moroto slum.

iii. To determine the influence availability of drugs on drug and alcohol abuse among young people in Moroto slum.

iv. To examine the influence family cohesion on drug and alcohol abuse among young people in Moroto slum.

1.4 Research Questions

i. How does peer pressure influence the drug and alcohol abuse among young people in Moroto slum?

ii. To what extent does literacy levels impacts the drug and alcohol abuse among young people in Moroto slum?

iii. How does availability of drugs impacts the drug and alcohol abuse among young people in Moroto slum?

iv. To what extent does family cohesion influence the drug and alcohol abuse among young people in Moroto slum?

1.5 Significance of the study

After investigating the factors that contribute to drug abuse among the youth of Mombasa County, the study's findings will be of tremendous significance to both the young and the community. The recommendations made at the end of the study, if taken into account, will help young people determine the most effective strategy to battle drug abuse in their life. A rehabilitated kid who contributes meaningfully to the day-to-day operations of activities would be beneficial to the community. The literature contained in this report and the results of the study will inform the County government and other stakeholders as to what to prioritize in order to reduce teenage drug misuse risk factors.

1.6 Scope of the study

The research study explored the factors influencing drug and alcohol abuse among young people in Kenyan slums. The study targeted people living and working in Moroto Slums. Therefore the total population targeted was 100 people from the slum.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

There is a critical literature review, a summary of the results, areas that need further research, and a conceptual framework, all of which may be found here.

2.1 Theoretical Literature review

Existing or self-formulated concepts are analyzed within a theoretical framework and compared to the stated goals of the study. According to the definition provided by Lichtenberg, Lachmann, and Fosshage (2016), a theory is "a set of interrelated variables, definitions, and propositions that provides a systematic picture of a phenomenon by identifying relationships among variables in order to gain insight into that phenomenon." Ideas concerning drugs and substance abuse are considered in the study.

2.1.1 Attachment Theory

The attachment theory was developed by Bowlby in the year 1958 who had worked as a psychiatrist for many years and observed that children who had been separated from their mothers experienced a lot of emotional distress. Bowlby devised the theory that the emotional attachment between a mother and her infant substantially influences the child's social and cognitive development on the basis of this observation (McLeod, 2009). The psychological bond between parents and their children is long-lasting and influential in determining the behavior and personality of children. Attachment theory has significantly influenced behavior and interpersonal relationship research. According to the theory, children's social and emotional requirements are crucial because they influence their relationship with an attachment figure, who is typically the parent.

Relationships between a child and his or her parent(s) that are dysfunctional may result in tension, anxiety, and feelings of rejection (McLeod, 2009). Parents or attachment figures provide children with a sense of security and belonging, which drives their interactions with their parents. Therefore, when the parent-child relationship is dysfunctional, there is a high likelihood that the child will turn to vices such as substance misuse in an attempt to manage or neglect the emotional

tension brought on by the dysfunctional parent-child relationship. This theory does not, however, address the behavior of adolescents in terms of substance addiction.

2.1.2 Social Learning Theory (SLT)

Bandura (1977) discovered that modeling may occur via observational learning even in the absence of reward. Simply being exposed to the model may facilitate learning. All conduct is learned, so say advocates of the social learning hypothesis. The theory proposes three outcomes that characterize an adolescent's imitation of role models who engage in drug use. The first impact is an increased interest in observing and mimicking substance-related behavior. The second effect is social reinforcement of ESU, or encouragement and support for drug use among young people. The favorable social and psychological effects on the adolescent's future ESU are the result of all of this. When an outsider adopts the eccentric practices of a fringe subculture, they quickly gain respect and popularity inside that community. However, this only happens to a certain extent when a person's actions go against the accepted standards of the community (Pate et al., 2018). This idea is in line with the goals of this research, which is to examine the causes and effects of drug misuse among Moroto's youths.

2.2 Empirical Literature Review

2.2.1 Peer pressure and Drug & Alcohol Abuse

Young people are impacted much more by their peers than by adults in their immediate household. As a result, teenagers make choices and act in ways that are consistent with what their peers think is appropriate (Allen, Chango, Szwedo, Schad, & Marston, 2012; Gatpandan & Ambat, 2017; Veerachaisantikul & Chootarut, 2016; Veerachaisantikul & Chootarut, 2016). If a youngster is close with adults they look up to, it will be much harder for them to resist the push to experiment with drugs and alcohol. A research done at Columbia University found that a child's risk of drinking increases by as much as six times when they are around other young people who are drinking. Although peer pressure is often thought of as an issue mostly impacting teens, it may really influence individuals of all ages since social groups continue to exist into adulthood. For all their independence from parental authority, adolescents remain vulnerable to the persuasive power of their peers because they lack a fully formed sense of self, a mature understanding of interpersonal dynamics, or an awareness for the long-term effects of their actions.

According to a survey conducted by Swinson and Eaves (2018), 40% of Americans between the ages of fifteen and sixty-five drink alcohol. 80% of adolescents between the ages of ten and fourteen have tested positive for alcohol. Research conducted on the general topic of alcohol use disorder demonstrates that despite its widespread use as a recreational beverage and lawful status in a number of nations, alcohol has a plethora of negative effects on society, thereby impeding holistic development (Swinson & Eaves, 2018).

A total of 998 teenagers from a wide range of racial and ethnic backgrounds were studied by Piehler, Véronneau, and Dishionn (2012), who examined how several measures of drug use and the impact of peers predicted future use of cigarettes, alcohol, and marijuana. Adolescent drug use and substance use among peers were shown to be significantly associated and substantial predictors of a problematic pattern of substance use in young adulthood when structural equation modeling was applied to the data. Furthermore, they point out that their results highlight the need of addressing teenage self-regulation in programs designed to treat and prevent early-adult drug misuse (Piehler et al., 2012).

Castens, Luginga, Shayo, and Tolias (2012) conducted a study on alcohol use disorder in Moshi's metropolitan area in Tanzania. The majority of street adolescents begin imbibing due to peer pressure, according to the findings of the survey. Increasingly, young people feel compelled to drink to blend in with their peers and view alcohol as a source of courage that will forge social bonds. Peer-targeted advertising and the lack of oppositional movements support the notion that the prevalence of alcohol abuse is greater than that of tobacco abuse. The study recommended rehabilitation programs to reduce the prevalence of alcoholism among street youth.

A NACADA study found that among youngsters who have tried alcohol, 10% have friends who also drink, compared to 5% of those whose friends don't drink (Marais & Maithy, 2015). According to the results of the poll, there is a correlation between the belief that alcohol is easily accessible at school and the actual use of alcohol by students. No investigations by Marais and Maithya were carried out in the townships of Kenya, but their findings suggest either a positive or negative association between peer influence and drug and substance usage. Therefore, research on the role of peer pressure in the development of substance abuse disorders among teenagers in residential areas is necessary.

Peer pressure was indicated as the major cause of drug and substance abuse (DSA) by 38% of teachers in a research by Ongwae (2016) in Starehe Sub-County, Kenya. In line with these observations, Kiiru (2004) says that young people are influenced to experiment with drugs by their peers due to the mistaken notion that doing so would improve their hunger for food, their strength, and their knowledge and courage to face the challenges of life. Ngesu et al. (2014) studied drug misuse among secondary school students in Kisumu Municipality and found that pupils were heavily influenced by their peers. This study focuses on public secondary school students in Kiambu County, Kenya, and aims to determine which gender is most vulnerable to DSA as a result of peer pressure. The majority of previously reviewed studies failed to investigate these specific peer-related factors that influence learners.

2.2.2 Literacy levels and Drug & Alcohol Abuse

The National Literacy Trust (2008) defines "literacy level" as the sum of a person's education and other abilities that enable them to make "informed decisions" about drug and substance use. Manganello (2007) found that drug usage negatively affects health in several ways. As consumers take on a more active role in seeking out health information, health literacy has emerged as a pressing concern in modern public health. Health literacy is the extent to which a person has access to, and understanding of, basic health information and services necessary to make effective choices about his or her health. It is unknown how effectively teenagers can understand, interpret, and absorb health information due to their low levels of literacy.

Young people start abusing substances because they don't know any better and end up being hooked as a result. Skills in media literacy, which the American School Counselor Association (ASCA) defines as "the capacity to access, analyze, evaluate, and produce media in a variety of forms," can aid in the prevention of substance abuse, as can the motivation to put those skills to use for the benefit of a healthy and democratic society.

In addition to poverty, unemployment, population explosion, communalism, secularism, regionalization, youth unrest and agitation, child abuse, violence against women, urbanization, crime, criminals, juvenile delinquency, alcoholism, drug abuse, and drug abuse, HIV/AIDS, terrorism, corruption, bonded labor, and black money are all identified as social problems in slums (Korir, 2013).

Kyalo (2010) claims that adolescent drug use and abuse often begins between the ages of 10 and 14. Adolescents of this age are typically enrolled in either elementary or lower secondary school. This suggests that individuals lack the experience essential to make sober judgments about drug and alcohol usage. Adolescent drug misuse and addiction are inevitable results of inadequate education. The destructive effects of substance abuse on a person's capacity to learn are evident in their later professional, social, and personal growth. Students who struggle with reading are more likely to drop out of school, avoid social situations, and abuse substances. Skills in media literacy, which include accessing, analyzing, evaluating, and producing media in a variety of forms (Aufderheide, 2010), and the motivation to put these skills to use for the benefit of a healthy and democratic citizenship (McCann, 2009), can aid in the fight against substance abuse. In order to prevent children from developing favorable attitudes about drug use, interventions in media literacy may improve their ability to think critically about media messages and raise their awareness of their own emotional reactions to these messages. Media exposure is linked to later drug use, however this correlation may be reduced if youngsters develop better critical thinking abilities. Educators have suggested that, given the pervasiveness and effect of media messages on today's kids, media literacy instruction should be included into educational goals in order to foster healthy and responsible decision-making (Considine, Horton, & Moorman, 2009).

A 2012 research published in the International Journal of Collaborative Research on Internal Medicine and Public Health found that three of the seven respondents lacked educational opportunities due to financial hardships. They needed to help support their families, so they went to work. Unfortunately, they hung out with the wrong crowd and lacked the moral compass to resist the temptation to use drugs and sell them. Because of their inability to read and write, they had few friends and turned to drugs to ease their stress. Gilbert J. Botvin first developed Life Skills Training (LST) in 1996 and updated it in 2000. Adolescents need Life Skill Training because it gives them the tools they need to combat peer pressure and avoid the use of harmful substances like alcohol, cigarettes, and illicit drugs. Motives for drug abuse and participation in risky social situations are targeted for reduction via the development of participants' personal and social competence, confidence, and self-efficacy. Most teenagers lack these abilities, making them more vulnerable to drug misuse.

2.2.3 Availability of drugs and Drug & Alcohol Abuse

Most teenagers who experiment with drugs or alcohol do so not because of any traumatic experiences they've had, but because of the ease with which they may get these substances and because of the widespread belief that alcohol and drug usage are commonplace among their peers. Merton and Nisbert (2011) argue that the marketing interests of those who stand to benefit from their sale contribute to the widespread usage of illegal drugs.

Psychoactive drug use is common among teenagers, especially for legally available drugs like alcohol and cigarettes, as reported by Odejide et al. (2017). Gateway drugs are those that initiate new users to substance misuse, such as alcohol and cigarettes. One factor for the widespread usage of these substances is their accessibility (Okonza et al., 2012).

Alcohol, followed by cigarettes, bhang, miraa (khat), inhalants, and description drugs, are the most widely used substances in Kenya (NACADA, 2015). Ethanol, the active ingredient in all alcoholic drinks, has narcotic, depressive, and addictive characteristics. Uganda is home to the world's greatest per capita intake of alcohol (19.5 liters absolute), according to estimates of alcohol use in East Africa. This is more than the whole amount of absolute alcohol produced in the nation of Luxembourg (17.54 liters), which is known for its high consumption of regular alcohol.

Many homes (49.9%) participate in the production, acquisition, and resale of alcoholic drinks, which increases availability. Although they may be a source of revenue for low-income families, the social and economic costs they impose much outweigh any potential gains (NACADA, 2015). Ndegwa, Munene, and Oladipo (2017) conducted research on the prevalence of alcohol use disorder among Kenyan college and university students. The participants were students at Pwani University in Mombasa. The majority of teenagers were found to be at minimal risk for alcohol use disorders. Alcohol use disorder was impacted by factors such as age, gender, university year, and location, but also by influences such as peer and family pressure, media exposure, and price. Alcohol use disorder among homeless youth is an additional factor explored in this study.

Adolescents and young adults are disproportionately impacted by the drug misuse issue in Kenya, according to a research done by Cebulla, Heaver, Smith, and Sutton (2014) on the quick evaluation of drug addiction in the country. The survey also found an increase in the use of solvents, as well as the use of "social" (alcohol, cigarettes, miraa) and illicit (cannabis, heroin, cocaine, mandrax)

drugs, particularly among teenagers. Some illegal local drinks, for example, may be spiked with drugs to increase their potency. Adolescents are abusing a wider variety of narcotics now, including cough mixtures. The easy access to drugs that cause dependency is a major factor in the rise of drug abuse in Kenya.

Ngesu, Ndiku, and Masese (2018) performed a research on drug dependence and abuse in secondary schools in Kenya's Kisumu Municipality, finding that the problem is not limited to developed countries and is quickly becoming an epidemic in the poor world as well. From the Middle Ages, when drugs were used for religious and social reasons, through the 19th century, when drug misuse became a concern, the history of drug usage is explored in this book. Access to drugs, social pressure, age, curiosity, parental influence, financial availability, and pushy school officials are only some of the reasons why drug addiction is so common among secondary school pupils in Kisumu Municipality. Unlike the others that were considered, this one really proposed solutions. It also found that alcohol was the most often misused drug and that peer pressure was the primary motivating factor in alcoholism. Ngesu et al. (2018) looked at the impacts of drug misuse, and they found aggressive behavior, sadness and anxiety, irritability, memory loss, and low self-esteem, among other things.

2.2.4 Family cohesion and Drug & Alcohol Abuse

Pergamit, Huang, and Lane (2017) argue that family ties have a significant influence in encouraging or discouraging adolescents to engage in risky activities. Displays of affection, encouragement, loyalty, and selflessness are all part of what make a family strong (Rabinowitz et al., 2016). Families with low levels of coherence both demonstrate and practice ineffective forms of communication, making them less equipped to support one another in times of difficulty and, in particular, to alleviate the suffering of their adolescents. When kids have more in common, they have a better chance of developing socially acceptable responses and coping with social stress. Family harmony is helpful for teenagers who have difficulty controlling their emotions. In order to respond less negatively out of anger or fear when threats are identified, it is helpful to learn how to better regulate one's emotions and develop more positive viewpoints of individuals (Rabinowitz et al., 2016).

In a study of youth substance use disorder in the United Kingdom, Roblyer (2016) found that young people whose upbringing lacked familial obligations, emotional closeness, and support were more likely to affiliate with substance use disorder and to have peer relationships that were associated with more substance abuse. In addition, research on the role of the family in shaping young people's alcohol use in England by MacArthur, Hickman, and Campbell (2016) found that parental attitudes and actions, as well as the type of communication, are significant in influencing young people's alcohol use. Most adolescents' first interactions with alcohol were facilitated by their parents, and they often took place at home.

Adolescents' polygenic risk scores for aggression in evocative rGEs underlying aggression and family cohesion during adolescence and their connections to early adult alcohol intake were studied by Elam, Chassin, and Panndika (2018). A total of 479 participants, mostly Mexican and European American, were used for the study. The study found a striking correlation among polygenic risk scores, aggressiveness, and dysfunctional family relationships, with aggressive behavior a major contributor to the latter two. The study also found that among Mexican American adolescents, the correlation between family closeness and decreased alcohol use in early adulthood was larger than among their European American counterparts.

Early adolescent drug use is affected by both immediate and long-term factors, which Daniel, Shek, Zhu, Dou, and Chai (2020) studied. Family harmony and substance abuse among adolescents were studied as a possible factor. The sample included 2,669 Chinese students attending middle school in Hong Kong. The study found that a strong parent-teen relationship was inversely related to early drug usage. Mother-teen relationships with higher quality were associated with a smaller increase in drug use among adolescents than were father-teen relationships.

Student drug usage at Ethiopia's Kotebe Metropolitan University was investigated by Gebremariam and Sandhu (2020). This investigation was a case of cross-sectional explanatory research conducted inside an academic setting. There were 351 total students in the sample. The Family Environment Scale included measures of family harmony, family openness, and family friction. The Drug Use Questionnaire (DAST-20) developed by Skinner (1982) was used to evaluate respondents' historical drug involvement. Individuals' perceptions of their family's social environment (family cohesion, conflict, and expressiveness) are measured using the Moos and Moos (1981) Scale of Family Environment. Family cohesion, family conflict, family

communication, and drug usage were all examined through the lens of multiple linear regression analyses.

Nyage and Mwai (2016) conducted a research in Manyatta Sub-county, Embu County, to evaluate the influence of parental supervision, domicile, employment, and parenting behaviors in predisposing teenagers to drug misuse. The research discovered that teenagers who lacked parental supervision, had authoritarian parents, and had not had an open talk about drug misuse with their children were more likely to participate in drug abuse.

2.3 Summary and Research Gaps

The research supports the notion that drug misuse is widespread among young people, particularly in informal settlements such as the Moroto Slums. Empirical data reveals that family wealth and parental traits such as peer pressure, literacy levels, drug availability, and family cohesiveness, among others, have a substantial effect on juvenile drug misuse. However, there are a number of holes that this research attempted to fill. Despite indications that this generation is the most susceptible, the context of youth between the ages of 13 and 24 has gotten little scholarly attention. Furthermore, the backdrop of Majengo slums has not gotten significant study attention. A conceptual gap also exists in the previous research since the emphasis has been on broad socioeconomic issues and how they impact drug misuse, but our study focused explicitly on the most crucial ones. The present study therefore attempted to fill existing research gaps in order to contribute to the body of knowledge on factors affecting drug and alcohol consumption in Kenyan slums.

2.4 Conceptual Framework

Independent variables **dependent variable**

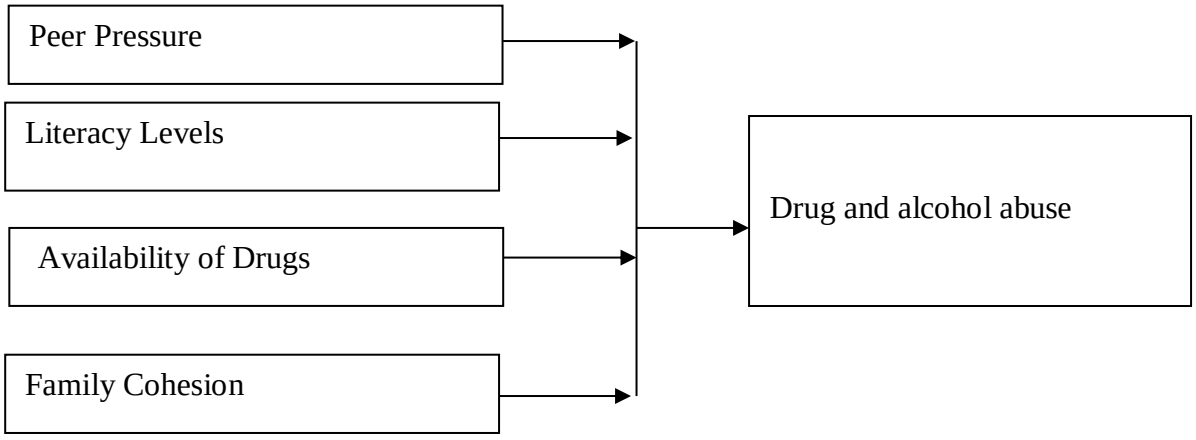

Figure 1 : Conceptual Framework

2.5 Operationalization of variable

Table 1 : Operationalization of Variable

Variable	Indicator	Measurements
Peer Pressure	• Acceptance into groups • High anxiety levels • Curiosity of trying new things	Likert type questions
Literacy Levels	• Low level of education • Low living standards • Financial constrains	Likert type questions
Availability of Drugs	• Low costs of drugs • Affordability of drugs • Proximity distance to drugs den	Likert type questions
Family Cohesion	• Negligence of parents • Separation of parents • Continuous fights leading to stress	Likert type questions

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

The aim of the researcher was to explain the techniques and tools used to present data for evaluating and obtaining appropriate and maximum information associated to the topic under study.

3.1 Research Design

According to Marshall and Rossman (2014), a research design is a high-level plan for carrying out a study with the goal of answering specific, testable research questions. According to Kothari (2014), a study design is an overarching strategy outlining the methods and procedures that will be used to collect and analyze the data. The researcher has decided to use a descriptive research strategy since it simplifies research procedures while still yielding useful results and requiring a minimum investment of time, resources, and effort. Researchers conducting descriptive studies seek to "define, classify, and explain" (Kothari, 2016) a subject's or population's salient characteristics.

3.2 Target Population

Cooper and Schindler (2018) define study population as components with similar features that are employed in research studies to determine why a circumstance happened or is likely to occur. They were important since they had access to the data that the study's goal is to collect. The target population was drawn from the people living in Moroto Slums.

Table 2 : Target Population

Population Category	**Target**	**Percent (%)**
Counselors	30	15
Parents	70	35
Youths	100	50
Total	**200**	**100**

3.3 Sample and sampling technique

According to Cozby and Bates (2016), a sampling method is a research approach that seeks to provide an equal probability of unit selection among the population that constitutes the sample size. Stratified sampling design was used to select the sample. It is critical that a sample is selected as it may not be possible to collect and analyze from the entire population within the available time and resources.

Table 3 : Sample and Sample Technique

Population Category	Target population (N)	Sample population (n)	Percentage (%)
Counselor	30	15	15
Parents	70	35	35
Youths	100	50	50
Total	**200**	**100**	**100**

3.4 Data Collection Instruments

According to Bordens and Abbott (2017) research instruments are measurement devices, for instance, surveys, tests, and questionnaires. Questionnaires were preferred since the study that has used them has recommended them as economical and they are easily administered as well time-saving (Orodho, 2009).

3.5 Pilot Study

By finishing a pilot test, the researcher confirmed that acceptable questions were asked, relevant data was gathered, and proper data collecting procedures were employed. The questionnaire was evaluated on 12 people who are part of the target group but not in the sample. This accounted for around 10% of the sample size, which is commonly suggested by social scientists (Mugenda et al., 2012). To minimize repetition bias, the researcher employed purposive sampling to choose 12 individuals for pilot testing from the target population but not for the study sample.

3.5.1 Validity

Oso and Onen (2009) define validity as "the degree to which a research instrument measures the constructs for which it was developed." Experts, the researcher's supervisors, looked through the tools to make sure they accurately measured the notion in question. The items' content validity was

determined by having a panel of experts review them to make sure they accurately reflect the idea in question (Mutahi, 2015).

3.5.2 Reliability test

Reliability, according to Saunders, Lewis, and Thornhill (2016), is the consistency of the answers given in the study's questionnaires as a ratio. Cronbach's alpha was used to determine the study's level of dependability, and it was found to be 0.6. When delivered to the full sample population, a valid research instrument should provide the same findings as in the pilot study, as stated by Kothari (2014); this is supported by Cooper and Schindler (2016).

3.6 Data Collection Procedure

To gather information, a questionnaire was sent. A questionnaire is a kind of survey that consists of a series of questions about the research topic and blanks for respondents to provide their answers. The questionnaire's data collection methods include both short and long form questions. Using these two types of questions allowed for the collection of both quantitative and qualitative information from the respondents. Three research assistants were recruited prior to the start of the survey to help the researcher in administering the questionnaire.

3.7 Data Analysis and Presentation

According to Cooper and Schindler (2014), data analysis is the transformation of a survey's raw data into information that is useful and easy to understand. In order to edit, code, and analyze the questionnaire data, we utilized SPSS (Statistical Package for the Social Sciences). Descriptive statistics were used since this study combines qualitative and quantitative methods. Descriptive statistics such as frequency and percentage distributions were used. Tables, pie charts, and bar charts were used to present the calculated frequencies and percentages, providing a quick snapshot of the study's results.

3.8 Ethical Considerations

The researcher followed the concept of voluntary consent to ensure that no responder was duped or pressured into participating in the survey. The researcher briefs the respondents by describing the objective and importance of the study so that they may make an educated choice about their participation. There will be no humiliating questions posed to the responders. The research was

strictly academic in nature. Informed permission, anonymity, secrecy, and privacy were major issues of ethics in this investigation. All of them were thoroughly handled. When filling out the questionnaires, respondents were asked to leave their names blank. On the other hand, ethical considerations that were followed include the researchers' recognition of utilized sources to avoid plagiarism and para-plagiarism, as well as referencing of the materials used in the study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

The results, analyses, and interpretations of the data are presented in this section. Data collection was aided by the use of questionnaires. The information gathered was quantitative in nature, and analysis was performed using SPSS. The study's variables were analyzed using descriptive statistics to determine their overall trend.

4.1 Presentation of findings

4.1.1 Response Rate

The researcher distributed one hundred (100) questionnaires to the institution in line with the chapter's recommended sample size. The majority of the respondents completed and returned questionnaires to the researcher.

Table 4 : Response rate

Response rate	**Frequency/ No of questionnaires**	**Percentage (%)**
Responded	70	70
Not responded	30	30
TOTAL	**100**	**100**

The response rate was high, as 70% of the 100 questionnaires that were distributed to individuals within the institution were returned. According to Rubin & Babbie (2010), any response rate of 70% is very good for further analysis. Thus, 70% respondent's rate for this study was acceptable.

4.1.2 Background information

4.1.2.1 Gender

Attempts were made to establish the gender type of the respondents. The findings were as follows:

Table 5 : Gender of respondents

Gender	Frequencies	Percentage (%)
Male	42	60
Female	28	40
TOTAL	**70**	**100**

The study outcomes indicated that 60% of the individual who returned the questionnaire were male while 40% were female.

4.1.2.2 Level of Education

The level of education was seen as a crucial element that may impact the replies received. The research findings on the respondents' education levels were as follows;

Table 6 : Level of Education

Level of Education	Frequency	Percentage (%)
College	45	64
University	20	29
Post- University	5	7
TOTAL	**70**	**100**

The outcomes shown that the majority 64% of the respondents who partook the study had attained or are continuing at college level, the university level had a percentage of 29% and post-university was the lowest with 7%. This is a clear indication that the study was well represented in terms of education level.

4.1.2.3 Age bracket

The age bracket of the respondents was to help the researcher to know whether there were more young people in the institution who are our main point of interest. The responses gathered on age were as follows.

Table 7 : Age bracket

Age bracket	Frequency	Percentage
18 – 25	25	36
26 – 35	20	29
36 – 45	15	21
Above 45	10	14
TOTAL	**70**	**100**

According to the findings of the survey, more younger people were questioned than older people in the age bracket of 45 and above, who had the fewest (14%).

4.1.3 Peer pressure

The researcher sought to examine how the peer pressure influences drug & alcohol abuse in Moroto slum.

Table 8 : Respondents view on how the peer pressure influences drug & alcohol abuse in Moroto slum

	SA	A	N	D	SD
I do not like differing with my friends	44%	48%	8%	0%	0%
I take pleasure in winning the approval of my peers	53%	41%	6%	0%	0%
As a result of peer pressure, I often make poor decisions.	30%	49%	9%	10%	2%
I like the wealth and fame of musicians and actors	43%	51%	3%	3%	0%

The following were the findings: The survey's initial item probed my feelings about disagreements with pals. Only 44% of people were firmly in agreement, while 48% were in agreement, and 8% were unsure. No one who responded objected or agreed vehemently. The second inquiry related to this variable and probed my desire to win over my social circles. There were 53% of those who strongly agreed, 41% who were in agreement, and 6% who were unsure. No one who responded

objected or agreed vehemently. The researchers were curious as to whether or not my peers often lead me astray. The following are some of the comments: Among those polled, 30% expressed strong agreement, 49% agreed, 9% were unsure, 10% disagreed, and 2% were completely opposed. The research analyzed my feelings toward the celebrity and music industry elite. The following are some of the comments: Among those polled, 43% were strong agreers, 51% were agreers, 3% were disagreers, and 3% were neutral.

4.1.4 Literacy levels

The study sought to examine how Literacy levels influences drug & alcohol abuse in Moroto slum.

Table 9 : Respondents view on Literacy levels influencing drug & alcohol abuse in Moroto slum.

	SA	A	N	D	SD
Young people, owing to a lack of information, start abusing drugs and get hooked, making it impossible for them to quit	63%	28%	5%	4%	0%
You were taught about the dangers of drug usage as part of your formal education.	39%	38%	5%	15%	3%
Adolescents may be warned about the dangers of drug usage via the media	45%	33%	7%	11%	4%
You went through a schooling framework that stressed social skills and health education	20%	72%	3%	5%	0%

In response to the first statement of the research, which questioned whether young people engage in drug usage owing to a lack of understanding and get hooked as a result, 63 percent strongly agreed, 28 percent agreed, 5 percent were indifferent, and 4 percent disagreed. The second statement of the research asked whether or not students received drug abuse instruction while in school; answers ranged from 39% of those who highly agreed to 38% of those who agreed, 5% of those who were neutral, 15% of those who disagreed, and 3% of those who severely disagreed. Media is the greatest approach to warn kids about drug use, according to the survey, with 45% strongly agreeing, 33% agreeing, 7% being neutral, 11% disagreeing, and 4% severely

disagreeing. A total of 20% of respondents highly agreed that their educational experience emphasized social competence and the development of health literacy; 72% agreed; 3% were neutral; 5% disagreed; and 0% severely disagreed.

4.1.5 Availability of drugs

The study sought to examine how availability of drugs influences drug & alcohol abuse in Moroto slum.

Table 10 : Respondents view on how availability of drugs influences drug & alcohol abuse in Moroto slum

	SA	A	N	D	SD
Moroto is a poor neighborhood where drugs may be purchased at low prices	15%	71%	5%	8%	1%
Drug dealers in Moroto are often locals.	27%	60%	11%	2%	0%
For many low-income families, drug sales are the only way to make ends meet	26%	54%	10%	10%	0%
Moroto slum residents have more ease of access to alcohol since many families are engaged in the manufacturing, purchasing, and reselling of brews	3%	78%	11%	8%	0%

According to the data in the table above, many respondents agreed with the assertion that drug availability has a major role in determining the prevalence of drug and alcohol consumption in the Moroto slum. As an example, 87% of respondents agreed that drug sellers are residents in the Moroto Slums, while 86% said they felt that narcotic substances are inexpensively supplied inside the Moroto Slums region. Eighty percent of respondents said that drug sales are a means of subsistence for low-income families, and 81% said that many families in the Moroto Slums engage in the activities of brewing, purchasing, and re-selling of brews, which increases availability.

4.1.6 Family cohesion

The study variable was assessed using a Licket scale respondents were required to respond to the following questions, and the researcher sought to examine the influence of Family cohesion influences drug & alcohol abuse in Moroto slum.

Table 11 : Respondents view on how Family cohesion influences drug & alcohol abuse in Moroto slum

	SA	A	N	D	SD
My parents are concerned about my welfare in school and at home	51%	32%	5%	8%	4%
My parents are open to communication	28%	55%	10%	4%	3%
My parents spend time with me	38%	49%	8%	3%	2%
My parents take the role of a friend rather than a parent	40%	49%	8%	3%	0%

When asked in the study's opening statement whether their parents cared about how they were doing academically and socially, the following responses were given by the students: One-third (32%) were also in agreement, 51% were unsure, 8% were not in agreement, and 4% were highly displeased. Questions on my parents' receptivity to conversation were also included in the research. Among those polled, 28% expressed strong agreement, 55% offered their agreement, 10% were unsure, and 4% voiced disagreement. Finally, when asked whether their parents spend time with them, respondents provided the following information. Of those polled, 38% were adamant in their agreement, 49% were on board, 8% were ambivalent, 3% were not, and 2% were dead set against it. At the conclusion of the interview, I was asked whether my parents ever act more like friends than parents. A total of 40% of respondents expressed strong agreement, 49% agreed, 8% were unsure, 3% disagreed, and 0% expressed strong disagreement.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

This section of the study presents the research findings, suggestions, and conclusion. The results are described in accordance with the research variables.

5.1 Summary of findings

5.1.1 Background Information

The study achieved a high response rate, with 70% of the 100 distributed questionnaires being returned by participants. Rubin and Babbie (2010) posit that a response rate of 70% is considered favorable for subsequent analysis. The study's response rate of 70% was deemed acceptable. The results of the study revealed that 60% of the respondents who completed the questionnaire were male, whereas 40% were female. The findings suggest that the study included participation from individuals of both genders, thereby indicating an absence of gender bias. The findings of the study revealed that a significant proportion of the participants, specifically 64%, had either completed or were currently pursuing higher education at the college level. In contrast, the percentage of individuals who had attained or were pursuing higher education at the university level was 29%, whereas the percentage of those who had completed post-university education was the lowest at 7%. This observation suggests that the study had a comprehensive representation of participants across various levels of education. Based on the results, it was determined that 36% of the participants within the organization fell within the age range of 18 to 25 years old, while 29% were aged between 26 and 35. Additionally, 21% of the respondents were between 36 and 45 years old and 14% were aged 45 years and above. The survey results indicate that a greater proportion of respondents were from the younger age groups, as compared to those aged 45 and above, who constituted the smallest subset with a representation of only 14%.

5.1.2 How does peer pressure influence the drug and alcohol abuse among young people in Moroto slum?

The following were the findings: The survey's initial item probed my feelings about disagreements with pals. Only 44% of people were firmly in agreement, while 48% were in agreement, and 8% were unsure. No one who responded objected or agreed vehemently. The second inquiry related to this variable and probed my desire to win over my social circles. There were 53% of those who strongly agreed, 41% who were in agreement, and 6% who were unsure. No one who responded objected or agreed vehemently. The researchers were curious as to whether or not my peers often lead me astray. The following are some of the comments: Among those polled, 30% expressed strong agreement, 49% agreed, 9% were unsure, 10% disagreed, and 2% were completely opposed. The research analyzed my feelings toward the celebrity and music industry elite. The following are some of the comments: Among those polled, 43% were strong agreers, 51% were agreers, 3% were disagreers, and 3% were neutral.

5.1.3 To what extent does literacy levels impacts the drug and alcohol abuse among young people in Moroto slum?

In response to the first statement of the research, which questioned whether young people engage in drug usage owing to a lack of understanding and get hooked as a result, 63 percent strongly agreed, 28 percent agreed, 5 percent were indifferent, and 4 percent disagreed. The second statement of the research asked whether or not students received drug abuse instruction while in school; answers ranged from 39% of those who highly agreed to 38% of those who agreed, 5% of those who were neutral, 15% of those who disagreed, and 3% of those who severely disagreed. Media is the greatest approach to warn kids about drug use, according to the survey, with 45% strongly agreeing, 33% agreeing, 7% being neutral, 11% disagreeing, and 4% severely disagreeing. A total of 20% of respondents highly agreed that their educational experience emphasized social competence and the development of health literacy; 72% agreed; 3% were neutral; 5% disagreed; and 0% severely disagreed.

5.1.4 How does availability of drugs impacts the drug and alcohol abuse among young people in Moroto slum?

According to the data in the table above, many respondents agreed with the assertion that drug availability has a major role in determining the prevalence of drug and alcohol consumption in the

Moroto slum. As an example, 87% of respondents agreed that drug sellers are residents in the Moroto Slums, while 86% said they felt that narcotic substances are inexpensively supplied inside the Moroto Slums region. Eighty percent of respondents said that selling drugs is a way for impoverished families to make a living, and 81 percent said that many people in the Moroto Slums make a living by making, selling, and purchasing alcohol.

5.1.5 To what extent does family cohesion influence the drug and alcohol abuse among young people in Moroto slum?

The first statement of the study questioned, "Are my parents concerned about my welfare at school and at home?" and the following responses were given: There were 51% who strongly agreed, 32% who agreed, 5% who were unsure, 8% who disagreed, and 4% who severely disagreed. If my parents are willing to talk, the research found the following: There were 28% who highly agreed, 55% who agreed, 10% who were unsure, 4% who disagreed, and 3% who definitely disagreed. Third, when asked whether their parents spend time with them, respondents' replies were as follows. A total of 38% of respondents gave a "strong agree" rating, 49% gave a "agree" rating, 8% gave a "neutral" rating, and 3% and 2%, respectively, gave Finally, when asked whether or whether my parents act more like friends than parents, I responded as follows: Four in ten respondents (40%) strongly agreed, almost half (49%) agreed, eight percent (8%) were unsure, and three percent (3%) disagreed (0% strongly disagreed).

5.2 Conclusions

The primary aim of this study was to examine the factors that contribute to the misuse of drugs and substances among young individuals residing in Moroto slum, located in Mombasa Couty. The research findings indicate that drug abuse is influenced by factors such as literacy levels, drug accessibility, peer pressure, and family cohesion. The findings align with the social bonding theory, which falls under the umbrella of delinquency theories. Through a social learning lens, this theory emphasizes the importance of close connections and the adoption of deviant and criminal values and beliefs (Patterson et al., 2012).

5.3 Recommendations

Government organizations like NACADA should inform parents of the risks associated with storing alcohol and other drugs in the house. This includes any kind of drug preparation done at home. Parents who send their children to get drugs like cigarettes should be discouraged from doing so. Finally, it's not a good idea for adults to use drugs in front of children, since this might serve as an example and lead kids to try drugs themselves.

The production of alcohol, especially 'Busaa,' is a source of revenue for certain households, especially those with lower incomes. Their kids are often included in the planning process. The County Administration need to warn the populace, especially the younger generation, of the dangers of drug manufacturing. In addition, self-help groups should provide low-income employees with access to soft loans so that they may start or expand their own businesses.

Policymakers should enact measures to limit youth access to drugs if they want to minimize drug abuse.

Teachers spend a great deal of time with their pupils and would benefit from receiving in-service training on how to recognize the signs of drug use among minors. In addition, it is important to emphasize the importance of teaching pupils life skills so that they are better equipped to handle the challenges they will face as adults, such as drug abuse.

5.4 Suggestions for Further Studies

Policymakers and county health management teams place a premium on understanding how external influences affect drug abuse research results. To really rid Kenya of its drug problem, a research like this one might be replicated in slums all around the country.

REFERENCES

Escandon, M., & Galvez, R. (2016). *Incidence and extent of substance abuse among secondary school students in Mombasa province, Kenya*: implications for specialized intervention, (Doctorate thesis, Kenyatta University, Kenya). Retrieved from https://ir-library.ku.ac.ke/bitstream/handle/123456789/549/

Gongera, E., Wanjiru, J., Nina, W. M., Wema, F., & Simion, N. (2018). Associations between socio-economic factors and alcohol consumption: A population survey of adults in. *Research on Humanities & Social Sciences* 37(2), 96-102. Retrieved from https://doi.org/10.1371/journal.pone.0209442.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2017). *National trends in drug use and related factors among American high school students and young adults*, 1975-1986. National Institute on Drug Abuse, 2(2), 265-270. Retrieved from https://files.eric.ed.gov/fulltext/ED489469.

Kendal, K. (2010). *Antecedents of alcohol into stages of drug abuse*. A development analysis in Kendal, New York: Prentice Hill.

Kothari, R. C. (2016). *Research methodology*: Methods and techniques. New Jersey: New Age International.

Guillén, N., Roth, E., Alfaro, A., & Fernándezb, E. (2015). *Youth alcohol drinking behavior*: Associated risk and protective factors. Revista Iberoamericana de Psicología y Salud, 6(53- 63).

Haghdoost, A., Abazari, F., Abbaszadeh, A., & Dortaj, R. (2014). *Family and the risky behaviors of high school students*. Iranian Red Crescent Medical Journal, 16(10), 1-7.

Mabasa, M. A. (2018). *Impact of socio-cultural practices on substance abuse amongst the rural youth*: Towards the development of a school-based intervention programme (Doctoral dissertation, University of Limpopo).

APPENDIX I: LETTER OF INTRODUCTION

Dear respondents,

RE: DATA COLLECTION

I am a student at The Management University of Africa carrying out a research on the extent to which selected factors influence drug abuse among youths in slums in Mombasa County. Your honest and sincere response to the questions set forth will assist me to give a correct conclusion. All the Information you will give will be treated with Uttermost Confidentiality and used for this research only.

Yours faithfully,

Anne Lasoi

APPENDIX II: QUESTIONNAIRE

Instructions

1. Do not write any form of identification on the questionnaire

2. Answer all questions in all honesty

3. Where provided with choices, give only one

4. Feel free to raise any issue concerning the filling of the questionnaire

SECTION A: Background information

- What is your gender?

Male

Female

- What is your level of education?

  Certificate

  Diploma

  Degree

  Masters

  Doctorate

- How long have you worked in this organization?

  0-5 years

  6- 10 years

  Over 10 years

SECTION B

For each of the statement below, kindly place a right tick as applicable.

Note that: **SA**: Means Strongly Agree **A**: Stand for Agree **U**: Means Undecided **D**: Stand for Disagree **SD**: Represents Strongly Disagree.

Peer pressure

Statements	**SA**	**A**	**U**	**D**	**SD**
I do not like differing with my friends					
I like impressing my friends and make them to like me					
Sometimes I get influenced by my friends into doing the wrong things					
I fancy the lifestyle of celebrities and music personalities					

Literacy levels

Statements	**SA**	**A**	**U**	**D**	**SD**
The youth get into drug abuse due to lack of knowledge and are addicted hence unable to stop					
There was drug abuse education during the course of your education					
Media is the best way to warn the youth against drug use					
The education model you went through had a focus on social competence and developing health literacy					

Availability of drugs

Statements	**SA**	**A**	**U**	**D**	**SD**
Drug substances are cheaply sold within the Moroto Slums locality					
Individuals who sell drugs are locals in Moroto Slums					
Selling of drugs is a source of livelihood for poor households					
Many households in Moroto Slums are involved in the activities of brewing, buying and re-selling of brews, thus increasing access					

Family cohesion

Statements	**SA**	**A**	**U**	**D**	**SD**
My parents are concerned about my welfare in school and at home					
My parents are open to communication					
My parents spend time with me					
My parents take the role of a friend rather than a parent					

Thanks a lot for your cooperation