

Family factors and prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County, Kenya

Lida Mbuya Nyaoke¹, Moses Otieno, PhD^{2*}

¹MA Project Planning and Management, University of Nairobi, Kenya

²Senior Lecturer PhD, University of Nairobi, School of Continuing and Distance Education, Kenya

*Corresponding author

Abstract: Drug and substance abuse is a major public health issue globally with serious socio-economic burden especially among the young population between the ages of 18 to 30 years enrolled in various institutions of higher learning. The objective of this study was to establish how family factors influence the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. The study adopted descriptive research design and data collected using questionnaire from a sample size of 340 respondents selected through simple random sampling from a target population of 2977 students from KMTC-Port Reitz Campus, Mombasa polytechnic University and Nairobi University while analysis involved descriptive statistics. Findings showed that lack of direction and purpose in life, lack of monitoring, rejection, isolation and spiritual emptiness influenced drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. The study recommends that parents need to ensure that children form appropriate bonds and learn age appropriate behaviors by being positive role models and showing their children the negative aspects of substance abuse. Further, projects should be set up to ensure that determinants of the prevalence of drug and substance abuse amongst youth in Mombasa County are addressed and consequently eradicated.

Keywords: Family factors, Prevalence of drug abuse

I. INTRODUCTION

Substance abuse is a major public health issue globally causing serious social and economic burden to the society. The national co-morbidity survey in USA found that annual prevalence for drug misuse and drug dependence excluding alcohol is 3.6%, with lifetime prevalence at 11.9% while in specific 19% of the students use cannabis (Kessler, McGonagle & Shanyang 2011). The cost of addictive illness to Americans is currently \$144 billion per year in health care and job loss (Galanter & Kleber 2009). In Europe as well as India, the scenario is almost the same. In Bangladesh, drug related problems are gradually becoming a burning issue in context of social, economic and medical perspective with an estimation given by the Department of Narcotic Control of Bangladesh revealing that about 1.5 million people are involved drug abuse such as excessive alcohol, tobacco and cannabis (DNC, 2005).

Africa like any other continent is faced by drug abuse as major problem towards economic development among states with Nigeria having 27% and South Africa having drug abusers of cigarettes, marijuana and alcohol (Flisher et al., 2003). In Kenya, abuse of the drugs among the youth not only drains the economy but also deals a blow to the country as its youth become less productive. It is increasingly clear that nearly 92% of the youth experiment with drugs during the growing up process. Drug abuse is, therefore, an issue that not only involves the secondary school students but is also a National issue. Several strikes that have occurred in schools in the past have usually been attributed to drugs without any concrete evidence. There is also paucity of sufficient and readily available reliable body of prevalence data, identified as one of the critical issues by NACADA. The problem of drug abuse in coast Province is growing at an alarming rate, the lack of reliable statistics to reveal the scope and magnitude of drug abuse has left many institutions guessing and speculating on the seriousness of the problem (Olatuwara & Odejide, 2011). The commonly consumed drugs both legal and illicit in Kenya include cannabis, cocaine, heroin, khat, tobacco and alcohol. A review of related literature was done which focused on khat, cannabis and heroin. The ease of access and availability of cannabis among community members is a contributing factor to its greater use, while the fact that production and consumption of khat is legal its use has been consistently on the increase worldwide. Peer pressure and curiosity has made heroin a drug of choice to most youth in Mombasa.

Most studies on drug abuse have fallen short of identifying the root cause of the problem. Therefore, the study planned to seek the school environment related factors influencing prevalence of drug abuse in high institutions of Higher learning in Mombasa County, Kenya. This study was, therefore, conducted to improve on the data base of drug abuse by generating objective information on the extent and the reasons for drug abuse in order to formulate effective public health policies on prevention. Further, the government will apply the findings to ensure the fight against drug and substance abuse, through NACADA, is successful. Equally, projects may be established to put mechanisms in place to

ensure that factors that lead to prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County are reduced or totally eliminated. The study provides useful information that will help the management of higher learning institutions in Kenya in addressing determinants of prevalence of drug and substance abuse among college students and devise strategies to ensure the institutions remain drug free. The study findings are expected to be of great importance to various researchers involved in policy making.

II. LITERATURE REVIEW

2.1 Prevalence of Drug and Substance Abuse

The national co-morbidity survey in the USA found that the annual prevalence for drug misuse and drug dependence (excluding alcohol) is 3.6%, whilst the lifetime prevalence is 11.9% (Kessler, McGonagle & Shanyang 2011). The cost of addictive illness to Americans is currently \$144 billion per year in health care and job loss (Galanter & Kleber 2009). The 1995 European Schools Project on Alcohol and other Drugs revealed that, 37% of 10th Grade students in the 30 participating European countries had smoked a cigarette in the past 30 days, 61% had consumed alcohol, 17% had consumed marijuana and 6% had used some illicit drugs other than marijuana (Hibbel, Anderson, Bjarnason, Kokkeri, Morgan & Narusk, 2005). In Bangladesh, drug related problems are gradually becoming a burning issue in context of social, economic and medical perspective with an estimation given by the Department of Narcotic Control of Bangladesh revealing that about 1.5 million people are involved in abusing drugs of various kinds (DNC, 2005).

Africa, having constituted of developing country faces a similar problem of drug abuse and substance abuse. Fatoye and Marakinyo (2002) studied drug abuse amongst 567 secondary school students in rural and urban communities in south western Nigeria. They found that the most commonly abused drugs were salicylate analgesics (48.7%), stimulants (20.9%), antibiotics (16.6%) alcohol (13.4%), hypnotic sedatives (8.9%) and tobacco (3.0%). The current and lifetime use of alcohol and tobacco was significantly more common among the males, and among those in the rural schools. For the majority of the students, initiation into drug use started at a very early age (under 14 years).

In Nigeria, studies have consistently shown that there is considerable prevalence of drugs and substances use; with varying prevalence rates found for both overall and specific drug abuse (Abdulkarim, Mokuolu & Adeniyi, 2005). Factors influencing students to drug use have been identified among them parental influence: children from homes where parents take drugs tend to imitate their parents' behavior and by modeling, they also start using drugs (Ngesu, Ndiku & Masese, 2008).

According to Adelekan, Makanjuola, Ndom, Fayeye, Adegoke and Amusan (2005) did a study from Namibia on

factors influencing drug abuse, he found that students may start using illegal drugs because the drugs are easily available from their schools. School related factors can also influence students to drug use (Ngesu et al., 2008). How the school administration manages student affairs may lead to drug abuse. High handedness, lack of freedom and failure to address their grievances creates stress which can lead to abuse of drugs as depressors (Kingala, 2000). Unfortunately, across all continents in the world and throughout time, drug abuse among both the young and adult population has manifested itself in various forms (Grover, 2007).

In Uganda, a study noted that among the youth, 19% of the secondary school students and about 35% of the students in tertiary institutions including the medical school smoked cigarettes (Kanyesigye, Basiraha, Ampaire, Muchura & Kangi, 2007). This was attributed to a lot of tobacco products being advertised in relation to style/fashion; and due to peer influence. The mean initiation age for smoking was 13.4 years with a range from 6 to 22 years in Jinja district (Lukwiya, 2000). In a cross-sectional study carried out among 2789 high school students in Kampala district, Uganda, in 2002 among 13-15-year olds it was found that 17.5% reported to have smoked tobacco, with 37.9% (n = 148) of them trying or starting smoking before the age of 10 (Mpabulungi & Muula, 2011).

In Kenya, studies show that more than a fifth (22.7%) of primary school children take alcohol, a figure that rises to more than three-quarters (68%) for university students. A large number of students across all age groups have been exposed to alcohol, tobacco, *miraa* (khat), glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine. According to a study by Siringi (2001) on drug abuse, 22% of secondary school students were on drugs and males had a higher exposure to *miraa* and inhalants (Siringi, 2003). In addition, the study also found out that the prevalence of drug abuse increased from primary to tertiary institutions. Alcohol was the most frequently abused drug followed by *miraa*, tobacco and bhang. The students staying with friends were most at risk followed by those staying with either a sister or a brother. Students staying in towns were also reported to have a twofold risk of having tasted alcohol, tobacco, *miraa*, bhang and inhalants (glue) compared to those in rural areas. This survey demonstrated that the youth in the urban areas, due to their lifestyles, are more predisposed to drugs compared to those in rural areas.

A preliminary survey of drug abuse was conducted among secondary school students in Kenya and the results of the study confirmed that drug abuse was quite prevalent among secondary school students (Dhadphale, Mengech & Acuda, 2001). For instance, up to 10% of students drunk alcohol more than three times a week, 16% smoked cigarettes more than three times a week, and nearly 14% had smoked cannabis (bhang) and 16% admitted taking other drugs especially tranquillizers in order to feel high. The study revealed that the problem was more acute in urban schools compared to rural

schools. A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students in Nairobi found that a total of 2246 (70.1%) were smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students 72.2% started at between age 12 and 16 years (Kwamanga, Odhiambo, & Amukoye, 2003).

2.2 Family Factors

Breakdown in social structure of society, which includes the family and its role of inculcating morals to young ones, has contributed to drug abuse (Nasibi, 2003). Most families are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems. Coombs et al. (2002) conducted a comparative study on 225 adolescents' drug users and an equal number of abstainers. Their study reveals that the drug free children not only feel closer to their parents but consider it important to get along with them. The drug users bear such characteristics as loneliness, rejection, isolation and constant punishment. Furthermore, Needle et al. (1990) have shown that youths from disrupted families tend to get involved in substance abuse. On the other hand, Coombs (1990) has observed that abstainer parents have firmer standards regarding curfew, television, schoolwork, use of alcohol and other drugs.

An unstable home life is a contributing factor to teenagers going down the path of substance abuse. This is because parents can be a strong influence in keeping children away from drugs, by being positive role models and showing their children the negative aspects of substance abuse. Thus, a lack of guidance by parents at home can lead to substance abuse. Tied into this is the issue of poverty--if parents have to work long days to make ends meet, they have less influence on their child's development and also, pragmatically, cannot be home often enough to know what activities their kids are engaging in, thus making it easier for the teens to get away with substance abuse.

According to Dekovic, Buist and Reitz (2011) significant changes in problem behavior occur over brief periods in early adolescence, especially during the transition to middle school. The literature addressing gender identity, peer relationships and rural communities indicates that students attending rural, middle schools are particularly at risk for illegal drug use and peers are likely to play a pivotal role in the behavior. Parents also influence adolescent substance use, (Crosnoe, Erickson & Dornbush, 2002). Weak family bonds for youths are said to correlate with adolescent substance use while strong family cohesion is associated with negative attitudes toward substance use (Pilgrim et al., 2011). Positive relationships at home are said to promote peer relationships that do not support substance use. Females are reported to receive more parental monitoring and be more concerned about maintaining a positive relationship with parents.

Parental relationships are ostensibly linked to adolescent substance use (Webb et al., 2002). As a child moves into adolescence, the primary source of influence moves from parents and families to the peer group (Engels & ter Bogt, 2001). However, parents continue to have an influence. Certain parenting practices affect adolescents' interactions with peers. According to Crosnoe et al. (2002), parental monitoring is a parenting practice that protects adolescents from participating in deviant behaviors such as substance use.

Although parental monitoring is significant the actual relationship between a parent and an adolescent also influences adolescent substance use (Wills et al., 2011). Mothers influence adolescent female peer relationships by being responsive with responsiveness defined as showing love or expressing praise, being accessible when there is a need and participating in open discussions (Bogenschneider et al., 1998). Higher levels of maternal responsiveness in the study by Bogenschneider et al. were associated with less peer influence, resulting in lower levels of substance use. This pathway was moderated by values regarding substance use; mothers with high levels of responsiveness who also opposed substance use significantly influenced the peer relationships of females. Unfortunately, research on the influence of parenting on illegal drug use in the rural environment is scarce.

III. METHODOLOGY

The study employed a descriptive survey research design and questionnaires used to collect data from a sample size of 340 respondents out of a target population of 2977 students drawn from KMTC-Port Rietz campus, Mombasa Polytechnic University and UON-Mombasa Campus. The researcher first conducted a pilot study on 10% of unselected respondents and a validity coefficient of 0.79 and a reliability coefficient of 0.936 obtained. Descriptive statistics of frequency, percentages, mean and standard deviation at a significance level of 0.05 was done using SPSS Version 21.

IV. FINDINGS AND DISCUSSION

The response rate was 96% of the total respondents. The study also sought to establish how family factors influence the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County with focus on KMTC-Port Rietz campus, Mombasa Polytechnic University and UON Mombasa campus.

4.1 Facet Relating to Family Characteristics

The respondents were asked to respond to the extent to which the facet relating to family characteristics influenced drug and substance abuse in colleges using the likert scale, where: very great extent = 5, great extent= 4, moderate extent = 3, low extent = 2 and not at all = 1. Table 4.8 shows the results obtained:

The respondents indicated that lack of direction and purpose in life and lack of monitoring influenced drug and substance abuse in institutions of higher learning to a very great extent

as shown by a mean score of 4.9588 and 4.9072 respectively. Further, the respondents indicated that rejection, isolation and spiritual emptiness influenced drug and substance abuse in institutions of higher learning to a very great extent as shown by a mean score of 3.7320, 3.5825 and 3.7062 respectively. We can therefore deduce that drug users bear such characteristics as loneliness, rejection, isolation and constant punishment.

Table 4.1: Facet Relating to Family Characteristics

Factors	N	Mean	Std. Deviation
Lack of direction and purpose in life	194	4.9588	1.62823
Rejection	194	3.7320	1.31563
Isolation	194	3.5825	1.26569
Lack of monitoring	194	4.9072	1.30826
Spiritual emptiness	194	3.7062	1.41101

4.2 Family Factors Influence on Drug and substance Abuse

The study sought to determine the extent to which family factors influenced drug and substance abuse in institutions of higher learning. 24.7% of the respondents indicated that family factor influenced drug and substance abuse in institutions of higher learning to a moderate extent,21.6% of the respondents indicated that family factor influenced drug and substance abuse in colleges to a very great extent,21.1% of the respondents indicated that family factor influenced drug and substance abuse in colleges to a great extent,16.5% of the respondents indicated that family factor influenced drug and substance abuse in colleges to a little extent while 16.0% of the respondents indicated that family factor influenced drug and substance abuse in colleges to a very little extent . From these findings we can therefore deduce that breakdown in social structure of society greatly contributes to drug abuse (Nasibi, 2003).

Table 4.2: Family Factors Influence on Drug and Substance Abuse

Factors	Frequency	Percent (%)
Very great extent	42	21.6
Great extent	41	21.1
Moderate extent	48	24.7
Little extent	32	16.5
To a very little extent	31	16.0
Total	194	100.0

4.3 Drug and Substance Abuse

This section focuses on the symptoms of drug and substance abuse among the students in Mombasa County.

4.3.1 Rating of drug abuse Symptoms

From the findings the respondents rated low memory, loose parental tie, and high risk of developing drug dependence and depression and stress as symptoms related to drug and

substance to a large extent as indicated by a mean of 3.6598, 3.5969, 3.5567 and 3.6443 respectively. The respondents further indicated that lack of attention and body image dissatisfaction as symptoms related to drug and substance to a moderate extent as indicated by a mean of 3.0309 and 3.3918 respectively.

Table 4.4: Rate the Following Symptoms

	N	Mean	Std. Deviation
lack of attention	194	3.0309	1.36919
low memory	194	3.6598	1.24685
loose parental tie	194	3.5969	1.21399
High risk of developing drug dependence	194	3.5567	1.24234
Depression and stress	194	3.6443	1.35137
Body image dissatisfaction	194	3.3918	1.36997

V. FINDINGS AND DISCUSSION

The study found out that lack of direction and purpose in life, lack of monitoring, rejection, isolation and spiritual emptiness influenced drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. According to Nasibi (2003), breakdown in social structure of society, which includes the family and its role of inculcating morals to young ones, has contributed to drug abuse. Coombs et al. (2002) conducted a comparative study on 225 adolescents’ drug users and an equal number of abstainers. Their study reveals that the drug free children not only feel closer to their parents but consider it important to get along with them. The drug users bear such characteristics as loneliness, rejection, isolation and constant punishment.

VI. CONCLUSIONS

The study concluded that family factors were a major determinant on the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. This means that an unstable home life is a contributing factor to teenagers going down the path of substance abuse. This is because parents can be a strong influence in keeping children away from drugs, by being positive role models and showing their children the negative aspects of substance abuse. The study recommends that parents need to ensure that children form appropriate bonds and learn age appropriate behaviors. This is because it will lead to acceptance and reinforcement which form the basis for learning age appropriate behaviors as the child develops. The study also recommends that parents need to have a strong influence in keeping children away from drugs, by being positive role models and showing their children the negative aspects of substance abuse. Moreover, the study also recommends that since strong family cohesion is associated with negative attitudes toward substance use, Positive relationships at home should be established to promote peer relationships that do not support substance use. Females are reported to receive more parental monitoring and be more

concerned about maintaining a positive relationship with parents. In conclusion, projects should be set up to ensure that determinants of the prevalence of drug and substance abuse amongst youth in Mombasa County are addressed and consequently eradicated. Furthermore, studies should be done on the challenges facing the fight against drug and substance abuse in other counties in Coast region.

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