Socio-economic factors and prevalence of drug and substance abuse amongst youth in Kenya

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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 socio-economic 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 social status, economic status, cost of drugs, parent's level of education and family size status influenced drug and substance abuse 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*: Socio-Economic 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. In recent years the consumption of licit (tobacco, alcohol) as well as illicit substances has increased greatly throughout the world. Particularly alarming is the fact that the age of initiation into substance abuse is progressively falling (UNDCP, 2007). Adolescence is the critical period when the first initiation of substance use takes place. Among the youth, students are particularly involved due to increasing academic pressures. The encouragement by peer groups, the lure of popularity and easy availability of many such substances like alcohol, tobacco and other drugs make a teenager an easy prey. Drug abuse is, therefore, an issue that not only involves the secondary school students but is also a National issue. Everywhere the target group is our young population between the ages of 18 to 30. This is the period of life for exploration and experimentation - the means by which 'young people learn who they are and what they want to do with their lives', and trying out new things and making first-time choices (Westermeyer, 2009). These make them vulnerable to experiment drugs. They try to remove depression using drugs as a tool. Failed relationships and broken hearts are also major inducements of drug abuse in young people. Unwanted events and refusal can make one lose confidence resulting into the use of drugs.

Young people belonging to the higher class of the society take alcohol and other drugs to maintain their status in the friend circles (Shafiq, 2008). 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.

Rampant Drug abuse in Kenya's coastal city has been cited as a great challenge and a major threat that poses negative implications to the country's political, economic, and social stability, hence calling for urgent mitigating measures (Beckerleg, Deveau & Levine, 2006). The vice has been said to create social economic hardships that breed misery which increases crime, violence and a drain on human material resources in the region that has in the recent years experienced an upsurge in the cultivation, consumption and trafficking of illicit drugs. The problem of drug abuse in coast region 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 drug 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 it's use has been consistently on the increase worldwide. Peer pressure and curiosity has made heroin a drug of choice to most youth in Mombasa.

Further, most of the student in colleges and technical institution in the Mombasa County are said to engage in drug abuse and substance abuse due to ease access to the commodity. This has raised an alarm for authorities to come up with strategies and applicable means of mitigating drug abuse in the region. KMTC-Port Rietz campus, Mombasa Polytechnic University and UON-Mombasa Campus are not excluded from the colleges that are facing this problem. Hence the need to focus on these 3 major institutions in order to investigate the determinants of prevalence of drugs and substance abuse in Mombasa County. 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 old 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 Socio-Economic Background

The relationship between childhood socioeconomic status (SES) and behavioral health in adulthood has long been of interest to researchers and policymakers. A few studies have found that adolescents with low SES have a greater propensity toward substance use during adolescence. Goodman and Huang (2002) found that having low SES was associated with greater alcohol use and with greater cigarette and cocaine use among white teenagers.

Goodman and Huang (2002) found that lower household income and parental education were associated with greater adolescent depression. Friestad and colleagues (2003) found that low parental education and moderate household income was associated with greater rates of smoking in adolescents. Reinherz and colleagues (2000) examining 360 respondents followed from 1977-2000, found that low family SES and larger family size were associated with increased probability of substance abuse disorders in early adulthood. An analysis by Hamilton and colleagues (2009) found that adolescents (ages 12-19) with college-educated parents were less likely to engage in hazardous or harmful drinking or illicit drug use.

However, there is growing evidence that adolescents with higher SES may also be at risk for developing substance use disorders. There is evidence that substance use in adults, particularly alcohol use, may be sensitive to price, as some studies have shown that consumption decreases as price increases (Farrell, Manning, Finch, 2003). For adolescents with higher SES, having greater financial resources may indicate that the relative cost of substance use, that is the opportunity cost of substance use relative to other consumption, may be lower than for adolescents with lower SES. This is consistent with the usual demand model for goods and services and could indicate a higher demand among wealthier adolescents. This was found in a 2007 study of British adolescents by Bellis and colleagues, which found that adolescents with more spending money were more likely to drink frequently, binge drink and to drink in public (Bellis, Tocque, & Fe-Rodriguez, 2007) as well as in a study of college students in the United States, which found that college students with lower levels of spending money had lower levels of drinking and getting drunk. The socio-cultural factors of valuing autonomy and refraining from discussing personal issues outside the family likely play a role (Anderson & Gittler, 2005).

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 0.874 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 school factors influence the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County with focus on KMTC-Port Reitz campus, Mombasa Polytechnic University and UON Mombasa campus.

4.1 Socio-Economic Factors

In this section, the study sought to scrutinize how socio-economic factors influence the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County with focus on KMTC-Port Reitz campus, Mombasa Polytechnic University and UON Mombasa campus.

4.1.1 Facet Relating to Socio-Economic Factors influence on Drug and substance abuse

In determining the extent to which facet relating social-economic factor influenced drug and substance abuse in the college, the respondents indicated that social and economic status influenced drug and substance abuse in the college to a very large extent as indicated by a mean score of 4.5289 and 4.5165 respectively. The respondents also indicated that cost of drugs influenced drug and substance abuse in the college to a large extent as indicated by a mean score of 3.8238.The respondents further indicated that parent's level of education and family size status influenced drug and substance abuse in the college to a moderate extent as indicated by a mean score of 2.5619 and 2.5485 respectively. From these findings we can therefore deduce that low socioeconomic status contributes to drug abuse.

Table 4.1: Facet Relating to Socio-Economic Factors

Category	N	Mean	Std. Deviation
Social status	194	4.5289	1.30320
Economic status	194	4.5165	1.34840
Parent's level of education	194	2.5619	1.22529
Family size	194	2.5485	1.25501
Cost of drugs	193	3.8238	1.43616

4.2 Socio-Economic Factor Influence on Drug and Substance Abuse

With regard to the extent to which socio-economic factors influenced drug and substance abuse in the college.24.7% of the respondents indicated that social-economic factor influenced drug and substance abuse in colleges to a little extent, 22.7% of the respondents indicated that social-economic factor influenced drug and substance abuse in colleges to a very little extent,20.1% of the respondents indicated that socio-economic factors influenced drug and substance abuse in colleges to a very great extent,19.1% of the respondents indicated that socio-economic factors influenced drug and substance abuse in colleges to a moderate extent while 13.4% of the respondents indicated that socio-economic factors influenced drug and substance abuse in colleges to a great extent. We can therefore infer that both high and low childhood socioeconomic status lead to abuse.

Table 4.2: Socio-Economic Factors Influence on Drug and Substance Abuse

Factors	Frequency	Percentage (%)
Very great extent	39	20.1
Great extent	26	13.4
Moderate extent	37	19.1
Little extent	48	24.7
To a very little extent	44	22.7
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. 1: 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

The study established that socioeconomic status, cost of drugs, parent's level of education and family size status influenced drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. The relationship between childhood socioeconomic status (SES) and behavioral health in adulthood has long been of interest to researchers and policymakers. Goodman and Huang (2002) found that lower household income and parental education

were associated with greater adolescent depression. Friestad and colleagues (2003) found that low parental education and moderate household income was associated with greater rates of smoking in adolescents.

V. CONCLUSIONS

The study concluded that socio-economic factors influenced drug and substance abuse in colleges. College students with lower levels of spending money have lower levels of drinking and getting drunk. The socio-cultural factors of valuing autonomy and refraining from discussing personal issues outside the family likely play a role. 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. 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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