

**FACTORS INFLUENCING SUBSTANCE ABUSE AMONG YOUTH IN LAMU  
COUNTY**

**A CASE OF FAZA WARD- EAST SUB COUNTY**

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**OCTOBER, 2019**

**DECLARATION AND RECOMMENDATION**

**Declaration**

I declare that this is my original work and it has not been submitted in any other University or educational institution for examination or any other purpose.

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**Recommendation**

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## **DEDICATION**

I dedicate this thesis to my family with Special regards to my husband who endured many days of my absence as I tried to complete the project. To my lovely daughter Azra Mahmoud Ahmed who is currently pursuing her PHD in Neurology in Alexandria University in Cairo you have been a source of inspiration and encouragement to me, because of you I have strived to finish my Masters. Their support, encouragement and love were unwavering in the course of my research and studies. It's from them that I drew a lot of inspiration; it's my hope and prayer that they will achieve beyond what I have achieved may God bless them immensely.

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## ABSTRACT

The purpose of this study was to evaluate the factors influencing drug and substance abuse among youth in Lamu County. According to NACADA (2015), about 200,000,000 people worldwide abuse drugs. Despite NACADA's and other groups' interventions, drug abuse is on the increase; with over 30% of youth in Kenya abusing various types of drugs. In the first chapter of this paper, the researcher presents an introduction to the study and also a brief explanation of the problem that prompted the study. The specific objectives of the study was; to establish how literacy levels influence drug and substance abuse among the youth, to evaluate the influence of type of employment on drug and substance abuse among the youth, to establish the role of availability of drugs and substance in drug and substance abuse among the youth, and to evaluate the County strategies in place to counter drug abuse. The researcher used descriptive research design because it facilitated the research operation thereby making the research efficient and yielding maximum information with minimal expenditure of effort, time and money. The study targeted both male and female persons aged between 18 to 30 years. Purposive sampling was used to select the locations in which to carry out the study by selecting the worst hit areas. The data collection instrument used in this study was a questionnaire. The questionnaire contained both open and closed ended questions. It was self-administered where the respondents answered themselves. In situations where the respondents had difficulties, the researcher aided in administering the questionnaire. After seeking and obtaining permission and individual consent, the questionnaires was hand delivered to respondents. The questionnaires were then collected dully filled for analysis. The questionnaire tool also acted as a guide for the researcher in moderating focused group discussions with male and female youth study participants separately. After the questionnaires were administered, and FGDs conducted, the raw data collected was systematically organized so as to facilitate analysis. Descriptive and inferential statistics were used in data analysis; data was analyzed using IBM SPSS software Version 20. Quantitative data was changed into numbers by counting the number of times a specific thing occurs in the course of observation and interviews and by assigning numbers/ratings to dimension. The study findings were that literacy levels, availability of drugs, counseling, and county level strategies had no significant effect on drug abuse. County level strategies also had a bearing on the relationship between drug abuse and the other factors. However, occupation had no link and significant relationship with substance abuse. The recommendations were that community based organizations, county governments, the national government, and other relevant stakeholders should reduce focus on other factors and devote attention and resources to county level strategies.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

|               |   |
|---------------|---|
| <b>AIDS</b>   | Acquired Immune Deficiency Syndrome                 |
| <b>FGD</b>    | Focus Group Discussion                              |
| <b>HIV</b>    | Human Immunodeficiency Virus                        |
| <b>NACADA</b> | National Agency for the Campaign against Drug Abuse |
| <b>STI</b>    | Sexually Transmitted Infection                      |
| <b>SPSS</b>   | Statistical Package for Social Scientists           |
| <b>WHO</b>    | World Health Organization                           |

## **CHAPTER ONE**

### **INTRODUCTION**

This chapter gives the background information of the study, statement of the problem, significance of the study, objectives and definition of operational terms.

#### **1.1 Background information of the Study**

Drug abuse is the harmful use of mind altering drugs. The term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, such as in self-medication. The impact of drug abuse among youths has been a hallmark of a morally bankrupt, decadent and wasted generation and loss of our societal values and ideals (Kendal, 2010).

Majority of the youths around the globe ignorantly depend on one form of drug or the other for their various daily activities, such drugs include: tobacco, cocaine, morphine, heroine, alcohol, ephedrine, madras, caffeine, glue, and amphetamines among others. Kendal, (2010) state that the most widely abused substances are alcohol, tobacco and cannabis because they are in excess. Most high schools encounter problems with youth who smoke cigarettes on the school premises. Some of these youth come to school under the influence of liquor.

According to Korir (2013) substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating many families and communities. Substances from all over the world currently flood Africa. Drug pushers are forcing young people into taking substances so that once they are hooked; they can manipulate their friends into taking substances

Too many youth seem to think of experimentation with substances as an acceptable part of transition into adulthood. Few take seriously the negative consequences of dependence on substances.

Wallace (2015) reports that, the use of illicit drugs has increased throughout the world in recent years. The report further states that a major world trend is the increasing availability of many kinds of drugs to an ever widening socio-economic spectrum of consumers. Wallace (2015) argues that the main problem drugs at global level continue to be opiates (notably heroine) followed by cocaine. For example, for most of Europe and Asia, opiates continued to be the main problem drugs, accounting for 62 percent of all treatment in 2003. Reports from a total of 95 countries indicated that drug seizures increased four-fold in 2003, and more than half of these were of cannabis.

Despite eradication efforts in countries in Africa, the region still remains a major supplier of some drugs such as cannabis, which is one of the most widely abused drugs (National Agency for the Campaign against Drug Abuse [NACADA], 2015). Ndetei (2014) states, since the early nineteen eighties, Africa has been experiencing an escalating problem with drug abuse and trafficking. Although reliable information is scarce, data collected under the Eastern Africa Drug Information System/Global Assessment Programme (EADIS/GAP), country mission reports coupled and small-scaled research activities conducted by governments and non-governmental organizations all attest to this (Ndetei, 2014).

All the while, Africa's role in the global drugs supply chain is increasing. Already the continent is the second largest region for cannabis production, trafficking and consumption, accounting for 26 percent of global seizures of this drug in 2001 (Patterson, Peek, Heinrich, Bischoff & Scherger, 2012). By country, the largest hauls

in this period were in Kenya, Nigeria, and the Republic of South Africa, while Morocco is said to be one of the main producers of Cannabis resin.

Substance abuse among adolescents and youth costs a country a lot of money every year (NACADA, 2015). This is evident in large sums of money that are used in prevention and treatment centers throughout Africa. Eventually this affects the whole country because these funds could be used in other avenues such as poverty alleviation programmes, since poverty is one of the reasons that lead to substance abuse.

Most youths in their adolescence life start using drugs as young as 12 years of age. The problem of substance abuse usually starts with smoking cigarettes at the toilets during school breaks. These adolescents would then proceed to use other drugs such as alcohol, cannabis and hard drugs. Youths use substances for various reasons and contributing factors include their developmental stage, peer group pressure, family problems and stress relief. These youths seem not to be considering the long-term effect of these drugs on their lives. (NACADA, 2015).

In European countries, many young people consume alcohol beverages from a young tender age of 16 years. According to the 2008 Adolescent Health Survey, 78% of students in British Columbia have tried alcohol before the age of 18; 50% have tried marijuana; 15% have tried ecstasy; 10% have tried cocaine; and close to 3% have tried methamphetamines. Research has shown that youth who begin using alcohol or drugs at young ages are more likely to develop substance abuse problems as they grow older (Ndetei, 2014).

The use and abuse of cannabis and khat is common in regions where they are grown. Ratts and Hutchins (2017) reviewed the research studies on substance abuse problems in Kenya for the first time and noted that formerly, the psychoactive substances that

were commonly abused in Kenya were alcohol and Khat, but over the years there have been an upsurge in use and abuse of a variety of other substances like tobacco, cannabis sativa, and volatile substances. Botvin, Baker, Dusenbury, Botvin and Diaz (2015) also found out that among the youth, between 50% to 60% drunk alcohol regularly. The practice was said to be more widespread in urban and peri-urban areas than in rural areas.

Kendal (2010) in her studies on perception of Drug Abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviours are use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm.

In Kenya, some organizations such as NACADA, Drug Abuse Prevention and Rehabilitation (DAPAR), Foundation for the People Against Drug Abuse (FOPADA), Anti Dangerous Drugs Organization of Kenya (ADDOK) etc, have been formed since to help Kenyans combat the drug abuse menace particularly among the youths of this country (Gongera, Wanjiru, Nina, Wema & Simion, 2018). Despite their effort to control substance use among adolescents and youth, recent national survey data indicate that the use of substances is still on the rise. Drug use among the youths should be a matter of concern to all Kenyans especially the government, school heads, the leaders of religious groups and other Non-Governmental Organizations (NGOs)

The Kenya government has ratified two major United Nations (UN) conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the ravages of the global drug abuse menace. These include the Single Convention on

Narcotic Drugs and the Convention against illicit Trafficking on Narcotic Drugs and Psychotropic Substances. The government is currently working towards the ratification of the Convention on Psychotropic Substances.

In 1994, the government enacted a new anti-drug law, the Narcotics and Psychotropic Substances Control Act, as well as forming the Kenya Anti-Narcotic Unit. A number of academic research reports and law enforcement reports however, indicate that in the last few years, Kenya has had to deal with an increase in the drug abuse problem. It has been noted that drug abuse is fast spreading to rural areas especially Central, Western, Nyanza and Eastern provinces. Drug abuse among the youth in secondary schools has endangered their lives. This is causing a lot of concern as the vice, indeed, has been identified as a major cause of some of the problems experienced in secondary schools in Kenya (Ndeti, 2014).

Within Kenya itself, drug abuse is becoming an increasing problem. According to studies carried out by Population Communication Africa (Escandon and Galvez 2016) almost every Kenyan youngster at one time or another experiments with drugs, especially with beer and cigarettes. Although the regular users of hardcore drugs are much fewer than those of cigarette and alcohol, the study argues that the major cause of concern is that a high proportion of these young people eventually become addicted threatening their own health and safety, and causing difficulties for their families and friends. In response to global warnings on the dangers posed by drug abuse, the NACADA is pushing for the establishment of a national drug control authority to enforce all drug trafficking laws in Kenya (NACADA, 2015).

According to Kaguthi, although religious education has been instilled strongly in the youth, the majority still abuse drugs and are likely to destroy their lives before they



become adults. He argues that most secondary school students today are experimenting with drugs. Abusing drugs is considered to be a threat in the developed countries but it should be noted that it is becoming tragically prevalent in the developing world in which Kenya is a member and now parents are scared as the youths are turning to new deadly drugs (Ndetei, 2014).

Understanding what drugs are is fundamental to understanding their potential abuse. A drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Escandon & Galvez, 2016). According to NACADA (2015), about 200,000,000 people worldwide abuse drugs. In USA, 40% of adolescents take drugs and 60% consume alcohol. In Asia, 48.9% of University students use drugs. Among them, 24% are 1st years while 75.6% are final years. In South Africa, 52% of adolescents also take drugs.

From cocaine to gambling, addiction takes many forms, but alcohol and drug abuse may be the most pervasive forms of addiction. Alcoholism and drug addiction are chronic conditions characterized by changes in the brain that cause a person to have an uncontrollable desire to abuse alcohol or other drugs, despite harmful consequences.

A Study done by NACADA (2015) shows that drugs and substance abuse both licitly and illicitly are forming a sub-culture in Kenya among youth and the students. This is a big challenge to the country and more so in the coastal region. Some drugs are very addictive, like heroin, while others are less so. But the result is that regular drug abuse or sustained exposure to a drug - even for a short period of time – can cause physiological dependence, which means that when the person stops taking drugs, he/she experiences physical withdrawal symptoms and a craving for the drug.

In addition, before any dependence or substance abuse issues develop, excessive alcohol or drug use often leads to other complications such as serious physical injuries and accidents while under the influence, unintended and most often unsafe sex, conflicts with family or friends, and problems in school (Vander, 2010).

A number of studies carried out in the country show that almost every Kenyan youngster at one time or another experiments with drugs, especially beer and cigarettes (Vander, 2010). According to Kimani, a variety of factors contribute to drug abuse with the majority of students citing curiosity, acceptance by peers and ignorance as to the dangers of drug abuse as the main reasons.

Alcohol abuse has spread at an alarming rate and has become a global concern since no nation has been spared on the effects of alcohol on the consumers. A recent national survey found that 40% of Kenyans between the age of 15 and 65 years consume alcohol. About 80% of children aged between 10 – 14 years have used alcohol and among these, 2 % of them use local brew (Gongera, et al., 2013).

There are higher rates of substance use among youth engaged in self-harm, i.e. deliberately hurting themselves, often to deal with overwhelming emotions or to express distress without the intention of suicide. Substance use can also be a sign that these youth are coping with mental health challenges. There is no single factor that determines whether a person will develop alcoholism or a drug addiction. A person's overall risk for addiction is determined by their biological makeup, particularly genetics, and their exposure to drugs and alcohol.

Drug and substance abuse in Kenya is rapidly escalating from alcohol, cigarettes and khat (miraa) to the more dangerous drugs such as marijuana, cocaine and heroin among other drugs. Close to 40% of people aged 15-65 have used one of these drugs in their

lifetime with huge variations on type and rate of consumption across the regions, age, gender, education level, religion and economic status (NACADA, 2015). According to NACADA (2015), 14.2% of the Kenyan population aged 15-65 consume alcohol, 5.5% chew miraa , 1% smoke and abuse bhang, while cocaine abuse is estimated at 0.2% and that of heroin at 0.1%.

### **1.1.1 Lamu County**

This study was conducted in Lamu County located in the northern part of the Coast region of Kenya. It is one of the six Counties in this region, the others being Mombasa, Kwale, Kilifi, Tana River and Taita Taveta. Lamu borders Garissa County to the North & North East, Tana River County to the West & South West, the Indian Ocean to the South East, and a small stretch of border with Somalia to the East. The County covers a land surface area 6,167 square kilometers, consisting of a mainland coastal strip and the Lamu Archipelago.

With the administrative headquarters in Lamu town, the County has a population of 101,539 people, based on the Kenya national population census of 2009. Lamu County has two parliamentary constituencies; Lamu West with seven electoral wards (Shella, Mkomani, Hindi, Mkunumbi, Hongwe, Witu and Bahari) and Lamu East with three electoral wards (Faza, Kiunga and Basuba).

Lamu County was selected for this study following reports from media and local authorities about the grave situation of drug abuse among the youth. For example, in the Daily Nation Newspaper of 30th August 2015, the Lamu County Commissioner, Mr. Ndambuki reported that drug abuse among the youth was on the rise particularly in Lamu town and Lamu East Sub-County and among the drugs abused were bhang and cocaine.

## **1.2 Statement of the problem**

Among the major consequences of drug and substance abuse include family breakdown, escalation of crime levels, domestic violence, lack of productivity and increased burden of health problems including HIV and AIDS (Ndetei, 2014). Early age of initiation into use of drugs during adolescence has been associated with great risk of drug dependence in adulthood (Johnston, O'Malley & Bachman, 2017).

The Kenyan Coastal region has long been known as a hotbed for drug and substance abuse mainly among the youth. Of the many places in Kenya that have been identified as prevalent in the widespread abuse of drugs, Lamu stands out. In the recent past, the Kenyan government has made efforts to tackle alcohol abuse mainly in Central and Rift valley regions.

The Coast region has been identified as having been largely hit by the prevalent use of hard drugs such as heroin. Though no recent study has been done in Lamu County to establish the factors influencing this trend, it has been hypothesized that low literacy levels and high unemployment rates are the most likely reasons for this growing trend in drug and substance abuse. Faza Ward in Lamu County has been cited as having the highest prevalence of drug abuse in the region (NACADA, 2015). Its low population density and high concentration of drug use make it the highest density per square of drug use in the country.

The high density of drug abuse among the youth cited at 65 % of the youthful population in Faza (NACADA, 2015) make it special case for this study This means it is very important to establish the factors that influence drug and substance abuse for more informed and effective intervention programming. Despite NACADA's and other groups' interventions, drug abuse is on the increase in Kenya; with over 30% of youth

abusing various types of drugs (Kyalo, 2010). This study sought to establish the factors that influence drug and substance abuse among the youth in Lamu County, in particular Faza ward.

### **1.3 Purpose of the Study**

The overall aim of this research study was to investigate the factors that influence the abuse of drugs and substances among the youth in Faza ward, Lamu County; and to evaluate the responses and strategies in place to counter prevalence of the drug and substance abuse trend among youth in Lamu County.

### **1.4 Research Objectives**

The objectives of the study were to:

- i. To establish how literacy levels influence drug and substance abuse among the youth in Faza ward, Lamu County;
- ii. To evaluate the influence of type of employment on drug and substance abuse among the youth in Faza ward, Lamu County;
- iii. To establish the role of availability of drugs and substances in drug and substance abuse among the youth in Faza ward, Lamu County;
- iv. To identify the County level strategies that are in place to address prevalence of drug and substance abuse among the youth in Lamu County; and
- v. To evaluate the role of counseling in tackling drug and substance abuse among the youth in Faza ward, Lamu County.

## **1.5 Research Questions**

The study sought to answer the following questions:

- i. What are the factors that influence the abuse of drugs and substances among the youth in Lamu County?
- ii. What influence does the type of employment have on drugs and substance abuse among the youth?
- iii. What role does the availability of drugs have on drugs and substance abuse among the youth?
- iv. What are the County level strategies that are currently in place to eliminate drug abuse among the youth in Lamu County?
- v. What is the role of counseling in tackling drug and substance abuse among the youth in Lamu County?

## **1.6 Justification of the Study**

Despite the existence of minimum legal drinking age laws, available evidence and actual drinking patterns in Kenya suggest that a majority of young people start using alcohol and other drugs before reaching the legal drinking age of 18 (Merton & Nisbert, 2011). This, despite well-established evidence that early alcohol and drug use may have long-lasting consequences.

Studies have shown that youths who begin drinking before their fifteenth birthday are four times more likely to develop alcohol dependence at some time in their lives as compared to those who delay their first drink to at least age 20.

Early brain exposure to alcohol and drug use has been shown to interrupt key learning processes, hence affecting academic and occupational achievement (Mclaughlin & Vacha, 2013). Alcohol use is also known to contribute to depression, stress, suicide (Korir, 2013) and high-risk sex during adolescence. Moreover, alcohol-attributable mortality among the young people outweighs those from all illegal drugs combined

In Kenya, data on the prevalence and correlates of underage drinking and drug use is scanty and widely underestimated. However, the proximity of adolescence to biological maturity and adulthood provides an ideal opportunity for research aimed at informing drug preventive activities among the underage.

In Kenya today more youth are abusing drugs than in any other time in history, and many of the youth are found most along the coastal town of Kenya. This has been so despite the struggle of the government and other stakeholders to curb drug abuse. It is therefore imperative that a study be done to investigate the most probable factors influencing drug abuse among the youth. It is to this end that this study will be carried out. Despite studies on drugs and substance abuse being done elsewhere in Kenya, none has been done in Lamu; to address the unique aspects may not be accounted for in prior research studies.

### **1.7 Significance of the Study**

Upon investigating the factors contributing to drug abuse among the youth of Lamu County, the findings of the study will be of great importance to the youth and the community at large. If taken to consideration, the recommendations suggested at the end of the study will assist the youth to know the best way they can combat drug abuse in their lives. The community will benefit from a reformed youth who will in turn provide meaningful input in day-to-day running of activities. The literature herein and

study findings will enable the County government and other stakeholders to know what to focus on in order to mitigate risk factors of drug abuse among the youth.

### **1.8 Assumptions of the Study**

In the proposed study, the following assumptions were made:

The researcher assumed that the authorities in Lamu County will be cooperative in terms of offering permission for the study to be carried out. The researcher assumed that the youth who engaged in the study gave honest responses to the questions

### **1.9. Scope of the study**

The study was carried out in Faza ward, Lamu East Constituency. Faza ward is in Pate Island, with an estimated population of 13,524. Faza ward is ward number 0101. The ward covers approximately 90.80 sq.km and comprises the following sub-locations: Pate, Shanga, Siyu, Tchundwa, Myabogi, Kwatongani, Kwatini and Kizingitini.

### **1.10 Limitations expected when undertaking the research**

The results of the study was limited to the situation in Lamu County only and this may not apply to other counties in Kenya and generalization will therefore be done with caution.

### **1.11. Delimitation of the study**

According to Ndeti, (2014) delimitation of the study refers to the boundaries of the study. Hence the study delimited itself by concentration on:

The people affected by substance abuse problem within Faza ward, Lamu County. The data related to substance abuse within Faza ward, Lamu County.



## **1.12 Definition of operational terms**

**Abuse** - the wrong use of a substance, for instance, an overdose of a medical drug.

**Apathy** - a lack of interest in life activities or interactions with others. It can affect your ability to keep a job, maintain relationships, and enjoy life.

**Addiction**- used to refer to the condition in which one is dependent on drugs like alcohol.

**Availability** - The quality or state of being available.

**Counselling Interventions** - A unique interrelationship between a client and a counsellor, which aims to create a change and a growth in three main areas. Personal development, social adjustment, and professional development.

**County Level Strategies** -Plans chosen to bring about a desired future, such as achievement of a goal or solution to a problem at the county level.

**Drug** - Drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Escandon & Galvez, 2016).

**Employment** - the fact of someone being paid to work for a company or organization

**Literacy** - the ability to read and write.

**Strategy** - A method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem.

**Substance** - Substance is any mixture or compound of chemicals which when taken into the body may affect the functioning of one or more body organs and create a desired or unintended change.

**Drug abuse** - Drug abuse is the self-administration of any drug in a manner that diverts from approved medical and social patterns within a given culture.

**Youth** - Youth is defined as any member of society between the ages of 15 and 34.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INRODUCTION**

A study by Weinberg, Rahdert, Colliver and Glantz (2018), came up with various physiological effects such as accelerated heartbeat, speeding in the peripheral circulation of the blood, alteration of blood pressure, breathing rate and other body functions normally decline. Substance use and abuse by young people, and problems associated with this behavior have been part of human history for a long time.

What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place. On health matters alcohol abuse cause blindness, cancer risks, cirrhosis, brain damage, psychological and physiological reliance on alcohol leading to alcoholism.

There is increased evidence that young people under the influence of alcohol are at an increased risk of indulgence in other drugs (Weinberg et al., 2018) . Alcohol is often considered a gateway to the use of illegal substances. Youth who drink are significantly more likely to use other illicit drugs, compared to young non-drinkers. It is possible for a young person to use an illicit substance after drinking because judgment is impaired. While in this state, exposure to other substances is more likely and susceptibility to peer influences is often amplified. Once alcohol use has been initiated, the use of other intoxicants may no longer appear as risky to the underage

#### **2.2 Factors influencing drug and substance abuse**

Factors have been broken down to literacy levels, type of employment and availability of drugs.

### **2.2.1 How literacy levels influence drug and substance abuse**

There is an important learning component of successful school-based approaches to substance use and abroad based agreement about the role of education; however, there are different schools of thought about the goal of this education. While some believe that education should be aimed at preventing youth from using substances or at least delaying use, others support an education model geared at building social competence and developing health literacy (the knowledge and skills youth need to survive and thrive in a world where drug use is common)

For many years, persons familiar with substance abuse prevention research have known that “drug education” is not a powerful way to prevent youth use of substances. School prevention curricula can range from very helpful (addressing elements such as “media literacy” and revision of perceptions of peer use) to counter-productive (unintentionally reinforcing perceptions that most youth use substances, or even showing how to use), but simple education about the effects of drugs tends to produce no effect.

Since the power of taught (but not observed) facts about gateway drug dangers to affect youth behavior is weak, drug education and media communication efforts aimed at teens are unlikely to have much positive effect unless they instead focus on the more powerful dynamic of social influence. Examples include messages that correct the usually mistaken impression that most peers use a substance, messages that debunk pro-drug media messages (typically by building teens’ “media literacy”), and messages that in any other ways show that teen use of a particular gateway substance is not an inevitable, necessary, or desirable part of growing up.

Illiteracy is one of the number of social problems in the coast that have been identified among others like poverty, unemployment, population explosion, communalism,

secularism, regionalization, youth unrest and agitation, child abuse, violence against women, urbanization, crime and criminals, juvenile delinquency, alcoholism, drug abuse, and drug abuse, HIV/AIDS, terrorism, corruption, bonded labor, black money among many more (Korir, 2013).

Health literacy is an important issue in public health today, especially as patients are taking a greater role in obtaining information about their health. Adolescents may have less interaction with the health care system and lower health care costs than adults, but they are increasingly involved with their health care, especially those with chronic illness (Meichenbaum, 2017).

According to Kyalo (2010) the youth are introduced to drugs and substance abuse as early as the age of 10-14 years. At this age the youth are in primary school or in their early years of secondary school. This means they have not yet acquired the relevant skills to give them the ability to make decisions on the influence of drugs and substance of abuse.

The youth get into drug abuse due to lack of knowledge and are addicted hence unable to stop. Media literacy skills, defined as the ability to access, analyze, evaluate, and produce media in a variety of forms (American School Counselor Association [ASCA], 2017) and a desire to act on these abilities in a manner that benefits a healthy and democratic citizenship can provide part of the foundation for the prevention of substance use.

### **2.2.2 Influence of type of employment on drug and substance abuse**

According to a study by Okonza, Fajoku, Okhiku and Aluede (2018), some unemployed youth join drug abuse and trafficking so as to earn a living .Causality runs both ways that is, poor individual employment prospects enhance drug use and intense drug use

reduces employability. Research has identified different ways through which having a paid job contributes to an individual's ability to create and sustain a drug free life (Kendal, 2010). This helps the drug user to fill time constructively and becoming independent. Creation of job prospects adds significantly to willingness of unemployed drug users to seek treatment.

Although employed people may have lower drug use rates than the unemployed, (Kandel, 2010) employment does not eradicate the urge to use drugs. Also, drug use among high school students, as reflected in the National Survey of High School Students (Johnston et al., 2017) is probably not dramatically different from the young adult working population. It is unlikely that most youths cease their drug use upon entering the workplace.

Most empirical research on the link between unemployment and drug use has concentrated on how individual use are related. In these empirical studies individual employment is seen as one of the measure of social inclusion. On the whole these studies strongly suggest that causality runs both ways, that is, poor individual employment prospects enhance drug use and intense drug use reduces employability (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2018).

Like in many countries world over poverty and unemployment contribute to substance abuse among the youth in Kenya. Idle youth from poverty hit families who are unable to find gainful employment abuse cheap alcoholic drinks. Paradoxically, affluence and poverty are a major cause of substance abuse, with the rich abusing substances because they can afford them and the poor falling trap to cheap alcoholic drinks (NACADA, 2015).

An earlier study conducted by Mwaniki found that socio-economic backgrounds have a major impact on substance use or abuse. The study found that 14% more people in the lower income groups consume alcohol and tobacco compared to higher income groups. Haji found that socioeconomic problems like deprivations arising from rampant levels of poverty are associated with the use and abuse of Khat in Kenya.

Cutcliffe, Stevenson and Jackson (2018) reports that some youth who find it hard to get a job without experience especially during hard economic times resort to finding self-employment in the selling of drugs and in the process get up hooked up. Similarly, Warr, Dave and Anna (2005) found that students who lack school fees and youths who get bored due to lack of employment end up using drugs so as to gain the illusion of becoming bold, confident and courageous.

A study by Odejide, Ohaeri, Adelekan and Ikuesanon (2017) hazardous drinking and drug abuse in urban Tanzania, age range 15-59, found that both men and women who were employed, were household heads, and were between the ages of 25 to 34 reported hazardous drinking since they had greater access to money which enabled them to purchase alcohol. Ward et al. (2018) carried out a study on prevalence of substance abuse between both men and women South African primary care clinic patients, age range 18-25+, which found that being employed was cited as a reason for abuse since it made it possible for individuals to buy alcohol and other drugs.

In Kasundu, (2012) study on factors contributing to drug abuse among the youths in Bamburi location, Kenya, the study findings indicated that economic factors such as unemployment, poverty and low cost of drugs in the area have contributed to drug abuse in the area. Though all these factors seemed to be contributing to drug abuse in general, poverty rate in the region has been blamed for the rise of drug abuse in the area. In

conclusion, the study revealed that all economic factors have a great influence and are of great.

### **2.2.3 Role of availability of drugs and substance in drug and substance abuse**

For most teens, the increase in risk of use is based not so much on adverse life events, past or present, but on easier access to substances and a perception that drinking or other substance use is expected or normal for teens. According to Merton and Nisbert (2011), people use illegal drugs because of their readily availability and promotion interests of those who are in a position to benefit financially from their sale.

According to Odejide et al., (2017) psychoactive drug is a common problem among the adolescent especially for socially acceptable drugs such as alcohol and cigarettes. Alcohol and cigarettes are termed as gateway drugs because they are the ones that welcome the youth into drug abuse. These drugs are mostly abused because they are readily available (Okonza et al., 2012) among other reasons.

Alcohol is the most freely used drug in Kenya followed by tobacco, bhang, miraa (khat), inhalants and description drugs (NACADA, 2015). All alcoholic beverages contain ethanol, which is considered a drug since it is narcotic, depressive and addictive. Estimates of alcohol consumption in East Africa indicate that Uganda has the highest per capita consumption (19.5 litres of absolute) alcohol in the world, which is attributed to homemade alcohol. This is higher than Luxembourg with 17.54litres of absolute alcohol, a country reputed to have a high prevalence of convention alcohol in the world.

The three classes of illicit brews in Kenya, all of which are readily available, according to WHO (2014)are: (1) fermented brews (traditional beer) such as busaa (agrains beer), mnazi (palmwine), muratina (from a local fruit known as muratina, sugar cane juice and honey) and indali (banana beer) from ripe bananas; (2) distilled liquors or spirits



such as chang'aa in Kenya; Waragi, its equivalent in Uganda and konyagi in Tanzania; and (3) methylated brews, which are made by mixing non-beverage alcohols such as methanol, butanol, and propanol with other ingredients.

Many households (49.9%) are involved in the activities of brewing, buying and re-selling of brews, thus increasing access. Although they are a source of livelihood for poor households, they generate socio-economic problems which are far greater than the gains (NACADA, 2015).

A study carried out by Cebulla, Heaver, Smith and Sutton (2014) on rapid assessment of drug abuse in Kenya revealed that the problem of drug abuse in Kenya is larger than expected, having permeated all strata of society, youth and young adults being the most affected groups. The other main findings of the study were that the abuse of "social" (alcohol, tobacco, miraa) and illicit (cannabis, heroin, cocaine, mandrax) drugs was rising perceptibly, and that solvents were being increasingly abused, and not only by the youths. The drugs are used, for example, to increase the potency of illicit local brews. Cough mixtures have entered the list of drugs being abused by the youth. Easy availability of dependence-producing drugs is one of the main causes of the upward trend in drug abuse in Kenya.

A study carried out by Ngesu, Ndiku, and Masese (2018) on drug dependency and abuse in Kenya secondary schools in Kisumu Municipality showed that the problem of drug abuse is not limited to western societies and is fast becoming a big challenge in the developing world. The study traces the use of drugs from medieval times for religious and social purposes to the 19th Century when problems emanating from drug abuse have become apparent.

The study goes on to look at drug abuse among secondary school students in Kisumu Municipality and the reasons for the same, namely easy availability of drugs, peer group pressure, age factor, curiosity, parental influence, availability of cash and high handedness of school administrators.

This study unlike the others reviewed came up with strategies for intervention. It also identified alcohol as the most abused drug and peer group pressure as the main reason for abuse of alcohol. The study also investigated the effects of drug abuse and identified some as aggressive behavior, depression and anxiety, irritability, memory loss and decreased confidence among others (Ngesu et al., 2018).

### **2.3 Role of counseling in tackling drug and substance abuse**

Students at high risk for substance use and misuse come in contact with school counselors on a consistent basis and school counselors are ideally situated to provide intentional support to students that possess risk factors that could lead to substance use and misuse. Intentional support involves the school counselors' ability to identify students' risk factors and barriers to personal, social, and academic development (Ratts & Hutchins, 2013). School counselors can link acquired knowledge and skills to potentially "high risk" students (Stacy & Ames, 2011). Research indicates that these students need specified support and school counselors can facilitate this support (ASCA, 2015; Mclaughlin & Vacha, 2013; Ratts & Hutchins, 2015)

Students that are at risk often experience feelings of depression due to their feelings of hopelessness and limited resources. Consequently, discussing the availability of environmental resources such as access to jobs, education, recreation, transportation, and drug user/counseling services in one's community would be an important aspect of counseling (Sussman, Skara & Ames, 2018).

School counselors often serve as liaisons for students that are family, academic, and social concerns. Consequently, they can also facilitate comprehensive assessments that include psychological and medical concerns, learning disabilities, family functioning, and other aspects of youths' lives to explore what types of support are necessary to establish and enhance protective factors (ASCA, 2015; Sussman et al., 2018)

For students who are at risk for substance abuse, research indicates that school, home, and community aspects of students' lives need to be addressed and prevention cannot be a one shot approach; school counselors can address all aspects of the students lives (e.g., school, home, and public activities) by collaborating with community agencies, parents, teachers, and other stakeholders and connecting students and parents with community supports to provide the necessary support for these students (ASCA, 2015; Ratts & Hutchins, 2012). Using behavioral and cognitive-behavioral approaches with students that are at risk for substance use can help school counselors to focus on decreasing the frequencies of behaviors compatible with drug use and increase the frequency of behaviors incompatible with drug use (Sussman et al., 2018). School counselors can incorporate shaping, modeling, role playing, and assertiveness training into their work with at risk populations. In addition, by using behavioral and cognitive behavioral techniques, school counselors use positive affirmation, thought stopping, social contracting, anger management, problem solving, and decision making skills (McLaughlin & Vacha, 2018; Meichenbaum, 2017; Weinberg et al., 2018).

School counselors can encourage students to get involved in the school culture. Research indicated that children and adolescents who feel "invested and emotionally connected" to the school they are attending are less likely to get involved in substance use and misuse than students who feel disconnected from their school (Botvin et al.,

2015; Sussman et al., 2018). Specifically, prosocial activities such as sports, can protect against substance use and misuse (Pate, Trost, Levin, & Dowda, 2018).

Of late, there is increased use of approaches such as guidance and counselling, talk on drugs, use of photos, posters, and play as prevention strategies (NACADA, 2015). Most students have shown that guidance and counselling is their preferred choice as a measure to be used in schools, though research has shown that it is less effective (Kasundi, 2012). In fact, studies have revealed that despite harsh methods used, if there is no clear policy used, incidences of drug abuse will continue to increase in schools (Ndetei, 2018).

## **2.4 Theoretical framework**

### **2.4.1 Social Cognitive Theory**

The theory supporting the present study was the social cognitive theory by Bandura. From the social cognitive perspective, Bandura contends that psychological functioning is a dynamic and reciprocal interaction between personal, behavioural, and environment determinants.

According to this theory, an individual's behaviour is uniquely determined by each of these three factors. However, all sources of influence are not of equal strength. The theory also accounts for pharmacological factors such as drug use and the influence they have on behaviour. Humans evoke different reactions from their social environment as a result of their physical characteristics such as age, size, race and sex. Moreover, expectations, beliefs, and cognitive competencies are developed and modified by social influences and physical structures within the environment.

These social influences can convey information and initiate emotional reactions through such factors as modeling, instruction, and social persuasion. In the context of the current study, the social cognitive theory shows that substance abuse among the youth could be influenced by the peer pressure they experience as they interact with their peers.

The final interaction occurs between behaviour and the environment. Bandura argues that people are products and producers of their environment. The behaviour of a person is a product of his or her environment. Humans select their similes to interact with. Inherent within the notion of reciprocal determinism is the fact that people are able to influence their destiny.

Meanwhile they recognize that they are conditioned, meaning that they are not free agents to exercise their will. In support of the present study, the aspect of interaction indicates that the youth choose to engage in activities that are risky based on their surrounding environment such as peers. For these reasons, the study saw fit to use this theory to guide the present study as it supports the notion that youths' behaviours are influenced by environmental factors just like the current study reveals.

### **2.5.2 The problem behavior and deviance theory**

According to this theory, a dynamic state that forecasts which and when individuals are likely to change is generated by the connection among elements of demographic social structure, the supposed social environment and personality systems (Cebulla et al., 2014).

According to this theory, the pattern of social-psychological characteristics defining problem-behavior proneness include “lower value on achievement and greater value on

independence, greater socialization, more tolerance of deviance, and less parental control and support, more friends' influence, and more friends models and approval for drug use in the perceived environment system; more deviant behavior, less church attendance, lower school achievement in the behavior system. As such, a high score on the above characteristics implies an earlier onset of a certain behavior.

### **2.5.3 The Social learning theory**

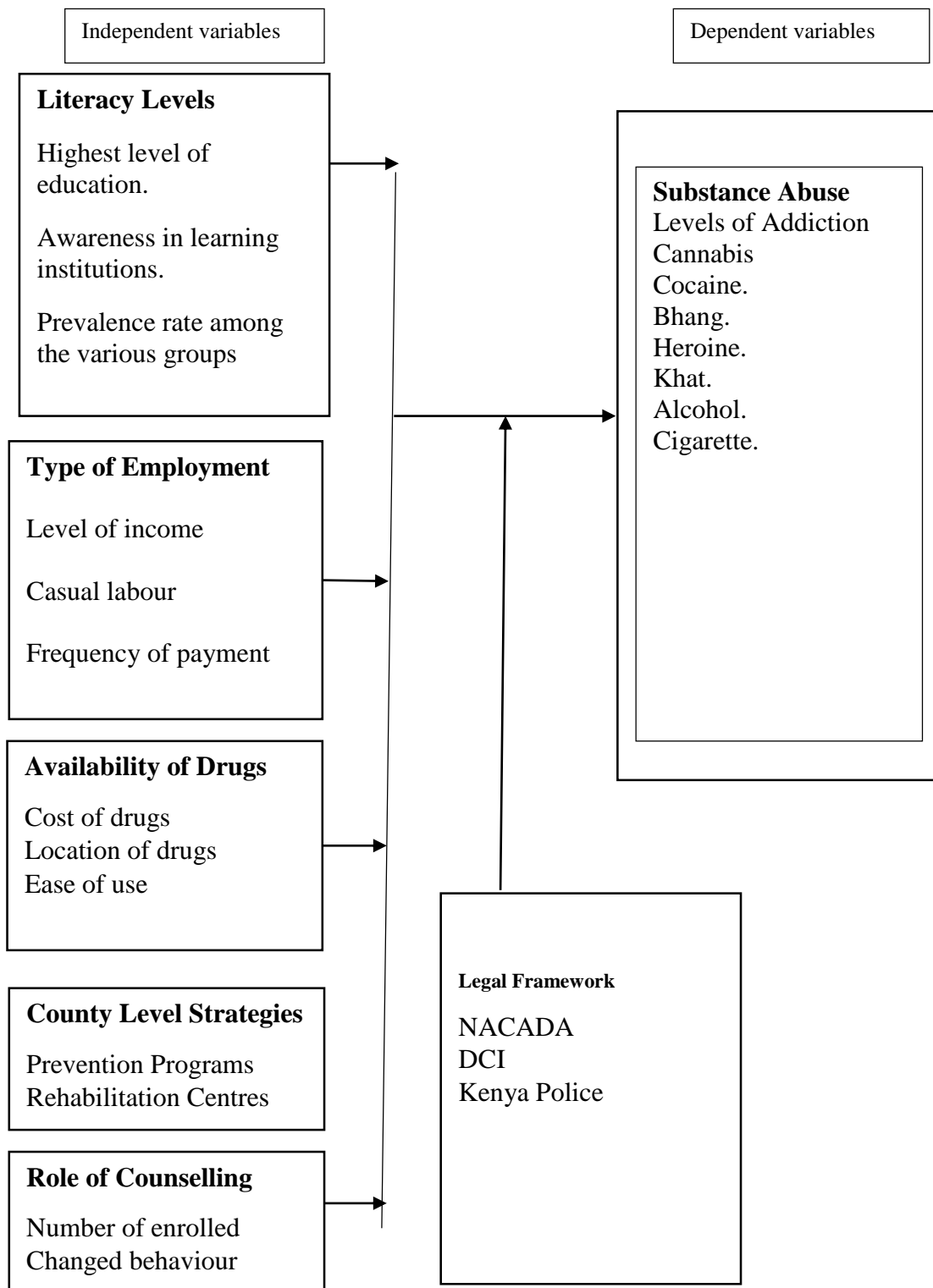
The Social Learning Theory is founded on the premise that role models have a significant influence with regard to shaping adolescent perception of anti-social behavior. According to the theory, there are three consequential effects which define an adolescent's association with substance-using models. The first consequential effect is the observation and copying substance specific behavior.

The second consequential effect is encouragement and support which can otherwise be referred to as social reinforcement of Early Substance Use otherwise referred to as ESU. This culminates into the teenager's affirmative social and psychological consequence for future ESU. Once an individual adopts the unusual activities particular to certain aspects of the abnormal subculture generates admiration and acceptance. However, this only happens to a particular extent, that is, when a certain behavior goes contrary to the accepted norms of a membership group (Pate et al., 2018).

This theory is in line with this study as it seeks to investigate the factors that influence the abuse of drugs and substances among the youth in Faza ward, Lamu County. Social cognitive theory that role models have a significant influence with regard to shaping adolescent perception of anti-social behavior.

## 2.6 Conceptual Framework

Figure 1: Conceptual Framework



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the procedures applied in the research process identifying the research design, study location, Population of the study, sampling procedures, instrumentation, data collection and data Analysis methods.

#### **3.2 Research design**

The researcher used descriptive research design because it facilitated the research operation thereby making the research efficient and yielding maximum information with minimal expenditure of effort, time and money. Descriptive research studies are those studies concerned with describing the characteristics of an individual or group (Kothari, 2016).

According to Cooper and Schindler (2013), a descriptive study is concerned with finding out the what, where and how of a phenomenon. It also has a great bearing on the reliability of the results arrived at and as such will constitute the firm foundation of the entire research work. It was a cross sectional study. The research design sought to obtain information that described the existing phenomena by establishing the factors that influenced drug and substance abuse among the youth in Lamu County.

Descriptive studies can involve a one-time interaction with groups of people (cross-sectional study) or a study might follow individuals over time (longitudinal study). Descriptive studies, in which the researcher interacts with the participant, may involve surveys or interviews to collect the necessary information. Descriptive studies in which the researcher does not interact with the participant include observational studies of



people in an environment and studies involving data collection using existing records (e.g., medical record review).

Descriptive research was appropriate because the research aim was to identify trends, frequencies, characteristics and correlations. Cross section research design was useful for the study since it used to prove or disprove assumptions, not costly to administer, does not require a lot of time, and multiple variables can be captured at one point in time.

### **3.3 Study Area**

The study was conducted in Faza Ward, Lamu County. The County is located in North-Eastern Coast of Kenya. It consists of a mainland and the Lamu Archipelago. Covering a total land surface area of 6273.1 sq km, Lamu County borders Garissa to the North, the Indian Ocean to the South and South East, and Tana River to the South West and West. Lamu is generally hot. The population of the entire County as projected in 2012 stands at 112,551 persons. The county has two parliamentary constituencies and ten county wards. The constituencies are Lamu East and Lamu West while the county wards are Shella, Mkomani, Hindi, Mkunumbi, Hongwe, Bahari, Witu, Faza, Basuba and kiunga.

Faza ward is in Pate Island, with an estimated population of 13,524. Faza ward is ward number 0101. The ward covers approximately 90.80 sq.km and comprises the following sub-locations: Pate, Shanga, Siyu, Tchundwa, Myabogi, Rasini and Kizingitini.

### **3.4 Target population**

A population refers to an entire group of individuals, events or objects having a common observable characteristic (Mugenda & Mugenda, 2003). It is for the benefit of the population that research studies are done. The study targeted both male and female

persons mainly aged between 18 to 30 years. The sample was drawn from all the 8 sub-locations of Faza Ward. The population of Faza Ward is 50,000 people. The target population in the island has not exponentially increased since the last Census and therefore the study used the statistics from KNBS of the year 2009 as a basis in the study.

### **3.5 Study Population**

The number of youths currently abusing drugs in Faza is not known or documented; however prevalence in abuse of marijuana is most notable. This research study took a sample of 5 young people (both male and female) from each of the 7 sub-locations in Faza ward. Due to the population size, an additional 10 respondents were sampled from Rasini, Pate, and Kuzi sub-locations; each 5 respondents. This gave a total of 50 respondents from the entire Faza ward.

### **3.6 Sampling Procedure**

Purposive sampling was used to select the locations in which to carry out the study by selecting the worst hit areas. Mugenda and Mugenda (2003) argued that purposive sampling technique allows the researcher to use cases that have the required information with respect to the objectives of his or her study. Snowballing sampling design was used in order to get respondents of the study.

The researcher had informants in each sub-location. The informant only helped to identify one drug user. The identified individual then referred the researcher to the next respondent and so on, until the desired total number of respondents was attained. For the purpose of establishing County Strategies that have been put in place to tackle drug abuse, the study employed review of records from the relevant County offices for all

needed data. These included Health and Education Departments. The study specifically identified documented strategies, implementation plans and reports.

### **3.7 Data Collection Instrument**

The data collection instrument used in the study was a questionnaire. The questionnaire was divided into three major sections. The first section sought to establish socio demographic information of the respondents. The other two sections were in accordance of the specific objectives; to establish factors influencing drug and substance abuse (literacy levels, type of employment and availability of drugs) and to find out the role of counseling in tackling drug abuse. The questionnaire contained both open and closed ended questions. It was a self-administered where the respondents answered themselves. In situations where the respondents had difficulties, the researcher helped in administering the questionnaire.

Focused group discussions were also carried out with male and female study participants. 8-10 young people were selected for each FGD; with one FGD scheduled per sub-location. The researcher utilized the themes and topics in the appended questionnaire tool to moderate and guide these discussions. The questions in the questionnaires were used to serve as a guiding point on the areas the FGD were to cover.

### **3.8 Validity of data collection instrument**

The researcher sought guidance from her supervisor and other subject matter experts to ensure validity and also ensure that the data collected was relevant to the study.

### **3.9 Pilot Study**

A pilot study was conducted in one of the sub locations of Faza Ward. The research instrument was piloted on a small representative sample identical to but not including the group that was in the actual study. It involved 5 youths randomly selected, approached and interviewed. These respondents were not included in the actual research sample size. The pilot study enabled the researcher check whether the items used are valid and reliable and also correct perfunctory problems, correct misunderstanding, check language level and eliminate ambiguity at the right time. The piloting elicited comments from respondents which helped in the improvement of the instruments modifying and making clear the instructions given in order to avoid misinterpretation during the actual data collection.

### **3.10 Reliability of the data collection instruments**

According to Mugenda and Mugenda, (2003), reliability of research instrument refers to the degree to which the instrument yields consistent results when repeatedly administered. The internal consistency method was used to measure reliability of the instrument. The researcher established the reliability coefficient using split half method; where the questionnaires was separated into two sets, even and odd numbered questionnaires. The two sets of items were then scored separately and then correlated using Pearson's correlation formula.

### **3.11 Data collection procedures**

After seeking and obtaining permission and individual consent, the questionnaires were hand delivered to the respondents. Those conversant with the language and not needing help filled the questionnaires themselves. Those that needed help were assisted by the researcher. The questionnaires were then collected dully filled for analysis. The youth

were the only active respondents in the study that were involved in filling of the questionnaire. Data that was collected from review of County Documents was also included in the discussion part of the study.

### **3.11.1 Inclusion of Focus Group Discussion**

Focus group discussions were carried out with male and female study participants. 8-10 young people were selected for each FGD; with one FGD scheduled per ward. The researcher utilized the themes and topics in the appended questionnaire tool to moderate and guide these discussions.

### **3.12 Data analysis**

After the questionnaires were administered, the raw data collected was systematically organized so as to facilitate analysis. Descriptive and inferential statistics were used in data analysis. Descriptive statistics entailed the use of frequency distribution tables and percentages to summarize data on the closed ended items in the questionnaire. Inferential statistics involves correlation and regression analysis. Data obtained from open ended items in the questionnaire was used to re-inforce answers from the close ended questions. Analysis of quantitative data was done by Statistical Package for Social Scientists (IBM SPSS) software Version 20. Quantitative data was changed into numbers by counting the number of times a specific thing occurs in the course of observation and interviews and by assigning numbers/ratings to dimensions.

### **3.13 Ethical considerations**

Authority to conduct research was sought from relevant parties. Individual consent was to be obtained from respondents after being informed on the objective of data

collection. Anonymity of respondents was maintained. Confidentiality of information collected was also maintained.

### **3.14 Operation Definition of Variables**

A variable is an object, event, idea, feeling, time period, or any other type of category you are trying to measure.

#### **3.14.1 Independent variable**

An independent variable is a variable that stands alone and isn't changed by the other variables you are trying to measure. For example, literacy levels, type of employment, availability of drugs and peer pressure are independent variables. Other factors (such as age, how much television they watch) aren't going to change the literacy level of a person. In fact, when you are looking for some kind of relationship between variables you are trying to see if the independent variable causes some kind of change in the other variables, or dependent variables.

#### **3.14.2 Dependent variable**

A dependent variable is something that depends on other factors. For example, drug and substance abuse among youth in Lamu County is a dependent variable because it could change depending on several factors such as how much you studied, how much sleep you got the night before you took the test, or even how hungry you were when you took it. Usually when you are looking for a relationship between two things you are trying to find out what makes the dependent variable change the way it does.

Many people have trouble remembering which an independent variable is and which the dependent variable is. An easy way to remember is to insert the names of the two

variables you are using in this sentence in the way that makes the most sense. Then you can figure out which is the independent variable and which is the dependent variable:

(Independent variable) causes a change in (Dependent Variable) and it isn't possible that (Dependent Variable) could cause a change in (Independent Variable).

### **3.14.3 Intervening variable**

Intervening variables are hypothetical internal states that are used to explain relationships between observed variables, such independent and dependent variables.

An intervening variable facilitates a better understanding of the relationship between the independent and dependent variables when the variables appear to not have a definite connection. They are studied by means of operational definitions and have no existence apart. For example, an independent variable in a study factors influencing drug and substance abuse is law enforcement.

## CHAPTER FOUR

### DATA ANALYSIS, RESULTS AND DISCUSSIONS

#### 4.1 Introduction

This chapter entails data analysis, findings and their interpretations. The administration of questionnaires helped in gathering of data. The data collected was quantitative one and was analyzed using SPSS. Descriptive statistics were used in order to find the general trend of the study's variables. Inferential analysis was conducted to indicate the association between the dependent and independent variables. These comprised regression and correlation analysis. The regression results included the model of fitness, ANOVA and regression coefficients.

#### 4.2 Response Rate

The researcher administered 50 questionnaires to respondents in the eight sub-locations in Faza Ward, Lamu County. However, 41 were filled appropriately and handed in whereas 9 were not filled. This translates to an 84% response rate. Consequently, the documented response rate was presumed appropriate for analysis as it is supported by Mugenda and Mugenda (2003) who posited that response rate of 70% and above is sufficient for analysis and drawing conclusions. 16% of the respondents declined to make their responses.

**Table 4.1: Response Rate**

| Response          | Frequency | Percentage |
|-------------------|-----------|------------|
| <b>Returned</b>   | 41        | 84         |
| <b>Unreturned</b> | 09        | 16         |
| <b>Total</b>      | 50        | 100        |

**Source: Author (2019)**



### 4.3 Demographic Characteristics of the Respondents

This study sought to determine the demographic characteristics of respondents, that is, gender, age, marital status, occupation, religion, and residence.

#### 4.3.1 Gender

The study found that 48.8% of respondents were female whereas 51.2% were male. The results are presented in Table 4.2. It was important to know the gender distribution to see whether they it influences drug abuse. The male gender is often known to abuse drugs more than the female gender.

**Table 4.2: Gender**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Female | 20        | 47.6    | 48.8          | 48.8               |
|         | Male   | 21        | 50.0    | 51.2          | 100.0              |
|         | Total  | 41        | 97.6    | 100.0         |                    |
| Missing | System | 1         | 2.4     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

#### 4.3.2 Age

The study sought out the respondents age and found out that 48.8% of the respondents were aged between 22 – 25 years while 31.7% were between 26 – 29 years. 14.6% of the respondents were aged between 30 - 35 years while the least proportion was of those aged between 18 – 21 years, which was 4.9%. The results are displayed in Table 4.3. It was important for the respondents to indicate their age because the older the respondent the less the likelihood of abusing drugs because of grater literacy levels, higher chances of obtaining employment, and higher chances of obtaining counseling services.

**Table 4.3: Age**

|         |                | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|----------------|-----------|---------|---------------|--------------------|
|         | 18 to 21 years | 2         | 4.8     | 4.9           | 4.9                |
|         | 22 to 25 years | 20        | 47.6    | 48.8          | 53.7               |
| Valid   | 26 to 29 years | 13        | 31.0    | 31.7          | 85.4               |
|         | 30 to 35 years | 6         | 14.3    | 14.6          | 100.0              |
|         | Total          | 41        | 97.6    | 100.0         |                    |
| Missing | System         | 1         | 2.4     |               |                    |
| Total   |                | 42        | 100.0   |               |                    |

Source: Author (2019)

### 4.3.3 Marital Status

The study sought the respondents marital status and found out that 34.1% of the respondents were single while 29.3% were divorced or separated. 26.8% of the respondents were married while the least proportions were those who were widowed or were widowers, which was 4.9% a piece. The results are displayed in Table 4.3. It was important for the respondents to indicate their marital status because single people are presumed to be reckless and can consume drugs as a leisure activity while married individuals are laden with responsibilities. Those who are divorced or separated at such a young age could have drug abuse as a major factor leading to the breakup of their marriages. Those who had been widowed at such a young age could have been victims of drug abuse.

**Table 4.4: Marital Status**

|         |                   | Frequency | Percent | Valid Percent | Cumulative<br>Percent |
|---------|-------------------|-----------|---------|---------------|-----------------------|
| Valid   | Single            | 14        | 33.3    | 34.1          | 34.1                  |
|         | Married           | 11        | 26.2    | 26.8          | 61.0                  |
|         | Widower           | 2         | 4.8     | 4.9           | 65.9                  |
|         | Widowed           | 2         | 4.8     | 4.9           | 70.7                  |
|         | Separate/Divorced | 12        | 28.6    | 29.3          | 100.0                 |
|         | Total             | 41        | 97.6    | 100.0         |                       |
| Missing | System            | 1         | 2.4     |               |                       |
| Total   |                   | 42        | 100.0   |               |                       |

Source: Author (2019)

#### 4.3.4 Occupation

The study sought the respondents' occupation and found out that 53.7% of the respondents were self-employed while 31.7% were unemployed. The least proportion was that of those who were formally employed, which was 14.6%. The results are displayed in Table 4.5. It was important for the respondents to indicate their occupation because being employed and engaged leads to the reduced chances of drug abuse while being unemployed and unoccupied increases the chances of drug abuse and peddling.

**Table 4.5: Occupation**

|         |               | Frequency | Percent | Valid Percent | Cumulative<br>Percent |
|---------|---------------|-----------|---------|---------------|-----------------------|
| Valid   | Employed      | 6         | 14.3    | 14.6          | 14.6                  |
|         | Self employed | 22        | 52.4    | 53.7          | 68.3                  |
|         | Unemployed    | 13        | 31.0    | 31.7          | 100.0                 |
|         | Total         | 41        | 97.6    | 100.0         |                       |
| Missing | System        | 1         | 2.4     |               |                       |
| Total   |               | 42        | 100.0   |               |                       |

Source: Author (2019)

### 4.3.5 Religion

The study sought the respondents' religion and found out that 51.2% of the respondents were Muslims, this was anticipated because most of the residents in the Coast Region are Muslims. 31.7% of the respondents were Christians while the least proportion was that of other religions, which was 17.1%. The results are displayed in Table 4.6. It was important for the respondents to indicate their religion to assess whether religion has any impact on drug abuse.

**Table 4.6: Religion**

|         |           | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-----------|-----------|---------|---------------|--------------------|
| Valid   | Christian | 13        | 31.0    | 31.7          | 31.7               |
|         | Muslim    | 21        | 50.0    | 51.2          | 82.9               |
|         | Others    | 7         | 16.7    | 17.1          | 100.0              |
|         | Total     | 41        | 97.6    | 100.0         |                    |
| Missing | System    | 1         | 2.4     |               |                    |
| Total   |           | 42        | 100.0   |               |                    |

Source: Author (2019)

### 4.3.6 Residence

The study sought the respondents' residence and found out that 53.7% of the respondents lived in semi-urban localities while 26.8% lived in urban localities. 19.5% of the respondents lived in the rural areas, the results are showcased in Table 4.6. Urban localities were towns located in the island, semi-urban localities were areas with shopping centers around, while rural areas were sparsely populated areas without any centralized social amenities. It was important for the respondents to indicate their residence because it is assumed there is more accessibility of drugs in urban areas.

**Table 4.7: Residence**

|         |            | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| Valid   | Rural      | 8         | 19.0    | 19.5          | 19.5               |
|         | Semi urban | 22        | 52.4    | 53.7          | 73.2               |
|         | Urban      | 11        | 26.2    | 26.8          | 100.0              |
|         | Total      | 41        | 97.6    | 100.0         |                    |
| Missing | System     | 1         | 2.4     |               |                    |
| Total   |            | 42        | 100.0   |               |                    |

Source: Author (2019)

#### 4.4 Descriptive Statistics

The study settled on descriptive research design since it allows findings generalization and analysis and relation of variables. The variables in this case included; literacy levels, occupation, guidance and counseling services, availability of drugs, which were the independent variables. County strategies was the intervening variable while drug and substance abuse among the youth in Faza Ward, Lamu County was the dependent variable.

##### 4.4.1 Literacy Levels

Table 4.8 displays 53.7% of the respondents indicated that they cannot read and write, conversely, 46.3% expressed that they can indeed read and write.

**Table 4.8: Literacy**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 19        | 45.2    | 46.3          | 46.3               |
|         | No     | 22        | 52.4    | 53.7          | 100.0              |
|         | Total  | 41        | 97.6    | 100.0         |                    |
| Missing | System | 1         | 2.4     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.8 illustrates that 36.6% of the respondents established that they had attained secondary level of education, while 36.6% expressed that primary education is the

highest level of education attained. 26.8% of the respondents had no formal education while the least proportion of the respondents, which is 12.2%, had attended tertiary level of education.

**Table 4.9: Level of Education**

|         |                     | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|---------------------|-----------|---------|---------------|--------------------|
|         | No formal education | 11        | 26.2    | 26.8          | 26.8               |
|         | Primary             | 10        | 23.8    | 24.4          | 51.2               |
| Valid   | Secondary           | 15        | 35.7    | 36.6          | 87.8               |
|         | Tertiary            | 5         | 11.9    | 12.2          | 100.0              |
|         | Total               | 41        | 97.6    | 100.0         |                    |
| Missing | System              | 1         | 2.4     |               |                    |
| Total   |                     | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.10 shows that 75% of the respondents had completed the level of education they had attended while 25% did not.

**Table 4.10: School Completion**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
|         | Yes    | 30        | 71.4    | 75.0          | 75.0               |
| Valid   | No     | 10        | 23.8    | 25.0          | 100.0              |
|         | Total  | 40        | 95.2    | 100.0         |                    |
| Missing | System | 2         | 4.8     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.11 illustrates that 53.7% of the respondents who did not complete school did not do it because of other reasons mainly peer pressure. 26.8% and 19.5% dropped out of school because of financial and drug related reasons respectively.

**Table 4.11: Reasons for not Completing School**

|         |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------------|-----------|---------|---------------|--------------------|
| Valid   | Drug related      | 8         | 19.0    | 19.5          | 19.5               |
|         | Financial related | 11        | 26.2    | 26.8          | 46.3               |
|         | Other reason      | 22        | 52.4    | 53.7          | 100.0              |
|         | Total             | 41        | 97.6    | 100.0         |                    |
| Missing | System            | 1         | 2.4     |               |                    |
| Total   |                   | 42        | 100.0   |               |                    |

Source: Author (2019)

Descriptive statistics were derived for the attributes under the component literacy levels. The results are presented in Table 4.12.

**Table 4.12: Literacy Levels Descriptive Statistics**

|  | N  | Minimum | Maximum | Mean     | Std. Deviation |
|--|----|---------|---------|----------|----------------|
| There was drug abuse education during the course of your education                                   | 41 | 1.00    | 5.00    | 3.4390   | 1.56603        |
| Media is the best way to warn the youth against drug use   | 41 | 2.00    | 5.00    | 3.9512   | .92063         |
| The education model you went through had a focus on social competence and developing health literacy | 41 | 1.00    | 5.00    | 3.1220   | .95381         |
| You are well conversant with the risks associated with alcohol                                       | 41 | 1.00    | 5.00    | 3.5854   | 1.07181        |
| The youth get into drug abuse due to lack of knowledge and are addicted hence unable to stop         | 41 | 1.00    | 5.00    | 4.2927   | 1.07805        |
| You have had interactions with the health care system regarding drug abuse                           | 41 | 1.00    | 5.00    | 3.9512   | .92063         |
| Mean   |    |         |         | 3.723583 | 1.08516        |
| Valid N (listwise)   | 41 |         |         |          |                |

Source: Author (2019)

From the study findings, we can see that the highest mean is 4.2927 of the attribute the youth get into drug abuse due to lack of knowledge and are addicted hence unable to. It has a standard deviation of 1.07805. The attribute with the lowest mean is the education model that the respondents went through had a focus on social competence and developing health literacy which had a mean of 3.1220, and a standard deviation of 0.95381. The mean of the attributes is 3.723583 and the average standard deviation is 1.08516, which implies that the literacy levels among the youth are to a large extent in Faza Ward.

#### 4.4.2 Occupation

Table 4.13 exhibits that 33.3% of the respondents established that they had other occupations, but mainly they were unemployed. 28.2% expressed that they performed casual labour while 23.1% were formally employed. 10.3% of the respondents were currently students while the least proportion of the respondents, which is 5.1%, were businesspersons.

**Table 4.13: Occupation**

|                   | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------|-----------|---------|---------------|--------------------|
| Student           | 4         | 9.5     | 10.3          | 10.3               |
| Business Person   | 2         | 4.8     | 5.1           | 15.4               |
| Formally Employed | 9         | 21.4    | 23.1          | 38.5               |
| Casual Labourer   | 11        | 26.2    | 28.2          | 66.7               |
| Others            | 13        | 31.0    | 33.3          | 100.0              |
| Total             | 39        | 92.9    | 100.0         |                    |
| Missing System    | 3         | 7.1     |               |                    |
| Total             | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.14 indicated that 63.4% of the respondents used all their income to purchase drugs, 19.5% did not use their income to purchase drugs, while 17.1% used some of



their income to purchase drugs. Those who did not use their income to buy drugs usually obtained them from their friends.

**Table 4.14: Proportion of Income used to Purchase Drugs**

|         |            | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|------------|-----------|---------|---------------|--------------------|
| Valid   | All of it  | 26        | 61.9    | 63.4          | 63.4               |
|         | Some of it | 7         | 16.7    | 17.1          | 80.5               |
|         | None       | 8         | 19.0    | 19.5          | 100.0              |
|         | Total      | 41        | 97.6    | 100.0         |                    |
| Missing | System     | 1         | 2.4     |               |                    |
| Total   |            | 42        | 100.0   |               |                    |

Source: Author (2019)

Descriptive statistics were derived for the attributes under the component occupation.

The results are presented in Table 4.15.

**Table 4.15: Occupation Descriptive Statistics**

|  | N  | Minimum | Maximum | Mean     | Std. Deviation |
|--|----|---------|---------|----------|----------------|
| There are anti-drug policies at your work place  | 41 | 1.00    | 5.00    | 4.0488   | 1.02350        |
| Employment makes the youth fill time constructively and become independent leading to decreased drug abuse | 41 | 1.00    | 5.00    | 4.0488   | .99878         |
| Unemployed youth join drug abuse and trafficking so as to earn a living                                    | 41 | 1.00    | 5.00    | 3.7073   | .92854         |
| Creation of job prospects adds significantly to willingness of unemployed drug users to seek treatment     | 41 | 1.00    | 5.00    | 3.8293   | .89170         |
| Intense drug use reduces employability   | 41 | 1.00    | 5.00    | 3.6341   | 1.17805        |
| Poor individual employment prospects enhance drug use  | 41 | 1.00    | 5.00    | 3.9024   | 1.11366        |
| Mean   |    |         |         | 3.861783 | 1.022372       |
| Valid N (listwise)   | 41 |         |         |          |                |

Source: Author (2019)

From the study findings, we can see that the highest mean is 4.0488 of the attributes; there are anti-drug policies at the work place and employment makes the youth fill time

constructively and become independent leading to decreased drug abuse. The attributes have standard deviations of 1.02350 and 0.99878 respectively. The attribute with the lowest mean is intense drug use reduces employability which had a mean of 3.6341, and a standard deviation of 1.17805. The mean of the attributes is 3.861783 and the average standard deviation is 1.022372, which implies that occupation among the youth is to a large extent in Faza Ward. Most of the youth in Faza Ward are either formally or informally employed.

#### 4.4.3 Availability of Drugs

Table 4.16 indicates that 75% of the respondents currently consume drugs and harmful substances while 25% do not. Majority of those who abused drugs mainly consumed alcohol, which is readily available in bars and restaurants usually located in town and shopping centers.

**Table 4.16: Current Abuse of Drugs**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 30        | 71.4    | 75.0          | 75.0               |
|         | No     | 10        | 23.8    | 25.0          | 100.0              |
|         | Total  | 40        | 95.2    | 100.0         |                    |
| Missing | System | 2         | 4.8     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.16 displays that 57.9% of the respondents accessed drugs easily, 26.9% stated that they are not able to access the drugs all the time, while 15.8% accessed drugs but with great difficulty.

**Table 4.17: Ease of Access of Drugs**

|         |                          | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------------------------|-----------|---------|---------------|--------------------|
| Valid   | Yes, easily              | 11        | 26.2    | 57.9          | 57.9               |
|         | Not all the time         | 5         | 11.9    | 26.3          | 84.2               |
|         | Yes, but with difficulty | 3         | 7.1     | 15.8          | 100.0              |
|         | Total                    | 19        | 45.2    | 100.0         |                    |
| Missing | System                   | 23        | 54.8    |               |                    |
| Total   |                          | 42        | 100.0   |               |                    |

Source: Author (2019)

Descriptive statistics were derived for the attributes under the component availability of drugs. The results are presented in Table 4.18.

**Table 4.18: Availability of Drugs Descriptive Statistics**

|  | N  | Minimum | Maximum | Mean    | Std. Deviation |
|--|----|---------|---------|---------|----------------|
| Youth in Faza Ward use illegal drugs because of their availability   | 41 | 2.00    | 5.00    | 4.0976  | .96966         |
| Drug substances are cheaply sold within the Faza Ward locality   | 41 | 1.00    | 5.00    | 3.8780  | 1.22872        |
| Individuals who sell drugs are locals in Faza Ward   | 41 | 1.00    | 5.00    | 4.0000  | 1.20416        |
| Many households in Faza Ward are involved in the activities of brewing, buying and re-selling of brews, thus increasing access | 41 | 1.00    | 5.00    | 3.9268  | 1.19143        |
| Selling of drugs is a source of livelihood for poor households   | 41 | 1.00    | 5.00    | 3.8049  | 1.32702        |
| Mean   |    |         |         | 3.94146 | 1.184198       |
| Valid N (listwise)   | 41 |         |         |         |                |

Source: Author (2019)

From the study findings, we can see that the highest mean is 4.0976 of the attribute youth in Faza Ward use illegal drugs because of their availability. It has a standard deviation

of 0.969661. The attribute with the lowest mean is selling of drugs is a source of livelihood for poor households which had a mean of 3.8049, and a standard deviation of 1.32702. The mean of the attributes is 3.94146 and the average standard deviation is 1.184198, which implies that drug availability among the youth in Faza Ward is to a large extent.

#### 4.4.4 Counseling

Table 4.19 illustrates that 72.5% of the respondents consider drugs as a cause of problems in their lives, 27.5% are of a contrary opinion.

**Table 4.19: Consideration of Drugs as a Problem in Life**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 29        | 69.0    | 72.5          | 72.5               |
|         | No     | 11        | 26.2    | 27.5          | 100.0              |
|         | Total  | 40        | 95.2    | 100.0         |                    |
| Missing | System | 2         | 4.8     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.20 showcases that 76.9% of the respondents had at one time sought professional help regarding drug abuse, 23.1% have never.

**Table 4.20: Seeking of Professional Help**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 30        | 71.4    | 76.9          | 76.9               |
|         | No     | 9         | 21.4    | 23.1          | 100.0              |
|         | Total  | 39        | 92.9    | 100.0         |                    |
| Missing | System | 3         | 7.1     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.21 illustrates that 43.9% of the respondents had sought help from counselors and 31.7% from community health workers. The least proportions of the respondents had sought help from doctors and nurses which was 12.2% in both instances.

**Table 4.21: Types of Professionals Consulted**

|         |                         | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-------------------------|-----------|---------|---------------|--------------------|
| Valid   | Doctor                  | 5         | 11.9    | 12.2          | 12.2               |
|         | Nurse                   | 5         | 11.9    | 12.2          | 24.4               |
|         | Community health worker | 13        | 31.0    | 31.7          | 56.1               |
|         | Counselors              | 18        | 42.9    | 43.9          | 100.0              |
|         | Total                   | 41        | 97.6    | 100.0         |                    |
| Missing | System                  | 1         | 2.4     |               |                    |
| Total   |                         | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.22 shows that 71.1% of the respondents got the expected assistance from the professional consulted, 28.9% did not. Majority of the respondents also indicated that they would refer a friend for advice on drug abuse.

**Table 4.22: Providing of Expected Help**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 27        | 64.3    | 71.1          | 71.1               |
|         | No     | 11        | 26.2    | 28.9          | 100.0              |
|         | Total  | 38        | 90.5    | 100.0         |                    |
| Missing | System | 4         | 9.5     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Descriptive statistics were derived for the attributes under the component counselling.

The results are presented in Table 4.23.

**Table 4.23: Counseling Descriptive Statistics**

|  | <b>N</b> | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> | <b>Std. Deviation</b> |
|--|----------|----------------|----------------|-------------|-----------------------|
| Counselling reduces drug abuse among the youth in Faza Ward  | 41       | 2.00           | 5.00           | 3.9756      | .93509                |
| Guidance and counselling can prevent the youth in Faza Ward from being introduced into drugs   | 40       | 1.00           | 5.00           | 3.9750      | 1.27073               |
| Discipline and socially acceptable behaviour among the youth in Faza Ward is as a result if drug abstinence is promoted through counselling                | 41       | 1.00           | 5.00           | 4.0976      | 1.04415               |
| Counselling uses behavioral and cognitive-behavioral approaches with youth that are at risk for substance use  | 41       | 2.00           | 5.00           | 3.7073      | .71568                |
| Counselling focuses on decreasing the frequencies of behaviors compatible with drug use and increase the frequency of behaviors incompatible with drug use | 41       | 2.00           | 5.00           | 4.2927      | 1.00608               |
| Counseling advocates pro-social activities such as sports to protect against substance use and misuse  | 41       | 1.00           | 5.00           | 3.8049      | .87234                |
| Mean   |          |                |                | 3.975517    | 0.974012              |
| Valid N (listwise)   | 40       |                |                |             |                       |

Source: Author (2019)

From the study findings, we can see that the highest mean is 4.2927 of the attribute counselling focuses on decreasing the frequencies of behaviors compatible with drug

use and increase the frequency of behaviors incompatible with drug use youth in Faza Ward. It has a standard deviation of 1.00608. The attribute with the lowest mean is counselling uses behavioral and cognitive-behavioral approaches with youth that are at risk for substance use, which had a mean of 3.7073, and a standard deviation of 0.71568. The mean of the attributes is 3.975517 and the average standard deviation is 0.974012, which implies that counseling among the youth in Faza Ward is to a large extent.

#### 4.4.5 Drug Abuse among the Youth in Faza Ward

Table 4.24 illustrates that 51.2% of the respondents have ever abused drugs, 48.8% have never. The most abused drug according the responses given by the respondents is alcohol.

**Table 4.24: Use of Drugs**

|         |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid   | Yes    | 21        | 50.0    | 51.2          | 51.2               |
|         | No     | 20        | 47.6    | 48.8          | 100.0              |
|         | Total  | 41        | 97.6    | 100.0         |                    |
| Missing | System | 1         | 2.4     |               |                    |
| Total   |        | 42        | 100.0   |               |                    |

Source: Author (2019)

Table 4.25 indicates that the respondents who had ever abused drugs; 43.6% of them abused to a small extent, 23.1% to a least extent, 17.9% to a moderate extent, 12.8% to a large extent, and 2.6% to a great extent.

**Table 4.25: Extent of Abusing Drugs**

|         |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-----------------|-----------|---------|---------------|--------------------|
| Valid   | Least Extent    | 9         | 21.4    | 23.1          | 23.1               |
|         | Small Extent    | 17        | 40.5    | 43.6          | 66.7               |
|         | Moderate Extent | 7         | 16.7    | 17.9          | 84.6               |
|         | Large Extent    | 5         | 11.9    | 12.8          | 97.4               |
|         | Great Extent    | 1         | 2.4     | 2.6           | 100.0              |
|         | Total           | 39        | 92.9    | 100.0         |                    |
| Missing | System          | 3         | 7.1     |               |                    |
| Total   |                 | 42        | 100.0   |               |                    |

Source: Author (2019)

Descriptive statistics were derived for the attributes under the component abuse of drugs by youth in Faza Ward. The results are presented in Table 4.26.

**Table 4.26: Abuse of Drugs Descriptive Statistics**

|                    | N  | Minimum | Maximum | Mean     | Std. Deviation |
|--------------------|----|---------|---------|----------|----------------|
| Alcohol            | 41 | 3.00    | 5.00    | 4.2195   | .57062         |
| Miraa/Khat         | 41 | 1.00    | 5.00    | 3.5854   | 1.04823        |
| Cigarette          | 41 | 1.00    | 5.00    | 3.2927   | 1.20921        |
| Bhang              | 41 | 1.00    | 5.00    | 3.1463   | .98896         |
| Tobacco            | 41 | 1.00    | 5.00    | 3.2927   | 1.07805        |
| Heroin             | 41 | 1.00    | 5.00    | 3.2683   | 1.00061        |
| Cocaine            | 41 | 1.00    | 5.00    | 3.4390   | 1.04997        |
| Brown sugar        | 41 | 1.00    | 5.00    | 3.5610   | .92328         |
| Others             | 41 | 2.00    | 5.00    | 3.6098   | .73750         |
| Mean               |    |         |         | 3.490522 | 0.95627        |
| Valid N (listwise) | 41 |         |         |          |                |

Source: Author (2019)

From the study findings, we can see that the most abused drug is alcohol highest which has a mean of 4.2195 and standard deviation of .57062. The least abused drug is bhang which has a mean of 3.1463 and a standard deviation of .98896. The mean of the attributes is 3.490522 and the average standard deviation is 0.95627, which implies that drug use among the youth in Faza Ward is to a large extent.



#### 4.4.6 County Level Strategies

Descriptive statistics were derived for the attributes under the component county level strategies in Faza Ward. The results are presented in Table 4.27

**Table 4.27: County Level Strategies**

|   | N  | Minimum | Maximum | Mean   | Std. Deviation |
|---|----|---------|---------|--------|----------------|
| Lamu County employs a strategy designed to increase community readiness and engage communities in prevention activities and actions to reduce use of harmful legal products among youth | 41 | 2.00    | 5.00    | 4.1707 | .66717         |
| Lamu County employs a strategy designed to alter the larger social, physical, and economic environment of a community in order to reduce the harmful use of substances among the youth  | 41 | 1.00    | 5.00    | 2.8049 | 1.16661        |
| Lamu county employs Life Skills Training (LSK) as a preventive education strategy against substance abuse   | 41 | 1.00    | 5.00    | 3.5366 | .92460         |
| Lamu county has enacted legislation to curb drug abuse  | 41 | 2.00    | 5.00    | 3.3902 | .80244         |
| Mean  |    |         |         | 3.4756 | 0.890205       |
| Valid N (listwise)  | 41 |         |         |        |                |

Source: Author (2019)

From the study findings, we can see that the most applied county level strategy is community mobilization strategy which has a mean of 4.1707 and standard deviation of 0.66717. The least abused applied county level strategy is the environmental strategy, which has a mean of 2.8049 and a standard deviation of 1.16661. The mean of the

attributes is 3.4756 and the average standard deviation is 0.890205, which implies that county level strategies to eradicate drug abuse are being applied to a large extent in Faza Ward.

#### 4.5 Inferential Statistics

The section has inferential statistics employed in the study. It included correlation and regression analysis. The attributes constituting the various variables were summarized to create a whole variable. This was achieved by estimating the median value of all the attributes.

##### 4.5.1 Correlation Analysis

Correlation analysis establishes whether there exists an association between two variables lying between (-) strong negative correlation and (+) perfect positive correlation. The study used Pearson correlation. This study employed a Confidence Interval of 95% and a two tail test.

**Table 4.28: Correlation Analysis**

|                   |  | Drug_A<br>buse | Liter<br>acy | Occup<br>ation | Avail_of_<br>drugs | Counse<br>lling | County_Level_<br>Strategies |
|-------------------|--|----------------|--------------|----------------|--------------------|-----------------|-----------------------------|
| <b>Drug_Abuse</b> | Pearson<br>Correlation<br>Sig.<br>(2-<br>tailed) | 1              | .003*        | .119           | -.101*             | -.203**         | .629**                      |
|                   | N  | 41             | 41           | 41             | 41                 | 41              | 41                          |
|                   | Pearson<br>Correlation<br>Sig.<br>(2-<br>tailed) | .003*          | 1            | .473**         | .456**             | .603**          | .099                        |
| <b>Literacy</b>   | N  | 41             | 41           | 41             | 41                 | 41              | 41                          |
|                   | Pearson<br>Correlation<br>Sig.<br>(2-<br>tailed) | .032           | .002         | .003           | .003               | .000            | .538                        |

|                                |                 |         |       |       |        |        |       |
|--------------------------------|-----------------|---------|-------|-------|--------|--------|-------|
|                                | N               | 41      | 41    | 41    | 41     | 41     | 41    |
| <b>Occupation</b>              | Pearson         |         |       |       |        |        |       |
|                                | Correlation     | .119    | .473* | 1     | -.072  | .220   | .076  |
|                                | Sig. (2-tailed) | .521    | .002  |       | .655   | .166   | .636  |
|                                | N               | 41      | 41    | 41    | 41     | 41     | 41    |
| <b>Avail_of_drugs</b>          | Pearson         |         |       |       |        |        |       |
|                                | Correlation     | -.101*  | .456* | -.072 | 1      | .459** | -.163 |
|                                | Sig. (2-tailed) | .046    | .003  | .655  |        | .003   | .308  |
|                                | N               | 41      | 41    | 41    | 41     | 41     | 41    |
| <b>Counselling</b>             | Pearson         |         |       |       |        |        |       |
|                                | Correlation     | -.203** | .603* | .220  | .459** | 1      | -.173 |
|                                | Sig. (2-tailed) | .003    | .000  | .166  | .003   |        | .278  |
|                                | N               | 41      | 41    | 41    | 41     | 41     | 41    |
| <b>County_Level_Strategies</b> | Pearson         |         |       |       |        |        |       |
|                                | Correlation     | .629**  | .099  | .076  | -.163  | -.173  | 1     |
|                                | Sig. (2-tailed) | .000    | .538  | .636  | .308   | .278   |       |
|                                | N               | 41      | 41    | 41    | 41     | 41     | 41    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source: Author (2019)

Study findings in Table 4.28 indicated that literacy, availability of drugs, counselling, and county level strategies are significantly correlated at the 5% significance level to drug abuse, they are positively significantly correlated. Only occupation is not significantly correlated to drug abuse.

The significant correlation at the 5% significant level between the predictor variables; literacy and occupation, literacy and availability of drugs, literacy and counselling, and availability of drugs and counselling indicates multi-collinearity. Multicollinearity is a statistical phenomenon in which there exists a perfect or exact relationship between the predictor variables. When there is a perfect or exact relationship between the predictor variables, it is difficult to come up with reliable estimates of their individual coefficients. Thus, it will result in incorrect conclusions about the relationship between outcome variable and predictor variables. Thus, the independent variables occupation, availability of drugs, and counseling can be dropped when conducting regression analysis.

#### **4.5.2 Regression Analysis**

The variables of the study were analyzed using regression model. Initially, the independent variables; drug abuse was regressed against; literacy levels, occupation, availability of drugs, and counseling were run against the dependent variable drug abuse. Then the intervening variable, county level strategies was introduced and ran together with the other independent variables against the dependent variable, drug abuse. The regression analysis was undertaken at 5% significance level. The significance critical value obtained from the Analysis of Variance and Model Coefficients were compared with the values obtained in the analysis.

When the independent variables are regressed against the response variable, the results are displayed below.

**Table 4.29: Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .426 <sup>a</sup> | .327     | .272              | .7987                      |

a. Predictors: (Constant), Counselling, Occupation, Avail\_of\_drugs, Literacy  
Source: Author (2019)

R square, being the coefficient of determination indicates the deviations in the response variable that is as a result of changes in the predictor variables. From the outcome in Table 4.28, the value of R square was 0.327, a discovery that 32.7% of the deviations in drug abuse are caused by the predictor variables included in the study. Other variables not included in the model justify for 27.3% of the variations in drug abuse.

**Table 4.30: Analysis of Variance**

| Model |            | Sum of Squares | df | Mean Square | F    | Sig.              |
|-------|------------|----------------|----|-------------|------|-------------------|
| 1     | Regression | 7.249          | 4  | 1.234       | .760 | .043 <sup>b</sup> |
|       | Residual   | 22.995         | 36 | .526        |      |                   |
|       | Total      | 30.244         | 40 |             |      |                   |

a. Dependent Variable: Drug\_Abuse

b. Predictors: (Constant), Counselling, Occupation, Avail\_of\_drugs, Literacy  
Source: Author (2019)

The null hypothesis is that there is no significant effect of the factors that influence substance abuse and substance abuse. The significance value obtained in the study is less than the critical value of 0.05 hence the null hypothesis is rejected, the factors that influence substance abuse included in the study in unison significantly affect substance abuse.

**Table 4.31: Model Coefficients**

| Model          | Unstandardized Coefficients |            | Standardized Coefficients | T      | Sig. |
|----------------|-----------------------------|------------|---------------------------|--------|------|
|                | B                           | Std. Error | Beta                      |        |      |
| (Constant)     | 2.653                       | 1.137      |                           | 2.654  | .032 |
| Literacy       | -.217                       | .314       | -.132                     | 2.743  | .046 |
| 1 Occupation   | .234                        | .242       | .136                      | .624   | .062 |
| Avail_of_drugs | .065                        | .137       | .067                      | -2.452 | .043 |
| Counselling    | -.547                       | .219       | -.249                     | -3.956 | .002 |

Source: Author (2019)

Null hypothesis was that there is no significant relationship between each of the predictor variables and drug abuse. All the predictor variables apart from occupation have significance less than the critical value of 0.05. Thus, the null hypothesis rejected. Thus, they individually significantly affect drug abuse. Occupation has a significance value that is greater than the critical value of 0.05. Thus, the null hypothesis is not rejected. Occupation does not individually significantly affect drug abuse.

The regression equation below was thus estimated:

$$Y_i = 2.653 - 0.217X_1 + 0.234 X_2 + 0.065 X_3 - 0.547 X_4$$

Where;

$Y_i$  = Drug Abuse

$X_1$  = Literacy

$X_2$  = Occupation

$X_3$  = Availability of Drugs

$X_4$  = Counselling

When the intervening variable, county level strategies, is included among the independent variables are regressed against the response variable, the results are displayed below.

**Table 4.32: Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .798 <sup>a</sup> | .545     | .427              | .69532                     |

a. Predictors: (Constant), County\_Level\_Strategies, Occupation, Avail\_of\_drugs, Counselling, Literacy  
Source: Author (2019)

R square, being the coefficient of determination indicates the deviations in the response variable that is as a result of changes in the predictor variables. From the outcome in Table 4.31, the value of R square was 0.545, a discovery that 54.5% of the deviations in drug abuse are caused by the predictor variables and intervening variable included in the study. Other variables not included in the model justify for 45.5% of the variations in drug abuse.

**Table 4.33: Analysis of Variance**

| Model |            | Sum of Squares | df | Mean Square | F     | Sig.              |
|-------|------------|----------------|----|-------------|-------|-------------------|
| 1     | Regression | 14.249         | 5  | 2.729       | 5.243 | .001 <sup>b</sup> |
|       | Residual   | 15.995         | 35 | .376        |       |                   |
|       | Total      | 30.244         | 40 |             |       |                   |

a. Dependent Variable: Drug\_Abuse  
b. Predictors: (Constant), County\_Level\_Strategies, Occupation, Avail\_of\_drugs, Counselling, Literacy  
Source: Author (2019)

Null hypothesis stated that there is no significant relationship between predictor variables in unison and drug abuse. The alternate hypothesis stated that there was a significant relationship between predictor variables in unison and drug abuse. The findings indicated a significant value of 0.01, which is less than critical value of 0.05.

This meant that the null hypothesis was rejected and the alternate one adopted. Thus, the overall model is significant to explain drug abuse.

**Table 4.34: Model Coefficients**

| Model                   | Unstandardized Coefficients |            | Standardized Coefficients<br>Beta | t      | Sig. |
|-------------------------|-----------------------------|------------|-----------------------------------|--------|------|
|                         | B                           | Std. Error |                                   |        |      |
| (Constant)              | .174                        | 1.163      |                                   | 2.734  | .027 |
| Literacy                | -.182                       | .287       | -.134                             | 2.643  | .036 |
| 1 Occupation            | .243                        | .245       | .159                              | .675   | .078 |
| Avail_of_drugs          | .087                        | .135       | .169                              | -2.943 | .018 |
| Counselling             | -.137                       | .198       | -.114                             | -3.926 | .001 |
| County_Level_Strategies | .928                        | .187       | .573                              | 4.601  | .000 |

Source: Author (2019)

The null hypothesis was that there is no significant relationship between each of the predictor variables and drug abuse. The alternate hypothesis is that there is a significant relationship between each of the predictor variables and drug abuse. All the predictor variables apart from occupation and the intervening variable have significance less than the critical value of 0.05. Thus, the null hypothesis rejected. Thus, they individually significantly affect drug abuse. Occupation has a significance value that is greater than the critical value of 0.05. Thus, the null hypothesis is not rejected. Occupation does not individually significantly affect drug abuse. The intervening variables is changing the strength and magnitude of the predictor variables.

The regression equation below was thus estimated:

$$Y_i = 0.174 - 0.182 X_1 + 0.243 X_2 + 0.087 X_3 - 0.137 X_4 + 0.928 X_5$$

Where;

$Y_i$  = Drug Abuse



X<sub>1</sub> = Literacy

X<sub>2</sub> = Occupation

X<sub>3</sub> = Availability of Drugs

X<sub>4</sub> = Counselling

X<sub>5</sub> = County Level Strategies

#### **4.6 Interpretation and Discussion of Findings**

The study objective was to investigate the factors that influence the abuse of drugs and substances among the youth in Faza ward, Lamu County; and evaluate current responses and strategies in place to counter prevalence of the drug and substance abuse trend among youth in Lamu County. The effect of each of the predictor variable on the response variable was analyzed in terms of strength and direction.

Descriptive statistics indicate that drug abuse is exhibited to a large extent in the Faza Ward, Lamu County. The test for multicollinearity using the correlation matrix indicates that there is presence of multicollinearity; all the predictor variables, excluding the intervening variable, are significantly correlated to each other at the 5% level of significance. This can interfere with the study findings.

The study findings are in tandem with a report done by NACADA (2015) which stated that drugs and substance abuse both legal and illicit are forming a sub-culture in Kenya among youth and the students and pose a big challenge to the country and more so in the coastal region. The study findings are also in agreement with the findings of a study conducted by Korir (2013) that alcoholism and drug abuse, are some of the social problems experienced in the coast.

The analysis of variance, which is exhibited when the before and after the intervening variable is included in the model, shows that the models developed are significant as evidenced by the significance value obtained when compared to the critical value. This implies that the models are appropriate in predicting drug abuse.

#### **4.6.1 Literacy Levels**

Literacy levels with regards to drug abuse in Faza Ward, Lamu County are exhibited to a large extent. Literacy also exhibits a link and significant relationship with drug abuse. The study findings are in agreement to the findings of a study conducted by Korir (2013) that illiteracy is one of the number of social problems identified in the coast. The study findings are also in congruence with study findings by kasundi (2015) that media literacy skills can provide part of the foundation for the prevention of substance use.

#### **4.6.2 Occupation**

Occupation activities in Faza Ward, Lamu County are exhibited to a large extent. However, occupation does not exhibit any link or significant relationship with drug abuse.

The study findings are in tandem with a study conducted by Kandel (2010) that although employed people may have lower drug use rates than the unemployed, employment does not eradicate the urge to use drugs. They are also in agreement with studies conducted by Johnston et al., (2017) that it is probably not dramatically different from the young adult working population, it is unlikely that most youths cease their drug use upon entering the workplace.

The study findings contradict findings of a study conducted by the International Journal of collaborative Research on Internal Medicine and Public which established that some

unemployed youth join drug abuse and trafficking so as to earn a living and that poor individual employment prospects enhance drug use and intense drug use reduces employability.

#### **4.6.3 Availability of Drugs**

Drugs are freely available to a large extent in Faza Ward, Lamu County. The availability of drugs also exhibits a link and significant relationship with drug abuse. The study findings are congruent to findings by a study done by Merton and Nisbert (2011) who opined people use illegal drugs because of their readily availability and promotion interests of those who are in a position to benefit financially from their sale. It is also in agreement with a report conducted by NACADA (2015) which established that many households (49.9%) are involved in the activities of brewing, buying and re-selling of brews, thus increasing access.

#### **4.6.4 Counseling**

Counseling services on drug abuse in Faza Ward, Lamu County are exhibited to a large extent. Counseling also exhibits a link and significant relationship with drug abuse. The study findings are in tandem with findings by studies conducted by ASCA (2015), Mclaughlin and Vacha (2013), and Ratts and Hutchins (2017) that the youth need specified support and counsellors to facilitate support against drug use.

#### **4.6.5 County Level Strategies**

County level strategies are utilized to a large extent in Faza Ward, Lamu County to curb drug abuse. The county level strategies utilized are; community mobilization strategies, environmental strategies, enactment of rules and regulations, and prevention education. County strategies exhibits a positive link and a significant positive significant relationship with drug abuse. County level strategies also affect the relationship

between the other independent variables included in the study. It strengthens the relationship, the relationship becomes significant when it is introduced.

The study findings are in tandem with study findings by Ratts and Hutchins (2018) that for students who are at risk for substance abuse, school, home, and community aspects of students' lives need to be addressed and prevention cannot be a one shot approach; school counselors can address all aspects of the students lives by collaborating with community agencies, parents, teachers, and other stakeholders and connecting students and parents with community supports to provide the necessary support for these students .

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter discusses the study's findings summary, offered conclusions and recommendations on factors that influence drug abuse in Faza Ward, Lamu County and their effect. Moreover, the limitations of the study are outlined and finally the suggestions for further research are outlined.

#### **5.2 Summary**

This study aimed the factors that influence the abuse of drugs and substances among the youth in Faza ward, Lamu County; and evaluate current responses and strategies in place to counter prevalence of the drug and substance abuse trend among youth in Lamu County. Four factors that influence drug abuse were picked for the study, they included; literacy levels, occupation, availability of drugs, and counselling. Primary method of data collection utilized were questionnaires, which were administered to a sample of 50 youth residing in Faza Ward, Lamu County. The study employed the use of descriptive, correlation and regression analysis.

##### **5.2.1 Literacy Levels**

The study's objective was to establish how literacy levels influence drug and substance abuse among the youth in Faza ward, Lamu County. The study findings were that literacy levels with regards to drug abuse in Faza Ward, Lamu County are exhibited to a large extent and it exhibits a link and significant relationship with drug abuse.

### **5.2.2 Occupation**

This study's objective was to evaluate the influence of type of employment on drug and substance abuse among the youth in Faza ward, Lamu County. The findings were that occupation activities in Faza Ward, Lamu County are exhibited to a large extent. However, occupation does not exhibit any link or significant relationship with drug abuse.

### **5.2.3 Availability of Drugs**

The study's objective was to establish the role of availability of drugs and substances in drug and substance abuse among the youth in Faza ward, Lamu County. The findings revealed that drugs are freely available to a large extent in Faza Ward, Lamu County and availability of drugs exhibits a link and significant relationship with drug abuse.

### **5.2.4 Counseling**

The study's objective was to evaluate the role of counseling in tackling drug and substance abuse among the youth in Faza ward, Lamu County. The study findings were that counseling services on drug abuse in Faza Ward, Lamu County are exhibited to a large extent and counseling exhibits a link and significant relationship with drug abuse.

### **5.2.5 County Level Strategies**

The study's objective was to identify the County level strategies that are in place to address prevalence of drug and substance abuse among the youth in Lamu County. The study findings were; County level strategies are utilized to a large extent in Faza Ward, Lamu County to curb drug abuse. The county level strategies utilized are; community mobilization strategies, environmental strategies, enactment of rules and regulations, and prevention education. County strategies exhibits a positive link and a significant positive significant relationship with drug abuse. County level strategies also affect the

relationship between the other independent variables included in the study. It strengthens the relationship, the relationship becomes significant when it is introduced.

### **5.3 Conclusion**

The overall objective was to investigate the factors that influence the abuse of drugs and substances among the youth in Faza ward, Lamu County; and evaluate current responses and strategies in place to counter prevalence of the drug and substance abuse trend among youth in Lamu County. The study concluded that occupation does not have a significant impact on drug abuse. However, literacy levels, availability of drugs, counselling, and county level strategies have an impact on drug abuse. County level strategies also affects the relationship of other factors with drug abuse.

The conclusions are in tandem with the social bonding theory which is a sub-set of the theories of delinquency, where from a social learning perspective, focus will be directed toward intimate groups and the acquisition of values and beliefs favoring deviance and crime (Patterson et al., 2012).

### **5.4 Recommendations**

Occupation has no significant impact on drug abuse, thus the youth based organization and other non-governmental organizations, county government, national government, and other relevant stakeholders do not need to focus on these factor.

However, literacy levels, availability of drugs, counselling, and county level strategies have a significant impact on drug abuse. County level strategies also has an influence on the relationship of the other factors with drug abuse. Thus, the stakeholders should devote maximum attention and resources towards these factors.

## **5.6 Recommendations for Further Study**

Influence of relevant factors on drug abuse study findings is of great importance to policy makers and county health management teams. The same study could be carried out across other localities in Lamu County, and other counties in Kenya in order to eradicate the drug menace in Kenya.



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## APPENDICES

### Appendix I: Questionnaire

#### FACTORS INFLUENCING SUBSTANCE ABUSE AMONG YOUTH: A CASE OF FAZA WARD- EAST SUB COUNTY

##### 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 I: SOCIODEMOGRAPHICS

1. Sex            Female                        Male
2. What is your age?  
18 to 21 years       22 to 25 years       26 to 29 years       30 to 35 years
3. Marital Status  
Single  Married  Widower  Widowed  Separate Divorced
3. Occupation  
Employed  Self employed  Unemployed
4. Religion  
Christian  Muslim  Hindu  Other (Specify)
5. Residence  
Rural       Semi urban            Urban

## SECTION II: LITERACY LEVELS

6. Can you read and write?

Yes  No

7. What is your highest level of education?

No formal education  Primary  Secondary  Tertiary

8. Did you complete school?

Yes  No

9. If no, what was the reason?

Drug related  Financial related  Other reason(Specify)

This section is about literacy levels among the youths in Faza Ward, Lamu County.

For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5 where 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

|  | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| 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 |   |   |   |   |   |
| You are well conversant with the risks associated with alcohol                                       |   |   |   |   |   |
| The youth get into drug abuse due to lack of knowledge and are addicted hence unable to stop         |   |   |   |   |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| You have had interactions with the health care system regarding drug abuse |  |  |  |  |  |
|--|--|--|--|--|--|

**SECTION III: TYPE OF EMPLOYMENT**

10. What is your occupation?

- Student  Business person  Formally employed   
 Casual laborer  Other (Specify)

This section is about type of employment among the youths in Faza Ward, Lamu County. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5 where 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

|  | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| There are anti-drug policies at your work place  |   |   |   |   |   |
| Employment makes the youth fill time constructively and become independent leading to decreased drug abuse |   |   |   |   |   |
| Unemployed youth join drug abuse and trafficking so as to earn a living                                    |   |   |   |   |   |
| Creation of job prospects adds significantly to willingness of unemployed drug users to seek treatment     |   |   |   |   |   |
| Intense drug use reduces employability   |   |   |   |   |   |
| Poor individual employment prospects enhance drug use  |   |   |   |   |   |

**SECTION IV: AVAILABILITY OF DRUGS**

11. Do you abuse drugs?

Yes

No

12. Which drug do you abuse?

.....

.....

.....

13. Where do you get your drugs?

.....

14. Do you always get the drugs?

Yes, easily  Not all the time  Yes, but with difficulty

15. If not, why?

.....

.....

.....

This section is about availability of drugs in Faza Ward, Lamu County. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5 where 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

|  | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| Youth in Faza Ward use illegal drugs because of their availability |   |   |   |   |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Drug substances are cheaply sold within the Faza Ward locality   |  |  |  |  |  |
| Individuals who sell drugs are locals in Faza Ward   |  |  |  |  |  |
| Many households in Faza Ward are involved in the activities of brewing, buying and re-selling of brews, thus increasing access |  |  |  |  |  |
| Selling of drugs is a source of livelihood for poor households   |  |  |  |  |  |

**SECTION V: ROLE OF COUNSELING**

16. Do you consider drug abuse a problem in your life?

Yes  No

17. If yes, have you sought professional help?

Yes  No

18. What type of professional have you consulted?

Doctor  Nurse  Community health worker  Counselors

19. Did you get the expected help?

Yes  No

20. Where would you refer a friend for advice on drug abuse?

.....  
 .....

This section is about counselling among the youths in Faza Ward, Lamu County. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5 where 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree



|   | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Counselling reduces drug abuse among the youth in Faza Ward   |   |   |   |   |   |
| Guidance and counselling can prevent the youth in Faza Ward from being introduced into drugs  |   |   |   |   |   |
| Discipline and socially acceptable behaviour among the youth in Faza Ward is as a result if drug abstinence is promoted through counselling               |   |   |   |   |   |
| Counselling uses behavioral and cognitive-behavioral approaches with youth that are at risk for substance use   |   |   |   |   |   |
| Counseling focuses on decreasing the frequencies of behaviors compatible with drug use and increase the frequency of behaviors incompatible with drug use |   |   |   |   |   |
| Counseling advocates pro-social activities such as sports to protect against substance use and misuse   |   |   |   |   |   |

**SECTION VI: DRUG ABUSE AMONG THE YOUTH IN FAZA WARD**

21. Have you ever abused drugs?

Yes

No

22. Yes to kindly indicate which drugs

\_\_\_\_\_

23. If Yes kindly indicate to what extent

Great Extent

Large Extent

Moderate Extent

Small Extent

Least Extent

This section is about the types of drugs abused by the youths in Faza Ward, Lamu

County. Kindly tick where appropriate on a scale of 1-5 where 5-Most Often, 4-Very

Often, 3-No Idea, 2-Less Often and 1-Not At All

|            | 5 | 4 | 3 | 2 | 1 |
|------------|---|---|---|---|---|
| Alcohol    |   |   |   |   |   |
| Miraa/Khat |   |   |   |   |   |
| Cigarette  |   |   |   |   |   |
| Bhang      |   |   |   |   |   |
| Tobacco    |   |   |   |   |   |
| Heroin     |   |   |   |   |   |

|                         |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
| Cocaine                 |  |  |  |  |  |
| Brown sugar             |  |  |  |  |  |
| Others (Please Specify) |  |  |  |  |  |

## SECTION VI: COUNTY LEVEL STRATEGIES

This section is about the county level strategies employed by Lamu County to curb drug abuse among the youth. Kindly tick where appropriate on a scale of 1-5 where 5-Great Extent, 4-Large Extent, 3-Moderate Expense, 2-Small Extent and 1-Least

Extent

|   | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Lamu County employs a strategy designed to increase community readiness and engage communities in prevention activities and actions to reduce use of harmful legal products among youth |   |   |   |   |   |
| Lamu County employs a strategy designed to alter the larger social, physical, and economic environment of a community in order to reduce the harmful use of substances among the youth  |   |   |   |   |   |
| Lamu county employs Life Skills Training (LSK) as a preventive education strategy against substance abuse   |   |   |   |   |   |
| Lamu county has enacted legislation to curb drug abuse  |   |   |   |   |   |

*THANK YOU FOR TAKING PART IN THE STUDY*

## **Appendix II: Participant Information**

### **TOPIC: FACTORS INFLUENCING SUBSTANCE ABUSE AMONG YOUTH: A CASE OF FAZA WARD- EAST SUB - COUNTY**

You are being asked to take part in a research study that aims to determine factors influencing drug abuse among youth. The study is purely for academic purpose.

#### **PURPOSE OF THE RESEARCH STUDY**

This study seeks to determine factors influencing drug abuse among youth in Lamu County. By participating in this study there is no financial benefit, but the results of the study will help health workers and policy makers to make context specific interventions.

#### **TIME COMMITMENT**

You can leave the study at any time and this will not affect you in anyway. The interview will take approximately 20-25 minutes to complete.

#### **COST, REIMBURSEMENT AND COMPENSATION**

Participating in this study is voluntary and will not affect you in any way at all. You will be asked to give your written consent to take part in an interview. All the information you give will be kept confidential and your data will be confidential in any reports or publications that come from this study.

#### **RISKS**

There are no known risks for you in this study. The questions are not intended to cause distress. However, if you do feel upset by them or that you feel you need to speak to someone or if you have any questions/concerns, during or after the investigation you can speak to the researcher.

**Appendix III: Informed Consent Form**

**Topic: FACTORS INFLUENCING DRUG AND SUBSTANCE ABUSE**

**AMONG YOUTH: A CASE STUDY OF FAZA WARD- EAST SUB COUNTY**

Once you have read the Information Sheet, and if you would still like to take part, please answer the following questions and sign underneath to give your consent.

I have read the above description of the study [ ]

I understand that my participation is entirely voluntary [ ]

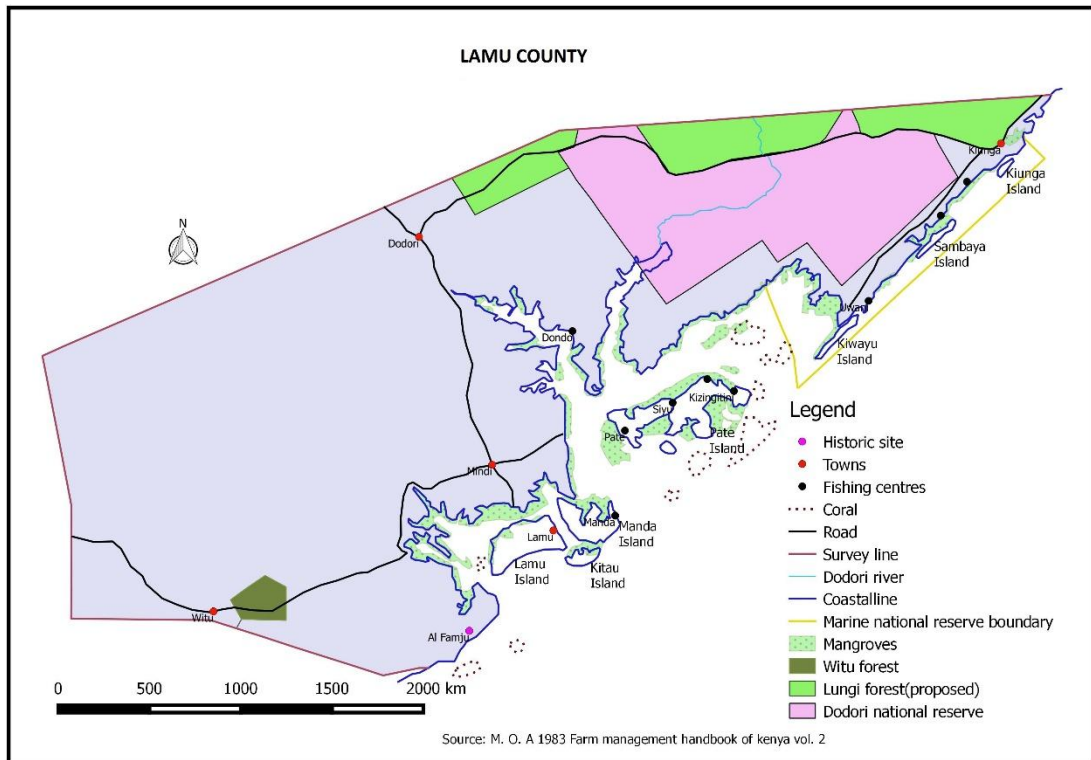
I understand that my responses will be confidential and anonymous [ ]

I give my consent to take part in this study [ ]

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix IV: Map of Study Area



## Appendix V: KeMU Clearance letter



### Kenya Methodist University

P. O Box 267 - 60200, Meru, Kenya, Tel: (+254-020) 2118423-7, 064-30301/31229 Fax: (+254-064) 30162 Email: info@kemu.ac.ke , Website: www.kemu.ac.ke

August 10, 2018

#### TO WHOM IT MAY CONCERN

**RE: KASSIM SAUDA KUPI MCO-3-7125-1/2015**

This is to confirm that the above named is a student in the Department of Theology, Religious Studies and Counseling, pursuing a Master of Arts in Counseling.

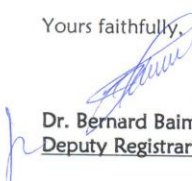

As a requirement, the student is expected to undertake an independent **primary research** in their area of specialization.

The purpose of this letter is therefore; to introduce the student to you and request you to allow her undertake the research in your organization.

The student has been advised to ensure that all data and information from the organization is treated with utmost confidentiality and only used for academic purposes unless otherwise stated.

Any assistance accorded to her will be highly appreciated.

Yours faithfully,

**Dr. Bernard Baimwera, PhD**  
Deputy Registrar - Academic Affairs

Nairobi Campus: Koinange Street, P.O. Box 45240-00100 Nairobi - Tel: +254-20-2118443/2248172/2247987/0725-751878. Fax: 254-20-2248160. Email: nairobicampus@kemu.ac.ke  
Nakuru Campus: Mache Plaza, 4th Floor, P.O. Box 3654-20100, Nakuru, Tel +254-51-2214456 Fax 051-2216446. Email: nakurucampus@kemu.ac.ke  
Mombasa Campus: Former Oshwal Academy, P.O. Box 89983, Mombasa. Tel: +254 - 041-2495945 / 8. Fax 041-2495946. Email: mombasacampus@kemu.ac.ke  
Nyeri Campus: Lware Building, 4th Floor. Tel: +254-61-2032904. Fax: 254-61-2034100 Email. nyericampus@kemu.ac.ke

**The Future is Here!**

## Appendix VI: NACOSTI Clearance Letter



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349, 3310571, 2219420  
Fax: +254-20-318245, 318249  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

NACOSTI, Upper Kabete  
Off Waiyaki Way  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/72957/24995**

Date: **28<sup>th</sup> August, 2018**

Sauda Kassim Kupi  
Kenya Methodist University  
P.O. Box 267- 60200  
**MERU.**

#### **RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“Factors influencing substance abuse among Youth in Lamu County: A case of Faza Ward East Sub County,”* I am pleased to inform you that you have been authorized to undertake research in **Lamu County** for the period ending **28<sup>th</sup> August, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Lamu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

  
**BONIFACE WANYAMA**  
**FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Lamu County.

The County Director of Education  
Lamu County.

*National Commission for Science, Technology and Innovation is ISO9001: 2008 Certified*



## Appendix VI: NACOSTI Permit

**THIS IS TO CERTIFY THAT:**  
**MS. SAUDA KASSIM KUPI**  
**of KENYA METHODIST UNIVERSITY,**  
**54-80500 LAMU, has been permitted to**  
**conduct research in Lamu County**  
**on the topic: FACTORS INFLUENCING**  
**SUBSTANCE ABUSE AMONG YOUTH IN**  
**LAMU COUNTY: A CASE OF FAZA WARD-**  
**EAST SUB COUNTY**  
**for the period ending:**  
**28th August, 2019**

**Permit No : NACOSTI/P/18/72957/24995**  
**Date Of Issue : 28th August, 2018**  
**Fee Received :Ksh 2000**



*[Handwritten Signature]*  
**Applicant's Signature**

*[Handwritten Signature]*  
**Director General**  
**National Commission for Science, Technology & Innovation**

**CONDITIONS**

1. The Licence is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation, without prior notice.



**REPUBLIC OF KENYA**



**National Commission for Science,  
Technology and Innovation**

**RESEARCH CLEARANCE  
PERMIT**

**Serial No.A 20363**

**CONDITIONS: see back page**