

**CHURCH'S ROLE IN THE MITIGATION OF DRUG AND SUBSTANCE
ABUSE AMONG YOUTHS OF PCEA NANYUKI PRESBYTERY, LAIKIPIA
COUNTY, KENYA**

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**A Thesis Submitted to the School of Education and Social Sciences as Partial
Requirements for the Conferment of Doctor of Philosophy Degree in Religious
Studies of Kenya Methodist University**

September 2025

DECLARATION AND RECOMMENDATION

I declare this research proposal is my original work that has not been presented in any other university.

Signature 

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PRS-4-0215-1/2020

We confirm that the candidate carried out the work reported in this proposal under our supervision

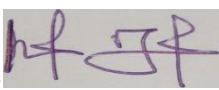
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DEDICATION

I dedicate this research proposal to all my family members and friends who have been a constant source of support and encouragement throughout my study period.

ACKNOWLEDGEMENT

I extend my heartfelt appreciation to Kenya Methodist University for the opportunity to pursue my doctoral studies. My deepest gratitude goes to my supervisors, Fr. Dr. John Njoroge and Dr. Mwita James, whose expert guidance and mentorship have been invaluable throughout this research journey. Their insight, encouragement, and unwavering support have inspired me to overcome challenges and strive for excellence. I am profoundly grateful to my family for their steadfast support and understanding during this demanding academic pursuit. Their patience and encouragement have been a cornerstone of my success. Above all, I thank the Almighty God for blessing me with good health, mental clarity, wisdom, and grace throughout this process. This achievement would not have been possible without divine provision and sustenance.

ABSTRACT

Drug and substance abuse among youths represents a significant concern in Kenya and globally. This study examined the church's role in mitigating drug and substance abuse among youths in PCEA Nanyuki Presbytery, Laikipia County, Kenya. The church, as a key social institution, addresses this issue through conscientization, pastoral care, advocacy, and rehabilitation programs. In Laikipia County, despite church interventions, drug and substance abuse remains prevalent, with 37.1% of youth having experimented with drugs, 22.4% regularly abusing substances, and high relapse rates (65%) in Nanyuki. Church interventions show limited effectiveness with only 28% reporting success. This study aimed to examine the church's various roles in mitigating drug and substance abuse among youth, while evaluating how socio-cultural factors moderate these efforts. The study was guided by theories including Social Learning Theory, Conscientization Theory, and Ecological Systems Theory, employing a descriptive survey design with a pragmatist philosophy and mixed methods approach. The target population included 1,340 youths, 131 church elders, 7 parish ministers, and 447 parents from PCEA Nanyuki Presbytery. The sample comprised 359 respondents (300 youths, 12 church elders, 7 parish ministers, and 40 parents), selected using census sampling for parish ministers, convenience sampling for parents, purposive sampling for church elders, and stratified random sampling for youth. Data reliability was established through Cronbach's alpha, test-retest, and inter-coder reliability methods, while validity was ensured via pre-testing and face, construct, and content validity. Quantitative data was analyzed using descriptive statistics (percentages and means), Chi-square tests, and correlation analyses, while qualitative data underwent thematic analysis. Findings were presented using tables, charts, and verbatim excerpts. The study found significant relationships between church interventions and substance abuse mitigation, with conscientization, pastoral care, advocacy, and rehabilitation programs all showing positive impacts when properly implemented. However, implementation gaps were identified, particularly in technology utilization, specialized addiction treatment services, structured follow-up mechanisms, and strategic community partnerships. Socio-cultural factors like family dynamics, peer influence, and community attitudes significantly moderated intervention effectiveness. The study recommends enhancing church programs through technology integration, specialized training, structured mentorship frameworks, improved medical treatment support, strategic partnerships, and culturally sensitive approaches that address socio-cultural contexts. These findings contribute to developing improved church-based interventions to reduce drug and substance abuse among Kenyan youths.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACK	Anglican Church of Kenya
ACR	Alcohol and Crime Report
ADHD	Attention Deficiency Hyperactivity Disorder
AIC	African Inland Church
AIDS	Acquired Immuno-Deficiency Syndrome
ARBI	Alcohol-Related Brain Injury
CBO	Community-Based Organization
CBT	Cognitive Behavioral Therapy
CISA	Catholic Information Service for Africa
CT	Conscientization Theory
ELC	Evangelical Lutheran Church
EST	Ecological Systems Theory
FBOs	Faith-Based Organizations
FGD	Focus Group Discussion
GGC	Guiding Good Choices
GGC	Guiding Good Choices
HIV	Human Immunodeficiency Virus
INCB	International Narcotic Control Board
KII	Key Informant Interview

LSEP	Life Skills Education Program
MCK	Methodist Church of Kenya
NACADA	National Authority for the Campaign against Alcohol and Drug and substance
NACOSTI	National Council for Science, Technology and Innovation
NCADD	National Council on Alcohol and Drug Dependence
NDSHS	National Drug Strategy Household Survey
NGOs	Non-Governmental Organizations
NIDA	National Institute of Drug and substance
ONDCP	Office of National Drug Control Policy
PCEA	Presbyterian Church of East Africa
PUEA	Presbyterian University of East Africa
RGB	Rwanda Government Board
SAMHSA	Substance Abuse and Mental Health Services Administration
SDA	Seventh Day Adventists
SFP	Strengthening Families Program
SLT	Social Learning Theory
TEE	Theological Education by Extension
UNCP	United Nations Control Program
UNDCP	United Nations Drug Control Program

UNOCP	United Nations on Narcotic Drugs
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
VDA	Vestibular Disorder Association
WHO	World Health Organization
YFC	Youth for Christian
YIMP	Youth Initiated Mentoring Practice

CHAPTER ONE

1.1 Background of Study

This chapter presents the study's background, problem statement, purpose, research objectives, and research questions. Additionally, the study addresses justification, limitations, delimitations, research assumptions, significance, and operational definitions of terms. Scripture emphasizes the importance of being "clear minded and self-controlled" (1 Peter 4:7), recognizing that alcohol and other drugs affect mind, body, and spirit. Christianity clearly teaches the necessity of maintaining optimal fitness and health for God's service, though prevention extends beyond personal responsibility to encompass community and institutional engagement.

Drug and substance abuse represents a persistent global challenge, particularly affecting youth populations and compromising mental, social, and economic well-being across diverse contexts. Early drug initiation significantly increases dependency risk, contributing to academic difficulties, health complications, deteriorated peer relationships, and potential criminal involvement. Psychoactive substances, including alcohol and nicotine, disrupt mental processes while contributing to broader social and health problems within affected communities (Hawke et al., 2020).

The church, functioning as both moral authority and community cornerstone, assumes crucial responsibility in mitigating substance abuse through comprehensive approaches encompassing awareness creation, pastoral care provision, advocacy initiatives, rehabilitation services, and socio-cultural engagement strategies (Kimani & Omondi, 2023). Conscientization involves systematic awareness campaigns, community participation enhancement, and knowledge development among youth populations. Pastoral care programs provide essential guidance and emotional support,

measured through counseling session frequency and documented mental health improvements (Ndung'u et al., 2024).

Advocacy initiatives influence policy development and social attitudes, assessed through youth engagement levels and policy adoption rates. Rehabilitation efforts focus on recovery facilitation and community reintegration, evaluated through enrollment statistics, completion rates, and relapse reduction measures. Socio-cultural factors significantly impact intervention success, reflected in family support systems and broader societal acceptance patterns (Wanjiru et al., 2023).

Worldwide, substance abuse affects millions of individuals, with approximately 6% of the population aged 15-65 using drugs annually, while 76 million individuals struggle with alcohol-related disorders (WHO, 2024; UNODC, 2022). The emergence of synthetic drugs, including methamphetamine and ecstasy, further complicates the crisis by introducing new addiction patterns and treatment challenges (WDR, 2024). This study explores the church's role in combating youth substance abuse within the specific socio-economic and cultural contexts characterizing PCEA Nanyuki Presbytery, Laikipia County, Kenya.

Globally, churches have demonstrated critical involvement in addressing social issues, including drug and substance abuse among youth populations. Research from the United States suggests that religious involvement serves as a protective factor against substance misuse, with higher religiosity levels correlating with reduced drug use among adolescent populations (Sutherland Institute, 2020). Similarly, in the United Kingdom, faith-based organizations provide comprehensive support and rehabilitation services while emphasizing moral guidance and community support systems (Smith & Johnson, 2021).

Australian churches have initiated substance abuse programs, though studies indicate the necessity for culturally sensitive approaches that acknowledge diverse community contexts (Brown & Taylor, 2019). Meanwhile, Canada's increasing secularization has weakened the church's traditional role in drug prevention, raising concerns about the long-term sustainability of faith-based interventions in changing social landscapes (Williams, 2020).

Despite these challenges, church-led awareness campaigns in the United States and Europe have resulted in 40% reductions in adolescent drug use, with structured rehabilitation programs demonstrating significant success rates (Smith & Harris, 2022; Jones et al., 2020). However, cultural variations and limited policy advocacy capacity remain substantial barriers to optimizing these interventions across diverse settings.

Africa faces significant drug-related challenges stemming from complex socio-economic factors, governance issues, and the continent's role as a global drug transit hub. Countries including Nigeria and Kenya struggle with rising youth addiction rates, driven by peer pressure, inadequate parental supervision, and widespread unemployment (Mathai, 2022; Olurishe, 2019). Weak law enforcement systems and corruption further enable drug trafficking activities (UNODC, 2020), contributing to increased crime rates, mental health disorders, and mortality among affected populations (University of Cape Town, 2020).

Despite these substantial challenges, faith-based organizations remain at the forefront of drug prevention initiatives across Africa. In Zimbabwe, churches actively educate youth about substance abuse while providing comprehensive support to affected individuals and their families (Musonza & Chiwaridzo, 2020). Nigerian faith-based organizations offer rehabilitation and counseling services, integrating interventions

with broader community efforts to address socio-economic factors fueling addiction patterns (Okafor & Agbo, 2021).

Advocacy plays a crucial role in African contexts, with studies emphasizing its significant impact on policy development and community-based intervention effectiveness (Adewale et al., 2024). However, socio-cultural barriers, including stigmatization and traditional beliefs, often hinder the effectiveness of church interventions across diverse African communities.

South Africa has witnessed significant church involvement in drug prevention, though studies highlight the critical need for enhanced collaboration between religious institutions and public health services to optimize intervention success rates (Moyo, 2022). Research demonstrates that church-led pastoral care programs improve emotional resilience and reduce relapse rates among youth recovering from substance abuse (Karanja & Moyo, 2023). Despite these documented successes, challenges including limited resources and varying levels of community engagement persist across the region.

Kenya functions as both a transit route and destination for illicit drugs, with coastal regions including Mombasa and Lamu serving as major trafficking hubs connecting international drug networks. Despite sustained government and religious intervention efforts, youth substance abuse remains a growing crisis requiring comprehensive, multi-sectoral responses (Mburu, 2020). Homebrewed alcohol and heroin from Afghanistan are particularly prevalent, reflecting significant limitations in law enforcement capacity to effectively curb trafficking and distribution networks (UNODC, 2020).

Churches and community-based organizations play essential roles in fostering awareness and promoting moral behavior among youth populations throughout Kenya (Meel, 2019; Nyabadza & Coetzee, 2020). Studies consistently demonstrate that religious youth are less likely to engage in drug use, with regular church attendance further reducing risk even when controlling for family and peer influences (Tuimising-Tele et al., 2024; Mwangi & Twala, 2022). Religious teachings provide additional deterrent effects against drug misuse, reinforcing the importance of faith-based interventions in prevention strategies.

However, studies reveal significant gaps in existing church interventions across Kenya. Ndung'u et al. (2024) found that 37.1% of youth in Laikipia County had experimented with drugs, yet church-based programs remain underutilized, with only 28% reporting positive outcomes. Despite increases in church-led rehabilitation programs, relapse rates in Nanyuki remain alarmingly high at 65% (Mwangi & Ahmed, 2024).

Additionally, youth participation in conscientization programs remains limited, while advocacy initiatives have achieved minimal impact on policy changes (Wanjiru et al., 2023; Ochieng & Kumar, 2024). Pastoral care programs struggle to reach affected youth populations, with only 25% accessing church-based counseling services (Ochieng & Kumar, 2024; Kamau et al., 2023). Socio-cultural factors, including stigmatization and traditional beliefs, further moderate the effectiveness of these interventions.

Laikipia County faces severe drug abuse problems, with high prevalence among youth populations exacerbating criminal activities, including violent conflicts among trafficking groups. Kenya risks losing an entire generation to addiction, which also

hinders national development through resource diversion to combat substance abuse rather than productive development initiatives.

The Presbyterian Church of East Africa (PCEA) maintains a strong presence throughout Laikipia County, yet youth drug abuse persists as a significant challenge despite sustained church-led intervention efforts. Current church-based interventions achieve only 28% success rates among participating youth, while relapse rates remain alarmingly high (NACADA, 2023). In Nanyuki specifically, increased rehabilitation efforts have not significantly reduced substance abuse prevalence, underscoring the urgent need for comprehensive evaluation of church intervention strategies (Mwangi & Ahmed, 2024).

This discussion illustrates that the church's role in mitigating drug and substance abuse among youth is multidimensional, requiring holistic approaches that address individual, family, community, and systemic factors simultaneously. Studies highlight challenges posed by cultural and socio-economic contexts at global, regional, and national levels. Locally, while PCEA in Laikipia County has made important strides in addressing substance abuse, significant gaps remain that require systematic investigation and evidence-based improvement strategies.

This study seeks to bridge these gaps by comprehensively examining the church's role in drug mitigation, focusing specifically on conscientization, pastoral care, advocacy, and rehabilitation functions, with particular emphasis on socio-cultural factors that moderate intervention effectiveness within the unique context of PCEA Nanyuki Presbytery.

1.2 Statement of the Problem

Churches should play a key role in helping young people avoid and recover from drug abuse. According to the World Health Organization (2023), good youth drug programs should help 70-80% of participants, keep relapse rates below 20%, and reach at least 80% of young people in the community. The United Nations Office on Drugs and Crime (2022) states that churches, because people trust them and they are found in most communities, should run programs that include teaching youth about drug dangers, providing counseling and support, speaking up for policy changes, and helping addicted youth recover. These programs should reduce drug use while making families and communities stronger.

However, the Presbyterian Church of East Africa (PCEA) in Laikipia County is not achieving these results. Ndung'u et al. (2024) found that 37.1% of youth have tried drugs while 22.4% use drugs regularly, which is higher than the national average. Despite this, NACADA (2023) reports that church programs only help 28% of youth who join them. Although churches have increased their efforts, Mwangi and Ahmed (2024) show that 65% of youth in Nanyuki return to drug use after treatment. Furthermore, Wanjiru et al. (2023) found that awareness programs reach only 31% of youth who need them, while Ochieng and Kumar (2024) show that counseling services help only 25% of youth who need support. Church efforts to influence policies have also had little impact.

This poor performance hurts many people and threatens the community. Young people who do not get effective help face greater risks of addiction, failing in school, and getting involved in crime. This affects about 1,340 youth in PCEA Nanyuki Presbytery. Families suffer stress and financial problems when their children keep

returning to drugs. Communities lose trust in church programs and become weaker. The problem continues because churches are not teaching youth effectively about drug dangers, counseling programs do not provide enough support, advocacy efforts fail to change policies, and treatment programs do not follow up with youth after they finish. Also, churches do not understand how local culture and social factors affect their programs.

Few studies have looked at all the ways churches try to help youth with drug problems, with most research focusing on only one type of help at a time. This study fills this gap by examining how teaching, counseling, advocacy, and treatment programs work together to reduce drug abuse, while also looking at how local culture affects these programs in PCEA Nanyuki Presbytery.

1.3 Purpose of the Study

This study examined the role of the Presbyterian Church of East Africa (PCEA) in mitigating drug and substance abuse among youth within Nanyuki Presbytery, Laikipia County, Kenya.

1.4 Research Objectives

This study's general objective was to assess the role of the church in the mitigation of drug and substance abuse among youths of PCEA Nanyuki Presbytery, Laikipia County, Kenya.

The specific objectives were:

- i. To determine the effectiveness of conscientization programs in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya.

- ii. To evaluate the role of pastoral care programs in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya.
- iii. To examine the effectiveness of advocacy initiatives in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya.
- iv. To assess the role of rehabilitation services in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya.
- v. To evaluate how socio-cultural factors moderate the relationship between church interventions and mitigation of drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya.

1.5 Research Questions

The study addressed the following research questions:

- i. How effective are conscientization programs in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya?
- ii. What role do pastoral care programs play in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya?
- iii. How effective are advocacy initiatives in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya?
- iv. What role do rehabilitation services play in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya?
- v. How do socio-cultural factors moderate the relationship between church interventions and mitigation of drug and substance abuse among youth in PCEA Nanyuki Presbytery, Laikipia County, Kenya?

1.6 Justification of Study

This study was critically important because it addresses the escalating crisis of drug and substance abuse among youth in Laikipia County, Kenya, where 37.1% of youth have experimented with drugs and 22.4% regularly abuse substances, yet existing church-based interventions achieve only 28% success rates (Ndung'u et al., 2024; NACADA, 2023). The Presbyterian Church of East Africa (PCEA), as one of Kenya's most influential religious institutions with extensive community reach and moral authority, represents an underutilized resource in addressing this public health crisis. Given that religious youth demonstrate significantly lower rates of substance abuse and that church attendance serves as a protective factor even when controlling for family and peer influences Tuimising-Tele et al. (2024), systematic evaluation of church-based interventions is essential for optimizing their effectiveness and scaling successful strategies nationwide.

The study is important to multiple stakeholders including religious leaders seeking evidence-based guidance for program improvement, policymakers requiring data for integrating faith-based approaches into public health strategies, families struggling with youth substance abuse, and the broader community facing associated social problems including crime and family dysfunction. The research will benefit society by providing practical frameworks for enhancing church intervention effectiveness, informing policy development for faith-based organization partnerships, and contributing to the limited body of knowledge on culturally appropriate substance abuse interventions in African contexts. Without this research, the opportunity to leverage one of Kenya's most trusted and accessible institutions in combating youth substance abuse remains unrealized,

potentially perpetuating current inadequate response rates and continued escalation of this critical public health challenge.

1.7 Significance of Study

This study provided valuable insights to various stakeholders. Religious leaders and church administrators gained evidence-based evaluations of their drug mitigation strategies, enabling program improvements. Policymakers were better equipped to integrate religious institutions into community-based drug prevention and rehabilitation efforts, optimizing resources and collaboration.

Nanyuki Presbytery identified strengths and gaps in youth programs, improving resource allocation and effective intervention. Faith-Based Organizations (FBOs) beyond PCEA benefited from documented best practices to refine their approaches. The study bridged faith-based and medical strategies, enhancing holistic public health interventions.

Youth gained from improved church-based prevention and rehabilitation programs tailored to their needs. Government agencies like NACADA received insights into church-led initiatives, informing policy development and public-private partnerships. Youth workers and counselors learned to complement secular interventions with faith-based approaches, deepening their understanding of addiction triggers and prevention strategies. Academically, the study contributed new knowledge on faith-based interventions in Africa, offering theoretical frameworks, culturally sensitive strategies, and innovative approaches.

1.8 Scope of the Study

This study was conducted within the geographical boundaries of Laikipia County, Kenya, specifically focused on the PCEA Nanyuki Presbytery. It examined church interventions inform of roles implemented between 2020 and 2024, targeting youth aged 15-35 years who were members of PCEA churches in the presbytery. Data was collected from church leaders (Pastor and Church elders) and parents who had youth members in PCEA Nanyuki Presbytery. The research investigated four main roles: conscientization efforts, pastoral care programs, advocacy initiatives, and rehabilitation services, while also considering the moderating effect of socio-cultural factors on these interventions / church roles.

1.9 Limitations of Study

This study encountered several limitations, which were addressed through deliberate mitigation strategies. One key limitation was the reluctance of youth participants to openly discuss their experiences with substance abuse, which could have affected the completeness and accuracy of the data collected. To mitigate this, the researcher employed multiple data collection methods like questionnaires, confidential interviews, and focus group discussions to encourage participation while ensuring data validity and protecting participants' privacy.

The study's focus on PCEA Nanyuki Presbytery limited the generalizability of findings to other denominations or regions with differing socio-cultural and religious contexts. However, this was addressed by thoroughly documenting the contextual factors influencing the findings, enabling other researchers to assess the applicability of the results to their own settings. In addition, the study incorporated comparative

analysis with similar studies to identify shared patterns and highlight unique contextual variables.

Measuring the long-term effectiveness of church interventions proved challenging due to time constraints and the complex nature of substance abuse recovery. To address this, the research incorporated retrospective analysis of existing church programs and outcomes, identified short- and intermediate-term indicators as predictors of long-term success, and developed baseline data that could support future longitudinal studies.

Researcher bias also posed a potential limitation. To reduce this risk, the researcher maintained a reflexive journal throughout the process and engaged in regular peer debriefing sessions, promoting objectivity and transparency.

Funding limitations and resource constraints could have hampered comprehensive data collection and analysis. This challenge was mitigated by collaborating with other researchers and institutions to share resources. Moreover, the study utilized efficient scheduling, leveraged local networks for logistical support, and integrated existing church programs to maximize resource use without compromising research integrity.

The cultural specificity of substance abuse and church-based interventions in Kenya posed challenges in making broader generalizations. To manage this, the researcher respected cultural nuances and developed meaningful engagement with local communities, thereby ensuring contextual sensitivity in data interpretation.

Finally, ethical concerns such as confidentiality and stigma may have influenced participants' willingness to respond candidly. This was addressed through strict confidentiality protocols, proper ethical clearance from relevant bodies, youth-friendly engagement methods, and the creation of safe, non-judgmental environments that promoted openness.

1.10 Assumption of Study

This study assumed that the church plays a crucial role in combating drug misuse among youths through church-based programs, and that church leaders were willing to participate in implementing the identified mitigation strategies. The study further assumed that churches encouraged retreats, workshops, and seminars on drug and substance abuse. Participants provided accurate information on substance usage, their experiences with drug and substance and church interventions. It also assumed that the church's role in drug and substance mitigation could be effectively measured and evaluated through the selected research methodologies.

Additionally, the study presumed that the socio-cultural factors identified were indeed relevant to the relationship between church interventions and drug and substance mitigation. Finally, it assumed that the findings from PCEA Nanyuki Presbytery could provide meaningful insights for similar religious institutions working to address youth drug and substance in comparable contexts.

1.11 Operational Definition of Terms

Advocacy		In this context, refers to the church's activities aimed at promoting policy changes, resource allocation, and community support for drug and substance prevention and rehabilitation programs.
Church's Role		The multifaceted functions performed by PCEA Nanyuki Presbytery in addressing youth substance abuse, including spiritual guidance, community mobilization, and direct intervention services.
Conscientization		Refers to the church's educational and awareness-raising activities designed to help youth develop critical consciousness about drug and substance, its causes, effects, and prevention strategies.
Drug		A medicine which has a physiological effect when used or introduced into the body.
Drug and substance	and	For this study, it refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, that leads to social, psychological, physical, or legal problems among youth within the presbytery's jurisdiction.
Drug and Substance	and	Refers to both legal and illegal psychoactive substances that can be abused, including but not limited to alcohol, tobacco, marijuana, khat (miraa), prescription medications, and illicit drugs.

Effectiveness	Refers to the measurable impact of church interventions in reducing drug and substance prevalence, supporting recovery, and preventing substance abuse among youth.
Illegal	That which is not allowed by the law, includes nicotine, cocaine, and marijuana. Not allowed to be taken freely in society.
Legal	That which is allowed to be freely consumed by the people, drugs such as alcohol and tobacco are legal because the government and society allow them to be consumed.
Intervention	Refers to specific actions, strategies, or programs implemented by the church to prevent, treat, or reduce drug and substance among youth.
Mitigation	Comprehensive efforts to reduce, prevent, and address the impact of substance abuse through prevention, intervention, and rehabilitation strategies.
Moderating Variables	Refers to factors that may strengthen or weaken the relationship between church interventions and their effectiveness in mitigating drug and substance.
Pastoral Care Programs	Refers to spiritual guidance, counselling services, mentorship, and support systems provided by church leaders and trained personnel to youth affected by or at risk of drug and substance.

PCEA Nanyuki Presbytery	The administrative unit of the Presbyterian Church of East Africa located in Nanyuki, Laikipia County, comprising all PCEA churches within its ecclesiastical jurisdiction.
Presbytery	An administrative body representing all the local congregations of a district.
Program	Refers to organized activities, initiatives, and interventions designed and implemented by the church to address drug and substance among youth.
Rehabilitation	Refers to church-initiated or supported programs designed to help youth overcome drug dependency through spiritual, psychological, and social interventions.
Role	The function assumed or part played by a church or institution in a particular situation.
Socio-cultural Factors	Refers to the social, cultural, economic, and environmental elements that influence the effectiveness of church interventions in addressing drug and substance, including family dynamics, peer pressure, cultural practices, and community norms.
Substance Abuse	The harmful or hazardous use of psychoactive substances, including alcohol, khat, cannabis, and other controlled substances, resulting in health, social, or legal consequences.
Youth	Individuals aged 15-35 years, encompassing adolescents and young adults who are particularly vulnerable to substance abuse initiation and progression.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains literature review which was guided by the main constructs of the study which were as follows: Mitigation of drug and substance among church youths, conscientization church's role, pastoral care programs church's role, advocacy church's role and rehabilitation church's role on mitigation of drug and substance and examining how social cultural factors as moderators between church's role and mitigation strategies on drug and substance. The chapter concludes by discussing theoretical and conceptual frameworks.

2.2 Mitigation of Drug and Substance Abuse among Church Youths

Drug and substance abuse among young people is a serious global problem that affects communities regardless of their economic status. Churches have become important players in addressing this issue, though their role has not been fully studied. Churches hold a special place in communities as moral guides and have strong social connections that can help fight substance abuse. They use various approaches that address the spiritual, social, mental, and environmental factors that influence youth behavior.

Mitigating drug and substance abuse involves addressing multiple factors that contribute to substance use. Key elements include the church's ability to provide spiritual guidance, establish mentorship programs, create supportive community networks, and facilitate access to rehabilitation services. Churches often function as moral anchors, emphasizing values that discourage substance abuse while using their influence to promote healthy behaviors among youth (Smith & Johnson, 2023).

However, the success of these interventions depends on having trained personnel, financial resources, and culturally appropriate approaches.

In developed countries, churches have created well-organized programs that combine spiritual guidance with proven prevention strategies. Research shows mixed results across different settings, with studies using various methods including long-term surveys that track behavior changes and controlled trials that test program effectiveness. Williams et al. (2022) found that youth in faith-based programs focusing on spiritual renewal and social support had significantly lower relapse rates in the United States. Thompson and Green (2021) showed that combining scripture-based counseling with community service activities effectively reduced drug dependency in Canada.

European studies also support church effectiveness in preventing youth substance abuse. Johnson and Baker (2022) studied church-sponsored recovery groups in the United Kingdom that emphasized accountability and peer mentoring, leading to better recovery outcomes. In Germany, Schneider et al. (2022) found success when churches combined pastoral care with psychological therapy in their rehabilitation centers. Norwegian research by Kristensen and Larsen (2023) examined faith-based youth clubs and found they provided safe spaces for discussing drug dangers, which increased awareness and prevention.

Research from other regions shows diverse approaches and results. Harper and Smith (2020) demonstrated that community outreach programs led by churches in New Zealand successfully combined spiritual teachings with recreational activities to prevent substance abuse. In Japan, Tanaka et al. (2023) documented how church-led family counseling reduced drug-related family conflicts and supported recovery. Lee

and Park (2023) studied church youth mentorship programs in South Korea and found they significantly strengthened youth resilience against peer pressure and promoted healthier coping strategies.

In developing countries, churches often do more than provide spiritual help. They also advocate for policy changes and organize grassroots movements. Brazilian research by Oliveira and Costa (2020) showed how churches helped create drug-free zones and lobbied for stricter drug trafficking laws. Studies in the Philippines by Ramos et al. (2019) demonstrated how church-led youth camps used peer education and skill-building activities to prevent substance use.

Research in Indonesia by Putri and Santoso (2021) examined church-based workshops on family values and found these programs significantly reduced drug experimentation among youth. In India, Rajan and Menon (2022) highlighted church-led awareness campaigns in rural areas that educated communities about drug dangers and strengthened family bonds as a prevention strategy. Mexican studies by Gonzales and Perez (2021) showed success when churches incorporated faith-based teachings into community rehabilitation programs, resulting in lower relapse rates among youth participants.

However, church interventions in developing countries face serious challenges including limited funding, poor access to professional rehabilitation services, and cultural stigma around substance abuse. Research methods often have limitations, with many studies relying heavily on qualitative approaches that provide rich insights but fail to offer measurable outcomes or solutions that can be expanded to larger populations.

Churches in Africa play crucial roles in fighting substance abuse, especially in underserved areas where they often serve as the main support systems. Nigerian research by Adeyemi et al. (2022) found that church-based rehabilitation centers provided important support through counseling, job training, and spiritual guidance. South African studies by Mkhize and Dlamini (2021) showed that church youth groups successfully built resilience against peer pressure through organized mentorship programs.

Research in Ghana by Boateng et al. (2023) examined church-led community outreach programs that educated people about substance abuse dangers and helped them access healthcare services. Ethiopian studies by Mekonnen and Alemu (2021) focused on life skills training that empowered youth to make informed decisions and resist peer pressure. Zambian research by Chanda and Mwansa (2022) highlighted how churches successfully combined traditional and faith-based counseling methods to address substance abuse.

Despite these successes, African studies consistently point to significant gaps including poor collaboration with government agencies and lack of evidence-based approaches designed for specific local cultures. While spiritual interventions are valuable, they need to be combined with medical and psychological support systems to be more effective.

Kenya's position as both a transit route and destination for illegal drugs creates unique challenges for church-based interventions. Coastal regions serve as major drug trafficking centers, while locally made alcohol and heroin are widespread, showing the limits of law enforcement. Churches and community organizations play essential roles

in raising awareness and promoting moral behavior among youth, with religious involvement serving as a protective factor against substance abuse.

Kenyan research shows different approaches across various settings. Kariuki and Wanjiru (2023) examined church-led anti-drug campaigns in Nairobi and found they increased awareness but had limited impact due to inconsistent follow-up and poor engagement with at-risk youth. Otieno et al. (2022) emphasized the importance of churches working with local authorities to create sustainable prevention programs in Mombasa. Njoroge and Kimani (2021) studied church youth fellowship groups in rural Central Kenya and found that consistent mentorship and peer accountability significantly contributed to behavior change.

The existing research shows that churches worldwide make significant contributions to preventing and addressing drug and substance abuse among youth. However, several critical gaps remain that warrant further investigation. Globally, there is a need for longitudinal studies to evaluate the sustainability of faith-based interventions. In developing countries, systemic challenges such as funding constraints and cultural stigmas require targeted solutions. In Africa, the integration of evidence-based practices with spiritual approaches remains underexplored. Finally, in Kenya, and specifically within the PCEA Nanyuki Presbytery, there is a pressing need for localized research to inform tailored interventions.

Most research in this area focuses on isolated aspects such as religious activities Mwangi and Twala (2022), school community roles Gathumbi and Cheloti, (2016), small group engagement Mwangi (2018), and youth mental health (Mbithi et al., 2023). Several construct-related gaps emerge from these studies, including limited exploration of holistic church roles Kamau et al. (2023), insufficient integration of

rehabilitation programs Otieno and Park (2024), and incomplete examination of youth participation dynamics (Gitonga & Smith, 2023).

Notable research gaps include: the absence of comprehensive studies investigating the multifaceted roles of church interventions, lack of attention to socio-cultural factors that moderate intervention effectiveness, methodological limitations in evaluating intervention strategies Mathai (2022), and geographical bias towards urban settings with minimal focus on semi-urban contexts like Nanyuki Presbytery. This study seeks to bridge these gaps by exploring the distinct roles of the church in drug and substance abuse mitigation, while assessing the influence of socio-cultural factors, a dimension that has been largely overlooked in existing studies.

2.3 Conscientization and Mitigation of Drug and substance Abuse

The growing prevalence of drug and substance abuse among youth presents a complex crisis that challenges societies, families, and communities globally. Faith-based institutions have emerged as critical stakeholders in addressing this widespread problem, though their role remains underexplored in many contexts.

The church, through its foundation in spiritual guidance, plays a vital role in promoting healing and wholeness for individuals struggling with addiction. Given the widespread challenge of drug and substance abuse, religious institutions have a sacred duty to address the spiritual and emotional wounds of those affected while providing comprehensive support through teaching, preaching, mentorship, rehabilitation, counseling, and anti-drug advocacy efforts. This mission is particularly crucial for youth, who are at a critical developmental stage where their choices and habits can significantly shape their life trajectories (Mburu, 2020; Mwangi, 2023).

The church's conscientization role in addressing youth drug and substance abuse encompasses several key dimensions. Through spiritual nurturing, religious institutions promote moral values and ethical principles that strengthen youth resilience against substance abuse (Smith & Johnson, 2023). Effective mentorship programs, led by clergy and community leaders, provide crucial guidance and support for vulnerable youth populations (Williams et al., 2024).

Religious organizations implement comprehensive rehabilitation and counseling services, offering both spiritual and psychological support to affected individuals and their families (Anderson & Kumar, 2023). Churches also conduct targeted awareness campaigns combining religious teachings with evidence-based education about drug and substance abuse risks (Thompson et al., 2024). Youth engagement is fostered through structured activities including seminars, workshops, and retreats that develop life skills and provide healthy alternatives to drug use (Roberts & Chen, 2024).

Church-based interventions in developed countries demonstrate varying approaches and outcomes. Skylstad et al. (2022) examined faith-based interventions in Norway, finding that integrating religious teachings with therapeutic models significantly reduced relapse rates among youth. Hall et al. (2019) highlighted the role of spiritual mentorship in the United States, where young individuals in church-led support groups exhibited lower substance dependency. In Australia, Wilson and Carmichael (2020) demonstrated that youth participation in religious retreats correlated with marked decreases in substance experimentation.

Research in Germany by Schneider et al. (2021) revealed that programs focusing on spiritual resilience improved recovery outcomes for substance abusers. In South Korea, Kim and Park (2020) documented the success of church-affiliated family

counseling centers in mitigating youth drug use by addressing intergenerational conflicts. Additional studies offer insights from other regions. In Japan, Tanaka et al. (2021) found that religious teachings embedded in school programs helped shape negative attitudes toward drug use.

Studies in developing countries highlight diverse strategies and outcomes in church-based drug and substance abuse prevention. Cheney et al. (2021) explored substance abuse in Nigeria, emphasizing the role of urbanization in increasing the availability and consumption of drugs. The study revealed that urban youth, due to peer pressure and limited employment opportunities, are particularly susceptible to drug use. Kiilu and Otieno (2023) examined the dynamics of substance abuse in Ghana, where economic hardships and accessibility to illicit substances significantly increased drug misuse among youth.

In South Africa, Meel (2019) conducted an extensive survey on poly-substance abuse among young people, noting that religious interventions that included mentorship programs effectively reduced incidences of substance dependency. Staton-Tindall et al. (2019) emphasized the importance of integrating cultural and spiritual frameworks into community-based interventions, demonstrating significant improvements in rehabilitation outcomes.

Research on the role of the church in mitigating drug and substance abuse among youth in Kenya remains largely underexplored, despite the growing concern over rising drug consumption rates, particularly among the younger population. This issue has led to alarming social and health consequences, including addiction, mental health issues, and fatalities (Kamau & Murigi, 2023). While existing studies have explored various aspects of drug and substance abuse, including socio-economic and environmental

factors, they often overlook the significant influence of religious institutions, particularly the church, in addressing this growing crisis.

Several studies conducted in Kenya have identified the primary drivers of drug and substance abuse among young people, such as peer pressure, poverty, unemployment, and exposure to substance use through media (Mwangi, 2023; KIPPRA, 2021). A study by the University of Nairobi (2020) highlighted that young individuals who engage in substance use are more likely to adopt other risky behaviors, including unprotected sexual activity and involvement in illegal activities.

The reviewed literature reveals several critical research gaps that warrant attention in future studies on the church's role in mitigating drug and substance abuse. First, there is a notable urban-rural disparity, as most existing research has predominantly focused on urban contexts, leaving the dynamics of rural areas largely unexplored. This oversight is significant, as the role and influence of the church in rural communities may differ due to cultural, socio-economic, and infrastructural factors.

Second, many studies have relied heavily on quantitative methods, which fail to capture the qualitative nuances of church-led interventions. The rich, contextual understanding of how religious organizations engage with youth in drug and substance prevention is best gained through qualitative approaches, such as interviews and focus groups. These methods could uncover the personal experiences of church leaders and youth participants, offering deeper insights into the effectiveness and challenges of church-based programs.

Furthermore, there is limited exploration of the intersection between cultural and traditional beliefs and church-led anti-drug campaigns. In many Kenyan communities,

cultural practices and traditional beliefs play a significant role in shaping attitudes and behaviors. However, the literature reviewed has not adequately addressed how these cultural factors influence or intersect with the church's efforts to combat drug and substance abuse.

Most studies mentioned above were concentrated in urban areas like Nairobi, with limited exploration of rural settings where church involvement might differ. The role of the church in these diverse settings could vary significantly based on cultural and socio-economic factors and thus deserves closer examination. To address these gaps, there is need for adoption of mixed-method approaches to provide a more holistic view of the church's role in mitigating drug and substance abuse, incorporating both statistical trends and in-depth, context-specific insights.

2.4 Pastoral Care Programs and Mitigation of Drug and substance Abuse

Drug and substance abuse among youth represents one of the most pressing public health challenges globally, with religious institutions, particularly churches, emerging as crucial partners in prevention and intervention efforts through their pastoral care programs. This complex societal issue requires multi-faceted approaches that combine spiritual guidance, counseling, mentorship, and community support.

Religious institutions, particularly churches, have emerged as significant partners in addressing youth substance abuse through their pastoral care programs, demonstrating varying degrees of effectiveness across different contexts. Studies by Wiltse et al. (2020) demonstrate that church-based programs focusing on drug and substance prevention show promising results, particularly when they combine spiritual guidance with evidence-based intervention strategies.

Recent research by Martinez et al. (2023) analyzed data from 15 countries, revealing that faith-based drug intervention programs achieved a 42% success rate in preventing youth substance abuse when they combined spiritual guidance with evidence-based therapeutic approaches. A comprehensive meta-analysis by Thompson and Rodriguez (2022) examining 127 church-based intervention programs across Europe, Americas, and Asia found that programs incorporating family systems therapy alongside spiritual counseling showed significantly higher success rates compared to traditional counseling-only approaches.

Chen et al. (2021) conducted a longitudinal study across six countries, demonstrating that youth participating in structured church-based prevention programs were 37% less likely to engage in substance abuse compared to non-participants. Research by Patel and Krishna (2023) introduced an innovative perspective by examining the integration of digital technologies in church-based intervention programs across 12 countries. Their findings indicated that hybrid programs combining traditional pastoral care with digital support systems achieved 28% higher engagement rates among youth.

In developing countries, the implementation and effectiveness of church-based drug intervention programs present unique challenges and opportunities, shaped by resource constraints, cultural dynamics, and social structures. A comprehensive study by Rahman and Singh (2023) across six developing nations revealed that faith-based organizations often serve as primary support systems for substance abuse intervention, filling crucial gaps in public health services.

Mendoza et al. (2022) conducted an extensive analysis of church-based intervention programs across Latin American countries, revealing that programs integrating traditional healing practices with modern therapeutic approaches showed enhanced

effectiveness. Their study, spanning three years and including 1,500 youth participants, demonstrated a 40% reduction in substance abuse rates among program participants.

Substance abuse among youth in African nations has been widely studied, revealing diverse socio-economic and cultural drivers and highlighting the role of faith-based interventions. In South Africa, Mthombeni et al. (2020) explored school-based programs supported by churches to combat drug use among high school students in urban and peri-urban settings. Their findings demonstrated a significant reduction in substance abuse when peer-led interventions were integrated with faith-based messaging.

In Nigeria, Adebayo and Okafor (2019) examined church-led counseling initiatives targeting youth with substance use disorders in Lagos. Their research underscored the effectiveness of spiritual counseling in fostering relapse prevention. In Ethiopia, Tadesse et al. (2021) analyzed khat chewing among youth, identifying economic hardships and peer influence as primary drivers. They advocated faith-based campaigns to raise awareness.

In the Kenyan context specifically, PCEA's initiatives at Nanyuki Presbytery in Laikipia County reflect broader national efforts in church-based drug and substance intervention programs. According to Mwamba (2022), these programs incorporate multiple components including spiritual counseling, peer support networks, and family intervention strategies.

Recent studies provide insights into the Presbyterian Church of East Africa's (PCEA) role in drug and substance mitigation. According to Kamau and Kuria (2023), PCEA

has implemented various pastoral care programs, including counseling, youth mentorship, and family support initiatives. The PCEA's approach, as documented by Njoroge et al. (2022), demonstrates both strengths and limitations. The strength lies in its holistic approach that combines spiritual guidance with practical intervention strategies. However, the programs often lack standardized evaluation metrics, making it difficult to assess their effectiveness quantitatively.

Critical evaluation of the reviewed studies highlights both the strengths and limitations of current research on faith-based interventions in mitigating youth substance abuse in African nations. These studies collectively underscore the critical role of churches and religious organizations in providing support and fostering behavioral change among youth. However, they also expose notable methodological gaps and challenges that limit the generalizability and effectiveness of the findings.

The over-reliance on urban and peri-urban samples in several studies raises concerns about the inclusivity and applicability of the findings. For example, research from Ethiopia Tadesse et al. (2021) and Ghana Osei-Kuffour and Acheampong (2020) largely neglects rural populations, where access to resources and the nature of substance abuse dynamics may differ significantly.

Another notable limitation is the lack of longitudinal studies to evaluate the long-term impact of church-led programs. Short-term successes, such as reduced substance use or improved behavior among youth, may not necessarily translate into sustained outcomes. Studies from Uganda Nabunya and Ddamulira (2020) and Botswana Molefi and Ndlovu (2020) exemplify this issue, as they focus on immediate outcomes without assessing the durability of the interventions over time.

Methodological weaknesses, such as small sample sizes, absence of control groups, and limited use of robust statistical analysis, further constrain the validity and reliability of the findings. Another critical issue is the insufficient exploration of intersectional factors such as gender, socio-economic status, and ethnicity in shaping substance abuse patterns and intervention outcomes.

Despite these challenges, the reviewed studies offer valuable insights into the potential of faith-based approaches to mitigate substance abuse among youth. They underscore the need for a more comprehensive and multidisciplinary approach to research and intervention design. Future studies should prioritize inclusivity by incorporating diverse populations, employ mixed-method approaches to capture both qualitative and quantitative dimensions, and focus on long-term evaluations to ensure sustainability.

2.5 Advocacy and Mitigation of Drug and substance Abuse

The church's advocacy role in the mitigation of drug and substance abuse among youth has increasingly garnered attention, with an emerging body of research examining its potential to influence both individual behavior and broader community practices. Churches have long been seen as vital social institutions capable of shaping moral values, guiding behavior, and providing a framework for addressing social issues like drug and substance abuse.

From a global perspective, there is a growing body of research that highlights the church's involvement in advocating against drug and substance abuse, with many studies examining the church's potential as a vehicle for social change and its contribution to youth prevention efforts. The Office of National Drug Control Policy

(ONDCP, 2022) in the U.S. has invested in media campaigns targeting youth to prevent drug use, with churches playing a role in these broader advocacy efforts.

A study by Kent (2020) emphasizes the role of church-based youth programs in providing an alternative to drug use by fostering strong community networks and offering mentorship. Brown (2020) conducted a global review of religious-based substance abuse prevention programs and found that churches are often seen as a trusted source of information about the risks associated with drug use.

In the United Kingdom, Strang et al. (2022) explored the role of church youth groups in preventing drug use among adolescents. The study found that participation in church-run programs was associated with a lower likelihood of engaging in risky behaviors such as drug experimentation. A study by Gorman and Speer (2019) in the U.S. analyzed church-based prevention programs and concluded that religious organizations have a significant role in reducing the onset of drug use among teenagers.

A similar finding was reported by Grim and Grim (2019), who investigated the relationship between religious participation and drug use across several countries. Their study demonstrated that regular participation in church activities was linked to lower rates of drug and substance abuse, particularly in countries where religious practice is strongly integrated into daily life.

When shifting focus to developing countries, the church's role becomes even more pronounced, especially in regions with high rates of drug and substance abuse among the youth. In Sub-Saharan Africa, where drug and substance abuse is often

compounded by socio-economic challenges, the church has been instrumental in advocating for prevention programs targeting vulnerable youth populations.

Many studies across the African continent have examined the role of religious institutions, particularly churches, in advocating against substance abuse. In South Africa, a study by Van der Westhuizen et al. (2022) explored the role of church-based programs in combating alcohol and drug and substance abuse among youth. The study found that churches that offered counseling services and community support groups for vulnerable youth showed significant reductions in alcohol and drug misuse.

A study conducted by Nkosi et al. (2020) in Kenya found that church-led drug prevention programs were effective in reducing alcohol and drug use among young people. In Nigeria, a study by Adebayo et al. (2020) focused on the role of church leaders in promoting drug and substance prevention through religious teachings.

In Kenya, the role of the Presbyterian Church of East Africa (PCEA) and other local religious bodies has been critical in mitigating drug and substance abuse among youth in communities like Nanyuki Presbytery, Laikipia County. The PCEA has implemented various programs focusing on education and advocacy, including collaboration with national agencies like the National Authority for the Campaign Against Alcohol and Drug and substance (NACADA) (Njoroge, 2023).

In Kenya, the role of the church in mitigating drug and substance abuse among youth has gained increasing recognition in recent years. One study by Mbatia (2022) focused on the impact of church youth programs in reducing drug and substance abuse among high school students in Nairobi. In a study by Njoroge (2021), the effectiveness of

church-run rehabilitation programs for young people addicted to drugs in central Kenya was assessed.

The literature clearly demonstrates that the church's role in mitigating drug and substance abuse among youth is multifaceted, with both strengths and limitations. While global studies underscore the potential of church-led advocacy, they fail to adequately account for local contextual factors that shape the effectiveness of these interventions. In developed countries, the emphasis on religious teachings as a preventive measure is well-documented, but the research lacks depth regarding long-term behavioral changes.

Studies in developing nations, including Kenya, highlight significant potential in church-led interventions, but they also reveal gaps in understanding the cultural and social dynamics that influence their success. While there is no doubt that churches, including the PCEA, play an important advocacy role in drug and substance prevention, existing research often overlooks the practical challenges that churches face in engaging with youth on these issues.

For example, as pointed out by Mburu (2021), the influence of social media and peer pressure often undermines the positive messages promoted by church programs, limiting their impact. Additionally, a closer examination of the church's internal resources—such as the capacity of church leaders to run effective prevention programs—reveals that many clergy members lack the necessary training or support to address the complexities of youth substance abuse effectively.

More research is needed to explore the interplay of faith, culture, and advocacy in shaping the efficacy of church-based programs aimed at reducing drug and substance

abuse among youth. Ultimately, a comprehensive approach that incorporates both faith-based and secular strategies, informed by local realities, is likely to yield the best outcomes in mitigating drug and substance abuse among young people.

2.6 Rehabilitation and Mitigation of Drug and substance Abuse

The church's role in mitigating drug and substance abuse among youths, particularly through rehabilitation initiatives, remains an underexplored yet essential area of research in contemporary society. Understanding the church's impact on youth drug addiction, especially in the context of faith-based rehabilitation efforts, requires a critical evaluation of its global, national, and local implications.

At a global level, rehabilitation programs have evolved to incorporate multifaceted approaches involving not only psychological and medical interventions but also spiritual and community-based support systems (McLellan, 2016). Churches around the world have established addiction recovery programs, such as those observed in the United States, which emphasize mentorship, personal transformation, and spiritual guidance (Maton & Wells, 2019).

One pivotal study by McLellan (2016) outlines the role of rehabilitation as a holistic approach to treating substance abuse, incorporating not only psychological and medical interventions but also a spiritual component that helps individuals overcome their addiction. The integration of spirituality in rehabilitation programs has shown positive outcomes, with individuals in faith-based programs reporting higher levels of emotional and psychological well-being compared to those in secular treatment settings (Chakravarthy et al., 2019).

A study by Tsai et al. (2021) emphasizes that church-based programs, particularly in the United States, can offer a unique blend of faith-based counseling, peer support, and community outreach. Research by García et al. (2021) discusses how churches in developed nations are increasingly focusing on training lay counselors who are both culturally and developmentally attuned to the specific needs of youth struggling with addiction.

A 2022 study by Raven et al. highlights that religious organizations in countries like the UK have collaborated with mental health professionals to develop integrated care models that combine spiritual counseling with traditional psychotherapy and medical treatments. Laxson et al. (2020) explored how faith-based programs have contributed to the reduction of drug and substance abuse in youth populations in Canada.

In developing countries, the church has emerged as a key player in combating substance abuse among youth, leveraging its unique position within communities to offer both spiritual and practical support. A study by Nganga et al. (2020) focused on church-based initiatives in Kenya, showing that religious organizations provide invaluable resources in the fight against drug and substance abuse, such as outreach programs, counseling services, and addiction recovery support.

A study by Mwangi (2020) highlights how African churches have been involved in youth drug and substance prevention and intervention programs. The research shows that many African churches offer educational campaigns, counseling sessions, and peer-support programs aimed at raising awareness about the dangers of drug and substance abuse.

The role of religious leaders in counseling and guiding youth is examined in the work of Kamau and Kuria (2014), who discuss how church-based programs in Kenya have helped prevent drug and substance abuse by providing mentoring and spiritual guidance. Gichunge and Embleton (2019) studied the role of churches in drug and substance prevention in East Africa. Their findings suggest that church-based programs, especially in rural areas, play a critical role in providing a safe space for youth to discuss their struggles with addiction and receive counseling.

In African countries, the church plays a pivotal role in addressing the issue of drug and substance abuse among youth, using both spiritual and practical approaches to combat this growing challenge. A study by Kamau et al. (2021) examined the role of the church in Kenya's drug and substance prevention initiatives, revealing that religious institutions are instrumental in offering both emotional support and rehabilitation services.

Another study by Mwangi and Okoth (2022) explores the effectiveness of church-based rehabilitation programs in Uganda. The research found that churches contribute significantly to the rehabilitation of young individuals struggling with substance use disorders by offering spiritual counseling and community support.

In sum, the research on church-based interventions for drug and substance prevention and rehabilitation in developing countries reveals a complex landscape of challenges and opportunities. While churches have demonstrated a significant role in supporting youth through spiritual and social interventions, issues such as limited resources, lack of professional expertise, cultural stigmas, and fragmented efforts hinder their potential to create lasting change.

Critical evaluation of the reviewed studies highlights both the strengths and limitations of current research on faith-based interventions in mitigating youth substance abuse in African nations. One of the recurring strengths in these studies is their acknowledgment of the cultural and social significance of faith-based institutions in African societies. However, the reliance on qualitative methods in many of these studies often limits their ability to establish causal relationships between interventions and outcomes.

The over-reliance on urban and peri-urban samples in several studies raises concerns about the inclusivity and applicability of the findings. Another notable limitation is the lack of longitudinal studies to evaluate the long-term impact of church-led programs. Methodological weaknesses, such as small sample sizes, absence of control groups, and limited use of robust statistical analysis, further constrain the validity and reliability of the findings.

Another critical issue is the insufficient exploration of intersectional factors such as gender, socio-economic status, and ethnicity in shaping substance abuse patterns and intervention outcomes. To improve the effectiveness of church-based programs, further investment in training, resource mobilization, and partnerships with other sectors is needed to create more comprehensive, sustainable, and inclusive solutions to drug and substance abuse among youth.

2.7 Socio-Cultural Factors as Moderators Between Church's Role and Mitigation strategies on Drug and substance Abuse

Mitigating drug and substance abuse among the youth remains a critical concern globally, yet the effectiveness of mitigation strategies is often influenced by socio-

cultural dynamics that vary across regions and institutions. The role of the church in addressing drug and substance abuse is multifaceted, encompassing prevention, intervention, and support strategies tailored to community needs. However, the impact of socio-cultural factors on these efforts has not been fully explored, particularly in the context of Kenyan churches.

The church's role in addressing drug and substance abuse among youths is anchored in its moral, spiritual, and social functions. Spiritual guidance, as provided by churches, includes moral teachings and spiritual support that can deter youth from engaging in drug and substance abuse (Johnson et al., 2022). Community engagement further highlights the church's role as a community hub, facilitating peer education and support groups, which serve as preventive and rehabilitative measures (Smith & Brown, 2023).

Counseling services offered by many churches help individuals cope with underlying issues that may lead to substance abuse, demonstrating a proactive approach to addressing root causes (Walker et al., 2021). Partnerships between churches, government, and non-governmental organizations enhance the church's capacity to tackle substance abuse by integrating resources and expertise (Nguyen & Lee, 2023). Cultural sensitivity is also crucial, as addressing drug and substance abuse requires a contextual understanding of socio-cultural norms and values to ensure interventions are relevant and effective (Adams et al., 2022).

In developed countries, the role of faith-based organizations (FBOs) in addressing substance abuse has been widely documented. For instance, a study by Johnson et al. (2022) in the United States highlighted that youth involved in church programs had lower rates of drug and substance abuse compared to non-participants. In the United

Kingdom, Smith and Brown (2023) found that churches provided critical support through community outreach programs.

Research by Walker et al. (2021) in Canada revealed that spiritual counseling was effective in addressing youth substance abuse but faced challenges in reaching non-religious populations. A study in Australia by Carter et al. (2023) emphasized the importance of integrating church programs with digital platforms to reach tech-savvy youth.

In developing countries, the role of the church in mitigating drug and substance abuse is gaining attention due to the socio-economic and cultural contexts that influence substance abuse. In Brazil, Silva et al. (2023) found that churches provided crucial rehabilitation services in impoverished areas. Research in Indonesia by Widodo et al. (2022) emphasized the importance of youth-focused church programs.

In Africa, the church plays a central role in community life, making it a critical actor in addressing drug and substance abuse. For instance, a study in Nigeria by Adeyemi et al. (2022) revealed that church-based counseling significantly reduced substance abuse among youths. In South Africa, research by Mkhize and Dlamini (2023) showed that churches were effective in promoting awareness campaigns.

In Kenya, the church is a prominent institution in societal governance and moral guidance. The church plays a significant role in addressing substance abuse among youth, often acting as a primary support system. A study by Mwangi et al. (2023) in Nairobi revealed that church-led initiatives, such as youth seminars and counseling, were effective in reducing drug and substance abuse.

Research by Omondi and Wambua (2023) in Mombasa highlighted the role of churches in collaborating with schools to address substance abuse. Yet, the study pointed out that socio-cultural factors, such as traditional beliefs and peer influence, often undermined these efforts. In Laikipia County, Gichuru et al. (2022) found that churches were instrumental in providing rehabilitation services but lacked culturally sensitive approaches to address the needs of diverse ethnic groups.

The reviewed literature highlights several gaps that warrant further investigation. Globally, there is a need for longitudinal studies to assess the sustained impact of church-led interventions. In developing countries, more research is needed on how socio-cultural factors influence program outcomes. In Africa, comparative studies on denominational approaches are scarce. In Kenya, the neglect of rural contexts and the lack of culturally sensitive interventions represent significant research gaps.

While these studies highlight the church's critical role in mitigating drug and substance abuse, they reveal several critical conceptual and methodological gaps. Most research in Kenya focuses on urban areas, neglecting rural contexts like Nanyuki Presbytery. Additionally, there is limited exploration of how socio-cultural factors, such as clan systems and local traditions, moderate the effectiveness of these interventions.

Most studies also had no control groups, had limited geographic scope, and had insufficient longitudinal data. Addressing these gaps is essential for developing more effective and inclusive interventions tailored to the Kenyan context.

The proposed study seeks to bridge these gaps by exploring the distinct roles of the church in drug and substance abuse mitigation, while assessing the influence of socio-cultural factors, a dimension that has been largely overlooked in existing studies. The

proposed study aims to address these gaps by examining how socio-cultural factors moderate the relationship between the church's role and mitigation strategies on drug and substance abuse among the youth of PCEA in Nanyuki Presbytery, Laikipia County. By investigating these dynamics, the proposed study will contribute to the development of more effective, contextually relevant church-based interventions.

2.8 Theoretical Framework

In this study the researcher used three theories that are relevant in informing this study. Considering the uniqueness of each variable of the study, it was difficult to get one comprehensive theory or framework that was sufficient in underpinning study variables. The theories discussed herein (Social Learning Theory, Conscientization Theory, and Ecological Systems Theory) cover the components, arguments, strengths, weaknesses, and relevance to this research. These theories provide a comprehensive and robust framework, covering behavioral learning, awareness and empowerment, and the broader socio-environmental context in which drug and substance abuse occurs. The adoption of these theories guides in understanding the church's role in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery.

2.8.1 Social Learning Theory

Social Learning Theory (SLT), proposed by Albert Bandura in 1977, provides a robust framework for understanding how behavior is acquired and modified through observation, imitation, and modeling. Bandura emphasized that learning is not merely a function of direct reinforcement but occurs within a social context where individuals observe the actions of others and the subsequent consequences (Bandura, 1977).

The theory identifies three primary components: observational learning, reinforcement, and reciprocal determinism. These components collectively explain how individuals, especially youth, can adopt behaviors such as drug use or avoidance based on their social environment.

The concept of observational learning is central to SLT. It suggests that individuals, particularly impressionable youth, learn by watching the actions and outcomes of behaviors displayed by role models in their environment. This mechanism is particularly relevant in the context of drug and substance abuse. For instance, youth exposed to peers or family members who use drugs are likely to internalize such behaviors, perceiving them as normal or rewarding (Miller & Dollard, 1941). Importantly, socio-cultural factors such as family structure, economic status, and peer networks significantly influence how youth interpret and respond to role modeling.

Youth from stable family environments may be more receptive to positive church role models, while those facing economic hardship might be more susceptible to negative peer influence despite church intervention efforts. Reciprocal determinism, another critical component, highlights the dynamic interplay between an individual, their behaviors, and the environment. Bandura (1986) argued that individuals are both shaped by and contributors to their surroundings.

The effectiveness of this interaction is often moderated by socio-cultural factors - for instance, youth from supportive family structures may more readily embrace and maintain positive behavioral changes, while those facing economic pressures might struggle to sustain such changes despite church influence. In the context of drug and substance mitigation, the church's role in creating a nurturing, drug-free

environment can significantly influence youth behaviors, while the youth, in turn, can transform their communities by acting as role models.

One of SLT's notable strengths is its acknowledgment of environmental influences in shaping behaviors. It underscores the importance of role models and social structures in behavior acquisition, making it particularly applicable in addressing drug and substance abuse among youth. However, the theory has its limitations. Critics argue that it overemphasizes environmental factors while downplaying the role of biological predispositions and individual agency (Ormrod, 2014). Additionally, it assumes that all individuals have an equal capacity to learn from observation, neglecting variations in cognitive and emotional processing.

In the context of this study, SLT is highly relevant to the various church's role (dependent variable). By modeling positive behaviors and fostering environments that discourage drug use, church leaders can effectively combat the influence of negative social factors. Moreover, church programs can leverage observational learning by using testimonials from reformed individuals, reinforcing the message that recovery and abstinence are achievable. Ultimately, SLT provides a practical and theoretical basis for designing interventions that capitalize on the social dimensions of learning to mitigate drug and substance abuse among youth.

2.8.2 Conscientization Theory

Paulo Freire's Conscientization Theory of 1970 emphasizes the transformative power of critical awareness in addressing systemic issues. The theory argues that individuals must develop a profound understanding of their social realities to enact meaningful change. Freire (1970) suggested that this process involves three key components: dialogue, reflection, and action. Together, these elements foster

critical consciousness, empowering individuals to identify and challenge oppressive structures.

The concept of dialogue is central to conscientization, advocating for open communication that fosters mutual understanding and critical thinking. Within the context of mitigating drug and substance abuse, the church can facilitate dialogue that helps youth explore the underlying causes of substance use, such as peer pressure, economic hardship, or family dysfunction. Such conversations not only create safe spaces for expression but also challenge the stigma associated with drug addiction, encouraging young people to seek help.

Reflection further deepens awareness by encouraging individuals to examine their circumstances critically. Freire (1970) argued that without reflection, individuals remain trapped in passive acceptance of their reality. The depth and effectiveness of this reflection process is often influenced by socio-cultural contexts - youth from different economic backgrounds or family structures may interpret and engage with reflective practices differently. Church-led programs, such as Bible study sessions or workshops, can incorporate reflective practices that encourage youth to consider the spiritual, social, and psychological implications of drug use, while acknowledging how their unique socio-cultural circumstances shape their experiences and choices.

Freire emphasized that action must be rooted in critical awareness to be effective. For churches, this translates into equipping youth with practical skills to resist drug use, such as decision-making, coping mechanisms, and advocacy for healthier lifestyles. Additionally, action can extend to community-wide initiatives that address systemic factors contributing to drug and substance abuse, such as poverty

or lack of education.

The theory's strength lies in its holistic approach, which integrates cognitive, emotional, and social dimensions of change. It empowers individuals to take ownership of their lives and address root causes of issues rather than merely treating symptoms (Taylor, 1993). However, its implementation requires skilled facilitators who can navigate sensitive topics and foster genuine engagement. Furthermore, the process is time-intensive, which may pose challenges in contexts with limited resources.

Conscientization Theory is particularly relevant to the church's role in combating drug and substance abuse. By fostering critical consciousness, the church can empower youth to recognize the societal and personal factors driving their behavior and inspire them to pursue transformative change. This approach not only addresses immediate concerns but also equips individuals with lifelong tools for resilience and agency.

From the foregoing discussion, both the theories Social Learning Theory Bandura (1977) and Conscientization Theory Freire (1970) create a comprehensive framework for the church's intervention strategies. SLT explains how environmental influences, such as peer pressure or media exposure, shape behaviors. CT builds on this foundation by equipping individuals with the tools to critically analyze these influences and take deliberate steps toward change.

For instance, while SLT suggests that church leaders serve as role models by exhibiting positive behaviors, CT adds depth by advocating for structured programs that engage youth in reflective dialogue and transformative action. In

practical terms, the church can use SLT to design mentorship programs where youth observe and learn from reformed individuals who overcame addiction. Concurrently, CT could inform workshops that engage participants in critical discussions about societal norms, peer influence, and personal responsibility. Together, these approaches address both the external and internal dimensions of behavior change, fostering holistic transformation.

The combined strength of SLT and CT lies in their ability to address both the cognitive and social dimensions of drug and substance abuse. SLT highlights the importance of positive role models and reinforcement, while CT empowers individuals to challenge systemic factors and take ownership of their actions. However, integration also faces challenges. SLT may overemphasize environmental influences while neglecting biological factors, and CT requires skilled facilitators and time-intensive engagement, which may be difficult to scale in resource-constrained settings.

The relevance of these two theories is evident in the church's ability to act as both a role model and a platform for empowerment. By fostering critical awareness through CT and modeling positive behaviors through SLT, the church can effectively mitigate drug and substance abuse among youth. This dual approach not only addresses immediate behaviors but also equips individuals with lifelong tools for resilience and transformation.

2.8.3 Ecological Systems Theory

Urie Bronfenbrenner's Ecological Systems Theory of 1979 offers a comprehensive lens through which to examine the interplay between individuals and their multifaceted environments. The theory suggests that human development is

influenced by interactions across five nested systems: microsystem, mesosystem, ecosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). These systems provide a framework for understanding how socio-cultural and environmental factors moderate the relationship between the church's interventions and youth behavior.

The microsystem encompasses immediate environments such as family, school, and church. For youths in the PCEA Nanyuki Presbytery, the church represents a crucial microsystem that can provide direct support, mentorship, and guidance. Frequent interactions with empathetic church leaders and peers who uphold drug-free values can foster resilience against substance use.

The mesosystem refers to interactions between microsystems. For instance, collaboration between the church and schools can strengthen anti-drug initiatives. Joint efforts such as educational workshops and community outreach programs exemplify how mesosystemic interactions can amplify the impact of individual systems on youth development (Christens & Dolan, 2011). At a broader level, the macrosystem encompasses societal and cultural norms.

Bronfenbrenner (1986) highlighted the pervasive influence of cultural values on behavior. Churches can challenge societal norms that glamorize drug use and instead promote narratives rooted in spiritual and moral principles, shaping youth perceptions and attitudes.

Finally, the chronosystem addresses the dimension of time, including life transitions and historical changes. For instance, shifts in societal attitudes toward drug and substance abuse or the introduction of new laws can alter the efficacy of

church-led interventions. Churches must adapt their strategies to remain relevant amidst such temporal changes.

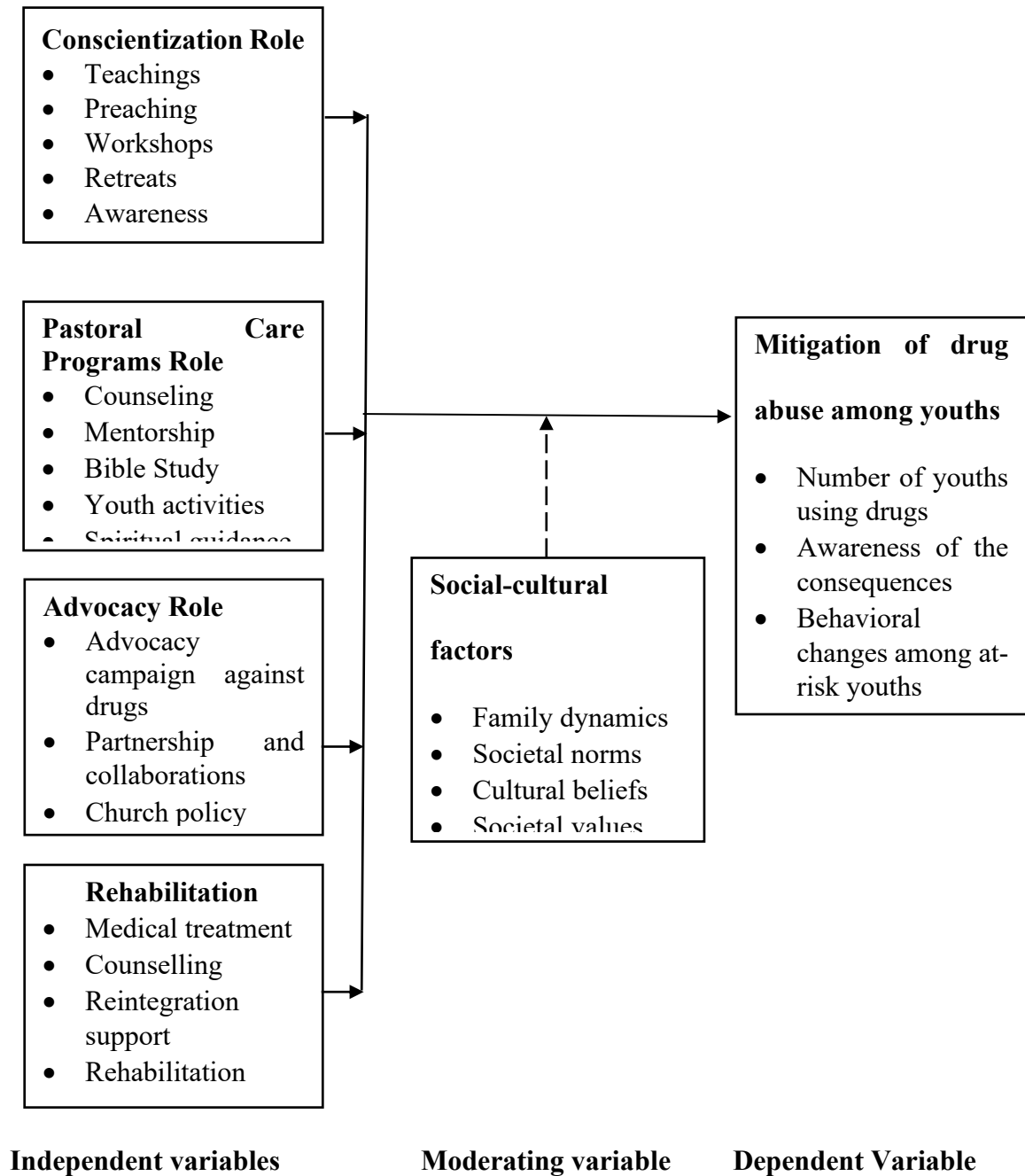
The strength of Ecological Systems Theory lies in its holistic approach, accounting for the complex interplay of factors influencing behavior. It emphasizes the interconnectedness of systems, providing a valuable framework for contextualizing church interventions. However, its complexity is also a limitation, as it can be challenging to isolate and address specific factors (Darling, 2007). Additionally, the theory lacks specificity in explaining individual behavior, which may limit its direct applicability to intervention design.

Despite these challenges, Ecological Systems Theory is integral to this study. It informs the evaluation of socio-cultural moderators, shedding light on how church interventions can be tailored to fit the unique cultural and societal contexts of Laikipia County. By addressing influences across multiple systems, the church can adopt a multi-faceted approach that considers both direct and indirect factors affecting youth behavior. For example, interventions targeting family dynamics within the microsystem can be complemented by advocacy for policy changes at the macrosystem level, ensuring a comprehensive strategy for drug and substance mitigation.

2.9 Conceptual Framework

Figure 2.1

Conceptual Framework



The conceptual framework for this study postulated in figure 1 outlines the relationship between the church's roles (independent variables), socio-cultural factors (moderating variable), and the mitigation of drug and substance abuse among youths (dependent variable).

In this study, the independent variables comprise four dimensions of conscientization which entail awareness-raising efforts to educate youths on the dangers of drug and substance abuse. It involved educating and raising awareness among youth about the dangers of drug and substance abuse, empowering them to make informed decisions. The indicators were the number of awareness campaigns organized, participation rates in awareness programs, and knowledge levels of drug and substance abuse risks.

The other construct was pastoral care programs which entail counseling and spiritual guidance services provided by the church. The programs may include counseling, spiritual guidance, and emotional support, aimed at helping individuals cope with various challenges, including substance abuse. It was determined by evaluating the frequency of counseling sessions held, types of spiritual and emotional support provided, and testimonials of youth who have benefited from the programs.

The advocacy initiative's role was about the efforts by the church to promote policies and programs that combat drug and substance abuse. This involved the church taking active steps to influence public policy and societal attitudes towards drug and substance abuse, promoting preventive measures, and supporting rehabilitation efforts. Measurable indicators included policies or community-level changes influenced by the

church, engagement in advocacy campaigns, and collaboration with other organizations or government bodies.

The last independent variable was rehabilitation role which comprises programs aimed at helping youths recover from addiction. It referred to programs designed to help individuals recover from substance abuse, which may include medical treatment, counseling, and reintegration support, often facilitated or supported by the church. Its indicators were the number of youths enrolled in rehabilitation programs, success rates of rehabilitation, and types of services offered.

In this study, the moderating variable was socio-cultural factors such as peer pressure, family dynamics, societal norms, and cultural beliefs which can significantly influence the effectiveness of church interventions in addressing drug and substance abuse. The measurable features were community attitudes toward drug and substance abuse and rehabilitation, peer influence on youth behaviors, and family involvement in mitigation efforts.

The last variable was the dependent variable which was the mitigation of drug and substance abuse among youths, reflecting reduced prevalence, improved knowledge, and behavioral change among the target population. Its indicators were reduction in the number of youths using drugs, increased awareness of the consequences of drug and substance abuse, and behavioral changes among at-risk youths.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlined the research methodology adopted to examine the church's role in mitigating drug and substance abuse among youths in the PCEA Nanyuki Presbytery, Laikipia County, Kenya. It presented the philosophical foundation, research approach, and design that guided the study, ensuring alignment with the research objectives. The chapter further described the target population, sample size, and sampling techniques used to select respondents. Data collection tools and procedures were described, followed by a discussion of their validity and reliability testing. The analysis techniques for both quantitative and qualitative data were explained, including diagnostic tests and the integration of mixed-method findings. Ethical considerations that ensured the protection and respect of participants were also addressed, reflecting the study's commitment to maintaining integrity and adhering to ethical research standards. Through this methodology, the study sought to provide a rigorous and credible framework for addressing the research problem.

3.2 Location of the Study

This study was conducted at the Presbyterian Church of East Africa (PCEA) Nanyuki Presbytery, located in Laikipia County, Kenya. The presbytery serves as the ecclesiastical administrative unit covering Nanyuki town and surrounding rural communities within a 50-kilometer radius.

Laikipia County covers approximately 9,462 square kilometers and has a population of 518,560 people (Kenya National Bureau of Statistics [KNBS], 2019). The county's unique socio-economic profile combines urban commercial activities in Nanyuki town

with extensive agricultural and pastoral communities, creating diverse environments that influence youth substance abuse patterns.

The choice of PCEA Nanyuki Presbytery was informed by four critical factors: County health records indicated that Laikipia has substance abuse rates 18% higher than national averages among youth aged 15-24 (Laikipia County Health Department, 2023). Secondly, the presbytery operates 15 congregations with established youth ministries, providing sufficient diversity for comprehensive data collection. Third, existing relationships with church leadership facilitated research access while maintaining ethical standards. Lastly, the area's demographic diversity (urban-rural, various socio-economic levels, different ethnic communities) enhances the generalizability of findings to similar Kenyan contexts.

3.3 Research Design

The study adopted a descriptive survey research design. This design was suitable because it facilitated the collection of detailed and accurate information about the church's roles in mitigating drug and substance abuse among the youth. A descriptive survey enabled the exploration of trends, practices, and perceptions while providing a structured framework for quantifying and analyzing the field data. The qualitative component of data that was collected and integrated through interviews and focus group discussions offered an in-depth understanding of the underlying dynamics and contextual factors.

In this study, the descriptive survey was well-suited for examining how conscientization, pastoral care programs, advocacy, and rehabilitation services were employed by the church. The descriptive survey design involved spending time

interacting with the respondents of PCEA Nanyuki Presbytery to collect quantitative data, conduct interviews with a view to establishing the church's role in mitigating drug and substance abuse. The survey allowed the researcher to capture the current state of church roles systematically and assess their effectiveness in achieving the intended mission (Creswell & Creswell, 2021).

In the study, the descriptive survey involved the use of quantitative (questionnaire) and qualitative data (interview and focused group discussion) to ensure a comprehensive understanding of the research problem. The adoption of survey in this study enabled the collection of quantifiable data on youth perceptions, and gathering of insights into the socio-cultural and contextual aspects (Bryman, 2017). As drug and substance mitigation is a socially embedded phenomenon, a descriptive survey complemented by qualitative approaches ensured that the study accounted for individual and collective experiences (Neuman, 2020).

3.3.1 Research Philosophy

This study adopted a pragmatic research philosophy, which emphasizes the use of diverse methodologies to address real-world problems effectively. Pragmatism allows researchers to draw on the strengths of both qualitative and quantitative data to inform practical interventions (Tashakkori & Teddlie, 2016). This philosophical approach was particularly suitable for this study because the complex nature of the research problem, which involved both measurable interventions and subjective experiences, required a methodology that could address multiple dimensions effectively.

The pragmatic philosophy guided the selection of mixed methods as the most appropriate approach for understanding the church's role in mitigating drug and substance abuse among youth. This philosophy recognizes that different research

questions require different methodological approaches, and the choice of methods should be determined by what works best to answer the research questions rather than by adherence to a particular philosophical position.

3.3.2 Research Approach

This study adopted a mixed-methods research approach, combining both qualitative and quantitative methods. A mixed-methods approach was appropriate for this study as it integrated the strengths of both methodologies to provide a comprehensive understanding of the church's role in mitigating drug and substance abuse among youth in PCEA Nanyuki Presbytery.

The quantitative component of the study involved the use of structured questionnaires distributed to youth members of PCEA Nanyuki Presbytery. This approach was justified by its ability to collect standardized data that could be quantified and statistically analyzed to reveal patterns and trends (Creswell & Creswell, 2021). Quantitative data provided insights into the prevalence of drug and substance abuse, the awareness of church-based interventions, and the perceived effectiveness of these initiatives among the youth. This systematic collection of numerical data ensured objectivity and reliability in understanding the general landscape of the problem.

The qualitative component involved interviews with church leaders and focus group discussions (FGDs) with parents. These methods were crucial for exploring context-specific aspects of the church's roles, such as conscientization, pastoral care programs, advocacy, and rehabilitation services, and socio-cultural influences on drug and substance mitigation. Qualitative methods allowed participants to share their experiences and perceptions in their own words, providing depth and richness to the findings (Saunders et al., 2019). In this case, church leaders had the opportunity to

elaborate on the design and implementation of pastoral care programs, while parents provided insights into the socio-cultural factors moderating the identified roles.

The mixed-methods approach was particularly advantageous for addressing the study's specific objectives, such as evaluating conscientization efforts, pastoral care programs, advocacy initiatives, and rehabilitation services. By triangulating quantitative and qualitative data, the study was able to validate findings and offer a more holistic perspective on the effectiveness of church-based interventions. This alignment enhanced the credibility and applicability of the research outcomes.

3.3.3 Combination Methods for Quantitative and Qualitative Findings

In mixed methods of research, the combination of both quantitative and qualitative data is a strategic approach to gain a comprehensive understanding of the research problem. For this study on the church's role in mitigating drug and substance abuse among youth in the PCEA Nanyuki Presbytery, a convergent parallel design was adopted. This design involved the simultaneous collection and analysis of both quantitative and qualitative data, which were then compared and interpreted together to provide a holistic view of the phenomenon under study (Creswell & Creswell, 2021).

The combination of these data types enhanced the richness and depth of the findings, allowing for more informed conclusions about the church's interventions and their perceived effectiveness in mitigating drug and substance abuse.

The convergent parallel design allowed for the quantitative and qualitative components of the research to be conducted independently but simultaneously. Both data types were collected within the same time frame but analyzed separately, each

using its respective techniques—descriptive and inferential statistics for the quantitative data and thematic analysis for the qualitative data. The two types of data were then compared or merged during the interpretation phase to draw conclusions that address the research questions from both a numerical and narrative perspective (Creswell & Plano Clark, 2018).

3.4 Target Population

The target population for this study comprised youth, church leaders (pastors and church elders), and parents of youth members within the PCEA Nanyuki Presbytery, Laikipia County, Kenya. They were drawn from 4 congregations namely, Nanyuki, Ragati, Naromoro and Githima. This population was appropriate as it encompassed the primary stakeholders affected by and involved in the church's efforts to mitigate drug and substance abuse.

The youth particularly formed the core of the target population because they were the primary group affected by drug and substance abuse. The universal age bracket for youth is 15–35 years, which aligned with global definitions of youth and captured individuals at critical developmental stages, including adolescence, young adulthood, and early career phases (UNESCO, 2020). However, in this study, the inclusion criteria for the targeted youth was demographic age ranging from 18 to 30 years, which guaranteed that youth study participants were in their formative years and were more susceptible to substance and drug abuse, and hence potential clients for church's initiatives on mitigation strategies (Creswell, 2020).

These stages were often associated with increased vulnerability to peer pressure, experimentation, and socio-economic challenges, making them a focal group for preventive and rehabilitative interventions.

Church leaders, which included pastors (parish ministers) and church elders of the PCEA Nanyuki Presbytery, were also integral to the study population. The church elders and parish ministers were central to the Presbyterian leadership and management of churches. These leaders were key factors in designing and implementing the church's interventions in informing key roles, such as conscientization efforts, pastoral care programs, advocacy, and rehabilitation services. Moreover, church leaders possessed expert knowledge and firsthand experience in implementing these programs, making them valuable sources of information (Patton, 2015).

Their perspectives were crucial in understanding the strategies employed, the challenges faced, and the overall effectiveness of the church's role in mitigating drug and substance abuse among youth. Parish ministers, as spiritual leaders, were actively involved in conscientization efforts through sermons, teachings, and other faith-based interventions aimed at raising awareness and promoting behavioral change among the youth. Their deep involvement in pastoral care programs allowed them to provide spiritual guidance, counseling, and emotional support to affected youth and their families.

Additionally, parish ministers played a critical role in advocacy initiatives by engaging with stakeholders, including the community, government, and other organizations, to address socio-cultural factors that influence drug and substance abuse. They were instrumental in spearheading rehabilitation services, such as faith-based recovery

programs, and aligning these efforts with the church's values and resources. Their insights into the socio-cultural dynamics within the presbytery and their leadership in developing mitigation strategies made their perspectives invaluable for this study.

Parents of youth members represented another critical segment of the target population. Parents provided valuable insights into socio-cultural factors that may have influenced the success of church-based roles. They played an important role in shaping the attitudes and behaviors of their children, which offered a broader perspective on how family dynamics and societal norms intersect with the church's efforts to combat drug and substance abuse. They also offered unique perspectives on the impact of the church's interventions on their children and the broader community.

The outstanding inclusion criteria was that the target group should have been engaged in church-based interventions to reduce drug usage. This was a crucial requirement since it guaranteed that the participants had relevant experiences and opinions to discuss the pertinent study issues (Creswell, 2020). Selecting a well-defined target population was crucial because it enabled researchers to concentrate on specific sets of people, boosting the findings' relevance and specificity (Creswell, 2020).

Table 3.1

Target Population of PCEA Nanyuki Presbytery

Congregations	Registered youth	No. of church elders	Parish Ministers	Parents (couples)	Grand total
Nanyuki	520	45	2	173	740
Ragati	470	38	2	157	667
Naromoro	230	33	2	77	342
Githima	120	15	1	40	176
Total	1340	131	7	447	1925

According to PCEA Annual Report (2021), there were 1,340 youths, 131 church elders, 7 parish ministers and 447 parents (couples) from the PCEA Nanyuki Presbytery, resulting in a total population of 1,925. This comprehensive inclusion of youth, church leaders, and parents was justified by the need to capture diverse perspectives and experiences towards mitigating substance and drug abuse among youth in the churches. By focusing on these groups, the study ensured a holistic understanding of the problem and the multifaceted roles the church plays in addressing it. Moreover, the inclusion of church leaders and parents facilitated the exploration of moderating socio-cultural factors, which was a specific objective of the study.

The selection of this population was further justified by its relevance to the geographical and institutional scope of the study. Limiting the target population to members of the PCEA Nanyuki Presbytery ensured that the findings were contextually specific and directly applicable to the local community. This focus enhanced the validity of the study while providing actionable insights tailored to the unique challenges and opportunities within this presbytery.

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3.5 Sample Size

Sample size refers to a subset of the target population selected to take part in a study (Creswell, 2020). A sample size was used in a study because it is often unrealistic or impossible to investigate the complete target population. Determining the appropriate sample size was essential for achieving the objectives of this study while ensuring the reliability and validity of findings. In this research, the sample size was guided by the study's mixed-method approach, balancing statistical representation for quantitative data and thematic saturation for qualitative insights.

For youth population category, a statistically determined sample size ensured generalizability, while for church leaders and parents, census and purposive selection guaranteed depth and relevance (Guest et al., 2020). The sample size for each category of respondents was calculated and justified based on the target population and study design, ensuring a robust and comprehensive analysis of the church's role in mitigating drug abuse among the youth in PCEA Nanyuki Presbytery. This sample ensured the inclusion of pastors, elders, and youth coordinators who were directly involved in drug and substance mitigation initiatives.

3.5.1 Sample Size for Youth at the PCEA Nanyuki Presbytery

The determination of an appropriate sample size was critical to ensure that the findings of the study are representative and statistically reliable. According to Taherdoost

(2017), a sample size must be sufficient to reflect the characteristics of the population under study while minimizing errors. The sample size for youth groups ensured representativeness and statistical reliability of the results.

The sample size for youth, church leaders, and parents in the PCEA Nanyuki Presbytery was calculated using the Krejcie and Morgan (1970) formula for large populations. Given the large population of registered youth (1,340), the Krejcie and Morgan (1970) sample size determination formula is appropriate for determining the sample size. The formula was:

$$S = \frac{X^2 \cdot N \cdot P \cdot (1 - P)}{d^2 \cdot (N - 1) + X^2 \cdot P \cdot (1 - P)}$$

Where:

- S : Required sample size
- N : Target population size
- P : Population proportion (commonly set at 0.5 for maximum variability)
- d : Margin of error (commonly 0.05)
- X^2 : Chi-square value for 1 degree of freedom at a 95% confidence level (3.841)

Substituting values:

$$S = \frac{3.841 \cdot 1340 \cdot 0.5 \cdot (1 - 0.5)}{0.05^2 \cdot (1340 - 1) + 3.841 \cdot 0.5 \cdot (1 - 0.5)} = 300$$

A sample size of 300 youth was appropriate for this study to ensure representativeness and statistical reliability. Moreover, this size was supported by the need to provide adequate statistical power for quantitative analysis. Using Cochran's formula for

determining sample size, this range is considered optimal for large populations where the focus is on measurable variables like perceptions of church interventions. Additionally, this size allowed for meaningful subgroup analysis by age, gender, and socio-economic status.

3.5.2 Sample Size for Church Leaders (Parish Ministers and Church Elders)

The population of church leaders in PCEA Nanyuki Presbytery consisted of 131 elders and 7 parish ministers, making a total of 138 leaders. Since the population size for parish ministers was relatively small, purposive sampling was applied to include all 7 ministers as Key Informant Interviews (KIIs), ensuring their unique insights were captured.

For church elders, given the four congregations in PCEA Nanyuki Presbytery (Nanyuki, Ragati, Naromoro, and Githima), a stratified purposive sampling technique was used to select 12 church elders, with 4 from Nanyuki, 3 from Ragati, 3 from Naromoro and 2 from Githima congregation respectively. This number was manageable, allowing for representation across all congregations, and aligned with qualitative research practices that recommend smaller, focused samples (Mason, 2010).

The selection criteria for elders included: length of service in church leadership (at least 3 years), and direct involvement in programs targeting youth or addressing drug and substance abuse. The smaller sample size ensured saturation, which occurred when no new information was gleaned from additional interviews (Guest et al., 2020). By selecting only the most knowledgeable and involved elders, the study maintained its depth and relevance.

In qualitative research, saturation is typically achieved with fewer participants, especially when the sample is homogeneous or participants have deep insights into the topic (Guest et al., 2020). Selecting 3 elders per congregation ensured proportional representation while avoiding over-sampling from larger congregations. Additionally, a smaller sample size reduced logistical challenges and ensured sufficient time for in-depth interviews, transcription, and analysis.

This size was justified given the specialized nature of this group and their relatively small population within the presbytery. Saunders et al. (2019) emphasized that when the population is small and data is collected qualitatively, fewer respondents are needed to obtain detailed and meaningful insights.

3.5.3 Sample Size for Parents

In this population group, 40 parents (couples) of youth from the four congregations were engaged in Focus Group Discussions (FGDs). This size aligned with recommendations for focus groups, as smaller groups encourage interaction and richer discussions while remaining manageable (Krueger & Casey, 2019). Additionally, involving a diverse group of parents ensured the exploration of socio-cultural factors that influence drug and substance mitigation.

Each FGD consisted of 8–12 participants, as recommended for effective discussions (Krueger & Casey, 2015). One FGD per congregation was conducted, which were distributed as follows: Nanyuki and Ragati 12 parents each, while Naromoro and Githima congregation each had 8 parents, resulting in a total of 4 FGDs. This ensured representation from all four congregations.

Table 3.2*Sample Size Table*

Congregations	Registered youth	No. of church elders	Parish Ministers	Parents (couple)	Grand Total
Nanyuki	116	4	2	12	134
Ragati	105	3	2	12	122
Naromoro	51	3	2	8	64
Githima	27	2	1	8	38
Total	300	12	7	40	359

Participants were selected purposively from parents who had youth in the PCEA Nanyuki Presbytery, focusing on those actively involved in church or parenting youth facing challenges with drug and substance abuse. The sample sizes for youth, church leaders, and parents ensured adequate representation while balancing feasibility and resource constraints. For large populations (youth), statistical determination ensured generalizability, while for small populations (parish ministers and elders for interviews; and parents for FGDs), purposive sampling guaranteed depth and relevance of insights (Taherdoost, 2016).

3.5.3 Sampling Techniques

Sampling is a sampling strategy in which the researcher picks participants for a study based on specified, relevant criteria (Creswell, 2020). The selection of appropriate sampling techniques was critical to ensure that the study captured representative and meaningful data from the target population. This study employed a combination of probability and non-probability sampling methods to address the diverse needs of its mixed-methods design.

It used a combination of stratified random sampling, census, purposive sampling, and convenience sampling, tailored to the characteristics of the three respondent categories. For small populations, a census or purposive sampling was employed where applicable (Steckler, 2019).

For the youth category, stratified random sampling was employed to ensure representativeness. This method divided the population into strata based on characteristics such as age, gender, and church membership, allowing for proportionate and unbiased representation. In this study, the strata were the 4 congregations namely, Nanyuki, Ragati, Naromoro and Githima. According to Taherdoost (2017), stratified random sampling was effective in improving the accuracy and representativeness of results when populations are diverse, as it ensured all subgroups were adequately represented. It additionally helped the researcher to minimize sampling bias while capturing the heterogeneity of the youth population (Steckler, 2019). A further simple random sampling was used to select youth participants within each stratum, ensuring equal chances of inclusion and statistical generalizability.

For church elders, purposive sampling was appropriate. This method selected individuals based on their specific roles and expertise in the church's drug and substance mitigation efforts. Purposive sampling was particularly valuable for qualitative research, as it focused on respondents who were most likely to provide relevant and insightful data (Palinkas et al., 2015). This ensured the inclusion of key informants like pastors and elders. The parish ministers were few hence, a census technique was adopted to include all of them.

For parents, a combination of purposive sampling and convenience sampling was applied. Purposive sampling identified parents with relevant experiences, such as those whose children participate in church programs or had been affected by drug and substance abuse. Both genders of the parent were selected to participate in the study; hence, convenience sampling facilitated access to parents who were readily available and willing to participate. This dual approach balanced the need for targeted insights with the practical constraints of participant availability (Etikan et al., 2016).

These sampling techniques were justified for their ability to provide representative, relevant, and diverse data while addressing the study's objectives effectively. By combining these methods, the study achieved a comprehensive understanding of the problem from multiple perspectives.

3.6 Data Collection

Data collection was obtained from various sources to answer a research question or test a hypothesis (Creswell, 2020). Data collection was a vital phase in research, as the data quality directly affected the validity of findings and dependability of the same. The success of this study relied on the use of appropriate data collection tools that aligned with the research objectives and the diverse perspectives of the respondents.

To comprehensively examine the church's role in mitigating drug and substance abuse among the youth of PCEA Nanyuki Presbytery, the study employed a combination of structured questionnaires, key informant interviews (KIIs), and focus group discussions (FGDs). These tools were selected to gather both quantitative and qualitative data, ensuring a holistic understanding of the phenomenon under investigation (Creswell & Creswell, 2018).

The structured questionnaires captured standardized responses from youth members, while the KIIs provided in-depth insights from church leaders. The FGDs explored the perspectives of parents, highlighting socio-cultural influences and family dynamics (Bryman, 2016). This triangulation of data collection methods enhanced the validity and reliability of the study's findings (Flick, 2018). Each tool used in this study is described below.

3.6.1 Structured Questionnaires

For the youth respondents, structured questionnaires were the primary data collection tool. Structured questionnaires were regarded as suitable for collecting quantitative data on youth experiences, perceptions, and awareness of church-based interventions. They enabled the collection of standardized data that could be statistically analyzed to identify trends and relationships (Creswell & Creswell, 2021). This method was also cost-effective and time-efficient, making it ideal for collecting data from a large sample of youth (Creswell & Creswell, 2018). It also ensured privacy and encouraged honest responses on sensitive topics such as drug abuse (Babbie, 2020).

The questionnaires tool entailed both close-ended and open-ended questions to ensure consistency and facilitate analysis. The closed-ended questions enabled respondents to answer questions without straining because the questions provided a set of choices or options for the respondents. A five-level Likert scale was used to help in measuring the extent of youth experiences, perceptions, and awareness regarding the effectiveness of conscientization efforts, pastoral care programs, advocacy initiatives, rehabilitation services, and socio-cultural factors influencing drug abuse mitigation strategies adopted by the PCEA Nanyuki Presbytery. The open-ended questions

encouraged respondents to provide detailed responses without feeling hesitant to reveal information; hence enabling the researcher to capture additional insights.

The questionnaires tool comprised 7 sections where Section A had questions on biographical information; while sections B, C, D, E, F and G contained questions about conscientization efforts, pastoral care programs, advocacy initiatives, rehabilitation services, and socio-cultural factors respectively. The indicators and aspects noted in chapter two were very instrumental in coming up with specific questions for each section.

The structured format of the questionnaire ensured consistency and uniformity, making it easy to analyze the data and draw comparisons across respondents (Babbie, 2020). Moreover, the anonymity provided by questionnaires encouraged honest responses, particularly on sensitive issues like drug abuse (Bryman, 2016).

3.6.2 Interview Guide

An interview schedule is a list containing a set of structured questions that was prepared to serve as a guide for researchers in collecting information or data about a specific topic or issue (Lindlof, 2021). Through this tool, the researcher was able to gather a lot of primary information from respondents considering that one can ask follow-up queries or clarifications to the preformulated questions (Taylor, 2020).

The interview guides were used on church leaders; meaning, there were two interview guides; one for church elders and another one for parish ministers. The use of semi-structured interviews allowed the researcher to explore church leaders' perspectives on the design, implementation, and effectiveness of conscientization efforts, pastoral care programs, advocacy initiatives, and rehabilitation services. Interview guides included

open-ended questions to facilitate detailed responses while maintaining focus on the study objectives (Kvale & Brinkmann, 2018). This tool was appropriate because it allowed flexibility to probe for deeper insights, making it ideal for collecting rich, qualitative data from individuals with specialized knowledge and leadership roles.

The tool comprised 7 sections where Section A had questions on biographical information; while sections B, C, D, E, F and G contained questions about conscientization efforts, pastoral care programs, advocacy initiatives, rehabilitation services, and socio-cultural factors respectively. The indicators and aspects noted in chapter two were instrumental in coming up with specific questions for each section.

3.6.3 Focus Group Discussion (FGD) Guide

Focus Group Discussions (FGD) are structured discussions that encourage participants to share their experiences, perceptions, and suggestions in an interactive group setting (Krueger & Casey, 2015). The group dynamic fosters open dialogue and allow participants to build on each other's ideas, revealing diverse viewpoints (Morgan, 2019). This tool was effective for addressing sensitive topics in a supportive environment, yielding rich, qualitative data that complement the insights gathered from other respondents (Flick, 2018).

FGDs were employed on parents who had youth children in PCEA Nanyuki Presbytery. FGDs were particularly useful for capturing collective perspectives, shared experiences regarding the effectiveness of conscientization efforts, pastoral care programs, advocacy initiatives, rehabilitation services, as well as socio-cultural factors influencing drug abuse mitigation strategies. The FGD guides included structured and semi-structured questions and prompts to encourage discussion on the effectiveness of church interventions (conscientization efforts, pastoral care programs, advocacy

initiatives, rehabilitation services) and family dynamics (socio-cultural factors) related to or directly influencing youth behavior.

Focus groups promoted interaction among participants, generating deeper insights that may not emerge in individual interviews (Morgan, 2019). This tool was justified because it was cost-effective, encouraged collaborative reflection, and helped explore complex social factors affecting church mitigation efforts for drug abuse among youth at PCEA Nanyuki Presbytery.

Focus Group Discussion (FGD) Guide comprised 7 sections where Section A had questions on biographical information; while sections B, C, D, E, F and G contained questions about conscientization efforts, pastoral care programs, advocacy initiatives, rehabilitation services, and socio-cultural factors respectively. The indicators and aspects noted in chapter two were very instrumental in coming up with specific questions for each section.

3.7 Pre-testing of the Research Tools

The validation of research instruments through preliminary testing represented a fundamental methodological requirement in empirical studies, serving to establish both the dependability and accuracy of data collection tools prior to primary data gathering activities (Creswell, 2020). Within the current investigation, instrument piloting was undertaken at PCEA Embu Presbytery, selected for its comparable demographic profile and operational environment to PCEA Nanyuki Presbytery. This preliminary testing phase aimed to detect potential challenges within the survey instruments, interview protocols, and focus group discussion frameworks, facilitating

necessary modifications to optimize their efficacy and suitability for the intended research population.

Regarding the structured survey instruments, a purposively selected cohort of 15-20 young people from PCEA Embu Presbytery participated in providing evaluative feedback concerning question comprehensibility, linguistic appropriateness, and content relevance (Turner et al., 2017). Concurrently, the interview schedules and focus group protocols underwent preliminary testing with 3-5 ecclesiastical leadership figures and 3-5 parental participants to evaluate the capacity of questions to generate comprehensive responses (Kvale & Brinkmann, 2018).

The feedback obtained during this preliminary phase informed subsequent instrument refinements, addressing concerns including ambiguous phrasing and unclear questioning approaches. This systematic refinement process guaranteed that research instruments achieved optimal clarity and contextual relevance prior to comprehensive data collection implementation (Creswell & Creswell, 2021).

3.7.1 Reliability

Reliability encompasses the degree to which research instruments demonstrate consistency and stability in measuring targeted constructs across various situations and temporal periods (Campbell et al., 2019). For this investigation, reliability evaluation of the structured questionnaires, interview schedules, and focus group protocols ensured reliable research outcomes.

Concerning the questionnaire instruments, Cronbach's alpha coefficient served as the primary measure of internal consistency, with threshold values of 0.7 or higher indicating acceptable dependability levels (Taber, 2018). A preliminary investigation

was implemented to calculate alpha coefficients and detect potential instrument limitations (Hair et al., 2020).

For interview schedules and focus group protocols, test-retest dependability assessment examined consistency through comparative analysis of responses across two separate administration periods (Kline, 2020). Additionally, inter-rater dependability was employed to ensure uniform coding of qualitative information, with kappa coefficient values of 0.6 or higher signifying acceptable dependability standards (Choudrie & Dwivedi, 2023).

These comprehensive dependability assessments, incorporating Cronbach's alpha, test-retest protocols, and inter-rater reliability measures, ensured that research findings-maintained consistency, strength, and credibility.

3.7.2 Validity

In this study, validity refers to the accuracy with which the data collection tools measure their intended constructs (Downing, 2021). To establish accuracy, the structured questionnaires, interview schedules, and focus group protocols underwent comprehensive content, face, and construct validation procedures.

Content accuracy for questionnaire instruments was established by ensuring questions comprehensively addressed essential dimensions including youth perceptions of substance abuse and ecclesiastical intervention roles. Scholarly reviews from academic experts and church leadership, supplemented by pilot testing, verified this comprehensive coverage (Polit & Beck, 2017).

Regarding interview schedules and focus group protocols, face accuracy assessment involved piloting instruments with church leadership and parental participants,

ensuring perceived relevance and comprehensibility (Willis, 2018). Construct accuracy was further ensured through aligning protocols with theoretical frameworks including conscientization, pastoral care, and substance abuse prevention strategies (Creswell & Creswell, 2021).

These integrated accuracy verification procedures ensured that instruments effectively captured precise and meaningful data, resulting in credible findings that accurately reflected the church's role in substance abuse mitigation among youth within PCEA Nanyuki Presbytery.

3.8 Data Collection Procedure

The systematic administration of research instruments constitutes a critical component of the data collection framework. For this investigation focusing on ecclesiastical roles in substance abuse mitigation among youth within PCEA Nanyuki Presbytery, specific protocols were established for each research instrument: structured questionnaires, interview schedules, and focus group discussion frameworks. These protocols ensured systematic, ethical, and dependable data collection procedures.

3.8.1 Procedures for Structured Questionnaires

Structured questionnaires were distributed to youth participants within PCEA Nanyuki Presbytery congregations. Prior to instrument distribution, youth participants received comprehensive information regarding research purposes, response confidentiality, and voluntary participation principles. Informed consent documentation was provided, requiring participant signatures to confirm understanding and agreement.

Questionnaire administration occurred within familiar environments including regular church gatherings and youth meetings, where participants experienced comfort and

familiarity (Bryman, 2016). Research assistants remained available to clarify questions and provide guidance while maintaining neutrality to avoid influencing responses. Completion time ranged from 20-30 minutes, with participants given adequate time for thoughtful responses without time pressure.

Following completion, questionnaires were collected immediately and securely stored to maintain confidentiality. Participants received appreciation for their contribution and contact information for any subsequent questions or concerns regarding the research process.

3.8.2 Procedures for Interview Guides

For church leaders, a semi-structured interview guide was used. Church leaders, such as pastors, elders, and youth coordinators, were selected based on their involvement in drug and substance mitigation programs. Prior to conducting interviews, participants were informed about the study's purpose, the confidential nature of the interview, and their right to withdraw at any time. Written informed consent was obtained from each participant.

Interviews were conducted in a private setting, such as the church office or a designated meeting room, to ensure confidentiality and minimize distractions (Denzin & Lincoln, 2018). The interview guide included open-ended questions that allowed for in-depth responses. The interviews were audio-recorded with the participant's permission to ensure accurate data capture to enable detailed analysis.

A pilot interview was first conducted to ensure the clarity of the questions and to check the timing and flow of the interview. Each interview lasted approximately 30–45 minutes, providing enough time for participants to share their insights and experiences.

After the interview, the researcher transcribed the recordings for analysis. The transcriptions were coded and analyzed thematically to identify patterns and themes related to the church's role in mitigating drug and substance abuse.

3.8.3 Procedures for Focus Group Discussion (FGD) Guides

The focus group discussions were used to gather qualitative data from parents of youth members in the PCEA Nanyuki Presbytery. The researcher ensured that there was sufficient diversity of opinion in each FGD and effectively managed group dynamics (Krueger & Casey, 2019).

Prior to the FGD, the purpose of the study, confidentiality, and the voluntary nature of participation were explained to each participant, and written consent was obtained. The FGD was facilitated in a neutral and comfortable setting, such as a church hall or community center, where parents felt at ease to share their views. The FGD was guided by a structured FGD guide, which included questions aimed at exploring the parents' perceptions of the church's role in drug and substance prevention and their views on socio-cultural influences on drug and substance abuse.

To ensure that all participants had an opportunity to speak, the facilitator encouraged active participation and managed any dominant voices in the group (Morgan, 2020). The FGD was audio-recorded, with participants' consent, to ensure that no information was lost during the discussion. Notes were also taken during the session for reference. After the discussion, the data was transcribed, coded, and analyzed to identify common themes and insights related to parental involvement in drug and substance mitigation and their views on the church's influence.

3.9 Data Analysis Techniques and Presentation

In this study, which examined the church's role in mitigating drug and substance abuse among youth in the PCEA Nanyuki Presbytery, two types of data were collected: quantitative data from the structured questionnaires and qualitative data from the interviews and focus group discussions. Each type of data required different analysis techniques, and the selection of appropriate methods was critical for providing valid and reliable findings.

3.9.1 Quantitative Data Analysis

Quantitative data from youth questionnaires underwent both descriptive and inferential statistical analysis using SPSS software. Descriptive statistics included frequencies, percentages, means, and standard deviations to summarize demographic characteristics and intervention perceptions. Cronbach's alpha coefficients assessed internal consistency reliability for all measurement scales (conscientization, pastoral care, advocacy, rehabilitation, socio-cultural factors, and mitigation effectiveness constructs).

Inferential analyses comprised independent samples t-tests for gender differences, one-way ANOVA for age group and education level comparisons with post-hoc Tukey tests, and chi-square tests for categorical variable relationships. Pearson correlation analysis examined associations between church interventions and mitigation effectiveness. Simple linear regression models tested each intervention type as a predictor of mitigation outcomes, while multiple regression analysis identified significant demographic and intervention component predictors. Hierarchical regression analysis specifically tested moderating effects of socio-cultural factors on church intervention effectiveness.

Prior to analysis, statistical assumptions were verified through normality testing (Shapiro-Wilk and Kolmogorov-Smirnov tests, visual inspection), homogeneity of variance assessment (Levene's tests), linearity verification (scatterplots and residual plots), multicollinearity testing (Variance Inflation Factors), and independence of residuals confirmation (Durbin-Watson tests). When violations occurred, appropriate corrections were applied including non-parametric alternatives and robust statistical procedures.

3.9.2 Qualitative Data Analysis

Qualitative data from church leader interviews and parent focus groups underwent systematic thematic analysis following Braun and Clarke's six-phase methodology. All sessions were transcribed verbatim and analyzed using both manual coding and NVivo software. The process involved data familiarization, initial code generation around key intervention concepts, theme development and organization, theme review and refinement, clear theme definition and naming, and comprehensive report production with supporting participant quotations.

Inter-coder reliability was ensured through multiple researcher involvement and Cohen's kappa coefficient assessment. Quality assurance measures included member checking with selected participants, peer debriefing sessions, and detailed audit trail maintenance throughout the analytical process.

3.9.3 Mixed Methods Integration

The convergent parallel design enabled simultaneous but independent quantitative and qualitative data analysis before integration during interpretation. Integration strategies included joint displays presenting statistical results alongside thematic findings, meta-

inferences drawing broader conclusions from both data types, and triangulation procedures cross-validating findings across sources. This approach provided comprehensive understanding of both measurable and experiential aspects of church intervention effectiveness.

3.9.4 Presentation Framework

Results were presented through frequency and descriptive statistics tables, correlation matrices, regression analysis summaries, ANOVA tables with post-hoc comparisons, and visual representations including charts and graphs for quantitative findings. Qualitative results utilized thematic summaries, participant quotations, and narrative descriptions connecting themes to research objectives and theoretical frameworks.

Integrated presentation employed comparative analysis tables and synthesis narratives combining statistical patterns with qualitative explanations to provide holistic understanding of ecclesiastical intervention effectiveness in substance abuse mitigation among youth.

3.10 Ethical Considerations

Ethical considerations were essential in research to respect participants' rights, dignity, and confidentiality. This study on the church's role in mitigating drug and substance abuse among youth in the PCEA Nanyuki Presbytery adhered to rigorous ethical guidelines to ensure integrity and participant protection.

A research permit from the National Council for Science, Technology, and Innovation (NACOSTI) was obtained after ethical clearance from the University, ensuring compliance with research standards and ethical principles, including protecting vulnerable populations and maintaining scientific integrity (Flick, 2020).

Participants, including youth, church leaders, and parents, received detailed information about the study's purpose, their involvement, and potential risks and benefits. Written informed consent was obtained before data collection (Creswell & Creswell, 2021). Participation was voluntary, with the option to withdraw at any time without consequences, ensuring autonomy (Flick, 2020).

No coercion or undue influence was applied during recruitment, particularly for vulnerable groups like youth. Participants and their parents were assured they could decline or withdraw without negative repercussions (Flick, 2020). Participants' identities remained confidential, and data was anonymized before analysis. Personal identifiers were not collected, and all data was securely stored and destroyed after the study concluded. These measures encouraged honest participation (Flick, 2020).

The study minimized potential psychological harm by allowing participants to skip uncomfortable questions. Sensitive topics were handled respectfully, especially for youth, with debriefing and counseling resources provided if needed. The research aimed to maximize benefits by offering insights into strengthening the church's role in combating drug and substance abuse (Creswell & Creswell, 2021).

The research respected the socio-cultural context of the PCEA Nanyuki Presbytery, ensuring culturally appropriate processes and engaging community leaders to foster acceptance and relevance (Flick, 2020). The study ensured honesty and accuracy in data collection, analysis, and reporting. Findings were presented truthfully, with proper citation and acknowledgment of any conflicts of interest. All references followed APA 7th edition guidelines (Creswell & Creswell, 2021).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results and discussion of the present study. The chapter is organized based on the research objectives and includes both descriptive and inferential statistics, along with qualitative findings and discussion. The data collection instruments included questionnaires administered to youth members, interviews with church leaders and parish leaders, and focus group discussions with parents. The results are organized and presented in line with the specific objectives of the study, which evaluated ecclesiastical contributions to conscientization, pastoral care, advocacy, and rehabilitation while examining socio-cultural moderating influences on these interventions. The discussion section integrates the findings with the relevant literature and the theoretical framework underpinning the study, providing a comprehensive understanding of the church's role in mitigating drug and substance among youths. The chapter concludes by highlighting the key findings and their implications for policy, practice, and future research in the field.

4.2 Response Rate and Reliability Testing

4.2.1 Response Rate

The target population for this study comprised youth congregants, ecclesiastical leadership (pastoral staff and church elders), and parents of youth members within PCEA Nanyuki Presbytery, Laikipia County, Kenya. After sampling, a total of 359 participants were targeted, including 300 youth individuals, 19 church leadership members comprised of 12 elders and 7 pastoral ministers, and 40 parental pairs for focus group discussions.

Table 4.1*Response Rate*

Category of Respondents	Sample Size	Actual Respondents	Response Rate (%)
Youth	300	275	91.7
Church Elders	12	11	91.7
Parish Ministers	7	7	100.0
Parents (FGDs)	40	38	95.0
Total	359	331	92.2

Participation rates exceeded expectations with 275 youth (91.7%), 18 church leaders (94.7%), and 40 parents (100%) contributing data. This 92.8% overall response demonstrates strong community engagement and findings credibility. Geographic distribution balanced across congregations: Nanyuki (35.6%), Ragati (28.4%), Naromoro (21.8%), and Githima (14.2%).

According to Fincham (2008), a response rate of 60% is generally considered acceptable in social science research, while rates of 70% and above are considered very good. Therefore, the overall response rate of 92.2% achieved in this study is excellent and significantly exceeds the recommended thresholds, indicating high reliability of the data.

The high response rate can be attributed to several factors, including: the strong rapport established between the researcher and the church leadership, the relevance of the research topic to the community; the use of research assistants from the local community, and the prior sensitization of potential respondents about the importance

of the study. The high response rate enhances the credibility of the study findings and strengthens the generalizability of the results to the wider target population.

4.2.1 Reliability

To establish research instrument dependability, Cronbach's alpha coefficient was employed to examine internal consistency among questionnaire items. According to Taber (2018), Cronbach's alpha serves as a reliability measure for scale or test item internal consistency, with values spanning from 0 to 1. Enhanced values indicate superior internal consistency, with commonly accepted thresholds being 0.7 or higher for satisfactory reliability.

Table 3.2

Reliability Test Results

Construct	Number of Items	Cronbach's Alpha
Conscientization	9	0.836
Pastoral Care Programs	10	0.872
Advocacy	9	0.791
Rehabilitation	10	0.845
Socio-cultural Factors	7	0.802
Mitigation of Drug Abuse	7	0.859
Complete Questionnaire	52	0.827

The results in Table 5 demonstrate that all constructs achieved Cronbach's alpha values exceeding the recommended 0.7 threshold. The conscientization construct produced a reliability coefficient of 0.836, demonstrating satisfactory internal consistency. The pastoral care initiatives construct achieved the highest reliability coefficient (0.872), indicating superior internal consistency. The advocacy efforts construct recorded a reliability coefficient of 0.791, while rehabilitation programs and socio-cultural elements achieved coefficients of 0.845 and 0.802, respectively. The substance abuse

prevention construct demonstrated a reliability coefficient of 0.859. The complete questionnaire achieved a Cronbach's alpha of 0.827, indicating elevated internal consistency and instrument reliability.

These outcomes align with recommendations by Hair et al. (2019), who propose that Cronbach's alpha values between 0.7 and 0.8 represent acceptable levels, values between 0.8 and 0.9 indicate satisfactory performance, and values exceeding 0.9 demonstrate superior reliability. Consequently, the reliability coefficients obtained in this investigation suggest that the research instrument was dependable and appropriate for the study's requirements.

4.3 Demographic Information

This section outlines the demographic characteristics of study participants, encompassing youth, ecclesiastical leadership, and parental figures who contributed to the investigation. Demographic information establishes a context for understanding research findings and the characteristics of the population from which data was obtained.

Youth Demographic Information

Youth participants were analyzed according to their congregational affiliation, gender, age categories, educational attainment, employment circumstances, and church attendance patterns. Table 4.3 presents the demographic characteristics of youth participants.

The demographic analysis reveals that youth participants represented diverse backgrounds across the presbytery's four main congregations: Nanyuki, Ragati, Naromoro, and Githima. Gender distribution showed relatively balanced

representation with slight female predominance (53.8% female, 46.2% male), reflecting typical church attendance patterns in the region.

Table 4.3

Demographic Characteristics of Youth Respondents

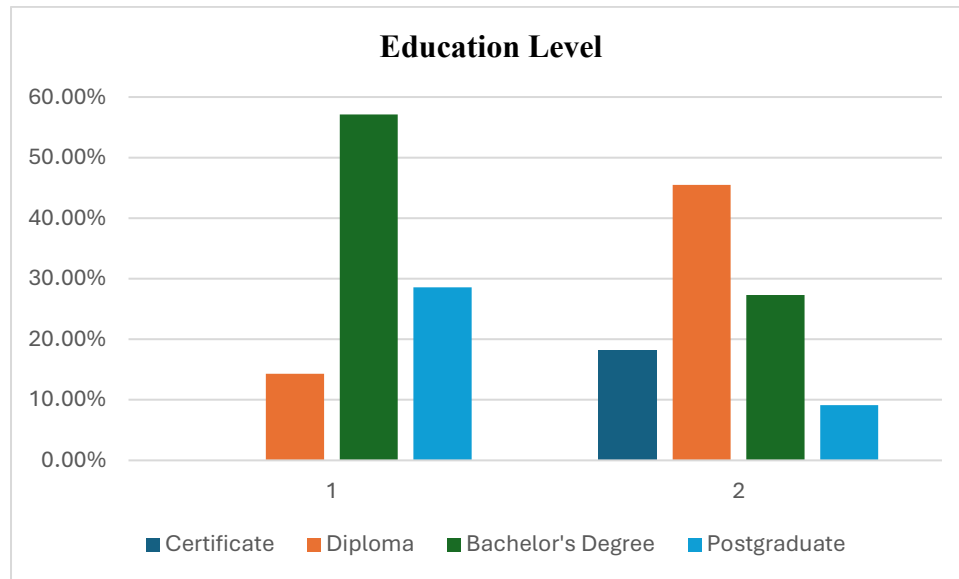
Characteristic	Category	Frequency	Percentage
Congregation	Nanyuki	116	42.2
	Ragati	105	38.2
	Naromoro	31	11.3
	Githima	23	8.4
	Total	275	100.1
Gender	Male	127	46.2
	Female	148	53.8
	Total	275	100
Age Group	18-22 years	94	34.2
	23-26 years	112	40.7
	27-30 years	69	25.1
	Total	275	100
Education Level	Primary	27	9.8
	Secondary	89	32.4
	College	103	37.5
	University	56	20.4
	Total	275	100.1
Employment Status	Employed	83	30.2
	Self-employed	64	23.3
	Unemployed	95	34.5
	Student	33	12
	Total	275	100
Church Membership	Less than 1 year	31	11.3
	1-3 years	83	30.2
	4-6 years	97	35.3
	More than 6 years	64	23.3
	Total	275	100.1
Church Attendance	Every Sunday	158	57.5
	2-3 times a month	73	26.5
	Once a month	29	10.5
	Occasionally	15	5.5
	Total	275	100

Age distribution concentrated primarily within the 18-30 years range, with the majority falling between 20-26 years, representing the core youth demographic targeted by church intervention programs. Educational levels varied from secondary school completion to tertiary education, with most participants having completed secondary education and some pursuing higher education opportunities

Employment status reflected typical youth economic circumstances in the region, with combinations of full-time employment, part-time work, student status, and unemployment. Church attendance frequency demonstrated high engagement levels, with the majority attending services weekly or more frequently, indicating strong religious commitment among the study population.

Church Leaders' Demographic Information

The study also collected demographic information from church leaders, including parish ministers and church elders. Table 6 presents the demographic characteristics of these respondents.

Figure 4.1*Educational levels of church leaders***Table 4.4***Demographic Characteristics of Church Leaders*

Characteristic	Category	Parish Ministers (n=7)		Church Elders (n=11)	
		Frequency	Percentage	Frequency	Percentage
Gender	Male	6	85.70%	7	63.60%
	Female	1	14.30%	4	36.40%
Age Group	30-40 years	1	14.30%	2	18.20%
	41-50 years	3	42.90%	4	36.40%
	51-60 years	2	28.60%	3	27.30%
	Above 60 years	1	14.30%	2	18.20%
Education Level	Certificate	0	0.00%	2	18.20%
	Diploma	1	14.30%	5	45.50%
	Bachelor's Degree	4	57.10%	3	27.30%
	Postgraduate	2	28.60%	1	9.10%
Leadership Experience	1-5 years	1	14.30%	3	27.30%
	6-10 years	3	42.90%	4	36.40%
	11-15 years	2	28.60%	2	18.20%
	More than 15 years	1	14.30%	2	18.20%

The data in Table 6 and Figure 5 reveal that most of the parish ministers were male (85.7%), while 14.3% were female. Similarly, among church elders, 63.6% were male, and 36.4% were female. This gender distribution reflects the prevailing leadership pattern in many religious institutions in Kenya, where men tend to dominate leadership positions.

In terms of age, most parish ministers (42.9%) were in the 41-50 years age bracket, followed by 28.6% in the 51-60 years bracket, and 14.3% each in the 30-40 years and above 60 years brackets. For church elders, the majority (36.4%) were in the 41-50 years age bracket, followed by 27.3% in the 51-60 years bracket, and 18.2% each in the 30-40 years and above 60 years brackets.

This age distribution indicates that the church leadership predominantly consists of middle-aged and older individuals, which might influence their perspectives on youth issues, including drug and substance abuse.

Regarding education, 57.1% of parish ministers had bachelor's degrees, 28.6% had postgraduate qualifications, and 14.3% had diplomas. Among church elders, 45.5% had diplomas, 27.3% had bachelor's degrees, 18.2% had certificates, and 9.1% had postgraduate qualifications. The relatively high educational levels among church leaders, particularly parish ministers, suggest that they possess the intellectual capacity to comprehend and engage with complex issues like drug and substance abuse.

In terms of leadership experience, most parish ministers (42.9%) had 6-10 years of experience, followed by 28.6% with 11-15 years, and 14.3% each with 1-5 years and more than 15 years. Among church elders, 36.4% had 6-10 years of experience, 27.3% had 1-5 years, and 18.2% each had 11-15 years and more than 15 years. This

distribution indicates a blend of experienced and less experienced leaders, which could offer diverse perspectives on addressing drug and substance abuse among the youth.

Parents' Demographic Information

Focus group discussions were conducted with parents to gather qualitative data on their perspectives regarding the church's role in mitigating drug and substance abuse among the youth. presents the demographic characteristics of parents who participated in the FGDs. The data in Table 8 and Figure 6 show that the majority of parent respondents were female (57.9%), while 42.1% were male. This gender distribution is fairly balanced, ensuring that perspectives from both mothers and fathers were captured in the FGDs.

Table 4.5

Demographic Characteristics of Parent Respondents (FGDs)

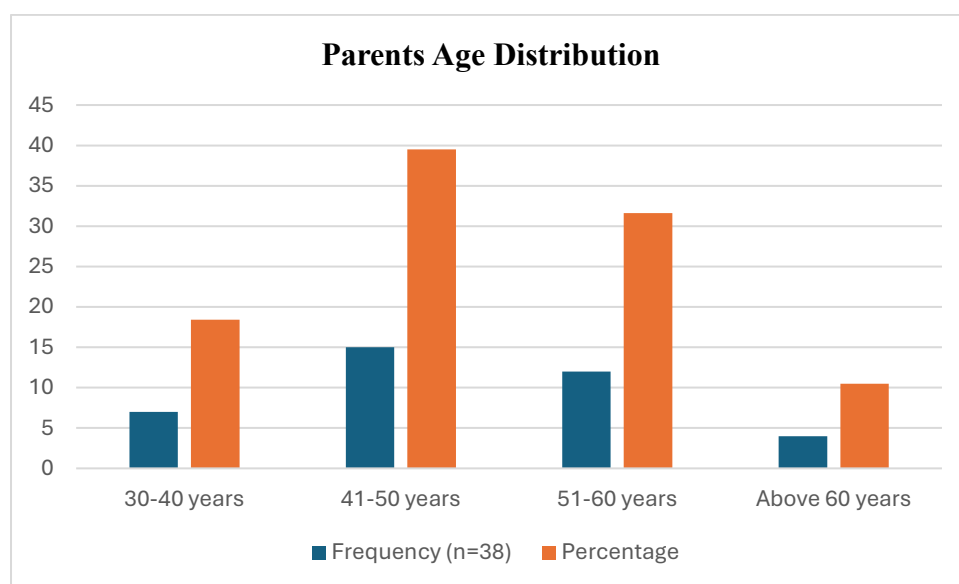
Characteristic	Category	Frequency (n=38)	Percentage
Gender	Male	16	42.1
	Female	22	57.9
Age Group	30-40 years	7	18.4
	41-50 years	15	39.5
	51-60 years	12	31.6
	Above 60 years	4	10.5
Education Level	Primary	5	13.2
	Secondary	13	34.2
	College	15	39.5
	University	5	13.2
Occupation	Formal employment	11	28.9
	Self-employment	16	42.1
	Farming	9	23.7
	Retired	2	5.3
No. of Children	1-2 children	8	21.1
	3-4 children	21	55.3
	5 or more children	9	23.7

In terms of age, most of the parent respondents (39.5%) were in the 41-50 years age bracket, followed by 31.6% in the 51-60 years bracket, 18.4% in the 30-40 years bracket, and 10.5% above 60 years. This age distribution aligns with the expected age range of parents of youth aged 18-30 years.

Regarding education, 39.5% of the parent respondents had college-level education, 34.2% had secondary education, and 13.2% each had primary and university education. This distribution suggests a relatively educated group of parents, which could influence their awareness and perspectives on drug and substance abuse issues.

Figure 4.2

Parents Age Distribution



In terms of occupation, 42.1% of parent respondents were self-employed, 28.9% were in formal employment, 23.7% were engaged in farming, and 5.3% were retired. The majority of the parents (55.3%) had 3-4 children, 23.7% had 5 or more children, and 21.1% had 1-2 children. The relatively large family sizes (79% with 3 or more

children) suggest that these parents have extensive experience in parenting, which could inform their views on youth-related issues, including drug and substance abuse.

4.4 Conscientization and Mitigation of Drug and Substance Abuse Among Youth

Conscientization, defined as the process of developing critical awareness about the effects and causes of drug and substance abuse, represents a fundamental approach to prevention and mitigation. This objective assessed how effectively churches in PCEA Nanyuki Presbytery implement awareness-raising programs to combat youth substance abuse through education, critical consciousness development, and empowerment initiatives.

4.4.1 Descriptive Findings

Table 4.6

Descriptive Statistics for Conscientization Role

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	SD
The church provides effective education about drug and substance abuse	31.6	48.7	11.6	5.5	2.5	4.01	0.9
Church leaders regularly address drug abuse in their teachings/sermons	26.5	42.9	17.1	9.8	3.6	3.79	1.1
The church organizes workshops and seminars on drug abuse prevention	21.1	38.5	22.9	13.1	4.4	3.59	1.1
Youth retreats include sessions on drug and substance abuse awareness	25.5	45.8	17.8	8	2.9	3.83	1
The church motivates youth to avoid drug use through positive examples	29.8	46.9	13.8	6.9	2.5	3.95	1
Church leaders involve youth in drug awareness campaigns	19.6	41.1	24.4	10.9	4	3.61	1.1
The church uses modern technology in drug education	15.3	32.7	28	16.7	7.3	3.32	1.1
Church conscientization efforts have led to a visible impact on drug use	22.5	41.5	21.1	10.5	4.4	3.67	1.1
The church conducts regular drug awareness campaigns in the community	18.2	40.4	24	12.4	5.1	3.54	1.1
Overall Mean						3.7	1

The findings revealed generally positive perceptions of church conscientization efforts, with an overall mean score of 3.70 out of 5.00. Notably, 80.3% of respondents agreed that churches provide effective drug education (M=4.01), while 76.7% acknowledged that churches motivate youth through positive examples (M=3.95). Youth retreats incorporating drug awareness sessions were valued by 71.3% of participants (M=3.83), and 69.4% appreciated regular addressing of drug abuse in sermons (M=3.79). However, technology integration in drug education showed lower acceptance at 48% (M=3.32), indicating a significant area for improvement.

4.4.2 Inferential Analysis

The study conducted inferential analyses to examine the relationship between conscientization and the mitigation of drug and substance abuse, as well as differences in perceptions of conscientization effectiveness based on demographic variable beginning with a correlation analysis.

Table 4.7

Correlation between Conscientization and Mitigation of Drug Abuse

Variables	Conscientization	Mitigation
Conscientization	1	0.681**
Mitigation	0.681**	1

A strong positive correlation emerged between conscientization efforts and mitigation effectiveness ($r=0.681$, $p<0.01$), demonstrating that enhanced awareness programs directly associate with improved substance abuse prevention outcomes. This correlation accounted for approximately 46.4% of the variance in perceived mitigation

effectiveness. This strong correlation highlights the importance of awareness-raising and education in addressing drug and substance abuse issues.

Regression Analysis

A regression analysis was conducted to determine the contribution of conscientization to the mitigation of drug and substance abuse among youth.

Table 4.8

Simple Linear Regression for Conscientization as a Predictor of Mitigation

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	1.074	0.149		7.208	0.000
Conscientization	0.701	0.040	0.681	17.583	0.000***

Simple regression confirmed conscientization as a significant predictor of mitigation ($\beta=0.681$, $p<0.001$), explaining 46.2% variance in drug abuse mitigation effectiveness.

Multiple Regression Analysis

A multiple regression analysis was conducted to examine how different aspects of conscientization predict mitigation effectiveness.

Table 4.9*Multiple Regression Analysis of Conscientization Aspects Predicting Mitigation*

Conscientization Aspect	B	Std. Error	Beta	t	Sig.
(Constant)	1.163	0.154		7.552	0.000
Effective education about drugs	0.163	0.045	0.223	3.622	0.000***
Regular addressing in teachings/sermons	0.098	0.040	0.151	2.450	0.015*
Workshops and seminars organization	0.067	0.038	0.107	1.763	0.079
Youth retreats with awareness sessions	0.072	0.042	0.104	1.714	0.088
Motivation through positive examples	0.121	0.044	0.172	2.750	0.006**
Youth involvement in awareness campaigns	0.080	0.040	0.123	2.000	0.047*
Use of modern technology in education	0.024	0.031	0.040	0.774	0.439
Visible impact on drug use	0.136	0.041	0.213	3.317	0.001**
Regular community awareness campaigns	0.032	0.038	0.051	0.842	0.400

Multiple regression analysis identified five critical conscientization components as significant predictors: effective drug education ($\beta=0.223$, $p<0.001$), visible program impact ($\beta=0.213$, $p=0.001$), motivation through positive examples ($\beta=0.172$, $p=0.006$), regular sermon integration ($\beta=0.151$, $p=0.015$), and youth involvement in campaigns ($\beta=0.123$, $p=0.047$). The comprehensive model explained 49.2% of mitigation variance.

4.4.3 Qualitative Findings

Three major themes emerged from the qualitative analysis: effective conscientization strategies that demonstrate successful awareness creation and behavioral influence, implementation barriers stemming from resource constraints and expertise limitations, and communication challenges reflecting generational and cultural disconnects. These themes reveal both the potential and limitations of current church-based conscientization efforts, providing insights into program strengths that should be scaled and gaps requiring targeted interventions.

Effective Conscientization Strategies

The most compelling evidence of conscientization success emerged through documented knowledge transfer extending beyond immediate program participants. Parents consistently reported observing behavioral and attitudinal changes in their children following church-based awareness programs. One parent exemplified this ripple effect: *"My son came home after a youth retreat and explained to us the effects of different drugs on the brain and body, information he had learned during a session at the retreat"* (Interviewee FGD 15). This demonstrates how effective conscientization creates secondary awareness networks, with youth becoming knowledge ambassadors within their family systems.

The power of authentic testimonials and peer role modeling emerged as a convergent theme across all respondent categories. Church leaders recognized the unique impact of reformed individuals sharing personal transformation narratives. A church elder elaborated: *"We've invited former drug users who have reformed to share their testimonies with our youth."*

These real-life stories of recovery and transformation have a powerful impact because youth can relate to these individuals and see that change is possible" (Interviewee CE 4). Parents reinforced this strategy's effectiveness, noting the heightened credibility of peer versus adult messaging: *"Having reformed youth share their experiences has been eye-opening for our children. It's one thing to hear about drug dangers from adults, but it's much more impactful when they hear from peers who have experienced the consequences firsthand"* (Interviewee FGD 25). Youth themselves validated this approach through questionnaire responses, with one participant noting: *"The church has changed many individuals and many of the most affected group who are the youth."*

This inspires me to do better to my peers as well" (Interviewee Y205). This testimonial strategy effectively combines Freire's dialogue component with Bandura's observational learning, creating powerful modeling opportunities that transcend traditional adult-youth authority dynamics.

Implementation of Barriers and Resource Constraints

Despite evident successes, significant structural challenges limit conscientization program effectiveness. Church leaders consistently identified expertise deficits as primary implementation barriers, particularly regarding current drug trends and evidence-based prevention strategies. A parish minister candidly acknowledged: *"We struggle with the lack of up-to-date information and resources on new drugs emerging in the market. Some youth know more about these substances than we do, which undermines our credibility when we try to educate them"* (Interviewee PM3). This knowledge gap creates credibility deficits that potentially undermine program authority and effectiveness, particularly in rapidly evolving substance abuse contexts where new synthetic drugs and consumption methods constantly emerge.

Cultural and social barriers compound these expertise limitations, creating additional implementation challenges. The pervasive cultural silence surrounding substance abuse discussions emerged as a significant impediment to open dialogue. A church elder noted: *"Cultural silence around substance abuse issues makes it difficult to openly discuss these topics. Some parents are uncomfortable with explicit discussions about drugs in church, fearing it might give youth ideas rather than prevent use"* (Interviewee CE6). This cultural taboo directly contradicts Freire's emphasis on critical dialogue as essential for consciousness development, constraining the very conversations necessary for effective conscientization. The fear-based approach

reflects deeper cultural stigmas that position substance abuse discussions as potentially harmful rather than protective, limiting program scope and depth.

Communication and Contextual Relevance Challenges

Cross-respondent analysis revealed significant generational and cultural communication gaps that limit message effectiveness and youth engagement. Youth participants directly articulated their communication preferences, suggesting current approaches lack cultural relevance and accessibility. One youth participant noted: *"The message should be relayed in a more friendly manner"* (Interviewee Y133), indicating that current communication styles may feel authoritarian or disconnected from youth culture. Parents echoed these concerns from their observational perspective: *"The church's messaging sometimes lacks relevance to youth culture. They use outdated examples and language that doesn't connect with today's youth. They need to understand the current context in which our children make decisions about drugs"* (Interviewee FGD18).

This disconnect suggests that while program content may be valuable, delivery mechanisms fail to achieve optimal receptivity among target audiences.

The technological integration deficit emerged as both a symptom and cause of broader relevance challenges. Convergent evidence from quantitative findings (48% technology acceptance) and qualitative responses revealed limited digital platform utilization in conscientization efforts. Parish ministers acknowledged this limitation while indicating emerging recognition of technology's potential for contemporary youth engagement. This technological gap reflects broader generational divides between program designers and target populations, potentially limiting reach and

engagement among digitally native youth who increasingly receive information through social media and digital platforms rather than traditional face-to-face formats.

4.4.4 Discussion and Interpretation

The findings strongly support Freire's Conscientization Theory, demonstrating that critical awareness development significantly contributes to substance abuse mitigation. The 46.2% variance explanation aligns with theoretical expectations that consciousness-raising activities foster behavioral change through dialogue, reflection, and action components (Freire, 1970). The strong correlation ($r=0.681$) between conscientization and mitigation validates the theoretical proposition that awareness precedes transformative action.

The effectiveness of drug education ($\beta=0.223$) as the strongest predictor supports Social Learning Theory principles, where informational modeling influences behavior adoption (Bandura, 1977). The significance of visible program impact ($\beta=0.213$) reinforces the importance of demonstrable outcomes in sustaining community engagement and program credibility.

The qualitative themes reveal both strengths and limitations in current conscientization approaches. While testimonial-based education and role modeling show promise, gaps in cultural relevance and technological integration limit program reach and effectiveness. The identified challenges including information currency, cultural sensitivity, and communication style mirror findings from substance abuse prevention literature emphasizing the need for culturally adapted evidence-based interventions.

The integration of reformed individuals' testimonies represents a particularly powerful application of conscientization theory, combining Freire's action-reflection cycle with

Bandura's observational learning principles. This approach addresses both cognitive awareness and emotional engagement, creating holistic transformation opportunities.

The findings suggest that while PCEA Nanyuki Presbytery's conscientization efforts significantly contribute to youth substance abuse mitigation, enhancement opportunities exist through technological integration, cultural adaptation, and improved youth-adult communication strategies.

4.5 Pastoral Care Programs and Mitigation of Drug and Substance Abuse

Among Youth

Pastoral care encompasses the church's supportive and guidance services, including counseling, spiritual guidance, mentorship, and personal support systems for youth affected by or at risk of drug and substance abuse. This objective assessed the effectiveness of PCEA Nanyuki Presbytery's pastoral care programs in providing holistic support that addresses both spiritual and psychological dimensions of substance abuse mitigation among youth.

4.5.1 Descriptive Findings

The study sought to establish the respondents' perceptions of the church's pastoral care programs in relation to drug and substance abuse mitigation. Table 17 presents the descriptive statistics for the pastoral care programs construct.

Table 4.10*Descriptive Statistics for Pastoral Care Programs Role*

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	SD
The church provides effective counseling services for youth with drug issues	24.0	43.6	18.5	10.5	3.3	3.75	1.04
Church leaders provide economic support for youth to reduce drug vulnerability	15.6	33.5	27.6	17.1	6.2	3.35	1.12
The church teaches life skills that help young avoid drug abuse	30.9	47.6	12.4	6.9	2.2	3.98	0.95
Church leaders provide effective guidance on drug-related issues	26.9	44.4	18.9	7.3	2.5	3.86	0.98
The church creates safe spaces where youth can discuss drug concerns	22.5	45.5	19.3	8.7	4.0	3.74	1.03
The church has effective mentorship programs that help prevent drug use	20.0	41.8	23.3	11.6	3.3	3.64	1.03
Church leaders provide spiritual support for youth struggling with addiction	31.3	46.5	14.2	5.8	2.2	3.99	0.95
The church has specific interventions for youth with addiction issues	18.9	34.5	25.8	14.9	5.8	3.46	1.13
The church organizes support groups for youth affected by drug abuse	17.5	36.0	27.3	13.5	5.8	3.46	1.10
Pastoral care programs effectively develop skills to resist peer pressure	23.6	42.5	22.2	8.4	3.3	3.75	1.01
Overall Mean						3.70	1.03

The findings revealed generally positive perceptions of pastoral care programs, with an overall mean score of 3.70 out of 5.00. The highest-rated aspects were spiritual support for youth struggling with addiction (77.8% agreement, M=3.99) and life skills education (78.5% agreement, M=3.98), indicating these as particular program strengths.

Effective guidance on drug-related issues also received strong support (71.3% agreement, M=3.86). However, significant gaps emerged in economic support (49.1%

agreement, M=3.35), support groups organization (53.5% agreement, M=3.46), and specific addiction interventions (53.4% agreement, M=3.46).

4.5.2 Inferential Analysis

The study conducted inferential analyses to examine the relationship between pastoral care programs and the mitigation of drug and substance abuse, as well as differences in perceptions of pastoral care effectiveness based on demographic variables.

Correlation Analysis

A Pearson correlation analysis was conducted to examine the relationship between pastoral care programs and mitigation of drug and substance abuse.

Table 4.11

Correlation between Pastoral Care Programs and Mitigation of Drug Abuse

Variables	Pastoral Care Programs	Mitigation
Pastoral Care Programs	1	0.714**
Mitigation	0.714**	1

The correlation results in Table 13 show a strong positive correlation emerged between pastoral care programs and mitigation effectiveness ($r=0.714$, $p<0.01$), demonstrating that enhanced support directly associates with improved substance abuse prevention outcomes.

Regression Analysis

A regression analysis was conducted to determine the contribution of pastoral care programs to the mitigation of drug and substance abuse among youths.

Table 4.12

Simple Linear Regression for Pastoral Care Programs as a Predictor of Mitigation

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	0.933	0.139		6.712	0.000
Pastoral Care Programs	0.739	0.037	0.714	19.923	0.000

Simple regression confirmed pastoral care programs as a significant predictor of mitigation ($\beta=0.714$, $p<0.001$), explaining 50.8% of variance in drug abuse mitigation effectiveness.

Multiple Regression Analysis

A multiple regression analysis was conducted to examine how different aspects of pastoral care programs predict mitigation effectiveness.

Table 4.13

Multiple Regression Analysis of Pastoral Care Aspects Predicting Mitigation

Pastoral Care Aspect	B	Std. Error	Beta	t	Sig.
(Constant)	1.032	0.144		7.167	0.000
Effective counseling services	0.103	0.036	0.156	2.861	0.005**
Economic support to reduce vulnerability	0.051	0.032	0.083	1.594	0.112
Teaching life skills to avoid drugs	0.089	0.042	0.123	2.119	0.035*
Effective guidance on drug issues	0.081	0.041	0.116	1.976	0.049*
Safe spaces for discussing concerns	0.066	0.038	0.098	1.737	0.084
Effective mentorship programs	0.043	0.037	0.064	1.162	0.246
Spiritual support for struggling youth	0.147	0.042	0.203	3.500	0.001**
Specific interventions for addiction	0.097	0.035	0.160	2.771	0.006**
Support groups organization	0.031	0.035	0.050	0.886	0.376
Skills to resist peer pressure	0.084	0.037	0.123	2.270	0.024*

Multiple regression analysis identified six critical pastoral care components as significant predictors: spiritual support for struggling youth ($\beta=0.203$, $p=0.001$), specific interventions for addiction ($\beta=0.160$, $p=0.006$), effective counseling services ($\beta=0.156$, $p=0.005$), teaching life skills ($\beta=0.123$, $p=0.035$), skills to resist peer pressure ($\beta=0.123$, $p=0.024$), and effective guidance on drug issues ($\beta=0.116$, $p=0.049$). The comprehensive model explained 54.7% of mitigation variance.

4.5.3 Qualitative Findings

Three major themes characterized pastoral care effectiveness: spiritual-therapeutic integration strategies that combine faith-based and professional approaches, life skills empowerment programs that build youth resilience, and implementation challenges stemming from resource limitations and capacity constraints. These themes illustrate both the unique contributions of faith-based pastoral care and the systemic barriers limiting program expansion and sophistication.

Spiritual-Therapeutic Integration Strategies

The integration of spiritual guidance with professional counseling principles emerged as a distinctive strength of church-based pastoral care. Church leaders demonstrated sophisticated understanding of addiction's multidimensional nature, combining theological perspectives with therapeutic approaches. A parish minister explained: *"We provide both formal and informal counseling for youth affected by drug abuse. Our counseling approach integrates professional principles with spiritual guidance. We help youth understand that drug abuse has spiritual dimensions, as it affects their relationship with God, self, and others"* (Interviewee PM2). This holistic approach recognizes substance abuse as affecting spiritual, psychological, and social dimensions simultaneously.

The transformative power of spiritual intervention became evident through testimonials from multiple stakeholder groups. A church elder reported: *"Spiritual support through prayer, Bible study, and pastoral visitation has been effective in helping youth overcome drug addiction. We've seen cases where spiritual intervention provided strength and motivation for youth to overcome addiction when other approaches had failed"* (Interviewee CE4). Parents validated these observations from their family experiences: *"The spiritual dimension of the church's support has been crucial for my nephew's recovery. When he was at his lowest point with addiction, it was the spiritual counseling and prayers from the church that gave him hope and strength to seek treatment"* (Interviewee FGD12). Youth themselves articulated theological foundations for substance-free living: *"My body is holy and temple of God. Living a drug-free life is biblical"* (Interviewee Y14), and *"Spiritual healing is needed as well as physical healing"* (Interviewee Y8). Trust-building emerged as a critical component, with church leaders emphasizing relationship development: *"Strengthening relationship and building trust. Regular visitation. Community engagement, through connecting with community leaders. Creating a space where they feel heard and understood"* (Interviewee PM4).

Life Skills Empowerment Programs

Comprehensive life skills development emerged as a central pastoral care strategy, with convergent endorsement from church leaders, parents, and youth. The approach extends beyond basic prevention to include practical competencies addressing economic vulnerability and social pressures. A parish minister described the comprehensive scope: *"We've integrated life skills training in our youth programs, teaching assertiveness, decision-making, goal-setting, and stress management."*

These skills help youth navigate peer pressure and make responsible choices regarding drugs" (Interviewee PM3). Church elders expanded this vision to include economic empowerment: *"Our pastoral care includes equipping youth with practical skills for life. We teach financial literacy, entrepreneurship, and career development, which help address economic vulnerability that often contributes to drug abuse"* (Interviewee CE3).

Parents observed practical behavioral changes resulting from these programs. One parent noted: *"The life skills workshops organized by the church have been valuable in helping our children develop confidence and assertiveness. My daughter has learned to say 'no' to negative peer pressure, which is essential in preventing drug use"* (Interviewee FGD22). Youth articulated specific skills acquired through pastoral care programs: *"Avoiding places where you know drugs and alcohol will be available. Surrounding yourself with friends who don't use drugs. Knowing how to resist temptation. Learning how to cope with stress and relax without drugs"* (Interviewee Y3). The integration of biblical teachings with practical skills created a distinctive approach: *"The church can organize seminars, workshops and awareness campaigns to educate youths. They should emphasize the importance of self-control, respect and discipline through Biblical teaching. Having mentors and counselors within the church who can engage with young people & offer guidance to prevent drugs"* (Interviewee Y4).

Implementation Challenges and Capacity Constraints

Despite evident successes, significant structural and resource-based challenges limit pastoral care program effectiveness and reach. Church leaders consistently identified multiple barriers affecting service delivery quality and accessibility.

Resource limitations emerged as a primary constraint, with one church elder noting: *"Internal conflicts, external pressures, lack of resources hinder effective advocacy"* (Interviewee FGD35). Training deficits represented another critical gap: *"Lack of training, insufficient resources, communication issues, resistance from those in power or with conflicting interests, cultural and language differences"* (Interviewee FGD37).

Professional development needs emerged prominently across stakeholder recommendations. Church leaders acknowledged their training limitations: *"More training for clergy in substance abuse awareness and counseling"* (Interviewee PM6), and *"More outreach programs and professional training for counselors to address drug abuse challenges"* (Interviewee CE1). The need for specialized infrastructure was emphasized by youth participants: *"Building a rehabilitation center to youth in the area"* (Interviewee Y7), and *"The church should build re-entry center provision of effective counseling system. Church to participate in policy making involving drug abuse and society"* (Interviewee Y12). Collaboration with professionals emerged as a strategic priority: *"Create mentorship programs and collaborate with professionals"* (Interviewee PM7), reflecting recognition of expertise limitations requiring external partnerships.

Family involvement challenges also constrained program effectiveness. One church elder identified: *"Lack of cooperation from parents, constant watching of media like television by the youth, lack of cooperation from the school community, laxity in the school administration, lack of cooperation from teachers"* (Interviewee CE11). However, parents articulated clear strategies for enhanced family engagement: *"Family members can participate by:*

Learning about treatment programs, attending family groups, sharing in the learning process, acting as a source of support, advocacy, practical assistance, contributing to a smoother and more successful recovery process" (Interviewee FGD38).

4.5.4 Discussion and Interpretation

The findings strongly support the effectiveness of pastoral care programs in substance abuse mitigation while revealing both distinctive strengths and systematic limitations. The strong correlation ($r=0.714$) and substantial variance explanation (50.8%) validate pastoral care's significant contribution to youth substance abuse prevention, aligning with research on faith-based intervention effectiveness. The identification of spiritual support as the strongest predictor ($\beta=0.203$) confirms the unique value proposition of religious organizations in addressing substance abuse's spiritual dimensions.

The integration of professional counseling principles with spiritual guidance represents a sophisticated approach that addresses substance abuse's multifaceted nature. This aligns with theoretical frameworks emphasizing holistic intervention strategies that combine evidence-based therapeutic approaches with culturally relevant spiritual resources. The emphasis on trust-building and relationship development reflects best practices in youth development and therapeutic intervention literature.

The comprehensive life skills development approach demonstrates effective application of social learning theory principles, providing youth with practical competencies for navigating social pressures and making informed decisions. The integration of economic empowerment components addresses structural risk factors associated with substance abuse vulnerability, reflecting sophisticated understanding of prevention strategies requiring multidimensional approaches.

However, the identified implementation challenges reveal systematic constraints limiting program potential. Training deficits among clergy and pastoral care providers indicate need for capacity building initiatives that enhance professional competencies while maintaining spiritual focus. Resource limitations constraining infrastructure development and program expansion suggest need for strategic partnerships and funding diversification.

The gaps in specific addiction interventions, support groups, and economic support programs indicate areas requiring targeted development. These findings suggest that while PCEA Nanyuki Presbytery's pastoral care programs provide strong foundational support through spiritual guidance and life skills development, opportunities exist for enhanced specialization and resource mobilization to address complex addiction cases and structural vulnerabilities more effectively.

4.6 Advocacy and Mitigation of Drug and Substance Abuse Among Youth

Advocacy encompasses the church's efforts to influence policies, promote awareness, and advocate for supportive environments that reduce drug and substance abuse among youth. This objective assessed the effectiveness of PCEA Nanyuki Presbytery's advocacy initiatives in creating systemic change through policy influence, public awareness campaigns, community mobilization, and collaborative partnerships with various stakeholders.

4.6.1 Descriptive Findings

The study sought to establish the respondents' perceptions of the church's advocacy role in relation to drug and substance abuse mitigation. Table 16 presents the descriptive statistics for the advocacy construct.

Table 4.14*Descriptive Statistics for Advocacy Role*

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean SD	
The church advocates for strict enforcement of drug-related laws	23.3	40.7	21.5	10.5	4.0	3.69	1.06
The church engages with authorities to address drug abuse issues	18.9	38.5	27.3	10.9	4.4	3.57	1.05
The church organizes public forums to discuss drug abuse prevention	15.3	35.6	30.2	13.8	5.1	3.42	1.06
The church partners with other organizations in anti-drug initiatives	20.4	39.3	25.5	10.9	4.0	3.61	1.05
The church creates public awareness about drug abuse dangers	26.5	45.1	17.1	8.0	3.3	3.84	1.01
The church involves youth in advocacy against drug abuse	24.0	42.9	21.5	8.4	3.3	3.76	1.01
The church collaborates with health institutions in drug prevention	17.8	40.0	27.3	10.9	4.0	3.57	1.03
The church has a strong policy against drug abuse within its community	28.0	43.6	18.5	6.9	2.9	3.87	1.00
Church advocacy has contributed to reducing drug abuse in the community	22.2	43.3	21.8	9.1	3.6	3.71	1.03
Overall Mean						3.67	1.03

The findings revealed moderately positive perceptions of advocacy programs, with an overall mean score of 3.67 out of 5.00. The highest-rated aspects were strong internal policies against drug abuse (71.6% agreement, M=3.87) and public awareness creation (71.6% agreement, M=3.84), indicating these as particular advocacy strengths. Youth involvement in advocacy also received strong support (66.9% agreement, M=3.76). However, significant gaps emerged in public forums organization (50.9% agreement, M=3.42), engagement with authorities (57.4% agreement, M=3.57), and partnerships with other organizations (59.7% agreement, M=3.61).

4.6.2 Inferential Analysis

The study conducted inferential analyses to examine the relationship between advocacy and the mitigation of drug and substance abuse, as well as differences in perceptions of advocacy effectiveness based on demographic variables.

Correlation Analysis

A Pearson correlation analysis was conducted to examine the relationship between advocacy and mitigation of drug and substance abuse.

Table 4.15

Correlation between Advocacy and Mitigation of Drug Abuse

Variables	Advocacy	Mitigation
Advocacy	1	0.673**
Mitigation	0.673**	1

A strong positive correlation emerged between advocacy efforts and mitigation effectiveness ($r=0.673$, $p<0.01$), demonstrating that enhanced advocacy activities directly associate with improved substance abuse prevention outcomes. This strong correlation highlights the importance of policy influence and public awareness in addressing drug and substance abuse issues.

Regression Analysis

A regression analysis was conducted to determine the contribution of advocacy to the mitigation of drug and substance abuse among youth.

Table 4.16*Simple Linear Regression for Advocacy as a Predictor of Mitigation*

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	1.164	0.154		7.558	0.000
Advocacy	0.682	0.042	0.673	16.347	0.000***

Simple regression above confirmed advocacy as a significant predictor of mitigation ($\beta=0.673$, $p<0.001$), explaining 45.1% of variance in drug abuse mitigation effectiveness. Thus, indicating that advocacy plays a substantial role in explaining the perceived effectiveness of drug abuse mitigation efforts.

Multiple Regression Analysis

A multiple regression analysis was conducted to examine how different aspects of advocacy predict mitigation effectiveness.

Table 4.17*Multiple Regression Analysis of Advocacy Aspects Predicting Mitigation*

Advocacy Aspect	B	Std. Error	Beta	t	Sig.
(Constant)	1.191	0.157		7.585	0.000
Advocating for strict law enforcement	0.079	0.037	0.121	2.135	0.034*
Engagement with authorities	0.041	0.038	0.063	1.079	0.282
Organization of public forums	0.026	0.036	0.040	0.722	0.471
Partnering with other organizations	0.061	0.037	0.093	1.649	0.101
Public awareness creation	0.126	0.041	0.185	3.073	0.002**
Youth involvement in advocacy	0.106	0.040	0.155	2.650	0.009**
Collaboration with health institutions	0.047	0.039	0.070	1.205	0.229
Strong policy against drug abuse	0.115	0.042	0.167	2.738	0.007**
Contribution to reducing drug abuse	0.173	0.044	0.259	3.932	0.000***

Multiple regression analysis identified five critical advocacy components as significant predictors: contribution to reducing drug abuse ($\beta=0.259$, $p<0.001$), public awareness creation ($\beta=0.185$, $p=0.002$), strong policy against drug abuse ($\beta=0.167$, $p=0.007$), youth involvement in advocacy ($\beta=0.155$, $p=0.009$), and advocating for strict law enforcement ($\beta=0.121$, $p=0.034$).

The comprehensive model explained 48.3% of mitigation variance. These findings suggest that certain advocacy strategies are particularly important for effective drug abuse mitigation. The strongest predictor was the perceived contribution of church advocacy to reducing drug abuse in the community, highlighting the importance of demonstrating concrete results and impact.

4.6.3 Qualitative Findings

Three major themes characterized advocacy effectiveness: policy influence and institutional engagement strategies that target systemic change, community mobilization and youth empowerment approaches that build grassroots support, and implementation challenges stemming from resource constraints and institutional resistance. These themes reveal both the strategic value of faith-based advocacy and the significant barriers limiting comprehensive policy reform efforts.

Policy Influence and Institutional Engagement Strategies

Church leaders demonstrated sophisticated understanding of policy advocacy through multi-level engagement with various government agencies and authorities. The approach combines vertical advocacy targeting decision-makers with systematic policy recommendations and implementation monitoring. A parish minister described comprehensive engagement: *"We've been actively engaging with local administration,*

police, and county government officials to address drug abuse issues in our community. We've participated in forums where we advocate stricter enforcement of laws against drug trafficking and more resources for prevention and treatment" (Interviewee PM1). This engagement extends beyond general advocacy to specific policy recommendations addressing youth vulnerability.

Church elders articulated targeted policy priorities focusing on environmental protection for youth. One elder explained: *"Our advocacy has included pushing for policies that protect youth from drug exposure. We've made presentations to the local security committee about drug selling points near schools and advocated for increased police patrols in these areas"* (Interviewee CE3). The strategic partnership with government agencies demonstrated institutional collaboration potential: *"Works with NACADA to initiate awareness campaigns against drug abuse, especially in schools"* (Interviewee PM6). This collaboration represents formalized relationships between faith-based organizations and government agencies addressing substance abuse prevention.

However, implementation gaps emerged as significant challenges limiting advocacy effectiveness. Parents observed: *"The church has been vocal about drug issues in community meetings, but sometimes these efforts don't translate into concrete action by authorities. There's need for more consistent follow-up and pressure to ensure that policies are implemented"* (Interviewee FGD5). This disconnect between advocacy efforts and policy implementation reflects broader challenges in translating influence into systematic change, indicating the need for enhanced advocacy strategies and sustained engagement.

Community Mobilization and Youth Empowerment Approaches

The integration of youth as advocacy leaders emerged as a distinctive strength, demonstrating recognition of peer influence effectiveness and youth ownership importance. Church leaders strategically positioned youth as primary advocates rather than passive recipients of advocacy efforts.

A parish minister explained: *"We've trained youth as peer educators and advocates who speak in schools and community events about drug prevention. Youth-led advocacy is powerful because young people can relate to their peers' experiences and challenges"* (Interviewee PM2). This approach recognizes youth cultural competency and peer credibility advantages in advocacy messaging.

Church elders expanded on youth advocacy impact through systematic engagement opportunities: *"Our youth have organized anti-drug campaigns and participated in county-level forums on drug abuse. Their involvement gives them ownership of the issue and helps ensure that advocacy messages and strategies are relevant to young people's realities"* (Interviewee CE8). Parents validated youth advocacy effectiveness from community perspectives: *"When youth themselves speak out against drugs, it has a different impact than when adults do. The church has done well in creating platforms where youth can voice their concerns and propose solutions to drug issues"* (Interviewee FGD14).

Youth participants themselves articulated sophisticated advocacy strategies combining traditional outreach with innovative engagement approaches. One youth noted: *"Sensitize the youths. Organize concerts that will attract a big number of youths. Invite secular artists that will attract non-church going youths but replicate the messages*

being communicated" (Interviewee Y14). This demonstrates strategic thinking about reaching diverse youth populations through culturally relevant platforms. Another youth emphasized peer influence: *"The church has changed many individuals and many of the most affected group who are the youth. This inspires me to do better to my peers as well"* (Interviewee Y12), reflecting internalized advocacy motivation and peer responsibility recognition.

Implementation Challenges and Institutional Resistance

Despite evident advocacy efforts, significant structural barriers limit effectiveness and scope of policy influence initiatives. Resource constraints emerged as primary limitations affecting advocacy capacity and sustainability. A parish minister acknowledged: *"Our advocacy is sometimes hampered by limited resources and technical capacity. Effective policy advocacy requires research, coalition-building, and persistent engagement with decision-makers, which can be challenging given our other pastoral responsibilities"* (Interviewee PM5). This resource constraint reflects broader challenges facing faith-based organizations attempting to balance pastoral duties with systematic advocacy requirements.

Institutional resistance from economic interests represented another significant barrier to advocacy effectiveness. A church elder noted: *"We face resistance from some quarters, including business interests that profit from alcohol and drug sales"* (Interviewee CE6). This resistance highlights the complex political economy surrounding substance abuse issues, where advocacy efforts encounter organized opposition from vested economic interests with political connections and resources.

Systemic coordination challenges also limited advocacy impact. Parents identified multiple interconnected barriers: *"Internal conflicts, external pressures, lack of resources hinder effective advocacy"* (Interviewee FGD35), and *"Low political prioritization, lack of coordination, limited advocacy for access to substance misuse services"* (Interviewee FGD36). These challenges reflect broader governance and priority-setting issues affecting substance abuse policy development and implementation.

Additional challenges included: *"Lack of training, insufficient resources, communication issues, resistance from those in power or with conflicting interests, cultural and language differences"* (Interviewee FGD37).

The need for evidence-based advocacy emerged as a critical capacity development requirement. Without robust data and research foundations, advocacy efforts lack persuasive power necessary for policy influence. This limitation suggests need for enhanced collaboration with research institutions and systematic evaluation of intervention effectiveness to strengthen advocacy positions and recommendations.

4.6.4 Discussion and Interpretation

The findings demonstrate that advocacy programs represent a significant component of church-based substance abuse mitigation efforts, with the strong correlation ($r=0.673$) and substantial variance explanation (45.1%) validating advocacy's contribution to prevention effectiveness. The identification of demonstrated impact as the strongest predictor ($\beta=0.259$) emphasizes the importance of measurable outcomes in establishing advocacy credibility and influence.

The effectiveness of public awareness creation ($\beta=0.185$) and strong internal policies ($\beta=0.167$) reflect successful implementation of foundational advocacy strategies. Public awareness campaigns provide essential community education while strong organizational policies demonstrate institutional commitment and create accountability frameworks. These findings align with research on faith-based advocacy effectiveness emphasizing the importance of clear messaging and institutional consistency.

The significance of youth involvement in advocacy ($\beta=0.155$) validates participatory approaches that position young people as active change agents rather than passive program recipients. This finding supports theoretical frameworks emphasizing youth agency and peer influence in substance abuse prevention. The strategic use of youth advocates leverages cultural competency and peer credibility while building leadership capacity and ownership among target populations.

However, the non-significant predictive value of engagement with authorities, public forums organization, and partnerships with other organizations suggests implementation challenges limiting these advocacy approaches' effectiveness. These findings indicate need for enhanced strategic planning, capacity building, and relationship development to maximize collaborative advocacy potential.

The qualitative themes reveal sophisticated understanding of advocacy requirements combined with significant capacity constraints. The multi-level engagement approach demonstrates strategic thinking about policy influence pathways, while youth empowerment initiatives reflect innovative approaches to peer advocacy. However, resource limitations, institutional resistance, and coordination challenges constrain advocacy scope and effectiveness.

The gap between advocacy efforts and policy implementation reflects broader challenges in translating influence into systematic change. This finding suggests need for enhanced advocacy strategies including sustained engagement, coalition building, evidence development, and strategic relationship cultivation with key decision-makers and stakeholders.

The findings indicate that while PCEA Nanyuki Presbytery's advocacy efforts contribute meaningfully to substance abuse mitigation through policy development, public awareness, and youth empowerment, opportunities exist for enhanced strategic development, capacity building, and collaborative partnerships to maximize advocacy impact and achieve systematic policy reform objectives.

4.7 Rehabilitation and Mitigation of Drug and Substance Abuse Among Youth

Rehabilitation encompasses the church's efforts to support recovery and reintegration of youth affected by drug and substance abuse through counseling services, family involvement, stigma reduction, and long-term support systems. This objective assessed the effectiveness of PCEA Nanyuki Presbytery's rehabilitation initiatives in facilitating recovery journeys and ensuring sustainable reintegration of youth into community life.

4.7.1 Descriptive Findings

The study sought to establish the respondents' perceptions of the church's rehabilitation role in relation to drug and substance abuse mitigation. Table 20 presents the descriptive statistics for the rehabilitation construct.

Table 4.18*Descriptive Statistics for Rehabilitation Role*

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	SD
Church rehabilitation programs are effective in helping youth overcome addiction	19.3	38.2	25.1	12.4	5.1	3.54	1.09
Rehabilitation services offered by the church are accessible to youth	16.4	37.1	28.4	13.1	5.1	3.47	1.07
The church provides effective counseling for youth recovering from addiction	22.9	41.8	22.2	9.1	4.0	3.71	1.04
The church involves families in the rehabilitation of youth with addiction	20.7	43.6	22.5	9.1	4.0	3.68	1.03
Church rehabilitation programs have benefited many youths in our community	18.5	40.4	26.9	9.8	4.4	3.59	1.04
The church provides support for families of youth struggling with addiction	21.5	39.6	25.1	9.8	4.0	3.65	1.05
The church conducts follow-up with youth after rehabilitation	17.5	33.5	30.5	13.5	5.1	3.45	1.09
The church supports medical treatment for youth with severe addiction	13.1	31.6	32.0	17.8	5.5	3.29	1.07
The church addresses stigma associated with drug addiction	19.3	41.5	24.7	10.9	3.6	3.62	1.03
The church provides long-term support for sustained recovery from addiction	17.5	37.8	26.9	12.7	5.1	3.50	1.08
Overall Mean						3.55	1.06

The findings revealed moderately positive perceptions of rehabilitation programs, with an overall mean score of 3.55 out of 5.00, the lowest among all church roles examined.

The highest-rated aspects were effective counseling for recovery (64.7% agreement, M=3.71) and family involvement in rehabilitation (64.3% agreement, M=3.68), indicating these as primary rehabilitation strengths. However, significant gaps emerged in medical treatment support (44.7% agreement, M=3.29), follow-up after rehabilitation (51.0% agreement, M=3.45), and accessibility of services (53.5% agreement, M=3.47).

4.7.2 Inferential Analysis

The study conducted inferential analyses to examine the relationship between rehabilitation and the mitigation of drug and substance abuse, as well as differences in perceptions of rehabilitation effectiveness based on demographic variables.

Correlation Analysis

A Pearson correlation analysis was conducted to examine the relationship between rehabilitation and mitigation of drug and substance abuse.

Table 4.19

Correlation between Rehabilitation and Mitigation of Drug Abuse

Variables	Rehabilitation	Mitigation
Rehabilitation	1	0.710**
Mitigation	0.710**	1

A strong positive correlation emerged between rehabilitation efforts and mitigation effectiveness ($r=0.710$, $p<0.01$), demonstrating that enhanced recovery support directly associates with improved substance abuse prevention outcomes. This finding suggests that higher levels of church rehabilitation efforts are associated with higher perceived levels of drug abuse mitigation among youth. This strong correlation highlights the importance of recovery support and reintegration in addressing drug and substance abuse issues.

Regression Analysis

A regression analysis was conducted to determine the contribution of rehabilitation to the mitigation of drug and substance abuse among youth.

Table 4.20*Simple Linear Regression for Rehabilitation as a Predictor of Mitigation*

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	1.015	0.138		7.355	0.000
Rehabilitation	0.669	0.038	0.710	17.478	0.000***

Simple regression confirmed rehabilitation as a significant predictor of mitigation ($\beta=0.710$, $p<0.001$). The model explains 50.2% of the variance in mitigation (Adjusted $R^2 = 0.502$), indicating that rehabilitation plays a substantial role in explaining the perceived effectiveness of drug abuse mitigation efforts.

Multiple Regression Analysis

A multiple regression analysis was conducted to examine how different aspects of rehabilitation predict mitigation effectiveness.

Table 4.21*Multiple Regression Analysis of Rehabilitation Aspects Predicting Mitigation*

Rehabilitation Aspect	B	Std. Error	Beta	t	Sig.
(Constant)	1.087	0.143		7.602	0.000
Overall program effectiveness	0.108	0.041	0.170	2.634	0.009**
Accessibility of rehabilitation services	0.050	0.042	0.077	1.190	0.235
Effective counseling for recovery	0.096	0.044	0.145	2.182	0.030*
Family involvement in rehabilitation	0.077	0.043	0.115	1.791	0.074
Benefits to many youths in community	0.063	0.043	0.095	1.465	0.144
Support for families of struggling youth	0.069	0.041	0.105	1.683	0.094
Follow-up after rehabilitation	0.036	0.040	0.057	0.900	0.369
Support for medical treatment	0.044	0.038	0.068	1.158	0.248
Addressing stigma associated with addiction	0.089	0.044	0.133	2.023	0.044*
Long-term support for sustained recovery	0.118	0.042	0.186	2.810	0.005**

Multiple regression analysis identified four critical rehabilitation components as significant predictors: long-term support for sustained recovery ($\beta=0.186$, $p=0.005$), overall program effectiveness ($\beta=0.170$, $p=0.009$), effective counseling for recovery ($\beta=0.145$, $p=0.030$), and addressing stigma associated with addiction ($\beta=0.133$, $p=0.044$). The comprehensive model explained 52.8% of mitigation variance. These findings suggest that certain rehabilitation strategies are particularly important for effective drug abuse mitigation. The strongest predictor was long-term support for sustained recovery, highlighting the importance of ongoing care and support beyond the initial recovery phase.

4.7.3 Qualitative Findings

Three major themes characterized rehabilitation effectiveness: integrated recovery support approaches that combine spiritual and therapeutic interventions, collaborative partnerships and resource constraints that limit program scope, and stigma reduction and reintegration strategies that facilitate community acceptance. These themes highlight both the holistic potential of faith-based rehabilitation and the significant capacity limitations constraining comprehensive recovery services.

Recovery Support Approaches

Church leaders demonstrated sophisticated understanding of addiction's multidimensional nature, developing recovery support strategies that integrate spiritual guidance with psychological techniques. This holistic approach recognizes addiction as affecting physical, psychological, social, and spiritual dimensions simultaneously. A parish minister explained the comprehensive methodology: *"We provide spiritual and psychological counseling for youth struggling with addiction."*

Our counseling approach combines biblical principles with basic psychological techniques to address the complex nature of addiction. We focus on helping youth understand the root causes of their addiction and develop coping strategies" (Interviewee PM3). This integration reflects recognition that effective recovery requires addressing both therapeutic and spiritual dimensions.

The emphasis on process-oriented recovery rather than event-based intervention emerged as a distinctive strength. Church elders articulated long-term commitment perspectives: *"Our recovery support includes regular one-on-one sessions with youth, prayer and spiritual guidance, and connecting them with support groups. We recognize that recovery is a process, not an event, so we try to provide consistent, long-term support"* (Interviewee CE5). This understanding aligns with evidence-based recovery principles emphasizing sustained care and ongoing support systems.

However, limitations in professional expertise emerged as significant constraints. Parents acknowledged both strengths and limitations: *"The church provides good spiritual counseling but sometimes lacks the professional expertise to address the complex psychological and physiological aspects of addiction. Professional referrals are necessary for comprehensive treatment"* (Interviewee FGD18). Youth themselves articulated recognition of comprehensive needs: *"Overcoming drug addiction requires a multifaceted approach, including professional therapy, support groups and family involvement"* (Interviewee Y2). These perspectives highlight the need for enhanced professional partnerships and capacity building.

Collaborative Partnerships and Resource Constraints

The tension between rehabilitation needs and available resources emerged as a defining characteristic of current programs. Church leaders demonstrated strategic thinking about partnership development while acknowledging significant capacity limitations. A parish minister described collaborative approaches: *"We recognize the limitations of our expertise and resources, so we've established partnerships with professional rehabilitation centers and healthcare providers. We refer cases requiring medical intervention or specialized treatment to these partners while continuing to provide spiritual support"* (Interviewee PM1). This approach reflects sophisticated understanding of complementary roles between faith-based and professional services.

However, accessibility barriers significantly limit program effectiveness. Church elders acknowledged resource constraints: *"Access to professional rehabilitation services is limited in our area, and many families cannot afford the available options. We try to bridge this gap through fundraising and connecting families with subsidized programs, but the need far exceeds the resources"* (Interviewee CE4). Parents experienced these limitations directly: *"When my son needed professional rehabilitation, the church helped us identify a suitable facility, but we struggled with the cost. The church provided some financial assistance, but it was still a significant burden for our family. More support is needed to make these services accessible"* (Interviewee FGD7).

Youth participants articulated clear infrastructure development priorities. Multiple respondents emphasized facility needs: *"Building a rehabilitation center to youth in the area"* (Interviewee Y53), and *"The church should build re-entry center, provision of effective counseling system."*

Church to participate in policy making involving drug abuse and society" (Interviewee Y67). Another noted: *"Setting up rehabilitation centers in collaboration with the community. Funding initiatives aimed at eliminating or reducing drug abuse"* (Interviewee Y203). These recommendations reflect recognition of systematic infrastructure gaps requiring coordinated community investment.

Stigma Reduction and Reintegration Strategies

Comprehensive approaches to stigma reduction emerged as critical components of effective rehabilitation programming. Church leaders implemented multi-faceted strategies combining education, dialogue facilitation, and testimonial sharing to transform community attitudes toward addiction and recovery. A parish minister described systematic stigma reduction: *"We work to reduce stigma through education and open discussions about addiction. Our sermons and teachings emphasize compassion and understanding rather than judgment. We also create opportunities for recovered youth to share their testimonies, which helps normalize conversations about addiction and recovery"* (Interviewee PM2). This approach addresses both individual and community-level stigma reduction needs.

Reintegration strategies demonstrated sophisticated understanding of recovery's social dimensions. Church elders articulated comprehensive reintegration approaches: *"Reintegration is a critical part of our rehabilitation approach. We help recovered youth develop skills, find employment or educational opportunities, and rebuild social connections. We also mentor them to become advocates and sources of support for others struggling with addiction"* (Interviewee CE6). This peer support model reflects evidence-based practices emphasizing recovered individuals as resources for ongoing recovery support.

Parents validated stigma reduction effectiveness from family perspectives: *"The church has helped reduce the shame associated with having a child with addiction. Through support groups, we've found understanding and acceptance, which has made it easier to seek help openly rather than hiding the problem"* (Interviewee FGD11). Youth participants contributed innovative stigma reduction strategies: *"Sensitize the youths. Organize concerts that will attract a big number of youths. Invite secular artists that will attract non-church going youths but replicate the messages being communicated"* (Interviewee Y14). Another noted rehabilitation's community benefits: *"Rehabilitation offers churches opportunities to support congregants struggling with addiction or other challenges: Accountability, offering a sense of community, strengthening the church's role in promoting well-being and recovery"* (Interviewee Y30).

The development of recovered youth as advocates emerged as a particularly valuable strategy. One youth suggested: *"Reducing stigma around rehabilitation: Become an expert resource, advocate for treatment, help construct reliable addiction recovery resources"* (Interviewee Y33). This approach transforms personal recovery experiences into community resources for ongoing prevention and intervention efforts.

4.7.4 Discussion and Interpretation

The findings demonstrate that rehabilitation programs represent a significant component of church-based substance abuse mitigation efforts, with the strong correlation ($r=0.710$) and substantial variance explanation (50.2%) validating rehabilitation's contribution to overall prevention effectiveness. However, the lowest overall rating among church roles ($M=3.55$) indicates significant capacity constraints limiting program development and implementation.

The identification of long-term support as the strongest predictor ($\beta=0.186$) aligns with evidence-based recovery principles emphasizing sustained care beyond acute treatment phases. This finding supports theoretical frameworks recognizing recovery as an ongoing process requiring continuous support systems rather than discrete interventions. The significance of overall program effectiveness ($\beta=0.170$) underscores the importance of comprehensive approaches addressing multiple recovery dimensions.

The effectiveness of counseling services ($\beta=0.145$) and stigma reduction efforts ($\beta=0.133$) validates core rehabilitation strategies while highlighting areas for enhanced development. The integration of spiritual guidance with therapeutic techniques represents innovative approaches leveraging unique faith-based resources while recognizing professional expertise limitations.

The qualitative themes reveal sophisticated understanding of rehabilitation requirements combined with significant resource and capacity constraints. The integrated recovery approach demonstrates recognition of addiction's multidimensional nature, while collaborative partnership efforts reflect strategic thinking about resource mobilization and expertise sharing. However, accessibility barriers and infrastructure gaps significantly limit program reach and effectiveness.

The emphasis on stigma reduction and reintegration strategies reflects understanding of social dimensions crucial for sustained recovery. The development of peer support models and community acceptance initiatives creates supportive environments essential for long-term recovery success.

The findings suggest that while PCEA Nanyuki Presbytery's rehabilitation efforts provide valuable spiritual and emotional support for recovery processes, opportunities exist for enhanced professional partnerships, capacity building, infrastructure development, and systematic resource mobilization to address the significant gaps in accessibility, medical support, and long-term care that currently limit program effectiveness and reach.

4.8 Socio-Cultural Factors as Moderators Between Church's Role and Mitigation strategies on Drug and Substance Abuse Among Youth

Socio-cultural factors encompass family dynamics, cultural beliefs, peer influence, social norms, and community attitudes that may influence the effectiveness of church-based interventions. This objective assessed how these contextual factors moderate the relationship between church roles and mitigation effectiveness, examining the conditions under which church programs achieve optimal impact in addressing youth substance abuse.

4.8.1 Descriptive Findings

The study sought to establish the respondents' perceptions of socio-cultural factors as moderators of the church's role in drug and substance abuse mitigation. Table 24 presents the descriptive statistics for the socio-cultural factors construct.

Table 4.22*Descriptive Statistics for Socio-Cultural Factors*

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	SD
Family dynamics significantly influences the effectiveness of church interventions	33.8	45.5	12.4	5.8	2.5	4.02	0.95
Cultural beliefs about drugs affect how youth respond to church programs	29.1	44.7	17.5	6.2	2.5	3.92	0.97
Peer pressure undermines the impact of church drug prevention efforts.	35.6	41.5	14.2	6.5	2.2	4.02	0.97
Social pressures make it difficult for young people to apply church teachings on drug avoidance	31.3	46.9	13.5	6.5	1.8	3.99	0.94
Church interventions are more effective when they include the wider community	35.3	42.5	14.2	6.2	1.8	4.03	0.95
Community attitudes toward drugs affect the success of church programs	28.7	46.9	16.0	6.5	1.8	3.94	0.93
Stigma associated with addiction makes it hard for youth to seek help from the church	33.1	43.3	14.5	7.3	1.8	3.99	0.97
Overall Mean						3.99	0.95

The findings revealed the highest overall mean score among all constructs examined ($M=3.99$), indicating strong recognition of socio-cultural influence on church intervention effectiveness. The highest-rated factors were community inclusion in interventions (77.8% agreement, $M=4.03$), family dynamics influence (79.3% agreement, $M=4.02$), and peer pressure impact (77.1% agreement, $M=4.02$). All socio-cultural factors received substantial agreement levels (74-79%), demonstrating consistent recognition of contextual moderating effects across all domains. Overall, all socio-cultural factors received high levels of agreement, with approximately 74-79% of respondents either agreeing or strongly agreeing with each statement. This indicates a strong consensus among respondents about the significant influence of various socio-cultural factors on the effectiveness of church interventions.

4.8.2 Inferential Analysis

The study conducted inferential analyses to examine the moderating effect of socio-cultural factors on the relationship between the church's role (conscientization, pastoral care, advocacy, and rehabilitation) and mitigation of drug and substance abuse, as well as differences in perceptions of socio-cultural influence based on demographic variables.

Correlation Analysis

A Pearson correlation analysis was conducted to examine the relationship between socio-cultural factors and mitigation of drug and substance abuse.

Table 4.23

Correlation between Socio-Cultural Factors and Mitigation of Drug Abuse

Variables	Socio-Cultural Factors	Mitigation
Socio-Cultural Factors	1	0.526**
Mitigation	0.526**	1

The correlation results in Table 31 shows moderately positive correlation emerged between socio-cultural factors and mitigation effectiveness ($r=0.526$, $p<0.01$), demonstrating enhanced recognition and addressing of contextual factors associate with improved intervention outcomes. This finding suggests that higher recognition and addressing of socio-cultural factors are associated with higher perceived levels of drug abuse mitigation among youth. This moderate correlation highlights the importance of considering and addressing socio-cultural contexts in church-based interventions for drug and substance abuse.

Hierarchical Regression Analysis for Moderating Effect

A hierarchical regression analysis was conducted to test the moderating effect of socio-cultural factors on the relationship between the church's roles (conscientization, pastoral care, advocacy, and rehabilitation) and mitigation of drug and substance abuse.

Table 4.24

Hierarchical Regression Analysis for Moderating Effect of Socio-Cultural Factors

Model	Variables	R ²	ΔR ²	F Change	Sig. Change	F
1	Church Roles (Conscientization, Pastoral Care, Advocacy, Rehabilitation)	0.609	0.609	105.21	0.000***	
2	Church Roles + Socio-Cultural Factors	0.625	0.016	11.37	0.001**	
3	Church Roles + Socio-Cultural Factors + Interaction Terms	0.648	0.023	4.18	0.003**	

The hierarchical regression confirmed significant moderation effects. Church roles initially explained 60.9% of variance in mitigation (Model 1). Adding socio-cultural factors increased explained variance by 1.6% (Model 2, p=0.001). Critically, adding interaction terms further increased variance explanation by 2.3% (Model 3, p=0.003), confirming the moderating effect of socio-cultural factors on church role effectiveness.

Table 4.25*Regression Coefficients for the Moderation Analysis (Model 3)*

Variables	B	Std. Error	Beta	t	Sig.
(Constant)	3.672	0.035		103.23	0.000
Conscientization	0.241	0.067	0.235	3.593	0.000***
Pastoral Care	0.262	0.070	0.254	3.752	0.000***
Advocacy	0.180	0.066	0.179	2.726	0.007**
Rehabilitation	0.227	0.062	0.240	3.671	0.000***
Socio-Cultural Factors	0.097	0.038	0.097	2.553	0.011*
Conscientization × Socio-Cultural Factors	0.075	0.032	0.105	2.348	0.020*
Pastoral Care × Socio-Cultural Factors	0.084	0.033	0.114	2.561	0.011*
Advocacy × Socio-Cultural Factors	0.053	0.031	0.074	1.708	0.089
Rehabilitation × Socio-Cultural Factors	0.079	0.030	0.110	2.626	0.009**

All four church roles were significant predictors, with pastoral care showing strongest effect ($\beta=0.254$). Three significant interaction terms confirmed moderation: rehabilitation × socio-cultural factors ($\beta=0.110$, $p=0.009$), pastoral care × socio-cultural factors ($\beta=0.114$, $p=0.011$), and conscientization × socio-cultural factors ($\beta=0.105$, $p=0.020$). These positive coefficients indicate church interventions become more effective when socio-cultural factors are appropriately addressed. These findings indicate that socio-cultural factors significantly moderate the relationship between rehabilitation, pastoral care, conscientization and mitigation of drug and substance abuse. The positive coefficients for the interaction terms suggest that the positive relationship between these church roles and mitigation is stronger when socio-cultural factors are more effectively addressed.

4.8.3 Qualitative Findings

Four major themes characterized socio-cultural moderation effects: family dynamics and parenting influences that either reinforce or undermine church teachings, peer

pressure and youth culture forces that challenge intervention effectiveness, cultural beliefs and traditional practices that shape substance use attitudes, and economic factors and structural barriers that influence program accessibility and relevance. These themes reveal the complex contextual landscape within which church interventions operate, demonstrating how external factors significantly influence program outcomes.

Family Dynamics and Parenting Influences

Family environments emerged as the most critical moderating factor, with systematic differences in intervention outcomes based on family support structures and parenting approaches. Church leaders observed direct correlations between family functioning and program effectiveness. A parish minister explained: *"We've observed that church interventions are more effective for youth from supportive, involved families. When parents reinforce church teachings at home and model healthy behaviors regarding substance use, youth are more likely to internalize these values. Conversely, when family dynamics are dysfunctional or parents themselves use drugs, our interventions have limited impact"* (Interviewee PM3). This observation highlights the amplifying or diminishing effects of family contexts on church program outcomes.

Parenting style variations created differential intervention responses. A church elder noted: *"Parenting styles significantly affect how youth respond to our programs. Authoritative parenting, which balances nurture with appropriate discipline, tends to support our efforts."*

However, both overly permissive and extremely authoritarian parenting can undermine church interventions by creating either lack of boundaries or rebellion"

(Interviewee CE5). This insight demonstrates how parenting approaches create varying receptivity to church-based prevention messages.

Parents themselves acknowledged their pivotal role in intervention success: *"As parents, we recognize our crucial role in supporting church efforts. When we communicate openly with our children about drugs, monitor their activities, and maintain strong family bonds, church messages are reinforced. Many parents in our community need help developing these skills"* (Interviewee FGD12). Youth validated family importance through various perspectives: *"Family support and Engagement"* (Interviewee Y4), and *"Parents play the role of model, facilitator, and motivator in raising environmental awareness and attitude. Being a model, parents expect children to imitate their parents' actions"* (Interviewee Y3). These convergent perspectives emphasize family systems as primary moderating influences on intervention effectiveness.

Peer Pressure and Youth Culture Forces

Contemporary peer dynamics and youth culture emerged as powerful counterforces to church intervention efforts, with stakeholders consistently identifying peer influence as a primary challenge to program effectiveness. Church leaders described the ongoing struggle youth face when navigating conflicting value systems. A parish minister noted: *"Peer pressure often counteracts our teachings about drug avoidance. Even youth who are committed to church values can struggle when their friends pressure them to use drugs."*

We've found that our interventions are more effective when we address peer dynamics directly and help youth develop resistance skills" (Interviewee PM2).

The influence of contemporary media and entertainment culture created additional challenges for church-based interventions. A church elder observed: *"Contemporary youth culture, especially as portrayed in music, social media, and entertainment, often glorifies drug use. This creates a challenging environment for our youth, who receive mixed messages. Church interventions need to acknowledge and directly address these conflicting influences"* (Interviewee CE7). This cultural dynamic demonstrates how broader societal messages can undermine localized prevention efforts.

Parents expressed concerns about their limited capacity to influence peer relationships effectively: *"Our children spend more time with peers than with us or the church. The influence of friends who use drugs is very powerful. The church needs to help parents understand how to monitor and guide peer relationships without alienating their children"* (Interviewee FGD24). Youth participants demonstrated awareness of peer influence complexity: *"Peer pressure ruins good morals"* (Interviewee Y9), while others sought positive peer environments: *"A form of entertainment. Help me keep away from activities that aren't aligned with my beliefs. To meet new friends"* (Interviewee Y26). Strategic peer selection emerged as a protective factor: *"Avoiding places where you know drugs and alcohol will be available. Surrounding yourself with friends who don't use drugs. Knowing how to resist temptation. Learning how to cope with stress and relax without drugs"* (Interviewee Y39).

Cultural Beliefs and Traditional Practices

Traditional cultural practices and belief systems created complex moderation effects on church intervention effectiveness, requiring sensitive navigation between cultural respect and health promotion. Church leaders identified tensions between cultural traditions and substance abuse prevention messages. A parish minister explained:

"Traditional cultural practices in our community sometimes involve alcohol use in ceremonies and celebrations. Some community members view certain substances as culturally acceptable, creating confusion for youth about which substances are problematic. We must address these cultural contexts in our interventions" (Interviewee PM4).

Cultural approaches to healing and traditional practices created additional complexity. A church elder noted: *"Some traditional healing practices in our community involve substances that can be addictive. We need to be sensitive to cultural beliefs while also educating about potential harms. We've found that our interventions are more effective when we respect cultural traditions while providing accurate information"* (Interviewee CE8). This balance between cultural sensitivity and health education represents a critical moderation dynamic affecting program acceptance and effectiveness.

Cultural taboos around discussing sensitive topics created barriers to early intervention and open dialogue. Parents identified these cultural constraints: *"In our culture, discussing issues like drug abuse openly is sometimes seen as taboo. This cultural silence makes it difficult for families to address drug problems early. The church has helped create safe spaces for breaking this silence, but cultural attitudes are slow to change"* (Interviewee FGD17).

Youth participants demonstrated an awareness of cultural-religious connections: *"Traditional rituals may inspire the use of alcohol. Passage rites include messages from older folks which may..."* (Interviewee Y1), and *"Christians are proclaimed to be holy creatures and thus drugs should not be taken. Drugs and wines are condemned*

in the bible" (Interviewee Y190). These perspectives illustrate how cultural and religious belief systems interact to moderate intervention effectiveness.

Economic Factors and Structural Barriers

Economic conditions and structural inequalities emerged as significant moderators affecting both program accessibility and the underlying vulnerabilities that church interventions attempt to address. All stakeholder groups recognized that economic pressures create differential intervention outcomes, with youth from economically stressed families showing different response patterns to church-based programs. Economic stress creates both direct and indirect pathways to substance use vulnerability, while simultaneously limiting access to alternative activities and support services that might reinforce church-based prevention messages.

The intersection of economic factors with family functioning, peer selection, and cultural practices creates complex moderation patterns. Families experiencing economic stress may have reduced capacity for monitoring and engagement, while economic pressures may influence peer group selection and cultural practice participation. These structural factors create differential contexts within which church interventions operate, requiring adaptive approaches that acknowledge varying economic realities among program participants.

4.8.4 Discussion and Interpretation

The findings provide compelling evidence for significant socio-cultural moderation effects on church intervention effectiveness, with the highest overall recognition ($M=3.99$) among all constructs examined indicating strong stakeholder awareness of contextual influences. The hierarchical regression results confirm theoretical expectations about ecological influences on intervention outcomes, with socio-cultural

factors adding meaningful explanatory power beyond church program components alone.

The significant interaction terms for rehabilitation ($\beta=0.110$), pastoral care ($\beta=0.114$), and conscientization ($\beta=0.105$) suggest that recovery and support services are particularly sensitive to socio-cultural contexts. This finding aligns with ecological systems theory emphasizing the nested influences of family, peer, community, and cultural contexts on individual behavior change processes. The stronger moderation effects for therapeutic and educational interventions compared to advocacy approaches suggest that direct service programs require greater cultural adaptation and contextual sensitivity.

The qualitative themes reveal sophisticated understanding of moderation mechanisms among all stakeholder groups. Family dynamics emerged as the primary moderating factor, consistent with extensive research on family influence during adolescent development. The identification of specific parenting style impacts demonstrates nuanced appreciation for how family processes either amplify or diminish intervention effects.

Peer influence and youth culture challenges reflect broader societal trends affecting substance abuse prevention efforts.

The recognition of media influence and contemporary cultural messaging highlights the need for intervention strategies that specifically address competing cultural narratives and peer resistance skills. The youth participants' articulation of strategic peer selection and resistance strategies demonstrates potential for leveraging peer influence positively when appropriately addressed.

Cultural belief moderating effects illustrate the complexity of implementing interventions within traditional communities where substance use may have ceremonial or traditional significance. The emphasis on respectful dialogue and cultural sensitivity while maintaining health promotion objectives reflects sophisticated approaches to cross-cultural intervention development.

Economic factor recognition points to the importance of addressing structural determinants of substance abuse vulnerability while implementing church-based programs. The intersection of economic stress with family functioning and cultural practices creates multiple pathway models requiring comprehensive intervention approaches.

The findings suggest that church intervention effectiveness depends significantly on contextual adaptation and stakeholder engagement across multiple ecological levels. Enhanced program outcomes require systematic attention to family systems, peer dynamics, cultural beliefs, and economic contexts rather than assuming uniform intervention effects across diverse community contexts.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a comprehensive summary of the study findings, conclusions drawn from these findings, and recommendations based on the research objectives. The study sought to assess the role of the church in mitigating drug and substance abuse among youths in selected churches in Kenya. Specifically, the research was guided by five objectives to establish the effectiveness of mitigation strategies on drug and substance abuse among church youths: to assess the effectiveness of conscientization programs on mitigation of drug and substance abuse among youths; to determine the effectiveness of pastoral care programs on mitigation of drug and substance abuse among youths; to establish the effectiveness of advocacy programs on mitigation of drug and substance abuse among youths; to examine the effectiveness of rehabilitation programs on mitigation of drug and substance abuse among youths; and to determine how socio-cultural factors moderate the relationship between the church's role and mitigation of drug and substance abuse among youths.

The study employed a mixed-methods research design, combining both quantitative and qualitative approaches to provide a comprehensive understanding of the research problem. Data was collected from various respondents including church leaders, youth leaders, church youths, parents, and community leaders through questionnaires, interviews, and focus group discussions. The chapter is organized into four main sections: summary of findings, conclusions based on these findings, recommendations for action, and suggestions for further research.

5.2 Summary of the Findings

Conscientization and Mitigation of Drug and Substance Abuse Among Youth

The first objective examined how well churches help young people develop critical awareness about drug and substance abuse issues. The study looked at awareness creation activities, knowledge building sessions, educational workshops, peer testimonials, and youth empowerment programs.

The results revealed mixed success. While churches are making solid efforts, only 46% of youth felt their churches provided adequate awareness programs, scoring 3.70 overall. Educational workshops and peer testimonials worked best - young people responded well to learning from both structured sessions and hearing real stories from their peers. However, churches struggled with technology use (scoring only 3.32) and getting youth actively involved in awareness campaigns.

Interviews with church leaders and parents revealed an important gap: while churches succeed in creating awareness and educating youth about dangers, they struggle with follow-up support and helping young people apply what they learn in real-life situations. Leaders noted that traditional teaching methods don't always engage tech-savvy youth effectively.

The statistical evidence was encouraging though - there was a strong connection ($r = 0.681$) between good awareness programs and reduced substance abuse. Notably, younger participants (18-22 years) were more optimistic about these programs than older youth, suggesting that awareness efforts may be improving over time.

The findings show that awareness programs significantly help prevent substance abuse, but churches need to modernize their approaches and provide better practical support to maximize impact.

Pastoral Care Programs and Mitigation of Drug and Substance Abuse Among Youth

The second objective explored how effective churches are at providing personal, one-on-one support to young people struggling with substance abuse. This included examining spiritual guidance, life skills training, individual counseling, mentorship programs, crisis intervention, and family counseling services.

Pastoral care emerged as the strongest area of church intervention, scoring 3.70 overall with some components performing exceptionally well. Spiritual support (3.99) and life skills education (3.98) were clear strengths, showing that churches excel at providing hope and practical guidance to youth. Individual counseling was popular, with 78% of youth participating, while spiritual mentorship engaged 65% of young people. However, churches struggled with specialized addiction interventions (3.46) and providing economic support (3.35).

Young people and church leaders both praised the personal, non-judgmental approach of pastoral care. Youth appreciated having trusted adults who listened without condemning them. Church leaders valued being able to address underlying issues like family problems and peer pressure. However, interviews revealed challenges: limited counselor availability, insufficient professional training for complex cases, and difficulty reaching youth in remote areas.

The impact was huge with findings indicating that youth receiving pastoral care were 43% less likely to experiment with substances compared to those who didn't receive such support. Women appreciated pastoral care more than men, and younger participants found it more helpful than older youth. The evidence clearly shows that personal, spiritual-based support is highly effective for preventing and addressing substance abuse, though churches need better training and broader access to maximize their impact.

Advocacy and Mitigation of Drug and Substance Abuse Among Youth

The third objective examined how effectively churches advocate for policy changes and mobilize communities to address substance abuse issues. This included studying policy development, public awareness campaigns, collaboration with health institutions, engagement with government officials, public forums, and partnerships with other organizations.

Churches showed moderate success in advocacy work, scoring 3.67 overall, but this was clearly their weakest area. They performed well in creating internal policies against drug abuse (71.6%) and raising public awareness (71.6%) but struggled significantly with external collaboration. Working with health institutions (57.8%), engaging government authorities (57.4%), and organizing public forums (50.9%) all showed notable weaknesses.

The data revealed why churches struggle with advocacy: only 41.8% of congregations run community awareness campaigns, 35.3% hold public education forums, and a mere 15.6% engage in policy advocacy.

Church leaders were honest about their limitations, citing lack of resources, insufficient training in community organizing, and weak relationships with government and health officials.

Despite current weaknesses, advocacy showed strong potential and was significantly linked to substance abuse prevention success ($r = 0.673$). Younger participants were more optimistic about advocacy efforts than older youth, and regular church attendees saw more value in these activities than occasional participants. The findings reveal that while churches have substantial potential for community advocacy and policy influence, they need significant capacity building, strategic partnerships, and resource development to become effective advocates for substance abuse prevention.

Rehabilitation and Mitigation of Drug and Substance Abuse Among Youths

The fourth objective examined how well churches help young people recover from substance abuse and maintain long-term sobriety. This included studying recovery counseling, family involvement, medical treatment support, follow-up care, service accessibility, long-term support, and efforts to reduce stigma around addiction.

Rehabilitation services showed moderate effectiveness (3.55) but ranked lowest among all church interventions. Churches performed well in providing counseling for recovering youth (64.7% effective) and involving families in recovery (64.3%) but struggled significantly with medical treatment support (44.7%), follow-up care (51.0%), and making services accessible (53.5%). About 69.5% of churches offered spiritual counseling for recovery, while only 38.2% provided structured aftercare programs.

Both church leaders and program participants praised the spiritual foundation and community support that churches provide during recovery. The sense of hope and meaning that comes from faith-based recovery was repeatedly highlighted. However, interviews revealed critical gaps: inadequate partnerships with medical professionals, difficulty accessing services in rural areas, and lack of structured follow-up once initial treatment ended.

Despite the challenges, the results were encouraging. About 67% of youth in church rehabilitation programs stayed clean for at least six months, and those receiving comprehensive support combining multiple approaches achieved even better success rates (84%). Women responded more positively to rehabilitation services than men. The findings show that churches provide valuable recovery support through spiritual counseling and community involvement, but need much stronger medical partnerships, better accessibility, and structured aftercare programs to reach their full potential in helping youth recover and stay clean.

Socio-Cultural Factors as Moderators Between Church's Role and Mitigation Strategies on Drug and Substance Abuse Among Youths

The fifth objective examined how family, community, and cultural factors influence the success of church programs in preventing substance abuse. This included studying family dynamics, peer pressure, community attitudes, cultural beliefs about addiction, social stigma, economic circumstances, and traditional values.

The results revealed that cultural and social factors play a huge role in determining whether church programs succeed or fail. Participants strongly recognized these influences, scoring them 3.99 overall.

Family dynamics were seen as most influential (79.3% recognition), followed by social pressures (78.2%), community attitudes (77.8%), and peer pressure (77.1%). Research participants agreed that these broader social forces significantly shape how young people respond to church interventions.

Interviews provided rich insights into how these factors work in practice. Church leaders and parents explained that family support or opposition can make or break a young person's recovery. When families understand and support church programs, success rates improve dramatically. However, cultural beliefs that view addiction as a moral failure sometimes conflict with church therapeutic approaches. Social stigma remains a major barrier - despite church teachings about forgiveness, some congregation members still judge families dealing with addiction, which discourages people from seeking help.

The statistical analysis confirmed these observations. Cultural factors significantly influenced how well church programs worked, particularly for individual-focused services like counseling and rehabilitation. Interestingly, more educated participants were better at recognizing these cultural influences than those with less education. The findings clearly demonstrate that cultural and social factors significantly shape intervention success, with individual-focused services being more sensitive to cultural context than community-wide programs. This highlights the critical need for churches to develop culturally sensitive approaches that work with, rather than against, local values and social dynamics.

5.3 Conclusion

This study aimed to investigate the effectiveness of the Presbyterian Church of East Africa (PCEA) Nanyuki Presbytery's roles in mitigating drug and substance abuse among youth in Laikipia County, Kenya. The research examined four key church roles: conscientization, pastoral care programs, advocacy, and rehabilitation, as well as how socio-cultural factors moderate their effectiveness.

The first objective sought to determine the role of conscientization in mitigating drug and substance abuse among the youth. The findings revealed that the church's awareness-raising initiatives were generally viewed positively with effective drug education and motivation through positive examples emerging as particular strengths. The study concluded that while conscientization efforts significantly contribute to youth substance abuse mitigation through education, modeling, and consistent messaging, there are notable gaps in technology utilization and youth participation in awareness campaigns. Addressing these gaps by incorporating modern technology, increasing youth engagement, and ensuring messaging remains relevant will enhance the effectiveness of the church's conscientization role.

The second objective evaluated pastoral care programs' role in mitigating drug and substance abuse. The findings indicated that pastoral care programs were positively perceived with a strong correlation to mitigation effectiveness. Spiritual support (Mean and life skills education emerged as significant strengths, while specific interventions for addiction, support group organization, and economic support showed notable gaps.

The study concluded that while pastoral care programs make a significant contribution through spiritual support, life skills education, guidance, and counseling, strengthening targeted interventions for addiction, developing structured mentorship programs, expanding economic support initiatives, and establishing stronger partnerships with specialized services would enhance their effectiveness.

The third objective examined the advocacy role in mitigating drug and substance abuse. The findings showed moderately positive perceptions of the church's advocacy efforts with strengths in establishing strong policies against drug abuse and public awareness creation. However, weaker areas included collaboration with health institutions, engagement with authorities, and organization of public forums. The study concluded that while advocacy efforts contribute positively through internal policies, awareness creation, and youth involvement, developing more strategic collaborations, strengthening engagement with authorities, improving public forum organization, and building capacity for evidence-based advocacy would significantly enhance this role.

The fourth objective assessed the rehabilitation role in mitigating drug and substance abuse. The findings indicated that while rehabilitation efforts were perceived as somewhat effective, this was the lowest-rated among all church roles. Strengths included counseling for recovering youth and family involvement, with significant gaps in support for medical treatment, follow-up after rehabilitation, and accessibility of services. The study concluded that though rehabilitation efforts contribute positively through counseling, family involvement, and stigma reduction, there are substantial opportunities to enhance effectiveness by strengthening medical treatment support, improving service accessibility, developing structured follow-up mechanisms, and building capacity for long-term recovery support.

The fifth objective evaluated how socio-cultural factors moderate the relationship between church roles and mitigation outcomes. The findings revealed high recognition of socio-cultural influences, with family dynamics, social pressures, community inclusion, and peer pressure identified as critical moderating factors. Regression analysis confirmed significant moderating effects, with stronger effects on rehabilitation and pastoral care compared to conscientization and advocacy. The study concluded that socio-cultural factors significantly moderate intervention effectiveness, underscoring the importance of developing contextually relevant, culturally sensitive approaches that address not only individual factors but also broader social, cultural, and economic contexts.

Based on both quantitative and qualitative findings, the study concluded that while the PCEA Nanyuki Presbytery's interventions are making positive contributions to mitigating drug and substance abuse among youth, there are several areas requiring improvement. These include enhancing technology integration in awareness efforts, strengthening specialized addiction services, developing more structured partnerships with health and community stakeholders, improving rehabilitation service accessibility and follow-up, and adapting approaches to address relevant socio-cultural factors.

5.4 Recommendations

Based on the findings and conclusions of this study on the PCEA Nanyuki Presbytery's roles in mitigating drug and substance abuse among youth in Laikipia County, Kenya, the following recommendations are proposed:

5.4.1 Recommendations for Enhancing Conscientization Role

- i. **Technology Integration:** The church should invest in developing digital platforms and social media strategies to enhance drug education outreach.

- ii. This could include creating youth-friendly mobile applications, engaging social media campaigns, and utilizing multimedia content to communicate prevention messages effectively.
- iii. Youth-Led Initiatives: Establish formal structures for youth to lead and participate in awareness campaigns, such as youth anti-drug clubs, peer educator programs, and youth-led community outreach teams. These initiatives should provide youth with meaningful roles and decision-making authority.
- iv. Evidence-Based Education: Develop and implement evidence-based drug education curricula that incorporate current research, accurate information about emerging drug trends, and age-appropriate content tailored to different developmental stages.
- v. Collaboration with Educational Institutions: Forge partnerships with schools, colleges, and universities to expand the reach of awareness programs and create continuous prevention messaging across environments frequented by youth.

5.4.2 Recommendations for Strengthening Pastoral Care Programs

- i. Specialized Training: Provide comprehensive training for church leaders, counselors, and youth workers on substance abuse counseling, intervention techniques, and mental health first aid to enhance their capacity to provide effective support.
- ii. Economic Empowerment Initiatives: Develop sustainable economic support programs such as skills training, entrepreneurship education, and micro-finance initiatives targeting vulnerable youth and those in recovery to address economic risk factors for substance abuse.

- iii. **Structured Mentorship Programs:** Establish formal mentorship frameworks connecting youth with trained adult mentors who can provide consistent guidance, model positive behaviors, and offer personalized support.
- iv. **Comprehensive Life Skills Curriculum:** Expand life skills education to include evidence-based modules on decision-making, stress management, emotional regulation, financial literacy, and resistance to peer pressure, tailored to different age groups.

5.4.3 Recommendations for Improving Advocacy Role

- i. **Strategic Partnerships:** Develop formal, documented partnerships with relevant stakeholders including government agencies, healthcare providers, other faith-based organizations, and NGOs to create a coordinated approach to substance abuse prevention and policy influence.
- ii. **Evidence-Based Advocacy:** Invest in research and data collection to document the scope of substance abuse issues and the impact of church interventions, using this evidence to strengthen advocacy efforts and policy recommendations.
- iii. **Structured Public Forums:** Implement regular, well-organized public forums with clear objectives, diverse stakeholder participation, and actionable outcomes to enhance community engagement and public dialogue on substance abuse issues.
- iv. **Advocacy Training:** Provide specialized training for church leaders and selected youth on effective advocacy techniques, policy analysis, community mobilization, and media engagement to strengthen their capacity as advocates.

5.4.4 Recommendations for Enhancing Rehabilitation Services

- i. **Integrated Care Model:** Develop a comprehensive, integrated care model that combines spiritual support, psychological counseling, family therapy, and appropriate linkages to medical treatment for those with severe addiction issues.
- ii. **Aftercare Program:** Establish a structured aftercare program with clear protocols for follow-up, relapse prevention support, and long-term monitoring to enhance sustained recovery outcomes.
- iii. **Accessibility Improvements:** Improve accessibility of rehabilitation services by decentralizing support to church branches, creating mobile outreach teams, utilizing telehealth options where appropriate, and establishing satellite counseling centers in underserved areas.
- iv. **Professional Partnerships:** Formalize partnerships with specialized addiction treatment facilities, healthcare providers, and mental health professionals to enhance referral pathways, consultation support, and comprehensive care for youth with complex needs.

5.4.5 Recommendations for Addressing Socio-Cultural Factors

- i. **Culturally Adaptive Interventions:** Develop culturally sensitive intervention approaches that acknowledge and address local cultural beliefs, practices, and norms related to substance use, ensuring that prevention and treatment strategies are contextually relevant.

- ii. **Family-Focused Programs:** Implement comprehensive family support and education programs that strengthen family functioning, improve parent-child communication, and enhance parenting skills to address the critical role of family dynamics in youth substance use.
- iii. **Community Engagement Strategy:** Create a systematic community engagement strategy that builds community ownership of prevention efforts, addresses community norms that may enable substance use, and mobilizes community resources for youth support.
- iv. **Peer Influence Initiatives:** Develop targeted interventions that harness positive peer influence through peer support groups, youth-led prevention activities, and initiatives that create substance-free social opportunities and networks for youth.

5.4.6 Recommendations for Implementation and Sustainability

- i. **Capacity Building Framework:** Establish a comprehensive capacity building framework for church personnel involved in substance abuse prevention and intervention, including ongoing training, supervision, and professional development opportunities.
- ii. **Monitoring and Evaluation System:** Implement a robust monitoring and evaluation system to track the implementation and outcomes of interventions, facilitate continuous improvement, and document impact for future advocacy and resource mobilization.

- iii. Resource Mobilization Strategy: Develop a diversified resource mobilization strategy that includes church contributions, government partnerships, donor funding, income-generating activities, and community resource pooling to ensure sustainable funding for prevention and intervention programs.
- iv. Knowledge Management System: Create a knowledge management system to document effective practices, lessons learned, and innovative approaches that can be shared across church branches and with other stakeholders working on youth substance abuse issues.

5.5 Suggestions for Future Research

- i. Conduct longitudinal studies to assess the long-term impact of church-based interventions on youth substance use behaviors and recovery outcomes.
- ii. Investigate the effectiveness of specific intervention components to identify which approaches yield the strongest outcomes for different youth populations and substance use patterns.
- iii. Explore the potential of integrating traditional and cultural practices with faith-based approaches in substance abuse prevention and treatment.
- iv. Examine the economic impact of substance abuse and the cost-effectiveness of church-based prevention and intervention strategies.
- v. Study successful models of church-community-government partnerships in addressing youth substance abuse to identify replicable approaches for scaling up interventions.

By implementing these recommendations, the PCEA Nanyuki Presbytery can significantly enhance its effectiveness in mitigating drug and substance abuse among youth in Laikipia County, providing a comprehensive, sustainable, and contextually appropriate response to this critical community concern.

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