



Factors Contributing To Drug Abuse among the Youth in Kenya: A Case of Bamburi Location

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ABSTRACT

This paper investigates factors contributing to drug abuse among the youth in Kenya; a case of Bamburi Location. The paper also: establishes the nature and extent of drug abuse and related issues among the youths; establishes the level and sources of knowledge and awareness on drug abuse and related issues among the youth; investigates demographic factors contributing to drug abuse; investigates social-cultural factors contributing to drug abuse; investigates economic factors contributing to drug abuse; analyses the effects of drug abuse; interrogates the challenges faced against the fight of drug abuse; and recommends on how to curb and reduce drug abuse. In this paper, the authors use an explanatory study design where a study was conducted in Bamburi Location to establish factors contributing to drug abuse among youths in Kenya. The explanatory study design was adopted as it offers an explanation as to why youths engage in drug abuse in Kenya. A survey was conducted for the reason that it provides the information from the single selected sample whose findings can be used to offer a generalization for the whole country. The sample size for the study was 120 youth across all the sub locations in Bamburi location. The main findings of the study were: Demographic characteristics except gender do contribute to drug abuse in the area. Economic and social cultural factors also play a great role in influencing drug abuse in the area among the youth. Effects of drug abuse are diverse. They range from individual to societal effects such as poor health, poor personal hygiene, homosexuality, high school drop-out rate, high divorce rate, prostitution and increased crime. The main challenge facing the fight against drug abuse is corruption and lack of concern by the community in general. Suggested measures to fight the menace are to end corruption and focus on preventive education among the school-going youth. Though there are various factors leading to drug abuse, this paper focuses on demographic factors, social-cultural, and economic leading to pervasiveness of the menace in the Bamburi community/Location. Basically there are various demographic factors contributing to drug abuse such as age, occupation, religion, and marital status. Demographic factors also work in close relationship with social-cultural factors such as one's perceived respect by others, the social environment, peer pressure influence, social learning from parents, one's culture and cultural believes, customs, norms and values. Economic factors also play a great role in determining one's behavior especially in cases of deviance. One's economic status may influence one's indulgence in such activities. This paper is, however, limited to the investigation of these factors and recommends the way forward in reducing or curbing drug abuse in Bamburi Location.

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Introduction

The definition of what constitutes drug abuse is situational and depends on the cultural context of the defining time. For instance, one caught with a single gram of opium in India is subjected to capital punishment unlike in other countries such as Jamaica where opium use is accepted. Furthermore, varying legislations concerning the definition of drug abuse and the drugs so said abused adds to this blur. There are various factors contributing to drug abuse globally, regionally and nationally but these factors cannot be generalized as the main factors leading to drug abuse. A study conducted by Drug Abuse Warning Network, a public health surveillance on the emergency department (ED) visits in the United States of America, revealed that during the third and the fourth quarters of 2003, an estimates of 627,923 drug-related ED visits nationwide

was recorded. Overall, drug-related ED visits averaged 1.7 drugs per visit, including illicit drugs and inhalants, alcohol, prescription and over-the-counter (OTC) pharmaceuticals, dietary supplements and non-pharmaceutical inhalants.

The UNDCP report (2001) indicates that in Africa, like any continent in the world, alcohol is so far the most abused drug, causing the most harm to families and communities. It notes that currently, traditional brew is adulterated with battery acid to spread the fermentation process and increase its potency. Cannabis sativa (bhanga) is the most common abused illegal drug traditionally produced in Africa whereas khat production and use is traditional in the highlands of East Africa. The use and abuse of cannabis and khat is common in regions where they are grown. Acuda (1982) reviewed the research studies on substance abuse problems in Kenya for the first time. The author

noted that formerly, the psychoactive substances that were commonly abused in Kenya were alcohol and *Khat*, but over the years there have been an upsurge in use and abuse of a variety of a variety of other substances like tobacco, cannabis sativa, and volatile substances. He also found out that among the youth, between 50% to 60% drunk alcohol regularly. The practice was said to be more widespread in urban and peri-urban areas than in rural areas. Regarding gender, more boys than girls were involved in the behavior. The author concluded that the use of psychoactive substances among the youth was growing and recommended more research in order to prepare guidelines and strategies for preventing measures, which include preventive substance education.

DARAT (Feb. 2009), a Mombasa based non-governmental organization, carried a study sponsored by the National Aids Control Council and reported that a sample of 120 narcotic users including injectors in Mombasa and Kilindini districts indicated an exceptionally high pervasiveness of hepatitis C and HIV infections. The state of substance abuse by young adults or youth forms a valuable background to the current study. Consequently, this study was geared toward finding out the factors contributing to drug abuse among the Kenyan youth, a case of Bamburi location.

Statement of The Problem

Lately in Kenya and indeed in the East African region, incidences of drug abuse and other related issues have been on the increase. This has been attested to by the frequency of incidences that have been highlighted by the media and some of which have been reported to the police or recorded in the court system not to mention several studies conducted in the region. A cross-sectional study conducted by the World Health Organization through the use RAR (Rapid Assessment and Response) method in East Africa revealed that there is an increase in cases of Intravenous drug users in both Tanzania and Kenyan coast (WHO, 2006).

According to a cross sectional study conducted by Otieno and Ofulla (2006) in Kisumu targeting 9 secondary schools, youths in the region revealed astonishing cases of drug abuse among the secondary school youths in the region. In the study, a total of 458 students (243 males and 215 females) were interviewed using a close-ended questionnaire. The results showed that 265 (57.9%) of the respondents had consumed alcohol at least once in their lives, 159 (34.7%) had abused tobacco, 84 (18.3%) had abused cannabis, 106 (23.1%) had abused *khat* and 24 (5.2%) had used inhalants and/or cocaine. The age group most at risk was 16-18 years, the age at which most students are in secondary school. In the coast region, the situation may be worse due to the availability of the port which serves as an avenue for entry of various goods and foreigners.

The cases of drug abuse in the coast region of Kenya are alarming. A local newspaper - Daily Nation – in its Saturday edition on 19th December 2009, reported the arrest of a Ghanian man while trying to traffic 5 kilograms worth ten million of heroin in Mikindani areas in Mombasa. In Bamburi, with the influx of such foreigners in the region due to its tourist attracting environment, the situation may be worse. In spite of these grave scenarios, it appears that the youth lack a clear picture of the overall effects of drug abuse to their own bodies, families and the community in general.

The most abused drugs are alcohol (beer, wine, and liquor), heroin, solvents and other stimulants which include tobacco, caffeine, cocaine and hallucinogens such cannabis sativa (Dr.

Mugusia, 2009). Drug abuse has led to social problems such as drunken driving, violence, stress and child abuse. Drug abuse can lead to homelessness, crime and absenteeism from work which may lead to loss of opportunities. It harms unborn babies when taken by expectants mothers and destroys families. Drug abuse also leads to low participation of the locals in both reproductive and productive activities which are crucial for the stability of families and for national growth in general.

Despite all the above ill effects of drug abuse, this menace is still rampant in the Coast Province. Thus the study aimed at exploring the factors that contribute to drug abuse among the Kenyan youth, with a focus on Bamburi Location of the Coast Province, with the aim of providing intervention measures on how to curb and reduce the spread of the menace and suggest how to deal with the drug addicts if any.

Purpose of The Study

The purpose of the study was to investigate factors contributing to drug abuse among the Kenyan youth in Bamburi Location of the Coast Province. The specific objectives of the study were:

1. To establish the nature and extent of drug abuse and sources of knowledge and awareness On drug abuse and related issues among the youth.
2. To investigate demographic factors contributing to drug abuse.
3. To investigate social-cultural factors contributing to drug abuse.
4. To investigate economic factors contributing to drug abuse.
5. To find out the effects of drug abuse.
6. To find out the challenges faced against the fight of drug abuse.

Conceptual Framework

Demographic factors such as age, gender, occupation, religion, marital status and education often influence the decision to indulge in drug abuse. Studies have shown that men are more likely to engage in maladaptive behaviors such as drug abuse and misuse of money. Age is also a major factor which influences the onset of drug abuse.

Some teenagers may take drugs with an aim of 'appearing old' – desire to be perceived and perceive themselves as adults. Educated individuals are known to make self-enhancing decisions which are less harmful to them as compared to uneducated ones who might be frustrated and hence end up comforting himself/herself through drug abuse. Religion also plays a bigger role in socializing the individual by providing the pros and cons to guide one's behavior and social interactions.

Social-cultural factors also play a major role in determining one's behavior. For instance, some cultures recommend taking of stimulants, depressants and hallucinogens such as beer, liquor, wine, tobacco and cannabis sativa during cultural functions.

Some liquor or drugs are culturally accepted and during these cultural ceremonies or festivities, people are grouped in age sets and provided with the drugs.

The social environment also plays a great role in influencing drug abuse ranging from the family environment to the peer group influence and the need to fit in a certain group.

Thus in societies where such factors exist, drug abuse may be at its peak. Economic factors such as one's economic class determine one's indulgence in drug abuse (See Figure 1)

Methodology

Study Area

Bamburi Location is among the 8 locations of Kisauni Division. Bamburi is an outlying township (fifteen minutes' drive) on the way to the town of Malindi off Mombasa town. Bamburi is the location of Bamburi Cement. Other notable features in the area are the Mijikenda Public Beach and Haller Park, a wildlife conservatory together with other beach clubs including the famous Kenyatta Public Beach. The population of Bamburi Location is estimated to be around 16,108 (as per Electoral Commission of Kenya, 2005) people whose main economic activities vary largely depending on one's economic status and education level. The area has been chosen mainly for the reason that it carries a high population in the division hence more likely to provide inclusive practical and tangible information than any other location. The study area also has an influx of both local and international tourists who may engage in drug abuse.

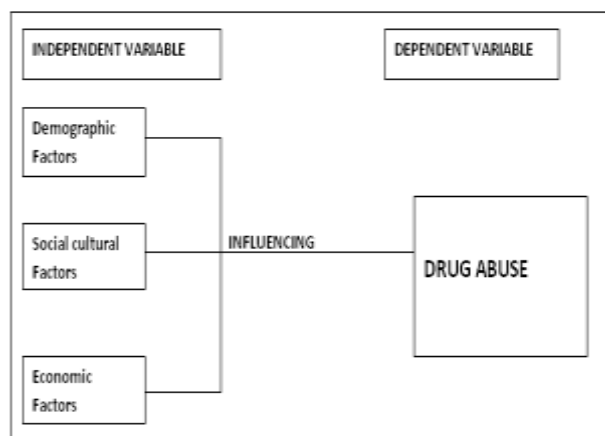


Figure 1: Conceptual Framework

Research Design

In the inquiry, the researchers used an explanatory study design where a case of Bamburi Location was selected to establish factors contributing to drug abuse among youths in Kenya. The explanatory study design was adopted as it offers an explanation as to why youths engage in drug abuse in Kenya. A survey was conducted for the reason that it provides the information from the single selected sample whose findings can be used to offer a generalization for the whole country.

Target Population

The inquiry could have been better enough if the focus was on the entire population of the whole country but due to several limitations such as financial constraints and limited time, that was not possible. Therefore, due to the aforementioned limitations, the study was focused on Bamburi Location and only those residents that have lived in Bamburi for more than 3 years and are 15-35 years (youth bracket) were incorporated, allowing the findings to be a representative of all youths in the country. The key informants were also contacted to counter-check the data given by the area residents. The key informants included the local chiefs and their assistants, police officers and anti-drug activists and rehabilitation officers working in the area.

Sample Size and Sampling Procedures

A sample population of 16,108 was selected for the study. Probability sampling technique was used in order to provide a representative sample of the inquiry. Purposive sampling was used to select key informants in the region such as the chief, area councillor, and sub-chiefs and any other relevant individuals such as the police, anti-drug activists and religious leaders.

Convenient sampling was used to select most of the respondents who were issued with the questionnaires in the region. This was due to little time available for the study and also on the fact that people were less willing to participate in the study as they termed the topic sensitive.

Data Collection Methods

Data Collection Materials

Research Questionnaires were used to solicit information from the sample population. They were divided into several sections covering the objectives of the study. The different sections covered by the questionnaire were: background information; demographic characteristics and drug abuse; economic status and drug abuse; social cultural factors and drug abuse; and the respondent's general view about the nature and extent of drug abuse in Bamburi Location. The questionnaire contained both closed and open-ended questions. The closed ended questionnaire included contingency, matrix, and single answer questions. The researchers also interviewed key informants in the area.

Data Collection Procedures

Based on the objectives of the study, questionnaires, interviews and observation were used as methods of data collection. The study area was not new to the researchers as it's an area some of them had visited severally and stayed in. Rapport was established between the researchers and the residents which served to his advantage as far as data collection was concerned and where the problem of language barrier was encountered, the services of research assistants who were conversant with the language were enlisted.

A pilot study of the questionnaire was conducted to make it easier when it comes to real data collection. The next stage involved the formal visit to the chief's office, the area councillor's office, and the sub-chief's office to inform them of the research and hold an interview with them. Personal interviews were conducted targeting the chief, area counsellor, and sub-chiefs and police officers since they form the basic administration partners in the grassroots and hence better placed to understand issues of drugs and drug abuse. The informal nature of this method is to help establish rapport between the researcher and the local leaders to facilitate the process of data collection.

Self-administered questionnaires were administered to individual residents aged between 15 and 35 years and had stayed in Bamburi Location for more than 3 years. This included both women and men. Whenever illiteracy proved a hindrance, the researchers administered the questionnaires themselves and made the necessary clarifications and interpretations on various questions and also assisted in filling the questionnaires to those individuals who can't read and write in order to solicit information effectively.

The researchers visited the chief's office to get a report on the subject of the study. Other places visited included: the area councillor's office and the two sub-chiefs' office, police station, the nearest prison, rehabilitation centres and anti-drug activists' office in the region. The process was informative to the researcher and generated new perspectives which were incorporated in data analysis and presentation

Reliability and validity of the questionnaire and the interview schedule

Reliability

Reliability refers to the degree of consistence between the same things. According to David (2005), reliability is

synonymous with repeatability or stability. A measurement that yields same results over time is said to be reliable. Reliability was confirmed through test-retest method. This was done during the interview excursion.

Validity

Validity refers to the ability of the questionnaire to measure the different variables and how they interact and influence one another. The researchers evaluated the validity of the questionnaires before the actual study. This included the question format, typology and the ability of the questionnaire to capture information on the research problem. The process included the correction questionnaire so as to make them effective in research process.

Methods of Data Analysis

Data analysis involved both qualitative and quantitative approaches. Quantitative data analysis proceeded with the coding of all the responses from each questionnaire which were then analyzed using the Statistical Package for Social Scientist (SPSS) version 15.0. Means were used to rank responses from all respondents. Data collected during interview schedule was analyzed and used as back up information. Elements identified were coded and then transcribed to grids, for clarity and to ease identification. Through content coding, a list of themes, patterns and categories was generated. This formed the basis for evaluation and analysis to determine the adequacy of information, usefulness, consistency and validity of hypotheses.

Respondents' Understanding of Drugs and Drug Abuse Issues

Respondents gave the idea on how far they perceived or understood the issues of drug and drug abuse. These ranged from totally understanding, partially understand to not understanding. They were required to tick where appropriate. The results were as summarized in Table 1.

Table 1: Respondent Understanding of Drug Abuse

RESPONDENTS UNDERSTANDING OF DRUG ABUSE	OF	FREQUENCY	PERCENT
Totally understand		86	71.7
Partially understand		34	28.3
Don't understand		0	0
Total		120	100.0

As evidenced in Table 1, 86 respondents (71.7%) agreed to fully understand the topic of study and the area in general while 34 respondents (28.3%) said they partially understood the topic of study. Out of the 120 respondents, no one stated that he/she did not understand issues of drug and drug abuse in the area. This is significant because it lends validity and reliability to the information given by the respondent since they well understand the issues of drugs and drugs abuse.

The Area's Sources of Awareness and Knowledge of Drug and Drug Abuse Issues

Similarly, when asked to tick the sources of awareness and knowledge existing or available in the region where respondents were allowed to tick more than one source, 55 respondents indicated parents as source of knowledge and awareness forming 17.5%, 61 media (19.4%); 60 friends (19.0%); religious leaders 42 (13.3%); local leaders 38(12.1%); faith based organization 26(8.3%); nongovernmental organization 31(9.8); while 2 cited other sources of awareness such as schools forming a percentage of 0.6%. Out of 120 respondents, only around 50% indicated

various sources of awareness knowledge. It is thus arguable that no one cares on the issues affecting the youths in Bamburi Location.

Table 2 shows that media and friends have a great role to play in educating their youths on drug abuse. In this case, friends may conjure up myths about drug abuse which may have a great influence towards indulgence in drug abuse issues. Further, the media has a great role to play towards educating the youths on drug abuse, but confusion is created when the same media advocates for use of drugs such as beer and alcohol during their marketing adverts. This may influence some of the youth to engage in drug abuse.

Table 2: Area sources of awareness and knowledge about drug abuse

SOURCE OF INFORMATION	OF	FREQUENCY	PERCENT
Parent		55	17.5
Media		61	19.4
Friends		60	19.0
Religious leaders		42	13.3
Local leaders		38	12.1
Faith based organizations		26	8.3
Non governmental organizations		31	9.8
Any other (schools)		2	.6
Total		315*	100.0

N is more than 120 because of multiple response

Cases of Drug Abuse in the Area

Out of 120 respondents, all agreed that there is rampant increase in the cases of drug abuse in the area. No one disagreed on this one. This shows the rampant increase of drug abuse in the region and concurs with the figures on the rate of drug abuse in the region postulated by the media.

Types of Drugs Abused in the Area

Findings indicated that out of the 120 respondents, 119 (12.9%) indicated alcohol as the most abused drug in the area; followed by *Miraa* (Khat) 118 (12.8%); Bhang and cigarette 116 (12.5%); tobacco 100 (10.2%); Heroin 83 (9.0%); cocaine 82 (8.9%); depressants 69 (7.5%); brown sugar 64 (6.9%); and inhalants 58 (6.3%). Apart from the drugs indicated in the questionnaire for selection there were no other types of drugs mentioned to be abused in the area. Alcohol, *miraa*, bhang and cigarette are the most abused drugs in the area.

Some respondents were unwilling to indicate drugs such as heroin, brown sugar and cocaine as being abused in the area due to the legal issues surrounding them. Based on the gateway theory, which postulates that the use of one substance leads to experimentation with other substances, it is arguable that the high rate of abuse of alcohol alongside other legal substances such as *miraa* and cigarettes may be on the rise. The findings are summarised in table 3 below:

Frequency of Drug Abuse in the Study Area

To indicate the frequencies of abuse of drugs in the study area, the respondents were required to tick as deemed appropriate the score indicated in the rating scale, which included, never for drugs which are totally not abused in the area, rarely for drugs mildly abused in the area, neutral for the drugs which the respondent was either not sure of the abuse in the area or its abuse was just neutral, often for often abused drugs and very often for frequently abused drugs in the area,

where 1 was equal to never, 2= rare, 3= neutral, 4= often and finally 5= very often. The mean which is a measure of central tendency was used. The closer the mean is to five, the more the drug is frequently abused in the area as summarized in Table 4.

Table 3: Types of Drug Abused in the Area

NAME OF THE DRUG	FREQUENCY	PERCENT	RANK
Alcohol	119	12.9	1
Miraa	118	12.8	2
Cigarette	116	12.6	3
Bhang	116	12.6	4
Tobacco	100	10.8	5
Heroin	83	9.0	6
Cocaine	82	8.9	7
Depressants	67	7.3	8
Brown sugar	64	6.9	9
Inhalants	58	6.3	10
Total	923	100.0	

N is more than 120 because of multiple responses

Table 4: Frequency of Drugs Abused in the Area

DRUG	MEAN	STD. DEVIATION	RANK
Cigarette	4.73	0.827	1
Alcohol	4.69	0.786	2
Miraa (<i>khat</i>)	4.69	0.887	3
Bhang	4.63	0.889	4
Tobacco	3.63	1.529	5
Cocaine	3.09	1.670	6
Heroin	2.98	1.650	7
Depressants	2.75	1.769	8
Brown sugar	2.67	1.779	9
Inhalants	2.29	1.536	10

From Table 4, cigarettes ranked as the most abused drug in the area with a mean of 4.73, followed by alcohol and *miraa* both with a mean of 4.69 and the third one was bhang with a mean of 4.63. Cigarette, alcohol, *miraa* and bhang were indicated as the most abused drugs in the area. When key informants were asked the same question they indicated that cigarette smoking is rampant in the area, bhang smoking *ni kama fashoni siku hizi* that is smoking bhang in the region has become a fashion. They agreed in unison that *miraa* chewing is now done by almost every youth in the region regardless of age; a situation where the youth meet and share *miti miti*. The type of alcohol abused is *mnazi* in the area as revealed by key informants. They also agreed that existence of *mangwes* has also exposed many youths to alcohol abuse.

Other drugs such as tobacco (3.63), cocaine (3.09), heroin (2.98) and depressants (2.75) were indicated to be abused on fifty- fifty basis. When key informants were elaborating on the low rate of abuse of these drugs, they indicated that the high cost of obtaining drugs such as cocaine and heroin coupled with the reduced supply of brown sugar has contributed to low abuse of such drugs in Kenya. Though still abused in the region, tobacco, is used is associated with the aged people and thus the youth use it in hiding. Tobacco is commonly known as *ugoro*, a Swahili word meaning tobacco. Inhalants were rated as the least abused drugs in the area. This is partly due to the reduction of street children by the government since they were previously associated with inhalants such as adhesives (glue).

Form of Partaking Drugs in the Area

When asked to indicate the form or rather the method used to abuse drugs in the region, 120 respondents answered the question. The respondents were required to tick where appropriate the listed methods and specify any other methods

which was not listed in the questionnaire. In the process, there was no any other method specified. Methods such as oral administration, smoking, intravenous injection and inhaling were indicated to be used in the partaking of drugs.

Table 5: Form Partaking of Drug abuse in the Study Area

	Frequency	Percent
Oral administration	118	30.9
Intravenous injection	86	22.5
Smoking	118	30.9
Inhaling	60	15.7
Total	382	100.0

Table 5 shows the commonly used methods of abusing drugs in the study area. Out of 120 respondents, 118 (30.9%) indicated that oral administration and smoking are commonly used to partake drugs in the study area, intravenous injections are also used {86(22.5%)} to administer drugs in the study area and finally inhaling is used on a fifty-fifty basis. We can thus argue that , from the study findings, though intravenous injections and inhaling are used, oral administration and smoking take the lead.

Frequency of the Methods Used to Partake Drugs in the Study Area

To indicate frequency of the method used in the process of administration or partaking of the drug a total 100% response was obtained which comprised of 120 respondents. This question was mainly aiming at establishing the method used and the commonly used ones in the area. The rating scale ranged from 1 to 5, where 1= never meaning that the method is never used in the area, while 5= very often used meaning that the method is very often in use in the study area. To indicate the most used method of partaking drug, the means for the responses were calculated and ranks established as per the highest mean to the lowest mean.

Table 6: Frequency of Methods Used in Abusing Drugs in the Area

Frequency of methods used in abusing the drug	Mean	Std. Deviation	Rank
Smoking	4.79	.607	1
Oral administration	4.50	.889	2
Intravenous injection	3.20	1.633	3
Inhaling	2.33	1.546	4

Table 6 shows smoking (4.79) as the most method used to abuse drugs in the area. This tallies with the indication in Table 5 which shows that drugs such as cigarette, bhang and tobacco are the most abused drugs in the area as they are mostly abused through smoking. When key informants were asked to state the method mostly used in partaking drugs in the area, they stated that this depended on the drug being used. Methods such as oral administration was ranked twice (4.50) as individuals use it to abuse *miraa* which is among the second most abused drug in the area together with tobacco and depressants such as *boogies*. Intravenous method was ranked third (3.20) as being used on a fifty- fifty basis to abuse drugs such as cocaine and heroin. Key informant interviews revealed that intravenous methods are used to abuse drug by injecting the drug into the bloodstream due to the fact that direct injection provides direct potency to the body and mind. Furthermore, when drug users from one *maskani* could not raise money to buy quantity that is enough to all the members, they could contribute cash and buy a small amount of drug and have one member inject it and then share his blood among themselves. Inhaling was the lowest ranked method with a mean of 2.33.

Respondents' Drug Abuse

Out of the 120 questioned respondents, a total of 58 respondents agreed that they had once or severally used one, two or more different types of drugs in the area; 62 indicated that they had never used drugs in their lifetime. This formed a percentage of 48.3% for those who have ever or are still abusing drugs in the area and 51.75% for those who have never abused drug in the area. This is shown in the Table 7.

Table 7: Respondent Abuse of Drug in the Area

RESPONDENT DRUG ABUSE	FREQUENCY	PERCENT
Yes	58	48.3
No	62	51.7
Total	120	100.0

Table 7 indicates that almost 50% of the respondents have been abusing drug in the area. Though most of them were unwilling to admit that some of the drugs listed in the questionnaire are really "drugs", after a thorough definition and clarification of what a drug is, they reluctantly admitted. This shows that at individual level, many respondents could be abusing drug more than the study revealed.

Demographic characteristics/factors contributing to drug abuse in the study area

One objective of the study was to find out the demographic characteristics contributing to drug abuse in the area. The main demographic characteristics included; occupation, level of education, gender, age, marital status, religion, and tribe/ethnic group. Responses to these factors in relation to their contribution to drug abuse ranged from 1 to 5, where 1= strongly disagree while 5= strongly agree. The mean for these responses were calculated and ranked as shown in the Table 8.

Table 8: Means of Demographic Factors in Relation to Drug Abuse in Bamburi Location

Demographic factors contributing to drug abuse in the study area	Mean	Std. Deviation	Ranks
Occupation	4.13	1.188	1
Level of education	3.73	1.430	2
Gender	3.57	1.448	3
Age	3.40	1.606	4
Marital status	3.39	1.416	5
Religion	2.00	1.335	6
Tribe	1.98	1.399	7

Table 8 ranks occupation as the number one factor contributing to drug abuse in Bamburi Location with a mean of 4.13.

Other factors were accorded a fifty-fifty rate of influencing drug abuse in the area except for religion and one's tribe which were ranked least with a mean of around 2 which means that respondents disagreed that they do not contribute to drug abuse in the area of study.

Social Cultural Factors Contributing To Drug Abuse In The Study Area

Another main objective was to find out the social cultural factors contributing to drug abuse in the area. Social cultural factors were operationally defined using such factors as; friends influence, need to release stress, need to enjoy the potency of the drug, easy accessibility of the drug, need to experiment, need to treat stomach ailments, cultural expectation and influence from parents. The responses for these factors ranged from 1 to 5 where 1 =strongly disagree while 5= strongly agree. The mean for these responses were calculated and ranked as summarized in Table 9.

Table 9: Means for Social Cultural Factors Contributing to Drug Abuse in the Area

Social cultural factors contributing to drug abuse	Mean	Std. Deviation	Rank
Influence from friends	4.53	0.869	1
Need to relieve stress	4.21	1.222	2
Ease accessibility of drugs in the area	4.16	1.216	3
Need to enjoy the feeling of the potency	4.13	1.122	4
Ones need to experiment	4.00	1.130	5
Ones cultural expectations	3.53	1.555	6
Ones need to treat stomach ailments	3.31	1.511	7
Influence from relatives	2.99	1.580	8

Table 9 shows that influence from friends (4.53) was ranked number one as the most influential factor contributing to drug abuse in the area, need to relieve stress ranked number two with a mean of 4.21, easy accessibility of drugs (4.16) the area ranked third, need to enjoy feeling out of the potency drug abuse (4.13) ranked fourth and need to experiment (4.00) ranked fifth. Other factors such as cultural expectation (3.53), need to treat stomach ailments (3.31) and influence from relatives (2.99) had a fifty-fifty influence to drug abuse in the area of study. These statistic tally with key informants' information which revealed that many youths get into drug abuse due to influence from friends/peer pressure, where motive for drug abuse such as need to enjoy the feeling of the potency, need to relieve stress and easy accessibility of drugs in the area plays a great role. Generally, social environment seems to have a greater influence on drug abuse.

Economic factors contributing to drug abuse in the study area

Another objective of the study was to establish the economic factors contributing to drug abuse in the area. Economic factors were operationally defined using unemployment, high poverty level and cost of obtaining the drug. To establish the rank of the most influential factors contributing to drug abuse in the area, the mean for responses were calculated and ranked as summarized in Table 10.

Table 10: Means and Ranks of Economic Factors Contributing to Drug Abuse in the Area

Economic factors contributing to drug abuse in the study area	Mean	Std. Deviation	Rank
High unemployment rate	4.56	1.002	1
High poverty level	4.22	1.204	2
Cheap cost of drugs	4.19	1.225	3

Generally, from Table 10, all economic factors contribute to drug abuse in the area. These factors include high unemployment rate, high poverty level and the low cost of drugs. Key informants agreed that parents allow their children to get involved in drug peddling due to lack of employment in the region; as long as parents received something, they did not care where the money came from. High unemployment rate ranked number one (4.56), followed by high poverty level (4.22) and lastly, by cheap cost of the drug (4.19). Life histories from some residents revealed that high poverty level contributes to drug abuse.

Effects of Drug Abuse In The Study Area

The effects of drug abuse in the area are diverse ranging from personal to community level impacts. Many respondents agreed that loss of appetite, poor health/malnutrition, poor personal hygiene, and sometimes death, are some of the personal effects of drug abuse in the area. Residents agreed that crime has risen due to drug abuse in the area. Drug addiction and dependency has made individuals engage in criminal activities

with most of them being kleptomaniacs to keep fluent flow of cash to buy the drug. Others are known to start gambling in their maskanis to get quick cash. The effects of drug abuse at the area are there for everyone to see. For instance, during the process of data collection, drunkards were heard yelling abusive words to any by-passer.

The presence of local clubs known as *magwes* all over in the area and the adult language used in these clubs also plays a role in influencing drug abuse. Furthermore, these *mangwes* are always either inside or near residential houses where parents cohabit with their children and one can only imagine the social environment the children interact with in the area. The study revealed that there is an increased rate of school drop-out in the area with more school-going youth engaging in petty jobs from which they get cash to buy some easily available drugs in the area such as cigarette, tobacco, and bhang, whose name vary differently among the youth groups as some call it *msuba*, *kete*, *mzigo* among other names. It takes a long time for a foreigner to understand this language in the area.

Homosexuality, rape cases and immorality have been blamed for drug abuse in the area. Homosexuality cases have been on the rise and individual residents are no longer alarmed by such incidents in the area; prostitution has been on the rise due to drug abuse as young girls get lured to the trade as they search for cash to buy the drug. Divorces and early pregnancies among the school-going youth are on the raise in the area. Single household families are rampant in the area with most being headed by youths

Challenges Facing the Fight Against Drug Abuse In The Area

The main challenges in the fight against drug abuse in the area include lack of employment, corruption in the area, poor parental monitoring and lack of concern by the community members on the common perceived problems such as drug abuse in the area. Corruption has hampered the fight against drug abuse in the area as the police get bribes from drug peddlers and drug lords operating in the area. The area residents are willing to give out bribes to have their children released from police custody. Currently, this stands as the big challenge against the war.

Key informants interviewed agreed that the drug business is being run by influential people and one's attempt to seize drugs being transported or being sold in the area risks both his/her life and job and is, hence, forced to participate in the corruption manacle. Key informants agreed that many influential people including politicians and businessmen are getting billions of cash while youths in the region continue to lose control of their life due to drug addiction and dependency. Easy accessibility and the coastal culture are the other bottlenecks in the fight against drug abuse in the area. It is legal to take *mnazi*, a traditional drink, and its acceptance is even seen during payment of dowry where the bridegroom's family is always expected to bring some payment usually called *kadzama* inform of this drink to the elders.

Summary and Conclusion

The main purpose of this paper was to investigate factors contributing to drug abuse among the Kenyan youth in Bamburi Location of Coast Province. The paper was guided by a similar study carried out in the area. The study contained specific objectives which aided in the achievement of the main purpose of the study.

The first objective of the study was to establish the nature and extent of drug abuse together with the sources of knowledge and awareness on drug abuse in the area. The study findings showed that drug abuse is rampant in the area with the most drugs being; cigarette (4.73) alcohol (4.69), *miraa* (4.63) and bhang (4.63). Other drugs included tobacco (3.63), heroin (2.98), cocaine (3.09), depressants (2.75), brown sugar (2.67) and inhalants (2.29). Bhang is always mixed with other sedatives such as cocaine, and heroin. Methods for administering/partaking these drugs vary considerably depending on the type of drug being abused. Oral administration, intravenous injection, smoking and inhaling are the main methods used in partaking drugs in the area.

Smoking and oral administration are the methods mostly used in the region but other methods such as use of injections are adopted depending on the drug being used. Others agreed that inhaling is usually used when the drug users want to test the quality of the drug. Out of the 120 respondents questioned, over 50 % said that they had in one way or another been involved in drug abuse.

It was also the aim of the first objective to establish the sources of awareness and knowledge on drug abuse and related issues in the study area. Friends and media proved to be the main sources of knowledge and awareness in reference to drug abuse in the study area and later followed by the parents. This shows how parents have been replaced as a source of knowledge and awareness as far as drug abuse and related issues are concerned in the study area.

In conclusion, the study findings revealed that drug abuse is wide and rampant in the study area with most drugs frequently abused being; cigarette, alcohol, *miraa* and tobacco

The second objective of the study was to investigate the demographic characteristics contributing to drug abuse in the area. The study finding revealed that demographic factors do not play a great role in influencing drug abuse in the study area except for gender. In conclusion, one's gender contributes to drug abuse in the study area, that is, the fact of one being born male or female and in that case many male indulge in drug abuse than females as per the study findings.

The third objective was to investigate the social cultural factors contributing to drug abuse in Bamburi Location. The data collected from the study indicated that social cultural factors such as peer pressure and motivational factors such as accessibility of drugs in the area, need to experiment, need to relieve stress and need to enjoy the feeling out the potency has been blamed for the rise of the menace among the youth in the study area. In conclusion, the study findings revealed that influence from friends plays a great role in influencing drug abuse in the study area than any other social cultural factor.

The fourth objective was to investigate the economic factors contributing to drug abuse in the area. The study findings indicated that economic factors such as unemployment, poverty and low cost of drugs in the area have contributed to drug abuse in the area. Though all these factors seemed to be contributing to drug abuse in general, unemployment rate in the region has been blamed for the rise of drug abuse in the area. In conclusion, the study revealed that all economic factors have a great influence and are of great significant as far as drug abuse is concerned in the study area

The fifth objective was to find out the effects of drug abuse in Bamburi Location. Effects of drug abuse as revealed by the study include high school drop-out, loss of appetite, drug

addiction and dependency, increased engagement in criminal activities, gambling to get quick cash in order to buy the drugs and poor health/malnutrition. Other effects, though lowly ranked, are divorce rates among the married youth in the region, unwillingness to work leading to idleness in the region where the study revealed the existence of what they called “maskanis” or bases where youth engage in nothing but only abusing drugs and story sharing.

Poor personal hygiene and high rate of homosexuality cases have also been blamed on engagement in drug abuse in the area. There are also few cases of deaths emanating from drug abuse-related activities. One of the respondents narrated a story of how a drug user died while trying to inject himself with a syringe loaded with a drug. In conclusion, the study revealed that drug abuse has adverse effects ranging from individual to community level.

The sixth objective of the study was to find out the factors or challenges that face the fight against drug abuse in the Bamburi Location. The study revealed that there are several challenges faced or that may be faced in fighting the menace among the youth in Kenya and in specific Bamburi Location. Corruption, lack of awareness and parental concern and community ignorance were the most named challenges that are being faced or can be faced in the course of fighting drug abuse in the region.

Lack of unemployment and idleness and the coastal culture were also named as challenges slowing down the reduction of the menace in the area. From the study findings, it was concluded that to fight drug abuse, one must be willing to face a multiplicity of challenges ranging from community ignorance to laxity of the government to take part in the fight against drug abuse in the study area.

Recommendations

Preventive education cuts across all learning institutions in the community or the country. Schools at all levels ranging from primary to secondary, colleges and universities should provide and support comprehensive drug abuse prevention cessation education to all students and this works well for the school-going youths in the community. A well student-tailored curriculum should be developed to disseminate knowledge and information to students. The instruction should utilize interactive strategies which are student or pupil centered.

Community action involves development of a plan for research-based prevention in the community, where an assessment of the types of drug problems experienced in the community and the level of risk factors affecting the problem is undertaken. The result of the assessment can be used to raise awareness of the nature and seriousness and guide the selection of the best prevention programs to address the problem. The next step involves the assessment of the community’s readiness for prevention can help determine additional steps needed to educate the community before prevention efforts begins.

Then a review of the current programs is needed to determine existing resources and gaps in addressing community needs and to identify additional resources. One way to effect community change is through the development of an active community anti-drug coalition. Community anti-drug coalitions should and do hold community-wide meetings, develop public education campaigns, and attract sponsors for drug prevention strategies. To strengthen the impact of these strategies on community drug problems, coalitions should focus on implementing research-tested programs and approaches.

Research has shown that the media can raise public awareness about a community’s drug problem and prevent drug abuse among specific populations.

From the study finding which revealed a great existence of unemployment among the residents in the study area leading to idleness among the youths and community residents in general, initiation of a youth group could offer youth opportunities for actualizing their self help potentials. Furthermore, the youth group could provide a forum or a platform in the process of raising awareness and providing knowledge to youth about the effects of drug abuse to end the rampant community ignorance in the study area. Recreational activities should be designed as part of the youth group programs such as sporting activities to keep the youth busy to reduce idleness in the study area. These should ensure community participation in all stages of implementation of the programs from planning, implementation, monitoring and evaluation.

Government action should come in to play to end issues of corruption which has been indicated as the main challenge facing the fight against drug abuse in the study area. The police should be empowered to handle even the so called influential drug dealers and distributors. Strict policies should be enacted to handle drug issues in the country. Looking at China and Malaysia, for example, they have strict laws and regulation pertaining to possession and abuse of Bhang. One caught with a single gram is sentenced to death or life imprisonment.

Kenya, as a state, should see the war against drug abuse in the country and more specifically among the youths as a priority. Every now and then, drugs are being seized in the country and the source is always from the neighboring countries but the government is doing nothing on the borders to ensure that no illegal drugs are peddled in the country. Many of Bamburi residents called for the government to take action to end drug abuse in the country.

A good attempt by the government was the proposed policy to ban cigarette business in Kenya but overpowered by the economic benefits from the tobacco sector, the government waived the ban. The government should look at the social welfare of the community instead of the economic aspects of such issues.

Recommendations on Areas of Further Research

This paper investigated the factors contributing to drug abuse among the youth in Kenya, focusing on Bamburi Location. On the basis of the findings, the researchers recommend further research in the area on the following topics:

- ✓Extend the study and find out other factors contributing to drug abuse among the youth in Kenya
- ✓To determine extend to which community action and preventive education is effective in the fight against drug abuse in the area.
- ✓To find out the role of the government in the fight against drug abuse in the area
- ✓To determine factors that sustains drug abuse issues and that which may speed the cessation of the menace in Bamburi Location

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