# INFLUENCE OF LITERACY LEVELS ON DRUG AND SUBSTANCE ABUSE AMONG THE YOUTH IN KIAMBU COUNTY, KENYA

<sup>1</sup>Nelson M Mbiyu, <sup>2</sup>Dr. Kepha Ombui

Abstract: Drug and substance abuse is a global problem and is one of the major problems affecting the youth both in school and out of school. This study sought to establish the influence of literacy levels on drug and substance abuse among the youth in Kiambu County, Kenya. The researcher used cross sectional survey research design that involves obtaining data at one point in time. Data was analyzed using Data was analyzed using feminist stand point theories that argue for the 'starting off thought', which means analyzing data starting from the lives and experiences of the youth in Ndeiya Ward. The study findings showed that drug and substance abuse among the youth are influenced by literacy level. Key recommendations made are; effects of drug and substance abuse be part of the syllabus from primary school, media be used to emphasize on the effects of drug abuse, the Government to create employment for the youth and train youth on time management and entrepreneurship, reinforcement of various laws that regulate production and consumption of drugs and substance of abuse and sensitize parents on good role modeling.

Keywords: Literacy Level, Drug and Substance Abuse, Youths in Kenya.

# 1. INTRODUCTION

Over the past few decades, the use of illegal drugs has spread at an unprecedented rate and has reached at every part of the world. According to a United Nations Office on Drugs and Crime (UNODC) report (2005), some 200 million people, or 5 percent of the total world's population aged 15 - 64 have used drugs at least once in the last 12 months an implied 15 million people more than the 2004 estimate. The report goes on to say that, no nation has been immune to the devastating effects of drug abuse. Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by substance abuse (World Drug Report, 2005). Drug abuse is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of drug abusers in Kenya are aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC 2004). Taking drugs at an early age of 14 or younger greatly increases the chances of developing drug problems in future. The most commonly abused drugs in Kenya are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs (NACADA 2004). NACADA has adopted an intervention line that encompasses comprehensive education for long-term empowerment of youth and general public to counter drug abuse. There is close collaboration in the fight against drug abuse with key factors including relevant government departments, the media, Non-Governmental Organizations (NGOS) relevant professionals, spiritual leaders, parents associations and institutional leaderships.

Youths hooked on drugs are unproductive either in school or at work. Drug abuse occurs most frequently among youth aged between 15 and 35 years, with particular concentration in the 18-25 years age group. This includes those who have just entered or are just about to enter the workforce. Consumption of drugs limits chances of entering and remaining in the workforce. Drug abusers in the workforce impose significant extra costs on the business sector, thus reducing its

<sup>&</sup>lt;sup>1, 2</sup>College of Human Resource Management, Jomo Kenyatta University of Agriculture and Technology

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

competitiveness. The effect of drugs on productivity is a function of the type and quantities of drug consumed, as well as of the performance requirements of the job in question. Tasks that require higher level judgment, constant attention, immediate memory and fine motor skills are obviously more disrupted by drugs than physical labour.

The links between low productivity, accidents and drug abuse are well established. Drug abusers in the workforce impose significant extra costs on the business sector, thus reducing its competitiveness. The effect of drugs on productivity is a function of the type and quantities of drug consumed, as well as of the performance requirements of the job in question. Tasks that require higher level judgment, constant attention, immediate memory and fine motor skills are obviously more disrupted by drugs than physical labour. United States Department of Labor in the mid-1990s suggested that drug in workplace may cost American business and industry between \$75 billion and \$100 billion annually in lost time, accidents and higher health care and workers' compensation costs. The main agency fighting drug and substance abuse in Kenya is National Campaign Against Drug Abuse (NACADA) Authority. The Agency came into being at a time when the world community recognized that drug and substance abuse was a global threat that causes serious ramifications on people's health, security, economic and cultural welfare. In Kenya the level of drug abuse had permeated more widely and deeply than was publicly appreciated into all strata of society. NACADA Authority came into being through the establishment of the Office of the National Coordinator for the Campaign Against Drug Abuse. This was done by the then President Daniel Toroitich arap Moi vide Gazette Notice Number 284 of 27 March 2001. It was further renewed by the NARC Administration through Gazette Notice Number 284 of 13 August 2004, with a mandate to co-ordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of drug and substance abuse.

The drug traffickers have gained control in economy and the political system thus endangering the foundation and the proper functioning of civil society and leading to social disintegration (Tullis, 1995). In some producer or trafficking countries, drug money is reported to have infiltrated the last crevices of society, politics, economy, cultural and sports activities to gain public support (Tullis, 1995). The magnitude of funds under drug criminal control poses threat to the governments especially in developing countries, where the domestic security markets and capital markets are small to absorb such funds without becoming dependant on them (UNDCP, 1996). It is difficult to have functioning democratic systems when drug cartels have the means to buy protection, political support or votes at every level of government and society (Bureau of International Narcotics Matters, 1994).

# 2. STATEMENT OF THE PROBLEM

Drug and substance abuse in Kenya is rapidly escalating from alcohol, cigarettes and khat (miraa) to the more dangerous drugs such as marijuana, cocaine and heroin among other drugs. Close to 40% of people aged 15-65 have used one of the drugs in their lifetime with huge variations on type and rate of consumption across the regions, age, gender, education level, religion and economic status (NACADA 2007). Among the major consequences of drug and substance abuse include family breakdown, crime, domestic violence, lack of productivity and 5 increased burdens of health problems including HIV and AIDS (Ndetei 2004, NACADA 2005, and NACADA 2004). Miraa has been pointed out to have very adverse effect on the user, family and the economy. Such effects include infertility among young men due to spermtorrhoea, still births and underweight among others.

Early age of initiation into use of drugs during adolescence has been associated with great risk of drug dependence in adulthood (Grant &Dawson, 1997). Despite NACADAA and other groups' interventions drug abuse is on the increase with over 30% of youth abusing various types of drugs (Kyalo, 2010). It is therefore critical to establish the factors that influence drug and substance abuse in order to enhance the effectiveness of intervention programmes. This practicum therefore sought to establish the influence of literacy levels on drug and substance abuse among the youth in kiambu county, Kenya.

## 3. LITERATURE REVIEW

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines literacy as the "ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society." According to National Literacy Trust (2008), literacy has a tangible relationship with many aspects of a person's life not just educational attainment, but also economic well-being, aspirations, family circumstances, physical and mental well-being as well as civic/ cultural participation. Literacy is one of the tools that should be implemented effectively to rehabilitate young offenders; the same report indicated.

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

In this study literacy level refers to the level of education and other abilities that may help the youth make informed decisions as regards drug and substance abuse. Drug abuse has great effect on individual's health, according to a study done by Manganello (2007) health literacy is an important issue in public health today, especially as patients are taking a greater role in obtaining information about their health. Health literacy is commonly defined as 'the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions'. The study further found out that, Adolescents may have less interaction with the health care system and lower health care costs than adults, but they are increasingly involved with their health care, especially those with chronic illness. They are frequent users of mass media and other technology to access health information and are a target group for many health-related educational interventions. Adolescents are also at a crucial stage of development, learning skills they will carry with them into adulthood.

Studies have shown that literacy is a significant problem for adolescents, as many adolescents are unable to read at the appropriate grade level (Biancorosa & Snow, 2004). The Nation's Report Card reported that among a national sample of eighth graders, 26% of students scored below the basic reading level score (National centre for education statistics, 2004). A recent study of literacy related to health terms found that 46% of adolescent participants were reading below grade level (Davis, Wolf & Arnold 2006). Although the study of literacy and adolescents is much more advanced than the study of health literacy, there remains a need to better understand the development of literacy skills, create improved assessment methods and continue to examine how environmental factors such as schools influence literacy (National Institute for literacy adolescence literacy, 2005).

While the study of literacy is important, a specific focus on health literacy is becoming more relevant as adolescents are increasingly involved with their health care, regularly interact with the health system and access health information which informs their actions and behaviors. Given the low literacy levels among adolescents, it is unclear how well this age group is able to understand process and evaluate health information, and while prior research has demonstrated that adolescents are interested in understanding health information, they may find it difficult. A recent survey of young adolescents by the Nemours Foundation reported 80% of respondents said they were 'very' or 'sort of interested' in learning more about health, but almost a quarter of them (22%) said health information was 'very' or 'sort of hard to understand (Manganello, 2007).

According to Kyalo (2010) the youth are introduced to drugs and substance abuse as early as the age of 10-14 years. At this age the youth are in primary school or in their early years of secondary school. This means they have not yet acquired the relevant skills to give them the ability to make decisions on the influence of drugs and substance of abuse. The youth get into drug abuse due to lack of knowledge and are addicted hence unable to stop. Drug abuse adversely affects education and hence poor career development, social skills and identity formation. Students with literacy problems disengage from schooling, social experiences and engage in behaviors which include drug and substance abuse. Media literacy skills, defined as the ability to access, analyze, evaluate, and produce media in a variety of forms (Aufderheide, 2010) and a desire to act on these abilities in a manner that benefits a healthy and democratic citizenship, (McCann on, 2009) can provide part of the foundation for the prevention of substance use. Media literacy interventions can interrupt the progression from negative to positive substance use expectancies by strengthening children's logical responses to media messages and raising their awareness of their own emotional responses. Better critical thinking skills will provide children with a more active filter in which media images are processed, diminishing the relationship between media exposure and subsequent substance use behaviors. Given the pervasiveness and influence of media messages on young people today, educators have argued that the teaching of media literacy skills needs to be integrated into educational objectives to promote healthy and responsible decision-making (Considine, Horton & Moorman, 2009).

A study by International Journal of Collaborative Research on Internal Medicine and Public health, (2012), found out that three out of the seven respondents came from poor family hence did not access education. They were forced to work and earn money to reduce family burden; in the process mixed with wrong peers and with limited knowledge they could not differentiate good or bad hence ended up in drug abuse and trafficking to earn quick money. Due to low literacy level they had limited social interaction and would use drugs to release stress. Life Skills Training (LST) was developed by Gilbert J. Botvin in 1996 and revised in 2000. Life Skill Training is significant in giving adolescents skills and information that are needed to resist social influences to substances, including alcohol, cigarettes, and other illicit drugs. The goal of this program is to increase personal and social competence, confidence and self-efficacy to reduce motivations to use drugs and be involved in harmful social environments. Most of the youth lack these skills and are thus easily hooked into drug abuse.

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

#### 4. RESEARCH METHODOLOGY

The researcher used cross sectional survey research design that involves obtaining data at one point in time (Orodho, 2003). The target population for the practicum was the youth in Ndeiya ward, both male and female. Purposive sampling was used to select the locations in which to carry out the study. The researcher spent most of his time observing the youths engaging in drug abuse in Ndeiya. Observations were made during the evening hours after majority of them have retired from their daily chores such as employment or the end of class sessions. In addition the research used extensive literature written on Kabete Constituency and other related areas to complement the data collected such as, journals, articles from the website and books. The method used in the research is qualitative case practicum research that made use of primary data (through observation) and secondary data. Data was analyzed using Harding (2005) feminist stand point theories that argue for the 'starting off thought', which means analyzing data starting from the lives and experiences of the youth in Ndeiya Ward.

#### 5. FINDINGS

Literacy level was seen to be very key in understanding the effects of drugs and substances of abuse to one's health, economy and the community at large. The low level of education in the ward can also be attributed to introduction to drug abuse at early ages. The youth are introduced to drug and substance abuse when they are below 19 years of age. This makes it difficult for them to continue with their education due to the various effects of drugs such as laziness and lack of concentration. The study was in agreement with Biancorosa et.al (2004) who found out that literacy is a significant problem for adolescents, as many adolescents are unable to read at the appropriate grade level. The study findings were also in agreement with a study by International Journal of Collaborative Research on Internal Medicine and Public health, (2012) which found out that youth who did not access education mixed with wrong peers and with limited knowledge they could not differentiate good or bad hence ended up in drug abuse and trafficking to earn quick money. Due to low literacy level they had limited social interaction and would use drugs to release stress. The higher the literacy level the higher the ability to understand the effects of drugs and substances on your health and therefore the ability to make decisions as to whether take drugs or not. Most of the youth in the district have not attained education beyond K.C.S.E., this makes it difficult for them even to read and understand the warnings placed on the drugs such as cigarettes and alcohol; and sensitization materials and sessions held by the district youth officers. The youth officers are also unable to reach all the youth with sensitization session and materials due to the vastness of the regions they have to cover and failure by some of the youth to attend their sensitization meetings. The low literacy levels also lead to unemployment, which make the youth idle and hence engage in drug and substance abuse. Education is the principal means of preventing drug and substance abuse. Most officials support the full integration of drug abuse education into mainstream institutions, whether public and private, religious or secular. An issue, often unstated, is whether, education alone can have a real impact on the drug problem. However, education at the level of a society or the individual should be the initial target for change. Seeking the root causes focuses on the social conditions that lead persons to engage in drug abuse. Slow and indirect, education is often seen as producing its results only over the long run, involving parents and making gradual social changes to reduce experimentation, occasional or regular drug use. In reality, both are essential parts of a comprehensive view of prevention of drug abuse. Generally measuring the ability of people to live a long and healthy life, human development Index (HDI) reflects the importance of education to human and social development and provides a focus for health planning. Adolescence is a time when enormous changes take place in the process of normal development and it is when the deleterious effects of drugs and substance use should have been understood. Sometimes the peers with whom the growing youth associates influence him or her to adopt drugs use habits as part of their social behaviour. However, the effect of drugs may not be to enhance social relationships and self identity.

#### 6. CONCLUSION

That literacy levels have an influence on drug and substance abuse among the youth in Ndeiya award and this could be generalized countrywide in relation to drug and substance abuse rates. Low level of education makes the youth unaware of the effects the drugs have on their health before stating using them, thus making drug addiction very common among the K.C.S.E holders and below.

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

#### 7. RECOMMENDATION

It is important to address the issue from drugs and substances from the early ages of development. The information on the dangers associated with drug and substance abuse should be availed in early years of school; such as primary school. The organization charged with the responsibility to fight drug abuse such as NACADA should give awareness creation materials in the most understandable language. This will enhance understanding of the effects of drugs and substances of abuse.

#### REFERENCES

- [1] Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215
- [2] Bandura, A. (1986). Social foundations ofthought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall.
- [3] Cebulla, A; Smith, N; Sutoon, L (2004). Returning to Normality: Substance users' work histories and perception of work during and after recovery. *British Journal of Social work*.
- [4] Dakota, S. & Forks, M. (2003). Teens, drug abuse and addiction. *Journal of Finding Help for Drug abuse*, 22(4):120-130
- [5] EMCDDA (2009). Annual Report: The state of drugs Problem in Europe. European Monitoring Centre for Drugs and Drug Addiction.
- [6] Eneh, A.U & Stanely, P.C (2004): Pattern of Substance use among secondary school students in River State, Nigeria. *Journal of Medicine*, 13(1)
- [7] Kaplan, R. M., Sallis, J. F., & Patterson, T. L. (1993). Health and human behavior. New York, NY: McGraw-Hill.
- [8] Kariuki, D., 1998. Levels, trends and patterns of drug addiction in nairobi secondary schools. Unpublished M.Ed Thesis, Kenyatta University, Kenya.
- [9] Karugu, D. and A. Olela, 1993. Family Life Education Programme of Egerton and Kenyatta University: An Audience Research Report. Nairobi Pathfinder Fund.
- [10] Kendel, D.B., 1978. Decedents of Alcohol in Stages of Drug Abuse: A Development Analysis. John Wiley, New York
- [11] Kiiru, D., 2004. Youth in Peril: Alcohol and Drug Abuse in Kenya. NACADA
- [12] Kyalo, P.M (2010) A paper presented to Kenya association of professional counselors: Safari Park Nairobi
- [13] Kyalo, P.M (2010). A paper presented to Kenya association of professional counselors. Safari Park Nairobi.
- [14] Mansell, F. & Liu, D. (2003): Parental drug addiction and children's physical disorders and drug addiction. Journal on parental drug addiction, 7(4):50-58.
- [15] Marks, D. F., Murray, M., Evans, B., & Willig, C. (2000). *Health psychology: Theory, research and practice*. London, United Kingdom: Sage.
- [16] McMillan, J. H.&schumcher, S (1997): Research in education: a conceptual introduction. 4th edition New York: Longman.
- [17] McMurran, M. (1997). The psychology of addiction. London, United Kingdom: Taylor & Francis.
- [18] Merton, K Nisbert, R (1971), Contemporary Social problems, New York, Harcourt Brace 50 Vanovich
- [19] Merton, K Nisbert, R (1971). Contemporary Social problems. New York, Harcourt Brace 50 Vanovich.
- [20] Morbidity and Matality weekly report, vol. 38, No. 45, pp780-783. MOYAS, (2007): Strategic plan 2007-2012.
- [21] Mugenda, O and Mugenda, A (1999): Research Methods: Quantitative and Qualitative Approaches, Acts Press, Nairobi.

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

- [22] Muthigani, A., 1995. Drug abuse: A rising concern among youth in secondary schools in Nairobi. Unpublished M.A Thesis, Catholic University of Eastern Africa, Nairobi.
- [23] NACADA, (2008): Annual report for the office of National Campaign against Drug Abuse, Nairobi.
- [24] NACADA, (2010): The role of parents in prevention and control of Alcohol and drug abuse among their children in Nairobi.
- [25] NACADA, (2013): Annual report for the office of National Campaign Against Drug Abuse, Nairobi.
- [26] Ndetei, N.D (2004): Study on the assessment of the linkages between drug abuse, injecting drug Abuse and HIV/AIDS in Kenya (unpublished).
- [27] Neff, M (2004): The role of sexual trauma in the treatment of chemically dependent women. New York: Lippincott.
- [28] Ngesu, L.M; Ndiku, J; Masese, A (2008). Drug dependence and abuse in Kenyan secondary Schools: strategies for intervention. *Educational research review*, 3(10), pp. 304-308.
- [29] Ngesu, L.M; Ndiku, J; Masese, A (2008): Drug dependence and abuse in Kenyan secondary Schools: strategies for intervention. Educational research review 3(10) pp 304-308.
- [30] Njuki, C (2004). Drugs across the African community. *Journal of the General Board of Global ministries* (GBGM), 12(7): 4-9
- [31] Njuki, C (2004): Drugs across the African community. Journal of the General Board of Global ministries (GBGM), 12(7): 4-9
- [32] Odejide, O.A; Ohaeri, J.U; Adelekan, M.L & Ikuesan, B.A (1987). Drinking behavior and social change among youth in Nigeria; A study of two cities. *Drug and Alcohol dependence*, 20, pp. 227-233
- [33] Okonza, J Fajoju, S, Okhiku, I and Aluede O (2009). Drug Abuse among Students of Ambrose Alli. *European Journal of Social Sciences*, 10(1).
- [34] Otieno, A and Offulla, A (2009). Drug Abuse in Kisumu Town Western Kenya. AJFAND 9(3)
- [35] Rogers, B and McGee, A (2003): Substance abuse and domestic violence. Violence against women, 9(15):2-5
- [36] Ronald, B & Davis, L. (2004): Tobacco and its dependence in adolescents. New York: Haworth Press
- [37] Sarafino, E. P. (2006). *Health psychology: Biopsychosocial interactions* (5th ed.). London, United Kingdom: John Wiley and Sons.
- [38] Smith, J.P. (1993): Alcohol and drug abuse in the workplace; Attitudes, policies and programmes in the European community. Geneva. ILO
- [39] Sternberg, R. (2003): Cognitive psychology: United states: Thomson Wad Worth.
- [40] Streeton, F. & Whelan, D. (2001): Knowledge, attitude and practice survey. Geneva: WHO.
- [41] Sweetney, R. & Neff, M (2001): Current rates of drug use are unchanged. American journal of family physical disability, 40(6):1-6.
- [42] The National Drug Control Strategy (1996)
- [43] Trommsdorff, G. (2000). Effects of social change on individual development: The role of social and personal factors and the timing of events. In Crockett, L.J & Silbereisen, R.K. (Edits.), New York: Cambridge University Press . 58-88.
- [44] UNDCP, (1994): Women and drug abuse; a position paper prepared by UNDCP
- [45] UNDCP, (1996): The social impact of drug abuse (UNDCP/TS2, Vienna, 1996)
- [46] United States Agency for International Development (1994): Bolivia's coca sub-economy in 1993: A computer model- Washington D.C government Printing office.

Vol. 4, Issue 2, pp: (367-373), Month: October 2016 - March 2017, Available at: www.researchpublish.com

- [47] United States Department of Justice (1992): Criminal victimization in the United States; BJS
- [48] Weinstein, S. (1999). The Educator's Guide to Substance Abuse Prevention. New Jersey: Lawrence Erlabaum Associates, Publishers.
- [49] Winger, Woods & Hofmann, F. (2004): A handbook on Drug and Alcohol Abuse, the Bio-medical Aspects. New York: Oxford University Press.
- [50] World Health Organization (1993): preventing substance abuse in families; position paper by WHO.
- [51] World Health Organization (2000). Global status report on alcohol use worldwide. Geneva. WHO
- [52] World Health Organization (2000): Global status report on alcohol use worldwide. Geneva. WHO
- [53] Yie-Chu, F, Cai-Lian,T and Teck-Heang L, (2012) Family Factors and Peer Influence in Drug Abuse: A study in Rehabilitation centre. *International Journal of Collaborative Research on Internal Medicine and Public Health*.