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PSYCHOSOCIAL FACTORS INFLUENCING DRUG ABUSE AMONG YOUTHS IN INFORMAL SETTLEMENTS: A CASE STUDY OF MATHARE SLUMS, NAIROBI COUNTY, KENYA

Zephaniah Navangi Makokha[1i],
Enos Barasa Mukadi[2],
Robert Mwebi Bisonga[2]
[1]PhD Candidate,
School of Education,
Laikipia University,
Kenya
[2]Lecturer, School of Education,
Laikipia University,
Kenya

Abstract:
Large population of youths in informal settlement in Kenya are involved in a number of social vices. These vices may include but not limited to robbery with violence, early marriages, dropping out of school and joining outlawed gangs. Youth involvement in social vices presents great concern to parents, government and non-governmental organizations. With increased prevalence of social vices in informal settlements in Kenya, this study was motivated to investigate the influence of psychosocial factors on drug abuse among the youths in Mathare informal settlements of Nairobi County, Kenya. This study sought to determine the effect of stress level as a psychosocial factor on drug abuse among the youths in Mathare informal settlement. The unit of analysis were persons of both genders falling between 18 years and 35 years of age. The target population was 17,894 youths of which a sample of 391 respondents was selected using proportionate stratified random sampling method. Data was collected using structured questionnaires and analysed using the linear regression analysis where hypotheses were tested at the .05 level of significance. The Content Validity Index (CVI) was utilized for the purposes of validity. The validity of the instruments was checked by the researcher who also sought the opinion of experts from the School of Education in Laikipia University. The reliability coefficients for questionnaire were estimated through Cronbach's alpha. The resultant alpha for youth questionnaire was r= .827. The questionnaires were considered reliable after yielding a reliability coefficient alpha of at least 0.70. Both the descriptive statistics and inferential statistics was used by the study. The descriptive statistics that were used included the mean, standard deviations and frequency distributions. From the data

[i] Correspondence: email contentiq254@gmail.com

analysis it was evident that stress level contributes to 2.8% of drug abuse cases among youth in Mathare informal settlements. The study recommends that county Government of Nairobi to economically empower the community of people with emphasis on the youths. This will help them think beyond immediate daily survival and assert greater control over their resources and life choices, especially decisions in investment in health, housing and education.

Keywords: psychosocial factors drug abuse, informal settlements, stress level, youth

1. Introduction

Surveys on drug use among the overall population consistently show that the extent of drug use among older people remains less than that among children. Data show that peak levels of drug use are seen among those aged 18–25. This is broadly things observed in countries in most regions and for many drug types. The extent of drug use among young people, in particular past-year and past-month prevalence, which are indicators of recent and regular use, remains much higher than that among older people. However, lifetime prevalence, which is an indicator of the extent of exposure of the overall population to drugs, remains higher among older people than among children for the use of drugs that are on the marketplace for decades. Conversely, the utilization of drugs that have emerged more recently or have infiltrated certain lifestyles are reportedly much higher among children. One such example is "ecstasy", which has low levels of lifetime use and hardly any current use among older people, but high levels of lifetime use among children (UNODC World Drug Report, 2018).

Drug affects young people in every part of the world. Young people may use drugs, be involved within the cultivation or production of medicine or be used as couriers. There are many factors at the private, micro (family, schools and peers) and macro (socioeconomic and physical environment) levels, the interplay of which can render children more vulnerable to substance use. Many young people use drug to cope with social and psychological challenges that they may experience during different phases of their development from adolescence to young adulthood; ranging from the need to feel good or to simply to socialize, to personal and social maladjustments (United Nations Office on Drug and Crime research, 2018)

The drug abuse is a big challenge across the globe. In 2015, a few quarter of a billion people used drugs. Of these, around 29.5 million people - or 0.6 per cent of the worldwide adult population - were engaged in problematic use and suffered from drug use disorders, including dependence (Tulu and Keskis, 2015). Opioids were the foremost harmful drug type and accounted for 70 per cent of the negative health impact related to drug use disorders worldwide (WHO, 2018).

In Kenya, Ngesu (2008) examines drug abuse and strategies for intervention. Majority of respondents, which is 80per cent, agree that alcohol is the most abused drug followed by miraa, kuber and then bhang. In a report based on research by the

government of Kenya an agency for campaign against drug abuse (NACADA ,2001) was established to assess and get factual and accurate information on drug and substance abuse. The agency trained people, church leaders as well as other Non- governmental and other organisations involved in the campaign against drug abuse. This yielded minimal results as the same body reported the high prevalence of alcohol and tobacco due to positive attitude among Kenyans on illicit drugs (NACADA, 2007).

The report stated that at least 13per cent of people from all provinces except North Eastern were current consumers of alcohol and that the median age of those who used packaged alcohol was 11 years while that of cannabis sativa uses was 14 years. According to Siringi (2003), a large number of youths across all age groups have exposure to alcohol, tobacco, miraa (khat), glue sniffing, marijuana (bhang) and even hard drugs like heroin and cocaine. With injection comes HIV, the virus that causes AIDS, which is easily spreads by sharing needles. In the poorer parts of Mombasa, some users even inject blood extracted from another substance abuser to urge a free high, a way called "flashblood". However, at a higher risk are the youths and those in their early childhood in comparison to adults (NACADA, 2004). Most commonly abused drugs are alcohol, tobacco, miraa (khat) and marijuana, commonly known as *bhang* (NACADA, 2007).

Findings from a rapid assessment survey conducted in 2007 (NACADA, 2007) revealed that drugs and drug abuse was a serious social problem in Kenya. The study confirmed that drug and drug abuse in Kenya features a complex cause and effect relationship. The major direct explanation for drug and drug abuse identified by the rapid survey was easy availability of cheap drugs and other substances.

The study revealed a high level of awareness of cigarettes and bhang among respondents. Since accessibility also determines cost, hard drugs like cocaine and heroin, which are costlier, were less accessible. Cocaine was most easily accessible in Nairobi, Coast and North Eastern regions. The entry of North Eastern region was surprising since it had low awareness levels of medicine generally. The region also had low prevalence of drug use. The study also established that the young adults had the very best drug and drug abuse prevalence. The findings indicated that the immediate social environment had an important role in influencing drug and substance abuse. According to the study, nearly half the youngsters interviewed had never received any information about drugs reception. Schools and non-secular institutions were shown to be the most channels for passing information to children.

Among respondents aged 10-14 years old, only 13% claimed to have ever used any drug or substance. Overall, (8%) of 10-14 year-olds had used some alcohol at least once in their life and another (4%) had used cigarettes at least once. Apart from miraa, which recorded a rate of (1.2%), current use of other substances was below (0.5%). About half (48%) of all respondents, aged 15-65 years, had ever taken at least one of the drugs. In addition, (39%) of respondents aged 15-65 years had ever used at least one type of alcohol with packaged/legal alcohol and traditional liquor reporting the largest proportions (24% and 22% respectively). Results on specific drugs and substances indicated that (22%) of the respondents had ever smoked tobacco (cigarettes or pipe) and another (11%) had ever

chewed miraa in their lifetime. About (7%) had used bhang while (5%) had chewed or sniffed tobacco. On the other hand, less than (1%) of the respondents reported that they have ever used hard drugs. Twenty percent of all sampled respondents (15-65 years) were current users of at least one substance of abuse. The current users of cigarettes and miraa were (11%) and (6%) respectively. For sniffed/chewed tobacco products and bhang, the proportions for current use were (2%) and (1%) respectively. Sixty-four percent of men were leading drug-free lives compared to (91%) of girls' respondents (NACADA, 2007) (Rapid situation assessment of the status of drug and drug abuse in Kenya, 2012).

The survey sought to establish the awareness levels, accessibility and drug use of two groups – 10-14 years and 15-65 years. Close to half of those aged 10-14 years mentioned, spontaneously, cigarettes and legal alcohol, while bhang was mentioned by 48.4%. These survey results, while showing some improvement from the 2007 rapid assessment survey, still reflect more or less a similar pattern. Cocaine was mentioned, spontaneously, by close to one quarter of those interviewed, while one in five respondents mentioned heroin and hashish. Consistent with the 2007 rapid assessment survey, bhang, legal alcohol, chang'aa and cigarette accounted for the highest levels of spontaneous recall (over 50%) for those aged 15-65 years old (NACADA 2007). Traditional alcohol and miraa show relatively high levels of awareness. Among the hard drugs, cocaine, followed by heroin, are the most commonly mentioned drugs. The least known drugs and substances include synthetic drugs, shisha, mandrax, hashish and prescription drugs, having recorded unaided awareness levels below 10%. People have low levels of awareness of the different forms of usage of heroin and cocaine (smoking, injecting and snorting). Individual prescription and synthetic drugs have the least unaided awareness levels. The findings demonstrate clear rural-urban differentials in terms of knowledge of the various drugs and substances of abuse. Respondents in the rural settings reported relatively higher levels of prompted knowledge of chang'aa and traditional liquor. The 2nd generation alcohol is the least known among the other categories of alcoholic drinks. Generally, Christians have a better total awareness level of alcohol products compared to those professing the Islamic faith. This is expected, given the religious prohibition of alcohol in Islam. Thus, North Eastern recorded the lowest total awareness levels of alcohol products. In comparison with bhang products, there is a relatively limited awareness level of cocaine and heroin, which is below 50%. The most common form of cocaine and heroin is the injected type (28.0% and 29.1% respectively). There is higher total awareness levels of heroin and cocaine among Muslims compared to Christians.

Total awareness levels of cocaine and heroin are highest in Nairobi and therefore the Coast regions. In general, knowledge of bhang, cocaine, and heroin is highest among respondents in urban areas than among respondents in rural areas as is higher among men compared to women. The findings further show that total awareness levels of cocaine and heroin decline with advancing age. Studies elsewhere have shown that young people are more likely to experiment with drugs compared to older people. The rural-urban differences reported in the context of this survey, seem to reflect differential

access to information, as well as access to the different substances of abuse. These differences have been reported elsewhere (e.g. Swaim and Stanley 2011; Sarvela, Pape and Bajracharrya 1990). Swaim and Stanley (2011) in their study of 7th-12th grade students from a sample of 260 rural communities across the United States, have shown that residents in a more rural setup were more likely to have used alcohol and gotten drunk than their 'less rural' counterparts. Similarly, due to religious prohibitions, one is likely to find differences in alcohol and substance abuse among different religious groups, say between Muslims and Christians or even among the different denominations of the Christian religion. In terms of gender, there are differences in awareness levels with more men showing a higher level of awareness compared to women, when controlling for type of drug. Thus, men tend to be more conscious of the drugs compared to women. There are observable age differentials with regard to knowledge of both miraa and muguka, with awareness showing a general decline as age increases. Among the various sorts of alcoholic drinks analysed, the study established that traditional liquor is that the most easily accessible sort of alcohol followed by wines and spirits and lastly chang'aa. Regional comparison shows that chang'aa is easily accessible in Western followed by Nyanza, and least accessible in North Eastern. Traditional liquor is most accessible in Coast followed by Western, and least accessible in North Eastern. Wines and spirits are most accessible in Nairobi followed by Central, and least accessible in North Eastern. These findings echo earlier studies (e.g. NACADA, 2011) which have revealed similar results. In particular, areas like Bungoma County report higher access to traditional liquor compared to other counties. As was established during the 2007 rapid assessment survey, rural children are much more likely to have consumed alcoholic drinks other than packaged/legal alcohol, compared to urban children. This is most probably because in rural areas, alcoholic drinks, especially chang'aa and traditional liquor, are mostly prepared at home. In urban areas, on the other hand, distribution of alcoholic beverages has taken a more business-like style. In particular, the perceived non-enforcement of the "Mututho Laws" is likely to afford under-age drinkers access to alcoholic drinks.

In one of the studies, NACADA (2011) noted that people in rural areas feel that the Mututho Law is more effective in urban settings such as Nairobi where law enforcement is strict. Consequently, in rural areas, there are greater opportunities for children to experiment. Current use of alcohol was defined as those reporting use of alcohol in the last one month. About 17.0% of urban dwellers are current users of various types of alcoholic drinks compared to 11.8% of rural dwellers. This represents a marginal decline from the estimates of the 2007 rapid assessment survey. Comparison within the eight regions of Kenya depicts very interesting shifts in the trend of alcohol consumption. Regions registering a considerable increase in current alcohol consumption, in comparison to the 2007 survey, include North Eastern (by 5.4%), Nairobi (by 3.4%), Western (by 3.4%) and Rift Valley (by 3.2%). It is important to note that unlike in 2007, North Eastern region has shown that a sizeable proportion of its residents are currently consuming alcohol. This trend may be attributed to the cosmopolitan nature of towns like

Garissa. Regions registering considerable decline in current alcohol consumption include Coast (8.0%), Central (by 7.7%), Nyanza (by 5.0%) and Eastern (by 0.2%). An interesting observation is the one on rapid decline of alcohol consumption in Coast and Central regions. For the case of Central, there has been intensive campaign against alcohol abuse in the region over the years. The region has received a lot of focus on alcohol abuse from both the Government and the media compared to other regions. Considering the different types of alcoholic drinks, Nairobi has the highest current use of packaged/legal alcohol (15.7%) followed by Central (9.2%). For chang'aa, Nairobi has the highest current use (7.2%) followed closely by Western (7.1%). Rift Valley has the highest current use of traditional liquor (6.0%) followed by Nyanza (5.1%). For current use, of 2nd generation alcohol, it is highest in Rift Valley (2.0%) followed by Nairobi (1.3%). The provincial administration and NACADA have put in considerable resources in an attempt to bring the problem of drinking under control. These efforts may indeed be achieving results as shown in this study. Results show that 37.1% of the respondents aged 15 – 65 years have taken at least one drug. Consistent with the 2007 rapid assessment survey, male respondents presented the highest proportion of those who have ever taken any substance of abuse (54%). In terms of lifetime prevalence, men take the lead in most of the drugs. Further, North Eastern region presents the lowest lifetime use of any drug or substance across the regions. This difference could easily be accounted for by gender and religion. Religion, especially, features a major role to play during this case. North Eastern is a predominantly Muslim region. The Islamic religion prohibits use of intoxicants and, in particular, alcoholic drinks. One in five people have ever taken legal alcohol; one in ten have taken cigarettes and one in twenty have taken bhang.

Traditional liquor has been taken by 12.5% of the respondents aged 15 – 65 years. For chang'aa and traditional liquor, Western and Rift Valley lead in terms of regions with the highest lifetime prevalence rates. Initiation into drugs and substance abuse: Among the respondents aged 10 – 14 years, the median age for using a tobacco product is 10 years while the minimum is 8 years. For alcohol, the median age is 10 years while the minimum is 4 years. For bhang, the median age of initiation among the ten – 14 year olds is 12 years. A similar age was reported for miraa. Overall, these findings show a tendency to clustering around age 10 as the possible age of initiation into drugs and substances of abuse. These results are further supported by FGD data with men, women and youth. The different FGDs concurred with that age, as ranging from11 to 14 years, which would place the children in upper primary or early secondary. The results reflect general trends elsewhere (e.g. van Heerden et al., 2009). In South Africa, for example, a national survey has shown that younger age cohorts are more likely to get into drug use at that younger age. Of those who had used any substance, the survey revealed that the age of onset was earlier for younger age cohorts, and this was more evident in the use of drugs other than alcohol and tobacco (van Heerden et al., 2009). Role of social environment in drug and substance abuse: the social environment plays a major role in drug and substance abuse. Individuals develop relations within social networks where peer pressure plays a critical role in influencing group behaviours (Patrick et al., 2010; Duan et al., 2009; Berdnt, 1992).

Due to the desire to act within the norms of a social setting, an environment which makes it easy to access alcohol and other substances will encourage the use. Just as the social environment can negatively influence, it can also lead to positive changes by driving current users into stopping or those not using, not to start (Berndt, 1992). The role of the social environment is clearly demonstrated in this survey. About 10% of children who have ever consumed alcohol have friends who take alcohol compared to only 5% of those whose friends did not take alcohol. It is also evident that a relatively bigger proportion of children who think that drugs are readily available in school, are likely to have ever used alcohol. Moreover, those who have ever taken alcohol are likely to report that a close relative was using one drug or the other (Rapid situation assessment of the status of drug and drug abuse in Kenya, 2012).

3. Literature Review

Gary Wand, M.D (2008) in his article on Influence of stress on the transition from drug use to addiction Volume 31 number 2, define stress as any type of stimulus that alters the traditional internal balance of the organism—initiates a physiologic response involving kind of hormones and other signalling molecules that act on, among other organs, the brain. This stress response also can cause the progression of alcohol and other drug (AOD) addiction through various stages. For example, AODs can directly stimulate the stress response. Certain stress hormones like glucocorticoids and corticotrophin-releasing factor also alters the brain system which links the rewarding experiences associated with AOD use that is the mesocorticolimbic dopamine system, in response to stress.

The empirical review examines the different scholars that have examined the concept of stress and drug abuse. Amongst these scholars include Frone (2005), Brady and Sonne (2009), Sinha (2010), Schwabe *et al* (2011) , Cheng (2014), Sagoe (2014), and Boardman, Karl and Ellison, (2015).

Circumstance or an event that causes stress is not harmful in itself. What is core, is how an individual interprets the stressor and how he or she copes with it. One can use re-evaluation as a strategy to cope by viewing situations differently, for instance by thinking it's no longer a big deal. Smoking, drinking, and overeating are some resolution one may opt to cope with stress. What is important is the meaning that the event or circumstance has for the individual (Lazarus, 2006).

There is solid evidence for the link between chronic stress and the motivation to use addictive substances (Al'Absi, 2007). For instance, research shows that adverse childhood experiences such as physical and sexual abuse, neglect, domestic violence, and family dysfunction are associated with an increased risk of addiction. People with an unhappy marriage, employment dissatisfaction, or harassment also report increased rates of addiction.

Among students in the Kenyan universities, 69% of the students had ever used alcohol and drugs in their lifetime, and 51.9% had used alcohol in their lifetime (Atwoli

et al, 2011). 42.8%, of the students were current users of cigarettes while 2% were using cannabis and 0.6% using cocaine. 62.2% used substance to relax, while 60.8% used substance to relieve stress (Atwoli et al., 2011). In Bamburiri location of Mombasa County, 50% of the youths were reported consuming alcohol and drugs and the drugs most used commonly were cigarette leading followed by alcohol, miraa and bhang.

It was also reported that, they used substance to alleviate stressful feelings and to appreciate the feelings of their strength leading to rise in substance use (Bosco et al, 2012). A study done in Nairobi and Mombasa reported that most respondent started using substance between 5 t0 28 years with the average starting age of 21 years (18%), Friends and workmates introduced over 81% of respondents to substance.

According to Oyeyemi (2008), most students in Nigeria suffered academic stress as a result of rapid exposure to and acceptance of foreign cultural views and values. Without much understanding and interpretation of their own cultural heritage, students may be severely affected in their psychological adjustment. Some of the method suggested by Blake Vandiver (2000) and Kessler (2009) to scale down academic stress by students include, effective time management, social supports, positive reappraisal and use of drugs and abuse of drugs. According to Walters (2001) drugs are integral parts of a chosen lifestyle. Drug abuse by young people is rooted in personal attitudes and values are noticed in their relationship with people and their peers. According to Bukoye (2004) drug abuse is using drugs for the wrong purpose. That is, the use of drugs not prescribed by medical experts. Ndu (2002) sees drug abuse as the indiscriminate use of drug. By self-administration of any drug in a manner that deviate from the approved medical or social pattern within a given culture is seen as abused of drug. The students' drug use and its abuse take place in a psychological context that is probably the dominant force determining why, where how and what drugs are abused. Some drug addicted students use drugs without hiding together with of other drugs in large amounts so that, they become publicly wild or crazy in facing challenges that come over them.

Stress that is caused by work can lead to drug abuse as a measure to reduce the stress level. The human being cannot avoid work. All that has been achieved and constructed by humans from the past to the present day is the result of labour by different individuals. Thus, work can be accepted as one of the pillars of civilization which has been built.

Despite that work is the basis of the wealth of nations and the source of the individual's financial support, it has also been the source of mental and physical illness. This is due to the characteristics of society that imposes daily situations of stress and anxiety on the individual. Anyone who works complains of increased demand and pressure in the workplace, where workers are constantly expected to produce more in less time (Abbott, 2012). Workers, then, see the environment as wearing them down, exhausting their physical and psychological resources and threatening their wellbeing. Stress appears as the individual's reaction to a number of threats that impel them to seek to adjust or respond to these conditions that provoke anxiety or fear. This response may be physical, mental or emotional and aims to stabilize internal biological processes and

preserve self-esteem (Townsend, 2014). There may be a limit when reached at the organism can no longer bear or support the stressful situation and attempts begin to decrease, manage, control or tolerate the harmful effects of stress. These are known as coping strategies (Folkman, 2011) and (Puglisi-Allegra & Andolina, 2015).

Coping mechanisms that an individual may use to combat stress consist of cognitive and problems solving behavior. There are two probable way of coping mechanism; adaptive- through physical activities or socializing with friends and family (non-adaptive) that is escape strategies and unhealthy behavior such as substance abuse. In general, non-adaptive coping is strongly linked to drug abuse (Valentino, Lucki, & Van Bockstaele 2010) and (Bowen, Edwards, Lingard & Cattell 2014).

Studies by Hassanbeigi, Askari, Hassanbeigi and Pourmovahed, (2013) and Becker, (2012) have shown that there is a close relationship between stress and alcohol and drug abuse. The more stressful events followed by ineffective coping strategies, leads to great exposure to drug addiction and abuse. The more negative situations, the greater the risk of using alcohol or drugs as a coping strategy to improve one's mood or distract one-self from disagreeable sensations

People who are likely to be under pressure tend to suffer from scarce social and personal resources with which they tend to respond adaptively to stressful situations in the workplace. Occasionally in these scenarios, the stressed worker begins to feel positive expectations regarding the effects of psychoactive substances, making them feel more relaxed after use, escaping from the negative emotions of stress. Alcohol possesses a double mechanism, on the one hand, it reduces anxiety and, on the other hand, it acts as a stressor, activating the hypothalamic-pituitary-adrenal axis (Hassanbeigi, Askari, Hassanbeigi & Pourmovahed, 2013) and (Gherardi-Donato, Luis & Corradi-Webster, 2012)

3. Theoretical Framework

The theoretical framework gives the theories that support this study. The theories that support this study are social strain theory and Psychodynamic theory.

3.1 Social Strain Theory

The social strain theory was advanced by Robert King Merton in 1938 (Maria, 2005). The theory is based on the notion that each society has a dominant set of values and goals and acceptable means of achieving these values and goals. However, due to diverse challenges not all the members of the communities are able to achieve these values and goals (Frone, 2005). The gap between the approved goals and the means people have to achieve them creates social strain. Therefore, social strain occurs as a result of individuals facing a gap between their goals such as finances and their current status (Santa-Maria, 2005).

The Social Strain has also been conceptualized as the state of dissatisfaction arising from a sense of discrepancy between the aspirations of an individual and the means that

the person has available to realize these ambitions. The aspirations of the individuals such as the youths could be furthering education, saving money, starting a family, improving the family life and so on which would lead to material success and enhanced social status (Sagoe, 2014).

However, some people especially the disadvantaged lower classes, realize that they are not able to achieve those idealized goals through the legitimate means that society endorses (Frone, 1999). This may be due to lack the academic background and financial means to attend higher institutions of learning, and the only jobs available to them may be unskilled, low-paying that leads to neither promotion nor financial security (Souza, 2011).

Merton indicated that there are five means, which individuals faced with social strain, are able to confront these challenges. This includes conformity, innovation, ritualism, retreatism, and rebellion (Uba et al., 2013). In the context of drug abuse, this study examined innovation and retreatism, which is applicable to the context of drug abuse in Informal Settlements. According to social strain theory, innovation as a means of coping with social strain involves the people subscribing to the typical cultural goals of monetary and material success realizing that they lack socially approved and legitimate means to achieve those goals (Frishman, 2012). They become dissatisfied, frustrated, and anomic and resort to innovative, norm-violating behavior, such as drug abuse. The retreatism involves the abandoning of the cultural goals and institutionalized means of achieving them (Burke, 1996). In this context, people give up the struggle to reach the unreachable goals and retreat from a social system that imposes such systems. One form of retreating is through drug abuse.

This theory is applicable to this study in the examination of the role of stress and drug abuse among the youths in Mathare informal settlements. The youths in Informal Settlements are faced by diverse psychosocial challenges such as low literacy levels, unemployment levels, low-income levels and general poverty conditions leading to the youth's inability to achieve material and financial success as well as social acceptance. This may lead to stress in which the youths may adopt retreatism or innovation through drug abuse aspects.

3.2 Psychodynamic Theory

A psychodynamic approach to understanding human behavior emphasizes psychological forces, structures and functions as they develop and change over time. There is a special interest in childhood experiences and conflicts and their influences in later life. Psychodynamic perspectives on substance use problems focus on unconscious motivation, emotions, self-esteem, self-regulation and interpersonal relationships.

Psychodynamic theories can be traced to the writings of Sigmund Freud between 1890-1930s and his followers and revisionists. There are perhaps as many variants of a psychodynamic approach to substance use, as there are psychodynamic theorists. Freud originally proposed, "alcoholics" were "orally fixated" (i.e., stuck at an early developmental stage) and thus unable to cope with the demands of adult life. Thus, they

used alcohol to "escape from reality" (a Freudian concept). Later, Freud proposed that "alcoholism" was an expression of repressed homosexuality. He reasoned that male homosexuals turned to drink because they were disappointed with relationships with women and because drinking gave them an excuse to be with other men. Other psychodynamic theorists have proposed that alcoholism is a reflection of unresolved dependency conflicts, a striving for power or a form of self-destruction. "Fixations" at Freud's anal and phallic stages have also been proposed as explanations for alcoholism. Psychodynamic theory did not feature prominently in the mainstream of current substance use research, and it has not been expanded to accommodate recent research on biological factors. Psychodynamic formulations of human behavior have not led to testable assumptions and, in general, they have little clear empirical support. Purely psychodynamic treatments designed to increase the client's insight have not proven effective and have generally been abandoned. However, various forms of non-psychodynamic, client-centered psychotherapy are often used in conjunction with other types of treatment in specialized addiction treatment programs.

The learning theories belief that substance abuse represents a learned or modeled bad habit that is subject to change and can be analyzed and modified by applying learning theory principles. The psychoanalytic theories view substances abuse as on adaptive mechanism by which an individual attempt to cope with self –regulatory deficits arising from infantile deprivation and maladaptive child–parenting relationship. It views youth's substance abuse as an attempt to escape the overwhelming anxiety of preparation for adult roles.

Substance abuse is also viewed by this theory as a pharmacological attempt to reduce stress by the abuser. The family theory models view substance, abuse as a symptom of dysfunctional family. In particular, the concept of homeostasis the rules and goals that concern the interaction between family members and ways in which the rules are applied may contribute to substance abuse. This theory emphasizes the need to include family dynamics so that the substance abuse has a healthier, stable, flexible and open family environment after treatment.

Interpersonal theories examine how adolescent's personality characteristics, emotions and behavioral skills contribute to their substance use. Examples include stress at school, self-esteem, social interaction skills, copying skills and emotional distress. Interventions target many of these individuals' characteristics rather than focusing on their beliefs about specific drugs and behaviors.

This theory underpins this study based on the assumption that youths are likely to change their attitudes, perceptions, beliefs and motives towards drug abuse if appropriate interventions are embraced such as providing job opportunities, providing emotional support and involving youths on constructive social groups and activities in self-help groups.

4. Conceptual Framework

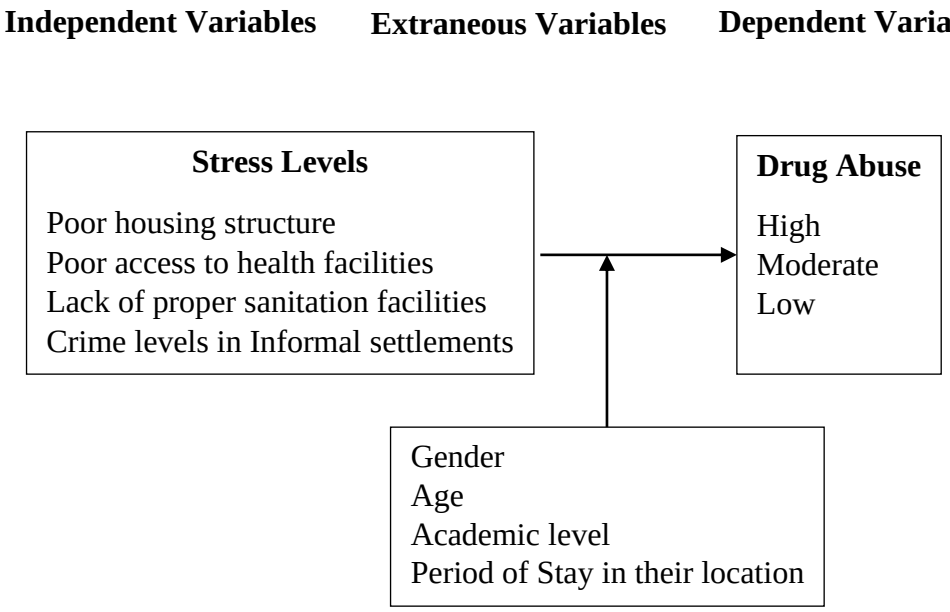

Figure 1: Interrelationships between variables in the study

5. Research Methodology

The study used the descriptive research design. The descriptive research design was used due to several advantages associated with the research design including the ability to describe and portray characteristics of an event or situation.

The descriptive research design also describes the state of affairs as it exists without any manipulation of the variable (Mugenda, 2003). The descriptive survey also allows for the gathering of information, summarizing, presentation and interpretation of data for purpose of clarification (Kothari, 2004). The descriptive research design was critical in examination of peer pressure on drug abuse amongst youths in informal settlements Nairobi County.

The target population of the youths in Mathare informal settlement was 17,894. The sample size for this study was 391 respondents derived from an observed value calculated using the Yamane (1967) simplified formula. However, due to anticipated high non-response rate on account of the nature of the population parameters, a (15%) proportion of the sample size (59 respondents) was added to the result in a final sample of 450 as recommended by Devi, Azfar and Tanwar (2018). Out of the 450 questionnaires issued, 431 questionnaires were returned. Out of these, 15 were not fully filled and were eliminated during data cleaning as non-responses. The final sample responses were 416 resulting in a response rate of 92.4%.

The study used the structured questionnaire as a means of data collection. The overall objective of the study was to determine the stress level as psychosocial factor on drug abuse among the youths in Mathare informal settlements in Nairobi County. The

researcher carried out a pilot study to establish the reliability of research questionnaires. The pilot study was undertaken in Naivasha Karagita slums, which have similar characteristics as the Mathare slum area of Nairobi County. According to Orodho (2003), at least 10 per cent of the sample size should be used for the study that is 391 respondents that was to be used for the study. Cronbach alpha was used to measure the internal consistency. Reliability of questionnaires was determined using the Cronbach's coefficient alpha. The reliability coefficients for questionnaire were estimated through Cronbach's alpha. The resultant alpha for youth questionnaire was r= .827. The questionnaires were considered reliable after yielding a reliability coefficient alpha of at least 0.70

6. Results and Discussion

The study sought to investigate the following research questionnaire on how stress leve influence drug abuse among youths in Mathare informal settlement.

1) Poor housing structure leads to drug abuse
2) Poor access to health facilities leads to drug abuse
3) Lack of proper sanitation facilities leads to drug abuse
4) Crime levels in informal settlements leads to drug abuse
5) Increased stress levels due to uncollected garbage leads to drug abuse
6) Increased stress levels due to blocked drainage pipes leads to drug abuse
7) Drug abuse is caused by prostitution in the slum
8) The levels of violence in informal settlements leads to drug abuse

To achieve this objective, the null hypothesis was tested at .5 level of significance: The null hypothesis stated that stress levels have no significant influence on drug abuse among the youths in Mathare informal settlements in Nairobi County, Kenya. To establish the contribution of stress levels on drug abuse among the youth of informal settlements in Mathare, the researcher conducted a regression analysis on the two variables. Table 1 presents the summary of responses of 8 items measuring stress levels among the youths in Mathare informal settlements.

Table 1: Influence of Stress levels and Drug Abuse among the Youths

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.173a	.030	.028	.487
a. Predictors: (Constant), Stress Levels				

Regression data presented in Table 1 indicates that $R^2 = 0.028$ which implies that 2.8% of drug abuse among youth in Mathare informal settlements can be explained by stress levels. In other words, stress levels contribute to 2.8% of drug abuse cases among youth in Mathare informal settlements.

So, as to establish whether the model could be able to predict drug abuse, an ANOVA analysis was run and results are as presented in Table 2.

Table 2: Influence of Stress levels and Drug Abuse among the Youths - ANOVA

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	3.043	1	3.043	12.831	.000[b]
	Residual	98.185	414	.237		
	Total	101.228	415			
a. Dependent Variable: Drug Levels						
b. Predictors: (Constant), Stress Levels						

Table 2 shows the ANOVA model from regression analysis. The results indicate that the model was a significant predictor of the dependent variable; $F(1,414) = 12.831 \leq .05$, meaning the regression model is a good fit for prediction.

In order to determine the individual variable contribution of the independent variable to the dependent variable, a partial regression for the coefficients was analysed as shown in Table 3.

Table 3: Influence of Stress levels and Drug Abuse among the Youths - Coefficients

Coefficients[a]						
		Unstandardized Coefficients		**Standardized Coefficients**		
Model		**B**	**Std. Error**	**Beta**	**t**	**Sig.**
1	(Constant)	1.506	.108		13.969	.000
	Stress Levels	.160	.045	.173	3.582	.000
a. Dependent Variable: Drug Levels						

The coefficients in Table 3 resulted from the regression analysis. From the unstandardized coefficient table, it can be observed that a one-unit change in the abuse of drugs could be explained by a change of .160 on stress levels, $t(415) = 3.582$; $\beta = .160$, $P \leq .05$. This therefore implies that stress levels significantly influenced the abuse of drugs in the study region. Therefore, the null hypothesis which stated that stress levels has significant influence on drug abuse among the youths in Mathare informal settlements in Nairobi County, Kenya was rejected and conclusion made that there exists a significant influence of stress levels on abuse of drugs in Mathare informal settlements.

7. Conclusions

Based on the findings, the following conclusions were made. Stress levels as a psychosocial factor influences drug abuse among the youths in Mathare informal settlements in Nairobi County. Stress levels was the leading factor compared to other psychosocial factors under this study. It was further concluded that increased level of violence in informal settlements is major cause of drug abuse under influence of stress. Regression analysis was used to test this hypothesis at .05 level of significance. This hypothesis was rejected, and conclusion made that there is a significant influence of stress levels on abuse of drugs in Mathare informal settlements since the result of significance

(.000) from the hypothesis test was below the significance level .05. The study recommends that that the County government of Nairobi to embrace economic empowerment of the communities in informal settlements. Empowering less privileged people economically helps them think beyond immediate daily survival and assert greater control over their resources and life choices, especially decisions in investment in health, housing and education. Stable-functional and stress-free families have been shown to reduce drug use by young people and reduce anti-social behaviour. Mitigation of the impact of drugs requires societies to dedicate resources to prevention among other strategies.

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Conflict of Interest Statement

The authors declare no conflicts of interests.

About the Authors

Zephaniah Navangi Makokha is a Doctor of Philosophy (PhD) candidate for the Conferment of Doctor of Philosophy in Counseling Psychology of Laikipia University, Kenya.

Dr. Enos Barasa Mukadi is a senior lecturer at the department of Psychology, Counseling and Educational Foundations, School of Education, Laikipia University, Kenya.

Dr. Robert Mwebi Bisonga is a senior lecturer at the Department of Curriculum and Educational Management, School of Education, Laikipia University, Kenya.

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