Does Family Structure Predispose Youth to Drug Use: The Case of Kajiado County, Kenya

Chege Antony[1*] and Beatrice Kathungu, PhD

Kenyatta University, Nairobi, Kenya

*Corresponding Author:

Chege Antony,

Kenyatta University, Nairobi, Kenya

Email: antonyc06@yahoo.com;

Tel No.: +254 724 755 121

Abstract

There is evidence suggesting that drug use among the youth is common and has extensive effects on their social, health and economic lives. It is critical that this issue be addressed by understanding the factors that are associated with drug use in order to guide the development of targeted prevention programs. Family factors can either increase the risk or protect the youth from drug use. There is need to understand how family factors such as the structure of the family influence drug use among the youth. Guided by the structural family model this study sought to find out the relationship between family structure and drug use among youth in Kajiado County, Kenya. The study used the correlation study design and targeted youth between ages 10-25. To obtain the sample of 356 respondents, a multi-stage sampling procedure was used. Data was collected using a questionnaire, assessing family structure and drug use patterns. The chi square test was used to analyze the data. According to the findings, there were significant differences in recent, current and daily drug use between youth from double-parent and single-parent families, with those from single-parent families having the highest rates. These findings suggest that NACADA, youth organizations and other mental health practitioners concerned with drug use among youth should design drug use prevention programs that target youth from single-parent families who seem to be at a higher risk than their counterparts from double-parent families.

Key Words: *Family structure, Double-parent family, Single-parent family, Drug use and youth*

Introduction

The youth have been noted to be the most affected by the drug use problem throughout the world as it is evident in the World Drug Report (UNODC, 2018). For instance in the United States of America by the time the youth are in their late adolescence about 78% had consumed alcohol while 15% were lifetime abusers (Sweden, et al., 2013). This study notes that the median age of onset of alcohol use is 14 years. Similarly, the consumption of alcohol in combination with new drugs seems to be high among youth in school in Europe according to the European School survey Project on Alcohol and other Drugs (ESPAD) (2019) report that analyzed data in 35 countries. Among the substance used by the youth are alcohol, cigarettes and cannabis. The challenge of youth drug use appears to be affecting the human society as a whole (Kopsov, Ruchin, Eisemann & Sidorov, 2005; World drug Report, 2005; UNODC, 2018).

Various initiatives have been put in place to curb this problem in Africa but the situation is still worrying with evidence of use of different drugs across different countries. For instance, in Egypt, youth are reported to be using opioids such as tramadol for non-medical reasons (Harris, Levey, Borba, Gray, Carney, & Henderson, 2011). Similarly, in their meta-analysis of drug usage among youth in Sub-Saharan Africa, Olawole-Isaac, Ogundipe, Amoo and Adeloye (2018) estimated that about 41.6% of youth of the mean age of 15.6 had used at least one drug. Alcohol and cigarettes were the most abused drugs in their meta-analysis. This is evidence that drugs are becoming a public health problem among the young generation.

In Kenya, the situation is not different. A number of studies have shown that youth around the country are using and abusing drugs. NACADA (2012) in their survey suggest that the youth have a higher prevalence of drug use compared to adults. The survey showed that youth between the ages of 15-24 are currently using drugs such as alcohol, miraa, tobacco and bhang. In a more recent survey, NACADA (2016) found that about 9% and 13% of youth between the ages of 15-24 were current users of alcohol and miraa (khat) respectively, at the coast of Kenya. This reflects a social challenge among the youth that is continuously growing.

Furthermore, even younger children are consuming drugs as the age of onset of use seems to be changing. According to Wangai (2007), in the former Ngong District public primary schools, children as young as eight and nine years old had begun using alcohol, marijuana and cigarettes. A recent study among pupils in primary school showed that children of the age of 4 years had already started using drugs (NACADA & KIPPRA, 2019). The continued use of these drugs depicts a situation where their lives will be affected in major ways and worse, there are chances of it being fatal.

There is evidence to show that the majority of deaths caused by illicit drug use occur among the youth (UNODC, 2012; UNODC, 2018). Other effects the young people may suffer as a result of drug use include; poor performance in school, dropping out of school, poverty, poor parent-child relationship, damage of the brain, different cancers as well as mental disorders (Muchemi, 2012; Mwithaga, 2013). Given these consequences, it is necessary to address the issue.

In order to address the challenge of alcohol and drug use, it is critical to appreciate the elements that may contribute to the problem. There is evidence to suggest that such factors may include family related ones. These factors include, low parental monitoring and control

of the youth (Choquet, Hassler, Delphine, Falissard & Chau, 2007), low supervision, low socio-economic status (Acs & Nelson, 2002; Manning & Brown, 2006; Seltzer, 2000), parental-conflict (Golombok & MacCallum, 2004; Golombok, Tasker & Murray, 1997) high stress levels (Mckeown, Pratschke & Haase, 2003) among others. These factors play a role in the initiation and continuous use of drugs among the youth and numerous studies have been done to show this.

Depending on the structure of the family, these factors seem to be higher in some family structures than others. According to various studies these factors are particularly higher in single-parent families (Acs & Nelson, 2002; Choquet, Hassler, Delphine, Falissard & Chau, 2007) compared to double-parent families. With these findings in mind, it is highly likely that youth from single-parent families may engage in drug use. Therefore, there was need for a study to investigate whether it is the case.

In Africa, single-parent families are progressively replacing the traditional family, which consists of two parents and their children. (Hamplova & Shelley, 2011; Ntoimo & Chadoka-Mutanda, 2020). This phenomenon is on the rise and hardly do we find studies done to find out its contribution or lack of it on the rise of drug use among youth in this region.

Globally, some studies have connected family structure to youth drug usage. For instance, research conducted in America show that adolescents from single-parent households were more prone to consume alcohol uptake, use of cigarettes, among other risky behaviors (Oman, Vesely, Tolma, Aspy, Rodine, & Marshall, 2007). In another study conducted in Hong Kong, youth from non-intact families (maternal, paternal and no-parent) were more likely have used cigarettes, alcohol and other drugs compared to their counterparts from intact families (double-parent families) (Mak, Ho, Thomas, Schooling, McGhee, & Lam, 2010).

Similarly, in Europe Markina and Kask (2013) found that youth with both parents aged 12-16, in comparison to those from single-parent families drank less and consumed less marijuana in the previous month. However, in this study, there was no significant relationship in the use of hard drugs. This therefore calls for more studies on the area to investigate whether similar results would be established in other parts of the globe especially in Africa. In France, studies have found that boys and girls from single-parent families have rates of current tobacco and marijuana usage those from double-parent families. However, for boys' alcohol consumption was not associated with family structure (Choquet et al., 2007). The studies done in the Western world seem to show some association between the structure of the family and drug indulgence among the youth, despite the inconsistencies in terms of the type of drugs and gender of the youth. In Africa, there are few studies done on this topic and these studies seem to show inconsistencies.

In a study conducted among youth in secondary schools in Nairobi, Kenya by Mwadime (2005) it was found that students from double-parent families used cigarettes and none from single-parent families (see also Fawzy, Combs, Simon & BrownanTrellor, 1987). The inconsistent results in the study found in Africa, calls for more studies to ascertain the situation.

The mixed findings reflected in the above studies, depicts a need for more evidence through research to clarify the association between the structure of the family and use of drugs especially in Africa. This study endeavored to investigate the interaction between the two variables among youth and therefore sought to provide more evidence to the area.

As demonstrated above, literature shows that misuse of drugs is a challenge among the youth. This opinion is supported by various studies, some of which focus on comparing the level of drug use in different family structures. It is noted that most of these studies have been done mainly in the Western countries but they have not been exhaustive. It is important to note that Africa, specifically Kenya has its unique socio-cultural dynamics hence the need to find out whether similar results could be obtained in this region.

It is also noted that studies done in Kenya on the area, is on family structure in relation to education, behavior and delinquency (Mwadime, 2005). Hardly do we find any research examining the role family structure plays on drug use among the youth.

The objective of the current study was therefore to investigate the relationship between family structure and drug use among the youth in Kajiado County, Kenya. Furthermore, there was need to see if there were significant differences in drug use prevalence between youth from single-parent households and those from double-parent families.

Methodology

The correlation research design was used in this study. This design was suitable for the present study since it is used to investigate statistical association between variables. In line with this, the current research sought to establish whether there was a relationship between family structure and drug use among the youth. The research was done in Kajiado County where statistics suggested that misuse of drugs was an issue among the youth, with a study from one of the divisions, Ngong division, establishing that 8 and 9 year old children had started using drugs (Wangai, 2007). Furthermore, there were figures suggesting that the area's family structure was changing, with 37% of children living in single-parent families in the former Kajiado North Constituency (Apostles of Jesus Aids Ministries' database, 2011).

The study sampled youth between 10-25 years old. The reason for including youth as young as 10 years in the study was because NACADA (2012) found that the median age of tobacco and alcohol initiation in Kenya is 10 years. Furthermore, there was evidence that youth as young as 8 and 9 were using drugs (Wangai, 2007). A multi-stage approach was used to obtain the sample. In the first stage, Kajiado County was categorized into five sub-counties using stratified random sampling. Then, two of them were randomly selected. Each of the two sub-counties was further divided into rural and urban divisions, totaling to four divisions with youth selected using simple random selection for in-school youth and purposive selecting for out-of-school youth. This entailed sampling youth from youth clubs, churches, football teams, and theaters where they were likely to be found. The final sample comprised of 356 participants.

Data was collected by means of a questionnaire with three sections. The first one was the family structure questionnaire which intended to get participants' information on their family background including whether one had one or both parents/guardians. The second section gathered data on the frequency of drug usage among the participants capturing their lifetime use (ever use), recent use (past one year), current use (past one month) and/or daily use. Furthermore, there was a section that was used to obtain the participants' sociodemographic data such as the age, gender, level of education, and employment. The questionnaires were administered face to face.

In order to augment construct validity, firstly it was ensured that both variables under investigation, namely, family structure and drug use, were operationalized in harmony with their descriptions in existing theory and literature. Secondly the investigator ensured that the questionnaire's items were relevant to the study's variable. Thirdly, content validity was enhanced by making sure that items in the both questionnaires covered the various dimensions of the two constructs as elaborated in the research. Furthermore, as recommended by Fraenkel and Warren (2000), expert opinion was sought for them to consider the appropriateness of the items in the tool in relation to the objectives of the study.

To augment the instrument's reliability, the researcher used test/retest procedure where the questionnaire was administered to ten respondents akin to the ones in the sample. These participants were not included in the final sample. After two weeks, the tool was again administered to the 10 participants under the same conditions. The two-week period helped in reducing the recall effects. It also ensured that there are fewer chances that the behavior under study will change. As recommended by Rosner (1995), a Correlation Coefficient index was computed to compare the two sets of score and an index of 0.75 and above was considered god enough.

The obtained data was analyzed using descriptive statistics, such as frequency and percentages. Furthermore, a non-parametric test, specifically Pearson's chi square was employed to test whether there were any significant differences in drug use between youth from double-parent families and youth from single-parent families.

Results

During data collection, the researcher collected data from 371 participants but 15 questionnaires were not included in the final data as they did not answer the most crucial items of the study. Therefore, data from a total of 356 youth was analyzed.

In terms of demographics the bulk of the participants were youth between ages of 10 and 15 with females accounting for 59.4% of the total. The majority of the participants (44.8 percent) had completed secondary/high school, with only a few completing a diploma or university degree (13.8 percent). About 39% of the youth were from large families with the majority coming from double-parent families (63.2%) while 36.8% from single-parent families. The following section presents the findings on family structure and drug use among the youth from various family structures.

Family structure and Lifetime (ever) Use of Drugs

Data was analyzed to see if there were any variations in lifetime drug usage between youth from double-parent families and those from single-parent homes. Findings are as follows:

Table 1: Family structure and Lifetime (ever) Use of Drugs

Family Structure	Yes		No		Total	
	Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage%
Single-Parent/Guardian	90	68.7%	41	31.3%	131	100%
Double-Parent/Guardian	154	68.4%	71	31.6%	225	100%

The prevalence of lifetime drug usage among youth from single-parent and double-parent families differed by a little margin, as indicated in table 1. Youth from single-parent families accounted for 68.7 % of those who used drugs compared to 68.4 % of those from double-parent homes.

The hypothesis that there are no significant differences in lifetime (ever use) prevalence of drug use between youth from single-parent families and those from double-parent families was tested using the Pearson's chi square. Table 2 presents the finding

Table 2: Chi Square Test on Significant Differences between Drug Use among the Youth from the different Family Structures

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	ExactSig. (1-sided)
Pearson Chi-Square	.003	1	.960		
Continuity Correction	.000	1	1.000		
Likelihood Ratio	.003	1	.960		
Fisher's Exact Test				1.000	.529
Linear-by-Linear Association	.003	1	.960		
N of Valid Cases	356				

As indicated on table 2, the results were not significant, .003, p=.960. We therefore fail to reject the null hypothesis that there are no significant differences in the lifetime (ever use) prevalence of drug use among youth in single-parent families and those in double-parent families, since the p value was greater than .05.

Family Structure and Recent (past one year) Use of Drugs

Data was further analyzed to compare between youth from two family structure, namely double and single-parent families, to find out the prevalence of recent (past one year) use. Table 3 indicates the findings.

Table 3: Family Structure and Recent (past one year) Use of Drugs

Family Structure	Yes		No		Total	
	Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage %
Single-Parent/ Guardian	81	61.8%	50	38.2%	131	100%
Double-Parent/ Guardian	98	43.6%	127	56.4%	225	100%

Table 3 shows that slightly above two-thirds of single-parent youth (62%) had taken drugs in the previous year but fewer than half of those from double-parent families did (44%).

Pearson's chi square was used to test the hypothesis that there are no significant differences in the recent (past one year) drug use prevalence of drug use between youth in single and double-parent families. Table 4 shows the findings.

Table 4: Chi Square Test on Family Structures in the Past One Year (Recent Use).

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.063	1	.001		
Continuity Correction[b]	10.344	1	.003		
Likelihood Ratio	11.143	1	.002		
Fisher's Exact Test				.003	.002
Linear-by-Linear Association	11.032	1	.002		
N of Valid Cases	356				

According to table 4 findings, the differences were significant, 11.063, p=.001. We reject the null hypothesis in favor of the alternative hypothesis that there are significant differences in the recent (past one year) use prevalence of drugs between youth in single-parent families and those in double-parent families because the p value is less than .05.

Family Structure and Current (past one month) Use of Drugs

Data was further analyzed in order to compare current (past one month) consumption of drugs among the youth from various family structures (specifically, double-parent families and single-parent families). Table 5 shows the findings.

Table 5: Family Structure and Current (past one month) Use of Drugs

Family structure	Yes		No		Total	
	Frequency	Percentage %	Frequency	Percentage %		Percentage %
Single-Parent/ Guardian	76	58.0%	55	42.0%	131	100%
Double-Parent/ Guardian	84	37.3%	141	62.7%	225	100%

As seen in table 5, the frequency of current users changed depending on the family structure. Drug use was lowest among youth from double-parent families (37%).

Pearson's chi square was then used to test the hypothesis that there are no significant differences in current (past one month) drug use prevalence between youth in single-parent families and those in double-parent families. The findings are as shown on table 6.

Table 6: Chi square test on significant differences between drug use among the youth from the different family structures in the past one month (current use)

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	14.312	1	.000		
Continuity Correction	13.489	1	.000		
Likelihood Ratio	14.333	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	14.272	1	.000		
N of Valid Cases	356				

The obtained results showed that =14.312, p=.000 as shown in table 6. As a result, we reject the null hypothesis in favor of the alternative hypothesis that there are significant differences in the current (past one month) drug use prevalence among youth in single-parent families and those in double-parent families because the p value is less than .05.

Family Structure and Daily Use of Drugs

The respondents were asked if they used any of the drugs on a daily basis in order to compare the frequency in daily use of drugs among youth across various family structures. The responses are as depicted in table 7.

Table 7: Family Structure and Daily Use of Drugs

Family structure	Yes		No		Total	
	Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage %
Single-Parent/Guardian	23	17.6%	108	82.4%	131	100%
Double-Parent/Guardian	22	9.8%	203	90.2%	225	100%

Table 7 shows that the youth from single-parent families were likely to use drugs on a daily basis (18%) than those from two-parent households (10%).

Pearson's chi square was again used to test the null hypothesis that there are no significant differences in drug use prevalence between youth from single-parent families and their counterparts from double-parent families. Table 8 summarizes the findings.

Table 8: Chi Square test on Significant differences between Daily Drug Use among Youth across different Family Structures.

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.538	1	.033		
Continuity Correction	3.861	1	.049		
Likelihood Ratio	4.394	1	.036		
Fisher's Exact Test				.046	.026
Linear-by-Linear Association	4.525	1	.033		
N of Valid Cases	356				

According to table 8, the results were; = 4.538, *p*=.033. As a result, we reject the null hypothesis in favor of the alternative hypothesis that there are significant differences in prevalence of daily drug use between youth in single-parent families and those in double-parent families, since, the *p* value is less than .05.

Discussion

The findings of this study suggest that there were no significant differences in lifetime usage between youth from single-parent homes and youth from double-parent families. This could be due to the fact that they are from the same locality and hence the risk factors for drug use in the area may have an equal influence on them and therefore, the slight difference. This is in line with Rhew, Hawkins and Oesterle's (2011) study on 'drug use and risk among youth in different rural contexts' that found that youth from different residential locations

were exposed to similar risk factors that were associated with drug usage. In addition, it is probable that, when they first used drugs, some of the youth who now live in single-parent families were living with both parents. Therefore, they just experimented with the drugs and stopped at that. The ones who transitioned to single-parent families due to various reasons probably continued using the drug to cope with the changes which can be stressful and hence the significant differences observed in the following sections. It is observed that transitions to single-parent families may come with its challenges such as financial challenges, dealing with loss, uncertainties, anger, distress (Dunn & Deater-Derkard, 2001), among others.

In terms of recent (past one year), current (past one month) and daily use the results suggest that there were significant differences with the youth from single-parent households more likely to use drugs than the ones from double-parent families. The frequency of use of drugs among the youth from single-parent families may be explained by the fact that family related risk factors are such as low control and supervision from their parents are present in these families compared to double-parent families (Choquet, hassle, Delphine, Falissard & Chau, 2007). However, it is also possible that they use these drugs as a way of coping from the pressure they experience from taking the position and responsibilities of the absent parent since the couple subsystem lacks a member. Because of the gap, it is possible that the primary parent who is present fills the gap using the youth present. As a result, the youth are forced to early maturity to fit in the new role in the family for there to be complementarity in the parental dyad as depicted by Goldenberg and Goldenberg (2008). This may increase their stress levels hence the use of drugs to cope.

The study's findings are comparable to those of Markina and Kask (2008), who established that youth from broken households took drugs more than those from double-parent families, although they did not break down the data by lifetime (ever) use, recent (past one year) use, current (past one month) use and daily use. Similarly, Oman, Vesely, Tolma, Aspy, Rodine and Marshall (2007) established that youth from single-parent families were more likely to be current users of various drugs. In another study, it was revealed that single-parent families' youth are more likely to take tobacco than their counterparts from double parent families (Atkins, Oman, Vesely, Aspy and McLeroy, 2002). Furthermore, the current study results are comparable to a study done by Antecol and Bedard (2007) that found lesser likelihood for the youth to engage in deviant behaviors like smoking, drinking, and marijuana usage, in families where the father stayed longer.

Conversely, results of this research were in variance with Mwadime (2005) who carried out a study among secondary school students in Nairobi, Kenya. The researcher found that only students from two-parent families had smoked cigarettes, while single-parent families had none.

With the exception of lifetime (ever) use where no significant differences were found, the current study's findings appear to indicate that when at least one parent is absent from the family, the young members of the family are at a greater risk of drug use. This is mirrored by the fact that single-parent family youth showed higher use than the ones from double parent families, in all the categories. This is in line with research conducted by Choquet et al (2007) who found a higher likelihood that youth from single-parent families had used tobacco, marijuana, or alcohol in the previous month (current use).

Conclusion and Recommendations

The purpose of the study was to find out whether there is a relationship between family structure and drug use among the youth in Kajiado County, Kenya. According to the findings of this study, single-parent family youth had a greater risk of drug use than the ones from double-parent families. Therefore, mental health professionals such as counselors and psychologists, as well as other partners tasked with addressing the drug use challenge need to establish drug prevention programs that specifically target youth from high-risk family structures who appear to be at an increased risk of drug use. Furthermore, some of the programs should target youth who use the drugs daily as they are at a higher risk of developing substance use disorders among other health and social challenges

Again, there is need for mental health practitioners together with NACADA, health policy makers, religious leaders, teachers and other stakeholders to develop innovative programs that educate the youth about the hazardous nature of drug use.

Conflict of Interest: None Declared

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