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COLLEGE OF HUMANITIES AND SOCIAL SCIENCES.
FACULTY OF ARTS.


THE PSYCHOSOCIAL EFFECTS OF SUBSTANCE ABUSE ON THE NUCLEAR
FAMILIES IN DAGORETTI SOUTH SUB-COUNTY, KENYA

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF MASTER OF PSYCHOLOGY (COMMUNITY
PSYCHOLOGY) IN THE DEPARTMENT OF PSYCHOLOGY.

NOVEMBER, 2021.

DECLARATION.

This project is my original work and has not been presented for a degree in any other University.

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DEDICATION.

My masters research project is dedicated to my entire family whose support, determination and reassurance made this dream and goal achievable.

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This research project was a product of enormous and valuable support. I might initially want to thank my whole family for their benevolent help during the time of coursework and proposal writing, data collection and compiling phases of the project.

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ABBREVIATIONS AND ACRONYMS.

DNA - Deoxyribonucleic Acid.

HIV/AIDS - Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome.

UNAIDS - United Nation Program on HIV/AIDS.

UNODC- United Nation Office on Drugs and Crime.

DSA- Drug and Substance Abuse.

DEFINITION OF TERMS.

Family- a group of people who define themselves as related by either marriage, blood, adoptive or intimate ties. It is the most fundamental social unit of most human societies and its structure varies from nuclear, step, biological, permeable and extended family.

Drug- any chemical substance that interacts with living organisms that brings notable changes in its physiology.

Drug and substance abuse- drug abuse is the intentional misuse of a drug. Substance abuse is defined as the detrimental or dangerous use of psychoactive drug ; compulsiveness is marked by legal, occupational, social or interpersonal adverse consequences such as arrests, unsafe sexual behaviour and so forth. Drug abuse happens when a drug is wrongly used to stimulate or cause harm on oneself.

Drug misuse- The use of a substance for a reason that isn't viable with legitimate or clinical rules, most commonly with prescription drugs. For example, taking a drug that was not prescribed to you or taking an incorrect dose.

Psychoactive drugs – also known as psychotropic drugs or psychotropics: any drug that has significant effects on psychological processes (thinking, emotion, and perception).

ABSTRACT

I was interested in this topic because, although substance is regarded both as an unfortunate recreational side effect, and as a harmful delinquent deviance, its underlying impacts affect not only the individual, but also family in various ways that will be highlighted in the study.

The objective of the study was to better understand the psychosocial impacts of drug addiction on families, and how the family adapts, copes and helps rehabilitate those who engage in drug and substance abuse. It also looked at reasons why some individuals are prone to drug and substance abuse, and what motivates people to abuse drugs. The research showed which drugs were most popular, the substance abuse effects, as well as family perceptions of substance misuse in general

The study looked at several theories (Reinforcement theory, Anomie and Ecological theory) that could be applied to explain drug and substance abuse, each focusing on different aspects including other factors that may influence substance abuse.

The study used descriptive survey design combining quantitative and qualitative approaches. The research targeted individuals above 21 years and had family members who engaged in substance abuse in Dagoretti south sub-county. Questionnaires were used for data collection, the SPSS Version 25 was used to analyse and summarize the data. Based on the findings, the study concluded that family members are aware of the effect substance abuse has on family, alcohol being the most abused at a percentage of 57.8%. The research concluded that increased stress, financial problems, physical and verbal assault, loss of trust, arguments between family members, fear of being attacked, loss of property, confusion on how to act around family member abusing drugs and other family members being introduced to substance abuse were some of the effects substance abuse had on family.

The study recommends a united approach by the government, the media, the community, church, schools and families to aid in reducing substance abuse among the people in the society by for example providing recreational groups/ activities, providing affordable rehabilitation, guidance and counselling centers, monitoring of advertisements.

CHAPTER ONE.

INTRODUCTION.

1.1 Background of the Study.

Drugs are biochemical substances, when they interact with a living being there are notable changes in the organism's physiology. It may be poison or medicine depending on how it is administered. Drug abuse is the intentional misuse of a drug. Substance abuse is defined as the perilous or hazardous utilization of psychoactive substances like liquor and illicit medications which may be naturally occurring such as fruits, fungi, marijuana or synthetic such as heroin, LSD and freebase cocaine "crack".

Drug and substance abuse occurs when an individual continues to participate in the use of psychoactive substances despite negative impacts, and regardless of any distress it may cause in daily life. This can lead to changes in behaviour, mood, and perception, state of mind, physical appearance and consciousness. While substance abuse is regarded as a delinquent expression of deviance, it affects both the individual and family in a variety of insidious ways.

It should be noted that drug and substance abuse is not only about illegal drugs, but also an appreciation that using legal substances such as analgesics, alcohol, tobacco, antitussives (medication which suppress the coughing, are recommended for the treatment of cold and flu symptoms for example, codeine), expectorants (make coughing easier while increasing the production of phlegm and mucus for example acetyl cysteine), and the like wrongly, can harm an individual's health. These drugs can be abused by taking a medicinal dose in a manner other than as directed, for recreational effects: highs, euphoria, and elation. Similarly, the concoction of homemade nostrums from legitimate medicines and other aromatics such as glue, can cause unintended psychotropic effects.

The rate of substance abuse in the USA is higher among those aged 18 to 25, with many of them being first-time users (McCance-Katz,2019). Alcohol, opioids, and cannabinoids being the highly abused substances by those between 18 to 25 years. The day-to-day use of marijuana by this age group was reported to be 2.6 million users, while those who had alcohol use disorders stood at 3.4 million (10%) (McCance-Katz,2019). In 2018, an estimated 19.1 million Europeans (aged 15–34) used drugs: Men were twice as likely as women to take drugs, with cannabis being the most commonly used substance (EMCDD A, 2007). Alcohol

and drug use was found to be prevalent at African colleges (Nigeria, Uganda, Ethiopia, and South Africa), with rampancy rates ranging from 27.5 percent to 62 percent (Kassa et al., 2014 and Oluwole, 2018).

Just like many countries, Kenya is also affected by drugs and substance abuse. In rural and urban areas drug use is common among the youth, women and men. Drugs commonly abused include tobacco, miraa (khat), alcohol, glue, chang'aa, cannabinoids (bhang), opioids (heroin), prescription medicine (sedatives or sleeping pills, codeine) and man made drugs (hallucinogens, mandrax). The availability of these drugs in the community provides the environment for substance abuse. Drugs in Kenya are commonly taken orally, through sniffing/ snorting, inhalation and intravenously, (NACADA,2012)

Drug and substance abuse typically starts by experimental use, then leading to occasional use for example, at social gatherings, raves, parties, then progresses to recreational use, develops into abuse of the drug, and finally culminating in the worst-case outcome, physiological dependency and addiction (Ndero, 2013).

With intervention (rehabilitation) the individual may adhere to an abstinence regime and with the right environment, may succeed in refraining. But, in case the individual surrenders to peer pressure or other triggers, he/she may relapse and reiterate the cycle of harm.

Recreational drug use has also led to drug abuse resulting from a concatenation of social stigma, peer pressure, poor parenting, family pressure, psychological changes or issues.

In the pre-colonial era, Kenyan society permitted drug and substance use like alcohol, only during cultural festivities such as marriage, circumcision, dowry payment and funerals. Male community elders exclusively enjoyed the privilege to use drugs while the women and youth were barred from such activities. Male elders enjoyed drugs such as alcohol (chang'aa, busaa and toivo, different names given to traditional or home-brewed alcohol in communities), inhaling/ smoking/ chewing of tobacco leaves, marijuana leaves and khat (miraa) leaves.

With trade growth during the colonial period, alcohol consumption and production also grew. Kenyans soon accepted the new economic opportunities that came with the growth of the alcohol industry during the colonial times, then the weakening of family structure and community limits on usage of alcohol and drugs. Currently, drugs are used for recreational purposes, but this readily leads to substance abuse.

A detailed report by UNODC in 2013 revealed that a significant amount of heroin seized along the East coast of Africa (unsurprisingly perhaps), originated from Afghanistan. Maritime vessels are the preferred means of distribution chosen by traffickers. In Kenya the most affected areas are Lamu, Mombasa and Malindi although there are also instances where smugglers use international airports.

Alcohol drinks brewed locally from barley, sugar cane and molasses by different communities are the most accessible, the difference being that traditionally brewed alcohol is made at home in rural areas, but for the urban areas alcoholic beverages are distributed through businesses. Bhang/ marijuana is cultivated clandestinely, while khat (miraa) legalized in 1977, and tobacco, are legally cultivated in Kenya under license. Furthermore, Keroche Breweries Limited (started in 1997) a Kenyan brewer, is known for a number of popular Kenyan brands like KB Lager, Summit Lager, Summit Malt, Valley Wines, Crescent Whisky, Crescent Gin, Crescent Vodka and Viena Ice (Keroche Breweries LTD, 2019).

Substance abuse is a concern for the government because of its well-established coincidence with domestic violence, depletion of resources and family breakdown, also non-governmental organisations aid in the fight against substance abuse. The Kenyan government made advances towards mitigating the criminal trade and creating awareness by informing its society about drug and substance abuse through community initiatives, public awareness and policies.

To protect individuals from diseases and tobacco-related deaths an act on control of tobacco use was formulated in 2017. It also aimed to inform consumers of the risks associated with smoking, while at the same time discouraging children from purchasing tobacco products.

In order to protect the wellbeing of individuals an act to control alcohol drinks was formulated in 2010. This was by providing a legal framework to control sale, consumption, production of alcoholic beverages, and to educate the public better about the risks of alcohol consumption. The wider regulatory layout includes control and enforcement of licensing hours, the prohibition of sale of alcohol to minors, both on and off licensed premises, although these rules are frequently broken by suborning unscrupulous and profiteering licenses.

The UNODC and the UNAIDS worked with the Kenyan government to provide proper treatment for those who inject drugs, by creating several outpatient community clinics which also provide drug dependence treatment as well as HIV services.

1.2 Statement of the Problem.

Obtainability of and access to substances and drugs for abuse are typically the causes of substance abuse regardless of their prohibition. Physical, social, biological, emotional/psychological changes, peer pressure, poor role models, family pressure, childhood experiences, weak family bonds and low-quality parenting, low educational achievement or low resilience to stress, socio-economic status and social ecology of unemployment are all other intersecting factors.

Research (Reilly, 1992) shows that substance abuse increases the risk of domestic violence, family breakdown, and death caused by drug and substance-abuse-related diseases such as liver cirrhosis, psychological dependency, suicide, sexual violence, unsafe sexual practices and behaviour, social stigma, contraction of HIV/AIDS, sexually transmitted infections and corollary criminal activity.

Individuals facing daily stressors and experiencing life-changing events comprise the socio-ecological group susceptible to triggers which lead to substance abuse. NACADA (2004), identified some of the substance abuse triggers that include: Poor role model; Peer pressure; Childhood experiences; Low educational achievement; Socio-economic status; Low resilience to stress.

The above are some of the known factors influencing substance abuse. This study will seek to shed light on the problem by examining the impacts substance abuse has on family stability and wellbeing.

Reilly (1992) describes several effects of substance abuse that are mostly present themselves in a family that includes children or parents engaging in substance abuse. These impacts may be enumerated as follows:

Negativism: where any positive behaviour is ignored, interaction is filled with complaints and criticism, expressions of displeasure towards each other.

Parental denial and inconsistency: children's moral landscape may darken, confusing right and wrong indistinctly, leading to poor behaviour, and a corrosive realisation that their parents are themselves incapable of setting clear, acceptable limits to freedom. Moreover, if the child or parent indulges in substance abuse, they may become defensive by denying involvement, thus ignoring the signals warning of impending problems associated with substance abuse in the family.

Unrealistic parental expectations: when expectations are unrealistic or too low, the children may make excuses, try to over-achieve the set goals, then tend to have the same behaviour as their parent's extrapolations, except when positive, and supportive relevant messages from intervening adults.

Miscarried anger expression: because of resentment of an emotionally deprived home, the parents or children turn to substance abuse as a way of managing their repressed turbulence.

Self-medication: individuals use substances to deal with or overcome feelings or fervour such as suicidal thoughts or depression.

1.3 Purpose of the Study.

The main aim of this study is to find out the psychosocial influence of substance abuse on nuclear families in Dagoretti South Sub- County, Riruta- Satellite.

1.4 Research Objectives.

1. To identify causes of substance abuse among families in Dagoretti South sub-county, Riruta-Satellite.
2. To identify drugs and substances commonly abused in Dagoretti South sub-county, Riruta-Satellite.
3. To explore the Strategies used to curb substance abuse in Dagoretti South sub-county, Riruta-Satellite.
4. To identify the psychosocial effects of substance abuse on the nuclear family.

1.5 Research Questions.

1. What are the triggers/ factors that influence substance abuse?
2. What drugs are commonly abused in Dagoretti South sub-county, Riruta-Satellite?
3. What are the strategies used to curb substance abuse in Dagoretti South Sub- County, Riruta- Satellite?
4. What are the psychosocial impacts of substance maltreatment on the family unit?

1.6 Assumptions of the Study.

The researcher hypothesises that substance abuse does have an effect not only on the individual, but also on the family. Inferences from the study findings will be localised to families in Dagoretti South sub-county, Riruta-Satellite.

1.7 Scope of the Study.

This study shall be conducted based on the variables outlined in the purpose of the study. The variables being; the drugs covering tobacco, alcohol, cannabinoids as independent variables. The intervening variables as the factors that contribute to wrong use of drugs and the psychosocial impact on nuclear family as dependent variables. The collection of data will be limited to individuals living in Dagoretti South sub-county, Riruta-Satellite. The survey will need a representative sample of individuals who have family members engaging in substance abuse.

1.8 Justification.

Substance abuse affects people in different ways, but in this study, we seek to discover how it affects the family. It is neither gender-based, nor does it entirely target developing or already developed countries, nor specific socio-economic conditions. Although the most popular stereotype of substance abuse (that it is more predominant among the poor) that is unjustifiable when we consider that lack of disposable money is not always a feature of substance abuse.

The misuse of drugs and substances is presumed to start during adolescence and young adulthood, because at this stage the individual goes through defining changes and pressures. With no intervention, substance abuse progresses on habitually to later in life.

Literature (Brown & Lewis, 1999; Kaufman, 1985), suggests substance addiction has a particular impact on the family. A parent of tiny children, for example, may try to make up for shortcomings that their accomplice has created in light of substance addiction. Children are frequently used as surrogate partners for parents who misuse drugs. And as such those children may develop coping mechanisms to shield themselves from the reality of the parent's addiction.

People who engage in substance abuse more than often find themselves isolated from their family members. They then tend to prefer spending time with others who abuse substances or take part in activities that fall in line with their desires, as that legitimises their behaviour.

1.9 Significance of the study.

The effect of substance abuse on family is a topic on which more light needs to be shed as we have seen from the above. Similarly, the effect of substance abuse on an individual's social, health and physical life is a major concern. This study will look at the psychosocial effects of

substance abuse on family, with a view to enlarging the scope of effective macro and micro interventions, together with upstream public health harm-reduction packages.

The study findings and recommendations will contribute to the need to understand the psychosocial impacts of substance maltreatment on family, demonstrating how the family can support its members through the rehabilitation process.

1.10 Limitations.

In evaluation, the researcher will be cautiously mindful of the risk of unintended bias, since respondents will be sampled through snowballing. Furthermore, sufficiently sensitive discretion must be applied to limit social desirability bias, which may otherwise prejudice findings, since voluntary disclosure of family matters is private, confidential and highly personal for most people. The researcher will overcome this by having individuals who have at one time mentioned they have family members who are substance abusers participate in the study.

There are several limitations that may be encountered, for example: despite some individuals being exposed to triggers that lead to substance abuse, they may abuse drugs and substances of their own free will, not necessarily because they had life-changing events or have experienced stress, but rather from entirely hedonistic impulses also, lack of cooperation among study respondents, as some may not be willing to candidly or honestly disclose information for fear of judgement. Another limitation may be lack of data: not every family has a member who engages in substance abuse.

CHAPTER TWO.

LITERATURE REVIEW.

2.1 Introduction.

This chapter examines literature on the subject in the following sub-topics: factors influencing substance abuse; psychosocial effects of substance abuse on family; commonly abused drugs and their effects; preventive measures against substance abuse and theoretical frameworks.

2.2 Factors Influencing Substance Abuse.

Substance abuse can be abstracted in a number of ways, caused by a mix of variables such as society, substance, and individual characteristics (Ndero, 2013).

2.2.1 The Society.

A liberal, democratic consumer society promotes the consumption and production of drugs and alcohol whether legal or illegal. Its citizens initiate each other in ways that legitimise, even glamorise, substance abuse as a desirable behaviour (Olson et al., 1985). They do this by persuasion, belief, religion, popular myths and other forms of inducement and enticement. Therefore, even where a society's moral code seeks to prohibit or control drug consumption, those aims are often thwarted by behavioural, commercial and criminal influences.

2.2.1a Peer pressure and Poor role models.

As adolescents grow and their social networks widen, they become familiarized with opportunities and vulnerable to temptations. Midigo (2002) asserts that young people are curious, and some may experiment with substance abuse to discover its effects. If the peer group abuses drugs, then chances are very high that an individual will get involved in substance abuse by first experimenting, but as that progresses their drug taking may grow into habitual dependency. According to Johnstone (2002), social pressures more than often reinforce substance abuse as demonstration of grown-up behaviour, and as young adults become economically stable and independent plus group involved. As such, they engage in substance abuse as a response to a range of influences including coping with stress, showing independence, to satisfy curiosity, be defiant, and to keep up with their peers.

2.2.1b Family pressure, weak bonds and low-quality parenting.

As role models, parents who drink excessively have been proven to have less parental surveillance of their adolescent children's activities. According to Midigo (2002), parental

views about cigarettes, alcohol, and other substances have a significant impact on children's behaviour. Young kids essentially learn through copying their guardians and the society they are in. Separated families, absence or loss of one parent, alcoholic parents, and fundamentalist religious influences are example of factors which can induce individuals embedded in such domestic conditions, to be more prone to substance abuse. For some it is an act of rebellion to assert their freedom, while for others it is a way of repressing emotions or poor upbringing. For example, where parents abrogate their responsibilities by allowing their children to imbibe alcohol in the home.

Individuals from dysfunctional homes are more prone to drug and substance addiction, (Needle et al. 2001). Teenagers are more prone to participate in substance addiction, particularly in households where there is a high level of conflict. On the other hand, parents who do *not* abuse drugs take a firmer stand regarding discipline, schoolwork, use of alcohol and other drugs.

2.2.2 The Drug.

Drugs are affordable and readily available. Their effects are pleasurable within a short time even though they have addictive potential. Positive reinforcement, the pleasure principle, manifesting as elation and bliss, can lead to dependency whereas, negative reinforcement (pain and physical discomfort) follows the attempts to refrain from indulgence (withdrawal).

2.2.2a Availability, Accessibility and Affordability.

The availability, accessibility and affordability of drugs through suppliers encourage people to abuse or indulge in substance abuse. Drugs such as sedatives, over the counter drugs and inhalants such as glue and petrol fumes, are so dexterously accessible, that getting hooked on substance abuse is alarmingly easy (Ndero, 2013).

2.2.2b Rewarding and Punishing Effects.

Positive reinforcement (rewarding effect) happens when a drug abuser has good feeling and is encouraged to use it more. The pleasure system may cause a strong focus on cyclic action: getting high is enjoyable, and what triggers good feeling tends to repeat itself.

Negative reinforcement (punishing effect) happens when an individual performs something to seek relief from suffering, gets rewarded, and is therefore driven to do what relieved the pain. When a substance abuser experiences severe withdrawal symptoms after stopping usage of the drug to which he or she is addicted and proceeds to take a dose to alleviate discomfort, he

or she will find relief as the agony subsides. Such experiences drive abusers to eliminate the unpleasant withdrawal symptoms (Bejerot, 1980).

2.2.3 The Individual.

The individual influences substance abuse as a result of the repetitive drug-abusing behaviour at the expense of other behaviours. The more they are hooked on drug and substance abuse, the more they blame outside forces for behavioural problems. Eventually, when he/she loses sight of the gravity of the problem and rejects options of quitting substance abuse, society stigmatizes and ostracizes the individual (Ndero,2013). If the individual, or the family seeks help, the abuser may be defensive, lonely and dejected. What had started as a compact between the individual, the society and the drug, ends up as an isolated, lonely and helpless desolation for the individual deracinated from their society.

2.2.3a Low Resilience.

Resilience is a positive adaptive response to adverse situations. The ability to sustain competence under pressure and true capacity to recover from trauma, are its features. Physical, biological, and social, psychological, emotional changes including menstruation, hips and chest broadening, voice breaking depression, anxiety, suicidal thoughts, loss of a loved one, loneliness, change of peer groups and mood swings etc. which occur in adolescence, precipitate pressure on young people. These obtrusions impel individuals to join groups to satisfy expectations which they are presumed by societal norms to meet. Low resilience to adolescent challenges results when young people perceive that they have failed, or, not met the demands of society. This is the time at which they are vulnerable to drug habit as a means of coping with the disappointment and/or sadness that may follow.

Adversity is measured by two types of risk factors: difficult living circumstances (parental drug use, separation, and so on) and trauma (death of a parent, child abuse, family violence, etc.). Individuals who are unable to cope with such conditions are more likely to engage in substance misuse. Support from friends, for example, can be an element to protect them, but it can increase the risk if the supportive friends encourages the person to engage in self-harming behavior (Waller et al, 2003).

2.2.3b Childhood Experience.

Exposure to traumatic events (i.e., physical abuse, sexual assault, emotional abuse), are risk factors for substance abuse. Notwithstanding, substance abusers typically give an account of

a terrible experience in their lives. However, the mechanism behind this connection is unknown (Tonmyr et al., 2010).

There are three points of view that are well-known for defining substance misuse. In the first place, there is self-medicine which holds that awful encounters go before drug use, with people illegitimately self-medicating to deal with the emotional stress connected with prior trauma. Second, contrary to popular belief, substance misuse does not precede a distressing event: drug addiction is a dangerous behaviour that might increase one's vulnerability to future trauma. Finally, there is the 'artefact theory,' which holds that the link between traumatic experiences and drug use is non-causal, but that it is mediated by many factors such as environmental circumstances, shared genetics, and psychological wellness.

Adolescents are frequently the first to experiment with illegal substances. Early substance abuse is a particularly pernicious risk to children who have been exposed to traumatic experiences, trying to adjust to experiences such as sexual molestation, abduction, and/or physical abuse, individuals may seek out consolation in drug and substance abuse to try and repress the memories or pain they experienced as children.

A wide range of studies exploring adversative childhood experiences focus on the horrors of visible and emotional abuse, child neglect, and sexual abuse (Douglas et al., 2010, Lo & Cheng, 2007, Nelson et al., 2006).

2.2.3c Socio-economic Status.

The conflation of drug and substance abuse with socio-economic status or class is nebulous. A commonly held prejudice that those of the lower socio-economic status engage in substance abuse the most, distorts the evidence that substance abuse necessitates considerable disposable income available to the high socio-economic class. The distinction between high and low socio-economic status is that the poor habitually abuse illicit street drugs, while those of the upper to higher status are able to access more costly narcotics, lending legitimacy to the abuse and dissimulating the stigma.

Substance addiction is more common in low-income households, as are the majority of the risk factors for substance abuse stated above. Unemployment has also become a discernable generator for the likelihood of drug and substance abuse. Substance abuse and homelessness are frequently coincident, in most cases they are consequences of substance abuse, and many of its victims turn to drugs and alcohol to avoid coping with bad emotions and life difficulties.

Children poor families are prone than their richer peers to participate in substance addiction (Child Poverty in Perspective, 2007).

Substance abuse disrupts relationships with family, friends and wider society, often causing individuals to lose their jobs. Didenko and Pankratz (*Pathways to Homelessness Report, 2007*) allegation that drug addiction is a major cause of homelessness They believe that the homeless often use drugs and alcohol to deal with their situations. They utilize drugs to seek momentary respite from their troubles. In fact, however, substance abuse exacerbates their misery and decreases their chances of finding steady work. The authors further adduce evidence supporting the view that substance abuse is an inescapable evil accepted among the homeless community.

In their encyclopaedic survey of the topic, (Fisher & Roget, 2009) discuss the impact of homelessness: its stimuli, causality and recommended harm reduction interventions. They argue convincingly that without social support, recovery efficacy is diminished.

2.3 Consequences of Substance Abuse.

The consequences of drug abuse extend beyond the drug abuser, because of the following health and social complications: HIV/AIDS and drug related illnesses; violence and crime; foetal effects; disruptions to family; and workplace disorder, (IMCODR,1996)

The report further cites evidence supporting the importance of these issues:

Foetal and infant development: Substance misuse has an influence on the health and development of children and foetuses. Some of these consequences include neonatal withdrawal syndrome, retarded foetal growth and FAS (foetal alcohol syndrome).

Workplace or environment: heavy substance abuse by workers is often linked to employment difficulties, counterproductive behaviour, absenteeism, employee conflict and work-related accidents.

Family: substance abuse leads to detachment from family activities, inability to provide good role models for members especially children. This impact on family affects: infant development; societal relations, whether or not child neglect and abuse occur.

Violence and crime: the report studied the impact of substance abuse revealing important findings, including how violent the drug trade and distribution network can be. Drug cartels resort to violent crime to support their substance abuse dealings.

HIV/AIDS and drug related illnesses: sharing needles during substance misuse is a threat factor of HIV/AIDS. Substance abuse increases risk for unsafe sexual behaviour and spread STDs such as gonorrhoea, syphilis and hepatitis.

2.4 Commonly Abused Drugs and Their Effects.

In its 2017 National Protocol, the Kenyan Ministry of Health identified that Tobacco, cannabinoids (bhang/ marijuana), and alcohol are the most often misused substances.

2.4.1 Tobacco.

Tobacco, originally from America, is now grown around the world. The stimulant, mainly smoked, is prepared from the cured leaves of the tobacco plant. Tobacco products are freely available in a number of packages such as cigarettes, shisha, 'kuber', which contain a vastly addictive stimulant - nicotine.

Smoking is not only an addiction physically, but is also associated with many coping mechanisms and social endeavours, making a habit hard to break (Ministry of Health, Kenya, 2017). When an addict of nicotine discontinues smoking, they go through withdrawal symptoms like increased hostility, anxiety and anger. Tobacco use during pregnancy can cause spontaneous abortion and bleeding. It is also a risk factor for several diseases, especially those that affect the lungs, liver, heart as well as cancers (lung cancer, bronchitis, heart disease, liver damage).

2.4.2 Alcohol.

Alcohol, also known by its chemical name ethanol (CNS depressant) is an active component in drinks such as wine, distilled liquor, and beer.. When alcohol is consumed by pregnant mothers it can lead to foetal alcoholic syndrome (FAS). Alcohol use effects include: depression of the central nervous system (Impairment of memory, motor, sensory and cognitive function), alcohol-related diseases and unsafe sexual behaviour. Heavy drinking and alcohol abuse is the most common cause of liver cirrhosis/ liver failure and can also cause cancer of the stomach, heart, oesophagus and heart enlargement ("Alcohol's Effects on the Body," 2020).

2.4.3 Cannabinoids: Bhang (Marijuana).

Cannabinoids affect the perception of distance, time and speed (Ministry of Health, Kenya, 2017). Marijuana locally known as weed, ndom, bangi, vela, shash, ndukulu comes from cannabis sativa, currently cultivated in different parts of the world but illegal in Kenya. It is a psychedelic causing euphoria. Effects of marijuana include, impaired judgment, difficulty

with motor tasks, short term memory and learning, anxiety, distorted sense of time, increased appetite, drowsiness, depression, and insomnia. Heavy users tend to use cannabis more often after getting used to the drug, and that can affect their learning capability, and even cause severe nerve damage. Long term use can be habit-forming (National Institute on Drug Abuse, 2020) with associated risk of bronchitis, increased risk of schizophrenia, impaired learning and memory (potential loss of IQ).

Substance abuse is not only harmful to an individual's physical body but can also lead to physiological and psychological dependency, which unless treated well may lead to serious complications.

2.5 Psychosocial Effects of Substance Abuse on Family.

Prior to the American Revolution (1765-1783), North American colonists considered excessive drinking to be normal. Following independence from the British, a new perspective on drug misuse arose. People perceived drugs and substance misuse to be addicting, if not poisonous. The drug and substance addict was a victim of a foreign substance, not a moral failure. People who overuse drugs or alcohol may become aggressive, dissolute, or depraved. This leads to family disintegration, which undermines the social order (Olson et al., 1985).

Professor Edward Kauffman (2004) identified many characteristics, which are likely to prevail in households with either children or parents who suffer with substance misuse, in his ground-breaking research.

Negativism: interaction between members of the family has an off-putting tone, which takes the form of criticisms, grumbles, and other expressions of discontentment. Collectively, the family mood is pessimistic, and any optimistic behaviour is ignored. For this sort of setting, for a member to get attention he/she simply has to create a crisis which then reinforces substance abuse.

Misguided Emotions: for example, miscarried anger expression. Family members who have hard feelings about their emotionally destitute home are too perturbed to express themselves candidly, hence they use substance abuse to express themselves.

Self-medication: is common for persons fighting with mental health issues to use substance abuse as a coping mechanism to deal with intolerable thoughts or feelings including, anxiety, suicidal thoughts, and depression.

Parental Denial and Inconsistency: mixed messages confuse children because of the inability to decipher what is wrong or right. This leads to poor behaviour, and a corrosive realisation that parents are incapable of setting clear, acceptable limits to freedom. Rules not effectively imposed undermine family stability. In their struggle to regularise their parents' behavioural boundaries, Children become rebellious and behave erratically. Without boundaries, children cannot anticipate their parents' reactions and adapt their behaviour accordingly. Whether or not the parents or children are abusing substances, the tendency of irregularity persists, producing an overall feeling of instability in the household. Substance abuse by parents may impair their capacity to continuously put their children's fundamental physical and emotional needs over their own desire for drugs. In families with substance-abusing children, parents typically take one of two positions: the first standpoint being denial of any crisis, even when the alerting signs are visible and obvious. The second viewpoint is, later when the problem intensifies (arrests, crime and violence or accidents), parents may continuously deflect the problem by blaming other causes.

Unrealistic parental expectation: if parental anticipations are unrealistic or too low, children might use substance abuse to exempt themselves from the extra obligation of achieving expectations. Children possibly will drive themselves to scrupulous overachieving lengths despite the notion that no matter what they might accomplish, may never amount to them earning their parents' approval. On the other hand, if expectations are too low, children's aspirations may be discouraged, they can then tend to go towards the behaviour their parent's predicted, unless significant healthy relationships are developed with adults who give them encouraging, supportive, and reinforcing messages instead.

Below are some of the most significant effects substance abuse has on family. (See High Focus Centers 2018, Earnworthy, 2020, Berman, 2020)

Impact on Children: The effects of substance abuse play a part in the growth and development of a child. This is particularly serious in households with single parents where youngsters have close to nobody to turn to. Being occupied by the habit of searching for and using, diverts parents from their parental duties occurs when a parent suffers from addiction. As a result, they do not take on the necessities of their children. These range from not paying attention to basic requirements, such as providing food and personal hygiene, to secondary needs like education and social life. Abused children are prone to get involved in substance abuse and, in later life, addiction. All the more so, if the child does not become a substance

abuser, development in such a surrounding may endanger their emotional and mental health and may have an impact on their development socially and emotionally.

Loss of Trust: Substance addicts are unlikely to keep their commitments or pledges, causing more strain in their relationships. However, a majority of addicts usually intend to keep their promises but they are unable to because of the effects of the substance abuse. In a relationship, there will be frustration especially for the significant other because of the abuser's incapability to meet their obligations. Promises made to their children are also likely to be forgotten. If this develops into a trend, children may have a hard time developing bonds and trusting others.

Increased Stress: Substance addicts will, in most circumstances, delegate all obligations to their spouse or others. Taking care of expenses, making choices, parenting children, and cleaning up after the abuser will become too much for others at some point. This puts them prone to developing conditions like hypertension and anxiety, which are stress-related. People who keep their emotions and stress to themselves are likely to express all their emotions at once, it can lead to greater tension and dissatisfaction among family members.

Financial Problems: Substance abuse problems are likely going to cause job losses because of reduced performance or attendance. After being laid off, individuals use up their reserves to satiate their drug use. As a Consequence, the family begins developing difficulties affording basic needs like food, dressing and utilities. There may also be legal setbacks arising from illegalities like drug possession. Family members might make resources available for alcohol or drugs to the substance abuser to pacify them. This depletes their savings; but it also builds an idea for the addict that family will entirely finance their needs.

Physical and Emotional Abuse: Apart from the abuser being irrational, substance abuse will probably put those near them on edge. Manageable disputes/debates can result in brawls because every person feels misjudged, physical abuse may occur after emotional abuse. Substance abusers may be the architects of the abuse, but their susceptibility places them in the line of danger and becoming recipients of it too. Addicts' children may become abusers as well. Efforts to turn over blame from the substance abusing parent, youths may lash out. This could later traumatize them and trigger a behaviour drug use as their kin did.

Fear and Confusion: Individuals who misuse drugs frequently exhibit erratic behaviour. You may not know how someone would behave in a certain circumstance. To prevent physical or emotional abuse, family members may learn to be extremely cautious about what they say or do in the presence of a substance-abusing family member. Children also appear to be more distant to avoid offending the individual. As a result, a pattern of dread and confusion emerges, which may deprive the family circle of joy.

Familial Damage Later in Life: Another effect of addiction on the family unit is the possibility that another family member will also become addicted to drugs. Children who grow up with a drug-abusing family member are more prone to experiment with drugs themselves (Substance Misuse and Emotional wellness Administrations Organization, 2004). They follow the example set for them. Siblings may turn to substance abuse as a coping mechanism (self-medicating to manage stress or as a way to escape the chaos at home).

Teenagers raised by close relatives with substance use disorders are likely to take suffering into adulthood. In due course it touches on their parenting styles in future. For example, children with parents in addiction, may grow into too domineering parents and limit their kids in future to communicate without obstruction. The continuous imprint of addiction is existent in the generation and pulling through for the family may not be possible.

Negativism: People fighting substance abuse may give rise to an environment that is detrimental for the family unit where members may be susceptible to creating comments or complaints that are condescending. Children observing this may have a habit towards this behaviour and evolve with it into future relations. Children come to know that the distinct approach to acquire attention is by creating emotional upheaval, which is unhealthy.

Co-author Professor Marianne Yoshioku (2004) has specifically elaborated more contextually focused intervention strategies and *culturally appropriate* harm reduction packages.

The path to begin rebuilding a family is reached by changing relationships between parents and children, and between *each* parent. Furthermore, seeking treatment for the members who need help (substance abuse engaging members), and involving family in the recovery process, is the way forward (Vertava Health Ohio, 2020).

2.6 Preventive Measures against Substance Abuse.

Although it is practically impossible to protect everyone from substance abuse, there are harm-reduction measures that can be implemented to reduce it. By sharing this knowledge, prevention can be successfully disseminated (see Nova Recovery Centre, 2020 and Kenneth Griffin & Gilbert Botvin, 2010). While Bejerot (1980) and Gerstein (1985) look at strategies from a social scientific approach (zero tolerance to substance abuse), Griffin & Botvin (2010) recommend an *holistic* approach that includes a range of applicable preventatives:

Deal with life pressure: People frequently believe they are entitled to a pleasant break or a reward after dealing with everyday life stressors such as family, job, and school pressures, or when they are dissatisfied with their lives. Many people fail to understand that substance addiction adds stress to their lives. To avoid utilizing substance addiction as a reward, vulnerable people can discover alternative methods to cope with stress, decompress, and become more resilient, such as exercising and participating in sports, helping with the needy, or following a hobby. Anything good and soothing that helps divert one's attention away from substance usage in order to relieve stress is useful.

Examine every risk factor: People are more likely to overcome biological, environmental, and physical risk factors if they are aware of them. A family history of substance addiction, living in a social climate that supports substance misuse, or potentially an everyday life that models medication and substance misuse are all danger factors.

Seek help: Addiction and mental disease are inextricably connected. Substance misuse may be used as a palliative by those suffering from mental illnesses. Those suffering from a mental condition, such as anxiety, suicidal thoughts, despair, or post-traumatic stress disorder, must seek treatment before turning to drugs and alcohol.

Effectively dealing with peer pressure: in its recent practice bulletin, the Nova Recovery Clinic (2020) identified significant reasons why people start drug and substance abuse. The need to be accepted socially compels individuals to do things out of character as a response to peer pressure. These individuals should develop assertiveness and resilience to keep them from surrendering to tempting situations and avoid challenging associations with disruptive social groups.

2.7 Theoretical Framework.

In this study the researcher will adopt the Reinforcement Theory and Anomie Theory in explaining substance abuse. While Erich Goode argued that deviance is a discriminatory societal construction, Robert K. Merton and Alfred Lindesmith recognised the causal link between substance abuse and clinical treatments of physical and psychological casualties of the First World War. Both should be understood in the context of their times and societal conditions which profoundly changed between 1918 and 1969. We must look at these theoretical foundations in turn, in greater detail (Goode, 1989 and Olson et al., 1985).

2.7.1 Reinforcement Theory.

Alfred Lindesmith's important theory enlightens the concept of psychological personality distinctions between nonusers and users, emphasizing the role of *reinforcement*. He identified two different types *positive* and *negative*, which are mechanisms for continued substance abuse.

Positive reinforcement: the pleasure principle, gives rise to strong fixation on repetitive behaviour, where pleasurable euphoria and elation are experienced, and tend to be repeated. Habitual drug and substance abusers are therefore *positively reinforced* by the pleasure mechanism, as they experience pleasurable intoxication, from the very first drug use. The more the usage, the more vigorous the sensation, intoxication, and motivation to carry on with substance abuse.

Negative reinforcement: individuals seek relief or avoidance of pain and repeat what it was that achieved relief, thus creating a motivational cycle of being rewarded by using drugs and substances. When a substance abuser undergoes painful withdrawal symptoms upon discontinued use of a drug they are dependent on, they will take a dose to alleviate the withdrawal distress then seek relief from pain. Kaufmann and Gerstein agree that such experiences motivate the substance abuser to continue using, as a way of avoiding the discomfort that follows withdrawal.

The distinction between the two types of reinforcement can be illustrated as follows, on the off chance that two individuals take the equivalent exceptionally supporting medication (a consistent), and one becomes dependent on it while different doesn't (variable), it is adequate to contend that support clarifies proceeded with use, however doesn't represent contrast in conduct. As a result, other variables/factors such as socio-economic status, low resilience and peer pressure, should be considered *holistically* in addition to simple reinforcement. Positive

reinforcement theory determines that avoidance of pain and the desire for pleasure, among other factors, motivate the drug and substance abuser. Obversely, negative reinforcement deduces that *only* both factors (avoidance of pain and desire to feel normal) motivate the substance abuser.

McAuliffe and Gordon (1974) resolve the dichotomy by advancing that it is likely there are *two types* of substance abusers. On the one hand they identified the *euphoria seekers*, who abrogate conventional commitments to pursue their purely hedonistic lifestyle. Engaging in a criminal and deviant lifestyle usually follows. They contrasted this with a second type, *the maintainers*, who characteristically take just an adequate amount of drugs to forestall withdrawal distress, starving off the pain and torment. This type prefers to sustain a habit instead of risking what they have in order to achieve euphoria.

Arguably, not all substance abusers engage in substance abuse because of euphoria seeking (positive reinforcement) and maintaining (negative reinforcement) a certain state. The researcher brings in the Anomie theory to explain that there are other factors that influence substance abuse.

2.7.2 Anomie Theory of Deviance.

The Anomie theory developed by Emile Durkheim, and subsequently refined by Robert K. Merton, postulates that in an aggressive, achievement and goal-oriented society, where success *seems* attainable for all, that success is elusively restricted to an elite. Many people endeavor to achieve these aims that are culturally acknowledged but, individuals who fail to succeed or do not meet those expectations, then resort to censured adaptations to deal with their deficiency: drinking, smoking, and using other drugs to compensate. The hypothesis keeps up with that people who are probably going to become drug addicts, are the individuals who have endeavored to utilize both illicit and legitimate means to accomplish achievement however fizzled in both.

The model junkie that prevails Anomie hypothesis is that of the Chinese opium fanatic, smoking his/her pipe in a oneiric, narcotic condition (Quincey, 2013). The addict's environment, on the other hand, is everything from undemanding; it is a cruel one., harsh environment demanding skills, ingenuity, and determination to survive (Preble & Casey, 1969). It is possible the critique was misguided since legitimate achievement *is* attainable by a portion of the society. Consequently, illegitimate achievement (drug dealing and substance abuse) is rendered more attractive.

2.7.3 Ecological Theory.

Urie Bronfenbrenner created it. The emphasis of Bronfenbrenner's Ecological Systems Theory is on the value and context of a person's surroundings, with the theory claiming that as a person grows, relationships within these settings get more complicated. As an individual's physical and cognitive systems grow, this complexity may emerge. Bronfenbrenner (1977) proposed that the environment of the individual is arranged in five ecological systems; microsystem, mesosystem, exosystem, macrosystem and the chronosystem.

The microsystem: These are the items in the individual's prompt climate that have direct cooperation with them, like guardians, kin, instructors, and school peers. Connections in a microsystem are bidirectional, which implies that individuals might be affected by others in their environmental elements while at the same time having the ability to impact the thoughts and practices of others. As a result, an individual's siblings', peers', or parents' attitudes and conduct towards substance misuse may favorably or adversely affect the person's opinion on substance addiction.

The Mesosystem: The mesosystem incorporates relations between the microsystems of an individual, such as the interactions between teachers and parents, or between schoolmates and brethren of a person. Individual microsystems do not operate independently in the mesosystem, but they are linked and have an affirmative influence on one another. According to this notion, if a person's parents and instructors get along and have a good connection, it should benefit the individual's development.

The exosystem: It includes additional both official and casually made social designs that don't contain the individual however by implication sway them by influencing one of the microsystems, such as the guardians' occupation, peers, and the mass media. For example, alcohol and cigarette ads in the media may lead to an individual indulging or abstaining from drug addiction.

The Macrosystem: This methodology centres around how social factors like financial position, abundance, destitution, and nationality impact an individual's turn of events. The macro system differs from the first biological systems in that it alludes to the recently framed society and culture where the individual is advancing rather than the interesting

environmental factors of one creating person. Individuals will tend to adhere to what is specified as the standard in a community or culture where drug misuse is regarded the norm.

The chronosystem: This framework is included all ecological changes that happen during a lifetime and impact improvement, for example, significant life advances and chronicled occasions. These might incorporate customary life advances like entering school, however they can likewise include non-regularizing life changes like divorce or relocating to a different city. Some of these changes may be unpleasant, and as a result, some people may turn to drug addiction as a coping strategy.

The ecological framework, according to this theory, permits the mapping of knowledge about persons and their environments through time to grasp their varied systemic linkages.

However, a childhood nature viewpoint criticizes this paradigm for ignoring consideration of human-nature linkages. Another limitation of this theory is the difficulty of experimentally testing it. Studies looking into the idea may reveal an effect, but they cannot determine if the systems are causative.

2.8 Summary.

In this section, reviewed literature by the researcher, identifies a number of the factors that influence substance abuse, ranging from family pressure, weak bonds and low-quality parenting, peer pressure and poor role models, the rewarding and punishing effects of drugs, the availability, accessibility and affordability of the drug/substance, low resilience, childhood experience and socio-economic status. The society, individual and the drug play a major role in increasing or reducing/preventing substance abuse.

Substance abuse effects can either be long term or short term. Substance abuse is not only harmful to an individual's physical body but can also lead to physiological and psychological dependency, which unless treated well may lead to serious complications.

The researcher looks at the **Reinforcement theory** by **Alfred Lindesmith**, the **Anomie theory** by **Robert K Merton** and the **Ecological Theory** by **Urie Bronfenbrenner**. The Reinforcement theory majorly explains how the individual and the drug/substance play a role in substance abuse while the Anomie theory explains how the society also has a role in influencing substance abuse. Bronfenbrenner's theory focus is the context and quality of the individual's environs influencing substance abuse. These theories however, tend to explain the factors that influence substance abuse on an individual and its effects, but not how

substance abuse has an effect on family units. Thus, this study will seek to establish that substance abuse has an effect on family units.

2.9 Conceptual Framework.

The drugs tobacco, alcohol, cannabinoids presented as independent variables, intervening variables being the factors that contribute to substance abuse, and psychosocial influence of wrong use of substances on family as dependent variables. The association of how the independent variables, intervening variables and variables that are dependent interact is illustrated in **Figure 1.1**

Figure 1.1 The conceptual framework of the psychosocial effects of substance abuse on nuclear family.

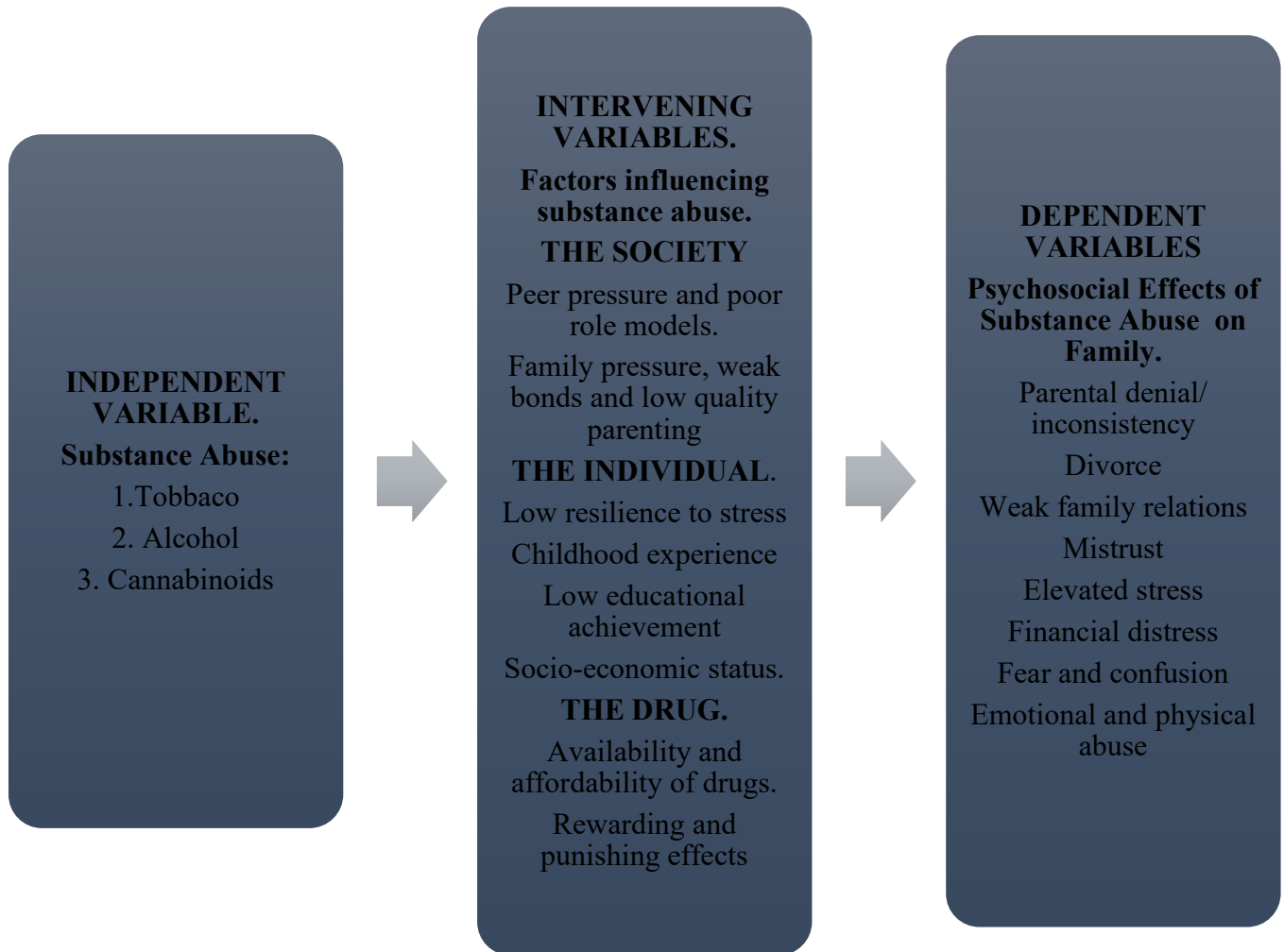


FIGURE 1.1

Source: Author 2021.

CHAPTER THREE.

RESEARCH METHODOLOGY.

3.1 Introduction

This chapter clarifies the strategies that will be utilized by the scientist to lead the exploration. It is partitioned into the accompanying segments: research plan, method, concentrate on region, populace, examining system and test size, research devices, information gathering, directing, concentrate on legitimacy and dependability, and moral issues.

3.2 Research Design.

This study used a descriptive survey design with no variable manipulation: variables were investigated as they are. When gathering information on a person's views, beliefs, and behaviors, this method is properly utilized. This is ideal for gathering detailed information, whether qualitative or quantitative in nature. This points to a comprehensive approach to data collecting and analysis. This research study used a survey method to extract *quantitative* data and solicit *qualitative* data.

Descriptive survey design (Boundless Psychology, 2021) creates a set of baseline circumstances by utilizing people and questionnaires to describe a phenomena but not its causes (a posteriori; related to or expressing reasoning or knowledge that advances from observations or experiences to the inference of likely causes). Because this study was about the impacts of drug abuse on families, it is acceptable that the analyst had no immediate impact over the autonomous factors on the grounds that their indications had effectively happened and the factors were at that point there.

3.3 Area of Study.

Nairobi County contains the capital city and is one of Kenya's 47 counties, situated at 1°09'S 36°39'E and 1°27'S 37°06'E (Lori Hein, 2006). According to the 2019 census (Kenya National Bureau of Statistics, 2019), in the administrative area of Nairobi, 4,397,073 inhabitants lived within its 696 km² (269 sq. mi). Nairobi County has 16 sub-counties which include: Dagoretti, Central, North, South, East, and West Embakasi, Kasarani, Kibra, Langata, Makadara, Starehe, Mathare, Roysambu, Ruaraka, Kamukunji and Westlands. The exact population of individuals/families who have family members who engage in DSA is unknown. Due to a limited study time frame, the researcher carried out this study in one sub-county, Dagoretti located west of Nairobi, where the variables can be investigated efficaciously, and respondents accessed without difficulty.

3.4 Target Population.

This study targeted individuals above 20 years of age living in Dagoretti south sub-county, as this cohort is more likely to have sufficient maturity to respond to the questions asked in the data collection tool. In addition to this, the study also targeted participants who have family members who indulge in substance abuse. Some of the participants will be individuals who have at one time mentioned to the researcher that they have family members engaging in substance abuse.

3.5 Sampling Procedure and Sample Size.

The researcher utilized snowball sampling to identify study participants. Snowball sampling (Mauldin, 2020) is also known as chain referral sampling. One study participant refers to another, who in turn refers to another, and so on creating a chain of possible participants. This sample technique is beneficial not just for potentially stigmatized communities, but also when the researcher's group of interest is difficult to identify.

According to the CLT, as sample size rises, the inspecting conveyance of test implies approaches a typical dispersion, paying little heed to populace circulation shape. This is especially valid for test sizes more prominent than 30. As indicated, if the example size is sufficiently enormous, the distribution will be approximately normal. The general rule of $n \geq 30$ is applicable. For the Large Enough Sample Condition, a common rule of thumb is $n \geq 30$, where n is the sample size. 2020 (Stephanie Glen.)

The researcher identified 30 individuals to include in the study. These were individuals who have at one time mentioned to the researcher that they have family members who engage in substance abuse and will then rely on those first participants to help identify more participants.

3.6 Research Instruments.

This study used a structured questionnaire as the key data collection tool. The questionnaire was developed in close consultation with the research supervisor, as the main tool to collect data. It will be based on the literature review (factors influencing substance abuse and the psychosocial effects of substance abuse on the nuclear family). It is time-efficient, cost-effective, self-administered, and able to reach many respondents. It comprises open and close-ended questions. The questionnaire tool was primarily organised about demographic

data. Its secondary stratification sought to solicit insightful knowledge on the psychosocial effects of substance abuse on family, and suggestions which will help curb substance abuse

3.7a Validity of the Study.

The degree to which the discoveries drawn from information examination genuinely address the peculiarities under research is alluded to as legitimacy. According to Orodho (2005), validity is a "previous qualitative process evaluation of the research instrument in an attempt to discover how it is exact, proper, meaningful, and appropriate in boosting the desired data for the study." A pilot study was conducted to assist the researcher in identifying items in the research instrument that may reveal ambiguities originating from the elicitation of important information. Wilkinson's (1991), a pilot study helps in distinguishing items that can be misunderstood. Items found to be inadequate will be discarded and others modified therefore increasing the instrument's face validity. The researcher instrument was prepared in close consultation with the supervisor whose expert guidance helped better the instrument's content validity.

3.7b Reliability of the Study.

Reliability is the extent to which an instrument after a number of trials gives consistent data (Mugenda & Mugenda 2003). An instrument is said to be reliable when it measures a variable repeatedly, accurately under the same conditions over a span of time and it obtains similar results. The study questionnaire reliability has to do with the constancy of reactions to the questions. A few trial questionnaires were shared with a limited number of respondents prior to the study, to assess whether or not the respondents understood the questions.

The test re-test procedure was administered to the same set of responders at one-week intervals. This approach sought to establish whether the findings are consistent and to uncover inconsistencies that will be corrected, therefore improving the instruments' dependability.

3.8 Data Collection Procedure.

The efficacy of data collection, its analysis, consequent logical deductions, and the validity of methodological inferences, have been discussed in depth, notably by Kombo & Tromp (2006). The study used the survey method to solicit the psychosocial effects of substance abuse on family. A questionnaire is used (see below Appendix iii) for data collection. Participants were invited to indicate their responses to both open and close-ended questions. The questionnaires were distributed for the respondents to complete, and were collected immediately thereafter. The researcher assured respondents' of strict confidentiality.

3.9 Data Analysis.

Qualitative data obtained from the open-ended sections of the questionnaire was summarized according to themes, this was by identifying patterns within the data that had arising/emerging themes (Strauss & Corbin, 1990).

To confirm that minimum data quality standards are adhered to, questionnaires were checked for completeness and accuracy. Quantitative data was submitted and analysed using SPSS version 25, and presented using percentages, frequency distribution tables, and bar graphs based on results from the survey, this was useful in describing and documenting the variables as they were - descriptive analysis.

3.10 Ethical Considerations.

The respondents' approval was obtained prior to issuing of the questionnaires. Confidentiality was upheld by anonymously omitting respondents' names. The information offered by the participants was not to be used for any purpose other than educational research. A research permit(P/21/12634), was procured from NACOSTI. Additionally, the researcher formally acknowledged any source, either primary or secondary, to maintain methodological integrity.

CHAPTER FOUR.

DATA ANALYSIS, PRESENTATION AND INTERPRETATION.

4.1 Introduction.

This chapter covers data analysis, presentation and interpretation of the study's findings. The collected data is arranged and categorised according to the objectives of the study outlined in Chapter 1.

4.1.1 Response Rate.

The study targeted a sample of 60 respondents, on the assumption that each individual from the initial 30. From the snowball sampling, participants would refer another person to participate as outlined in Chapter 3. 10 participants were removed from the sample as they had already participated in the pilot study. The remaining 20 participants each referred one other person to respond to the questionnaire. Out of the 10 who participated in the pilot study, 6 referred others to participate. From the 6, one was selected to issue and collect the questionnaires from the participants after completion. In total, the study sampled 45 respondents.

4.1.2 Reliability Analysis

Reliability analysis was subsequently done using Cronbach's Alpha which measures the internal consistency by establishing if certain items within a scale measure the same construct. The results were as shown in Table 1.1.

Table 1.1: Reliability Analysis

	Alpha value	Comments
Socio-demographic factors	0.768	Reliable
Psychosocial effects of substance abuse	0.886	Reliable
Drugs and substances commonly abused	0.702	Reliable
Strategies used to curb substance abuse	0.773	Reliable

The findings in Table 1.1 illustrates that Socio-demographic factors had a Cronbach's Alpha of 0.768, psychosocial effects of substance abuse had a Cronbach's Alpha of 0.886, drugs and substances commonly abused had a Cronbach's Alpha of 0.702 and strategies used to curb substance abuse had a Cronbach's Alpha of 0.773. This shows that all the four variables were

reliable as their reliability values exceeded the prescribed threshold of 0.7 as per Malhotra (2015) recommendations. This, therefore, depicts that the research instrument was reliable and therefore required no amendments.

4.2 Respondents Background Information.

This section presents the demographic data of both the participants and family members who engage in substance abuse including their gender, age, education status, employment status, marital status, religious affiliation. In addition to those, the type of substance abused by the family member is recorded.

4.2.1a Respondents Gender.

Study participants were requested to state their gender. The results as show below in **table 1.2** and **figure 1.2** indicated that the majority of the respondents were male(53.3%) compared to the female(46.7%).

Gender of Respondents			
	Frequency	Percent	Cumulative Percent
Female	21	46.7	46.7
Male	24	53.3	100
Total	45	100	

TABLE 1.2

Gender of Respondents.

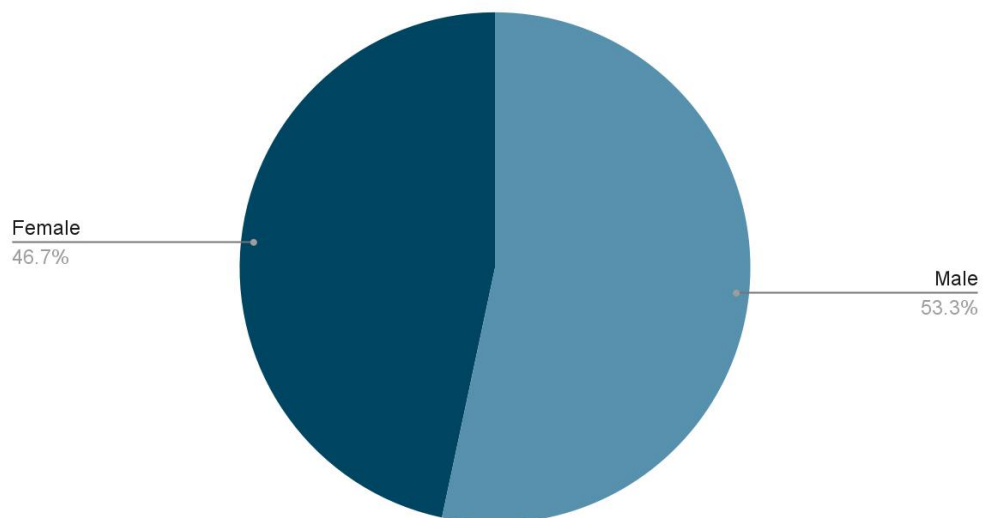


FIGURE 1.2

4.2.1b Gender of the family members who engage in substance abuse.

Study participants indicated the gender of the family members involved in substance abuse.. The results as shown below in **table 1.3 and figure 1.3**, that the majority were male(73.3%) compared to female(26.7%).

Gender of Family Member.			
	Frequency	Percent	Cumulative Percent
Female	12	26.7	26.7
Male	33	73.3	100
Total	45	100	

TABLE 1.3

Gender of Family Member.

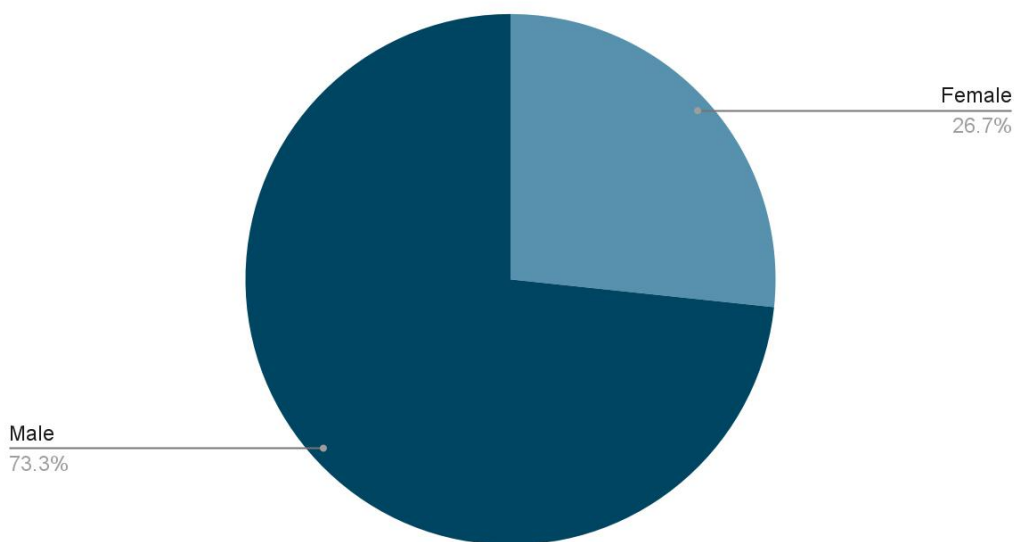


FIGURE 1.3

4.2.2a Respondents Age.

Study participants were asked to state their age. The results below as shown in **table 1.4 and figure 1.4**, most of the participants were between 31-40 years(44.4%), followed by 21-30 years (35.6%)and lastly above 41years(20%).

Age of Respondents			
	Frequency	Percent	Cumulative Percent
21-30 years	16	35.6	35.6
31-40 years	20	44.4	80.0
Above 41 years	9	20.0	100
Total	45	100	

FIGURE 1.4

Age of the Respondents.

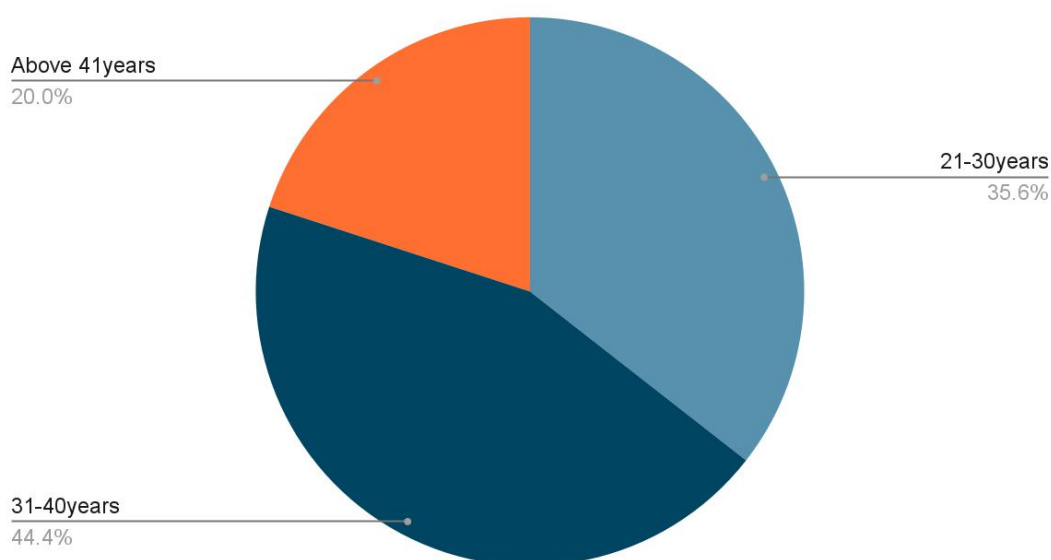


FIGURE 1.4

4.2.2b Age of the family members who engage in substance abuse.

Study participants were requested to indicate the age of the family member engaging in substance abuse. The results below in **table 1.5** and **figure 1.5** indicated that the majority were between 21-30 years(42.2%), followed by 31-40 years (31.1%)and lastly above 41years(26.7%).

Age Group of the Family Members			
	Frequency	Percent	Cumulative Percent
21-30 years	19	42.2	42.2
31-40 years	14	31.1	73.3
Above 41 years	12	26.7	100
Total	45	100	

TABLE 1.5

Age Group of the Family Members.

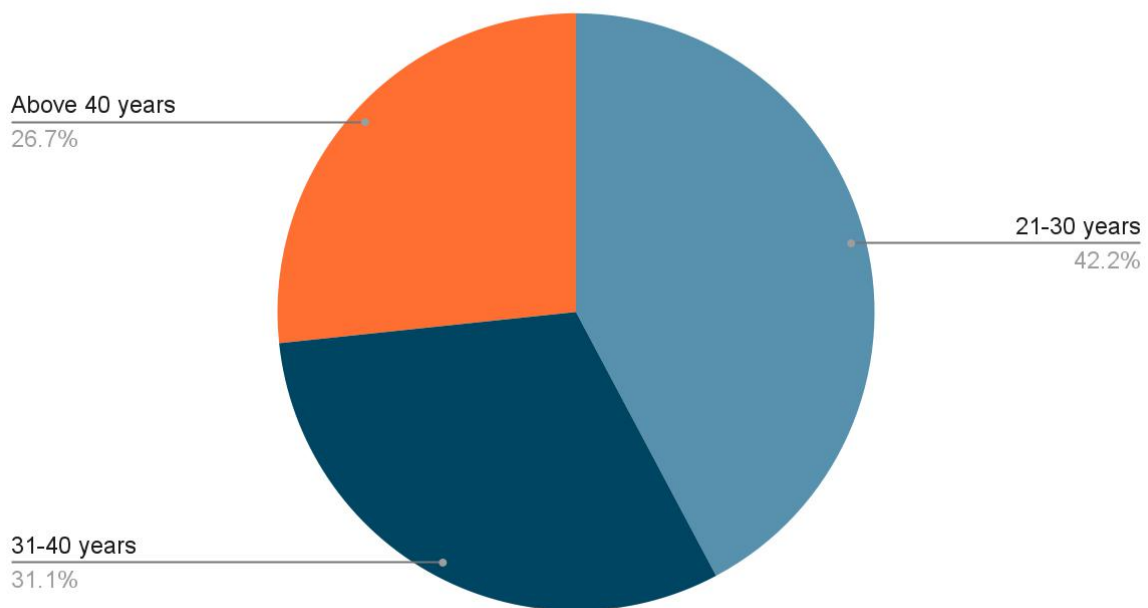


FIGURE 1.5

4.2.3a Respondents Education Level.

Study participants were asked to indicate their education levels. According to the results in **table 1.6**, the majority of participants had an academic background, with (4.4%) having Masters, (40%) having degrees, (33.3%) having Diplomas, (15.6%) having Certificates, while only (6.7%) had no higher than high school grades.

Education Level of Respondents			
	Frequency	Percent	Cumulative Percent
KCSE	3	6.7	6.7
Certificate	7	15.6	22.2
Diploma	15	33.3	55.6
Degree	18	40	95.6
Masters	2	4.4	100
Total	45	100	

TABLE 1.6

4.2.3b Education status of the family members who engage in substance abuse.

Study participants were requested to indicate the education levels of their family members. According to the results in **table 1.7**, the majority of participants had an academic background, with (4.4%) having Masters, (20%) having degrees, (31.1%) having Diplomas, (17.8%) having Certificates, (2.2%) finished Primary Education, but (24.4%) finished high school.

Education Level of Family Members.			
	Frequency	Percent	Cumulative Percent
KCPE	1	2.2	2.2
KCSE	11	24.4	26.7
Certificate	8	17.8	44.4
Diploma	14	31.1	75.6
Degree	9	20.0	95.6
Masters	2	4.4	100
Total	45	100	

TABLE 1.7

4.2.4a Employment status of the respondents.

Study participants were requested to indicate their employment status. The results below in **table 1.8** show that the majority were employed (42.2%), followed by the self-employed (13.3%) and thirdly the unemployed (8.9%).

Employment Status of the Respondents			
	Frequency	Percent	Cumulative Percent
Employed	35	77.8	77.8
Self-employed	6	13.8	91.1
Unemployed	4	8.9	100
Total	45	100	

TABLE 1.8

4.2.4b Employment status of the family members who engage in substance abuse.

Study participants were requested to indicate their family members employment status. The results in **table 1.9** below show that the majority were employed(53.3%), followed by the unemployed(31.1%),self-employed (13.3%) and those who stated other (2.2%).

Employment Status of the Family Member			
	Frequency	Percent	Cumulative Percent
Employed	24	53.3	53.3
Self-employed	6	13.3	66.7
Unemployed	14	31.1	97.8
Other	1	2.2	100
Total	45	100	

TABLE 1.9

4.2.5a Marital status of the respondents.

Study participants were asked to indicate their marital status. The results in **table 1.10** below show that the majority were married (53.3%), followed by the single (42.2%)and other (4.4%).

Marital status of Respondents			
	Frequency	Percent	Cumulative percent
Married	24	53.3	53.3
Single	19	42.2	95.6
Other	2	4.4	100
Total	45	100	

TABLE 1.10

4.2.5b Marital status of the family members who engage in substance abuse.

Study participants were requested to indicate the marital status of their family members. The results in **table 1.11** below show that the majority were married (44.4%), followed by those that are single (46.7%) and lastly those that stated other (8.9%).

Marital Status of The Family Member.			
	Frequency	Percent	Cumulative Percent
Married	20	44.4	44.4
Single	21	46.7	91.1
Other	4	8.9	100
Total	45	100	

TABLE 1.11

4.2.6a Religious Affiliation of the Respondents.

Study participants were requested to indicate their religious affiliation. The results below in **table 1.12** indicated that the majority were christian (91.1%), followed Muslim (8.9%).

Religious Affiliation of the Respondents			
	Frequency	Percent	Cumulative Percent
Christian	41	91.1	91.1
Muslim	4	8.9	100
Total	45	100	

TABLE 1.12

4.2.6b Religious affiliation of the family members who engage in substance abuse.

Study participants were requested to indicate the religious affiliation of their family members. The results in **table 1.13** below indicated that the majority were christian (95.6%), followed Muslim (4.4%).

Religious Affiliation of the Family Member.			
	Frequency	Percent	Cumulative percent
Christian	43	95.6	95.6
Muslim	2	4.4	100
Total	45	100	

TABLE 1.13

4.2.7 Type of substance commonly abused.

Study participants were requested to indicate which substance is commonly abused by their family members. The results in **table 1.14** and **figure 1.6** below show that the leading substance was alcohol (57.8%), tobacco (26.7%), marijuana (13.3%) and other (2.2%).

Type of Substance Abused			
	Frequency	Percent	Cumulative percent
Marijuana	6	13.3	13.3
Tobacco	12	26.7	40
Alcohol	26	57.8	97.8
Other	1	2.2	100
Total	45	100	

TABLE 1.14

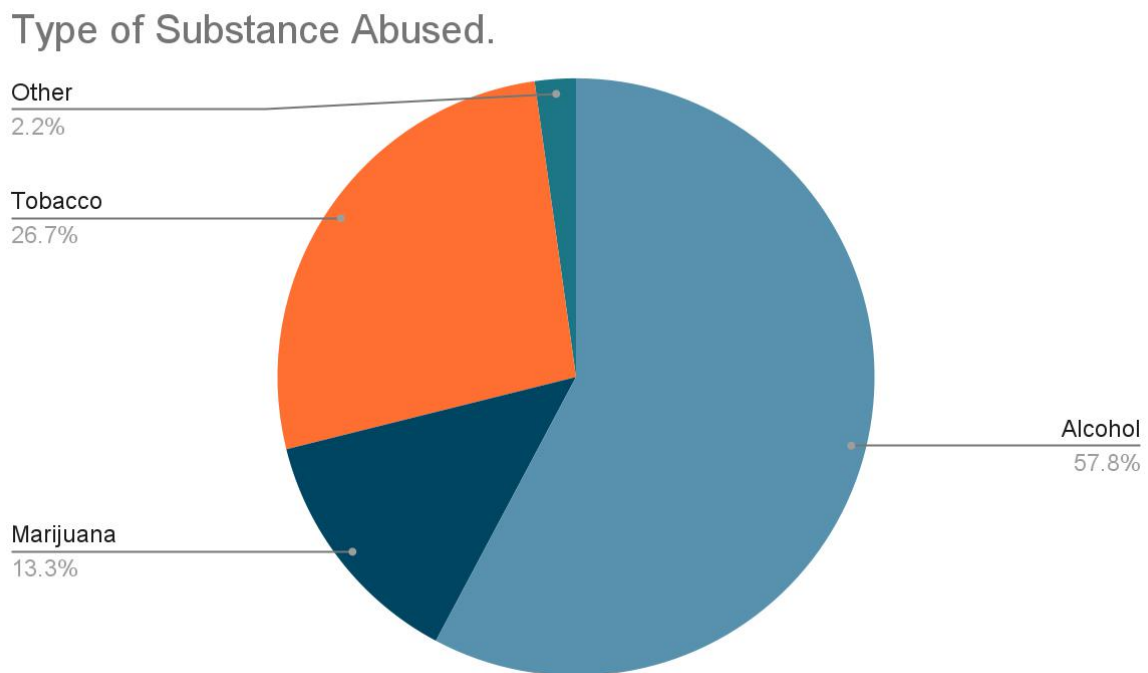


FIGURE 1.6

4.3 Factors influencing substance abuse.

The respondents were also asked to state which factors they think would have influenced their family members to engage in substance abuse. Responses from the participants in

figure 1.7 indicated the affordability of substances as being the greatest factor to influencing substance abuse at (95.6%), followed by the availability of drugs and rewarding effect at (93.3%) , peer pressure at (86.7%), low resilience at (84.4%), socio-economic status and the punishing effect (withdrawal) at (44.4%), family pressure at (37.8%), childhood experiences at (20%), weak family bonds at (17.8%) and lastly, low quality parenting at (4.4%).

Factors Influencing Substance Abuse.

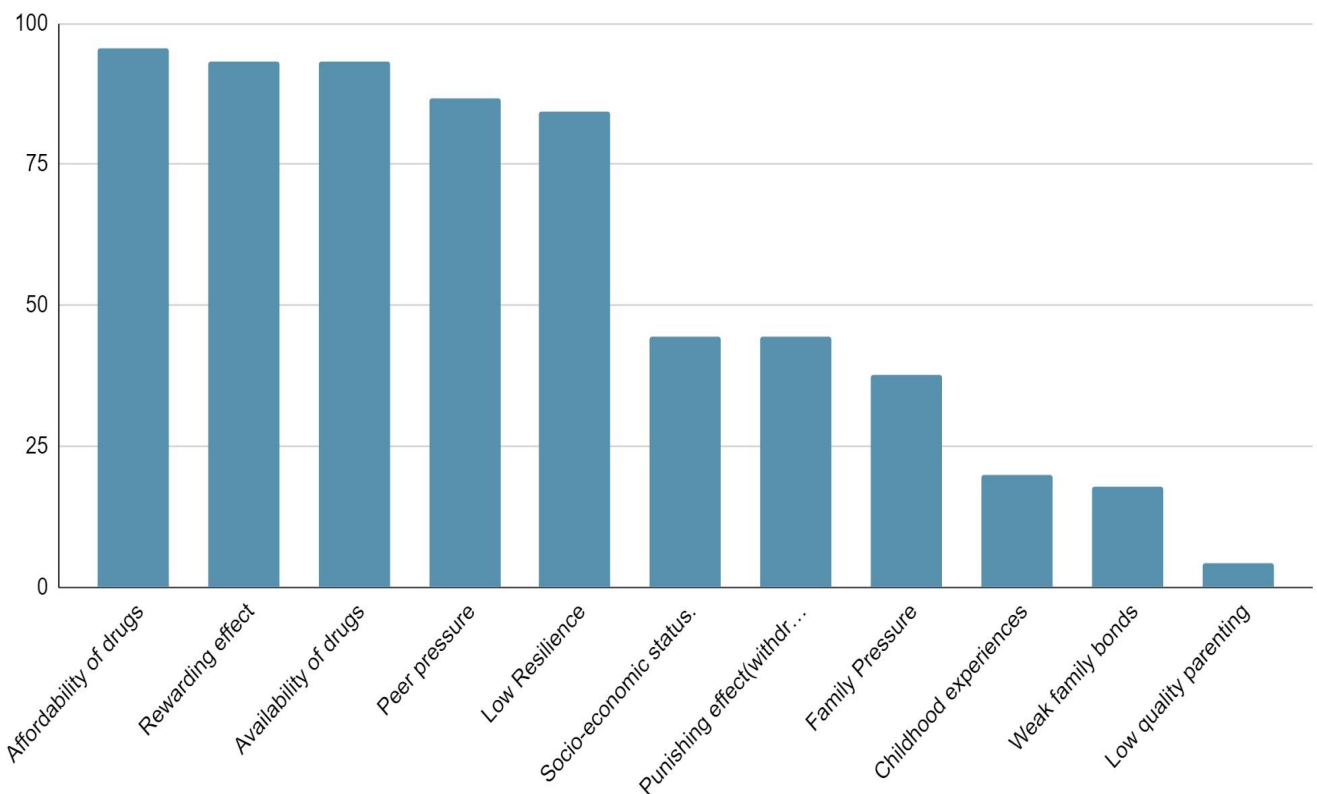


FIGURE 1.7

4.4 Effects of substance abuse on family.

The respondents were also asked to state which effects of substance abuse they have encountered. According to the responses in **figure 1.8**, participants reported that arguments with family members or friends and increased stress are the highest effects at (97.8%), followed by loss of trust at (93.3%), getting into physical fights with the family member at (77.8%), verbal assault from the substance abusing family member at (71.1%), fear of being attack by the substance abuser at (64.4%), finance problems at (57.8%), other family

members getting introduced to substance abuse at (48.9%), confusion on how to act/ behave around substance abusing family member at (46.7%), substance abusing family member stealing property at (40%) and divorce at (28.9%).

Effects of Substance Abuse on Family.

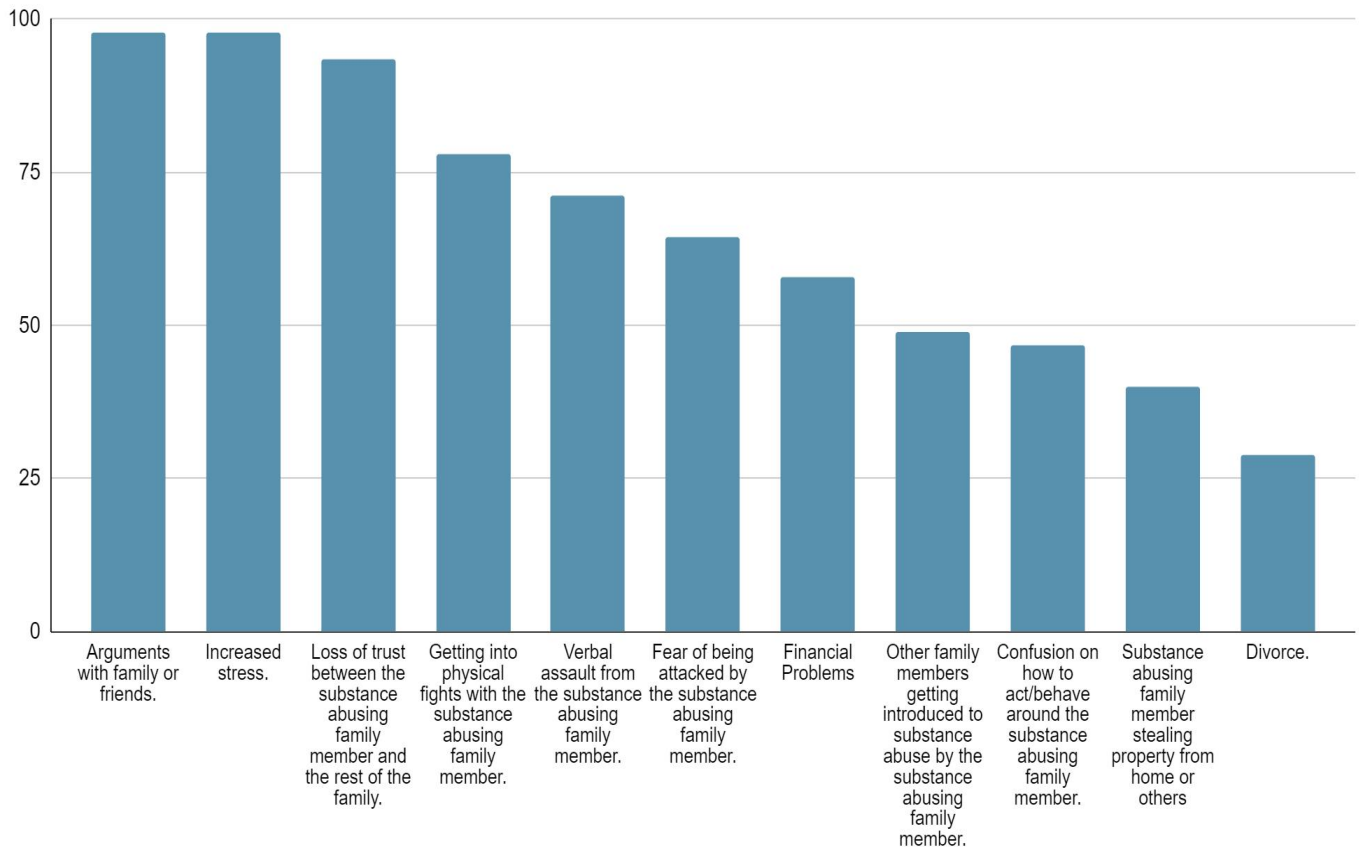


FIGURE 1.8

4.5 Strategies used to Curb Substance Abuse.

Respondents were asked to mention the strategies used to curb substance abuse in Dagoretti South Sub- County, Riruta- Satellite. Below are some of the strategies that were mentioned:

“Introducing drugs and alcohol to people under 18 should be illegal and those found doing so should be punished.” Mentioned by a female participant, Christian, above 41years, with tertiary education and married.

“The police and the community should be vigilant on cases where illegal substances are used, and the individuals be arrested with adherence to the law and corrupt officers should also be

punished.” Mentioned by a female participant, above 41 years, employed and has university education.

“Youth should be encouraged to participate in creative hobbies instead of being idle.”

Mentioned by a male participant, Muslim above 41 years, married with a university education.

“Credible clubs or groups should be introduced to help those in substance abuse.” Stated by a female respondent between 31-40 years, degree graduate, single and currently employed

“The effects of drugs and substances should be publicly made known by health experts in the community and families.” Stated by a female respondent, a degree graduate, between 31-40 years, single, currently employed.

“Tax raises on alcohol and legal drugs should be implemented.” Mentioned by a male participant who was between 31-40 years, employed, and married with tertiary education.

“All legal drugs and substances should be regulated in terms of level of consumption.”

Mentioned by a female participant who is between 21-30 years, a married Christian with tertiary education.

“Guidance and counselling centers should be made available to families and those struggling with stress.” Mentioned by a female participant, above 41 years, not married with secondary education.

“Media advertisements of drugs should be minimized and controlled.” Mentioned by a male participant between 31-40 years, a diploma graduate and single.

4.6 Pearson Correlation Analysis

Pearson correlation coefficient was used to determine the strength and the direction of the relationship between the dependent variable and the independent variable. The analysis using Pearson’s product moment correlation was based on the assumption that the data is normally distributed and also because the variables are continuous.

Table 1.15: Correlation Matrix

		Nuclear families	Psychosocial effects of substance abuse
Nuclear families	Pearson Correlation	1	
	Sig. (2-tailed)	.	
Psychosocial effects of substance abuse	Pearson Correlation	.714	1
	Sig. (2-tailed)	.023	.

From the findings, the study found that there is a strong, positive and significant relationship between psychosocial effects of substance abuse and nuclear families as shown by Pearson correlation of 0.714 and p-value of 0.023. This implies that there are significant psychosocial effects of substance abuse on the nuclear families in Dagoretti South Sub-County, Kenya.

CHAPTER FIVE.

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS.

5.1 Introduction.

This section involves the synopsis of the review and study discoveries, ends and proposals for conceivable activity and further examination.

5.2 Summary of the Study.

The research endeavoured to lay to rest the following questions: In Dagoretti South Sub County, Riruta, Satellite; what are the causes of drug abuse? What are the commonly abused drugs? What are the Strategies used to curb substance abuse in Dagoretti South sub-county, Riruta-Satellite? What are the psychosocial effects of substance abuse on the nuclear family?

The study used a survey questionnaire instrument to collect data from the sample population.

5.3 Summary of Research Findings.

Most of the respondents (57.8%) reported that alcohol was the highest ranked type of substance abused in Dagoretti South Sub-County, Riruta- Satellite. Other types of abused substances in order of the highest to lowest rank were tobacco (cigarettes), marijuana and others not specified. It was also notable that most of the family members engaging in substance abuse were the male(73.3%) and the age group with the highest percentage was that of between 21-30 years(42.2%).

Most individuals (95.6%) were reported to engage in substance abuse because of the affordability of the substances. Other factors contributing to substance abuse from highest to lowest ranked were found to be the availability of drugs, rewarding effect, peer pressure, low resilience, socio-economic status, the punishing effect (withdrawal), family pressure, childhood experiences, weak family bonds and lastly low quality parenting.

5.3.1 Psychosocial Effects of Substance Abuse on Family.

According to the survey results , the psychosocial effects of substance abuse were ranked as follows from (highest to the lowest); arguments with family members; increased stress; getting into physical fights with family members; verbal assault from the substance abusing family member; loss of trust between the substance abusing family member and the rest of the family; the fear of being physically attacked by the substance abusing family member; financial problems; other family members being introduced to substance abuse; confusion

about how to act /behave around the substance abusing family member; theft of property by the substance abusing family member and divorce.

5.3.2 Strategies Used to Curb Substance Abuse.

The major themes included: Setting up guidance and counselling centres by professionals and making these centres affordable, Ant-substance abuse campaigns in schools, churches and community; Imprisonment of drug traffickers and Drug rehabilitation support to the substance abusers offered by the community in the area.

Other themes were summarized as follows; Prosecute corruption: systemic failure to punish subornation and graft, undermines behavioural adherence to moral codes, Set rules moderating the use of legal drugs, Improve enforcement operations on substance abuse matters, destruction of illegal cultivation by enforcement agencies, Stiffen court fines especially for illegal drug traffickers, Accessible, affordable treatment and aftercare counselling programmes for addicts, Widen access to public forums on the consequences of substance abuse, Encourage the youth to participate in recreational activities such as sports to occupy their free time, Empower the family with guidance on issues of substance abuse and Strengthen community enforcement support to deal with illicit drug trafficking.

5.4 Conclusion.

The study findings are quantitative *and* qualitative, indicating both a serious public health problem and harmful psychosocial corrosion. A range of substantiated conclusions may be drawn: Individuals in Dagoretti are aware of, and exposed to substance abuse, Alcoholic beverages and tobacco are the most abused, Individuals are aware substance abuse has effects on family.

The study adduces an heterogeneous ramification of *causal* factors influencing substance Abuse: Family pressure, Weak familial bonds, Degenerate parenting, Peer pressure, Poor role models, Rewarding and punishing effects of drugs, Ready availability, accessibility and affordability, Low resilience, childhood experience and socio-economic status.

Survey responses corroborate the research hypothesis that substance-abusing behaviour *does* have detrimental consequences. These range from health hazards to more insidious psychosocial effects on the nuclear family, and by extension to its community neighbourhood, schools and peer relationship with authority, including: Increased culture of violence and

anti-social behaviour, Increased disruption of normal family life, Conflict between family members, Loss of trust Loss of property, Concomitant marital breakdown, divorce.

Overall, the survey data indicates that respondents are *aware* of the challenges to public health, and the safety and well being of their communities which DSA causes, including to children, young people and their elders. The problem is conspicuous in plain sight, but strongly associated with global ‘lifestyle’ influences and new permissive societal norms, disseminated more or less explicitly in the popular culture, consumer products and social media over recent decades: a consequence of the permissive age, an increasingly secularised society, but also perhaps most dramatically western society, the freedom of the individual over the collective - an ethical phenomenon arguably implicit in the tolerance of socio-ecological self-harm?

Attempts by both public and private stakeholders to remediate the problem in Dagoretti focus on criminal delinquency, seizure of illicit materials and ill-gotten gains, led by law enforcement. It is noteworthy that these efforts frequently encounter challenges, principally systematic malfeasance, and lack of adequate resourcing. These obstacles are beyond the scope of this study, except in so far as respondents identify them as key challenges to preventative measures in the fight against substance abuse for example having accessible and affordable rehabilitation centers.

Substance abuse is a controversial topic for most as it challenges the idea of individual freedom over public norms and the collective good, enshrined in a society’s moral code. These notions are necessarily elastic (in democratic societies) because individual freedom and deviation from norms are *tolerated*: without some deviation from tradition, creativity and discovery would be impossible. However, the privilege of individual freedom is tempered with social responsibility, for the stability of the whole. But in DSA the psychosocial norms are profoundly distorted, as they are for example in Plato’s famous ‘Cave Allegory’.

Zero Tolerance (advocated by Bejerot), is an extreme illustration of the rights of the collective over individual freedom (communism). On the other hand, as Gerstein recounts in ‘Alcohol in America’ prohibition failed too, as it led to the growth of global networks of powerful organised drug cartels and crime. Thus, the tension between freedom and tolerance, must be controlled for practical reasons. For example, prisons are not large enough to impose

complete zero tolerance, while there is the increasing acceptance of medicinal use of controlled substances presenting justifiable variances e.g., treatment of sclerosis, treatment of PTSD, treatment of severe epilepsy (particularly in children).

Plato's Allegory of the Cave offers a graphic analogy, an insight into the world of substance abusers, a delusory, perverse world in which distortion is normal, where release is so terrifyingly challenging that only a few escape it, and only but a few succeed, compared to the universe they are used to as their comfort zone. If say, we substitute substance abusers in the cave, with indulgence as the norm, and the *light* as the life of sobriety, then the question would be, what will the substance abusers in the cave choose – emerge into the light a life sobriety or return to the cave of substance abuse full of intoxication and delusory perception that is their *norm*?

St Paul wrote to his congregation in Corinth, concerned about the growing division and wickedness there. "When I was a kid, I talked like a child, I thought like a child, and I reasoned like a child," 1 Corinthians 13:11-13 says, When I became a man, I left my childhood habits behind me. For the time being, we only see a appearance in a mirror; later, we will see eye to eye. Presently I know to some degree; a short time later I will know totally, similarly as I'm totally known. Also, presently there are just three: confidence, trust, and love. But the most important of these is love." The substance abuser could be compared to a child who grows into the idea of individual freedom, but as he/she grows into an adult becomes aware of the collective and what is right according to the community, through it all he/she stills needs to be loved as substance abuse could also be a way of substituting deprivation of love. St Paul constructs a moral argument for tolerance, compassion and above all love. For Paul, individual sinners who engage in DSA should not be seen as lesser human beings. They deserve faith, support, forgiveness, respect, resources, care and love just as any other person, especially from those closest to them – family: a whole of diverse parts, the strongest organ in support of those affected by engaging in DSA, precisely because it is bonded by love. The researchers' conclusion from this study is that, while the effect of drug misuse has previously been centered on the individual, a new attention should be placed toward how substance addiction affects the family when one of the members is abusing substances. Furthermore, support and affection should be provided to people involved in drug abuse, as well as their families, through accessible and inexpensive rehabilitation centers, advice, counselling, and therapy sessions, as substance addiction is a difficult habit to break.

5.5 Recommendations.

Recommendations arising from qualitative inferences and respondents' direct proposals (responses to survey question 19) are as follows:

1. Set up an online network of professional counsellors to provide guidance and harm-reduction support, by nurturing the emotional needs of these individuals and providing a platform for them to share their thoughts and feelings while being assured of confidentiality. Drop-in clinics and self-help groups encourage individuals to refrain from substance abuse as a way of releasing their negative emotions. Around the world and in Kenya, organisations such as Alcoholics Anonymous and Narcotics Anonymous have proved highly successful.
2. Youth empowerment: publish and disseminate information on the harmful effects of substance abuse for young people, encouraging them to resist negative influence, and make sound but independent decisions about matters affecting their future lives.
3. Provide affordable, accessible treatment and rehabilitation services to individuals hooked into substance abuse: government (Devolution Act, Article 174) should devolve powers to implement effective harm-reduction initiatives, including local taxation of potentially harmful streaming media online.
4. Establish zero- tolerance substance-free clubs in the community to raise awareness. Programs like Work Home (Kazi Mtaani) and Work for Youth (Kazi Kwa Vijana) in the Dagoretti area should be extended for the young people to access employment opportunities and be economically stable. That will in turn improve mental health among the youth, promoting resilience and encouraging them to desist from anti-social substance abuse and trafficking.
5. Enforce laws in place so as to offer protection to the young, the year 2001 Children's Act, legal notice No.8 (16). The ministry of Education should ensure students are protected from substance abuse and involvement in the production, trafficking or distribution.
6. Raise tax on legal substances (alcohol and tobacco), enforce the sales-to-minors laws robustly. In Glasgow City Council UK, raising tax was a proven preventative as raising the retail prices reduced consumption (Stockwell & Thomas, 2013) .
7. Prohibit mass media advertisements and programs promoting substance use and decadent globalised culture should be restricted in the country by the Film Licensing Board, Media Council of Kenya and Government. This would limit children's

impressions, potentially harmful, habit-forming, anti-social influences, violence and depravity.

8. Evangelise: the community as a whole cannot be effectively reached without the moral ambit of religious teaching. The churches, mosques and temples capture the widest pastoral access to the greatest number of families, drawing them together for regular liturgical worship.
9. Co-ordinate: multi-agency responsibility requires involvement of not only the education sector, law enforcement and public health sector, together with parents/guardians, but also the community at large. Therefore, a coordinated approach by all relevant agencies is vital for reinforcing resistance to substance abuse.

5.6 Suggestions for Further Research

1. The findings of the study were generalised to Dagoretti Sub-County, Riruta - Satellite. It would be interesting to corroborate these findings by replicating the study using a larger sample from other counties or sub-counties in Kenya. This could enlarge quantitative and qualitative inferences drawn from the data.
2. Other research should be carried out to discover parent's involvement, stakeholders and community leadership in curbing substance abuse.
3. Since the current study mainly paid attention to the effects of substance abuse on the nuclear families, it is recommended that a study that focuses on the other types of families (single-parent, step and extended family) is explored.
4. Since the study only looked at some of the effects of substance abuse, other research should be carried to discover other effects such as; irresponsible sexual behaviour, transmission of diseases, child abuse and neglect, interpersonal violence and increased crime rate, depression, increased risk for depression and suicidal thoughts, accidents and injuries due to impaired driving, homelessness, trouble with the law and misuse of resources just to mention but a few.

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APPENDICES.

Appendix i: Time Plan.

	October 2020 – May 2021.	July 2021 – August 2021.	September 2021 – November 2021.
Proposal writing and presentation.			
Sampling and data collection.			
Data cleaning and analysis.			

Appendix ii: Research Budget.

ACTIVITY	ITEM	ITEM COST (KSH.)
Proposal development	Internet, transport	10,000
Data collection	Transport	15000
Data analysis and interpretation	Data analysis	18000
Stationery and documentation	Printing, photocopying and binding	17000
TOTAL		60000

Source of funds: Personal contribution.

Appendix iii: Questionnaire.

Dear Participant,

I am Omina Cheryl Nannette, a Masters of Community Psychology student in the Department of Psychology at the University of Nairobi. I am carrying out a study on the psychosocial effects of substance abuse on families. You are invited to participate in this study by answering the questions below.

Your name must not appear anywhere on this questionnaire to ensure strict confidentiality.

Please answer all the questions by putting a tick [√] in the appropriate response box, and filling in the blank spaces where appropriate.

Thank you in advance.

SECTION I DEMOGRAPHIC DATA

1. Indicate your gender

Male Female

2. Indicate your age group

21-30 years 31- 40 years above 41 years

3. Highest education level

KCPE KCSE Certificate Diploma Degree Masters/PhD

4. Employment

Employed Self-employed Unemployed

5. Marital status

Married Single other (please specify) []

6. Religious affiliation

Christian Muslim other (please specify) []

7. Are any of your family members involved in drug and substance abuse?

Yes No

If yes, what is your relationship to the family member?

Mother Father Sister Brother Husband Wife Daughter Son

QUESTIONS ABOUT FAMILY MEMBER WHO ABUSES DRUGS.

Tick all boxes which apply.

8. Identify the type of substance(s) used by the family member.

Marijuana

Tobacco

Alcohol

Narcotics

Other

9. What is the gender of the family member?

Female Male

10. What is the family member's religious affiliation?

Christian Muslim other (please specify) []

11. What is his/her age group?

21-30 years 31- 40 years above 41 years

12. What is their HIGHEST education qualification?

KCPE Primary school dropout

KCSE High school dropout

Certificate Diploma Degree College dropout

Masters PhD

13. Work: indicate his/her employment status

Employed Self-employed Unemployed

14. Marital Status: indicate his/her married status

Married Single other (please specify) [_____]

SECTION II SOCIO-DEMOGRAPHIC FACTORS

Please tick [] where applicable

15. In the boxes below, indicate whether the following may have influenced your relative/family member to engage in substance abuse.

Statement	Yes	No
Peer pressure	<input type="checkbox"/>	<input type="checkbox"/>
Family pressure.	<input type="checkbox"/>	<input type="checkbox"/>
Weak family bonds	<input type="checkbox"/>	<input type="checkbox"/>
Low quality parenting	<input type="checkbox"/>	<input type="checkbox"/>
Availability of the drugs	<input type="checkbox"/>	<input type="checkbox"/>

Affordability of the drugs	<input type="checkbox"/>	<input type="checkbox"/>
Rewarding (feeling good) effects of drugs	<input type="checkbox"/>	<input type="checkbox"/>
Punishing(withdrawal) effects of drugs	<input type="checkbox"/>	<input type="checkbox"/>
Low resilience (inability to deal effectively with stress/peer pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Childhood experiences	<input type="checkbox"/>	<input type="checkbox"/>
Socio-economic status	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III PSYCHOSOCIAL EFFECTS OF SUBSTANCE ABUSE ON FAMILY.

Please tick [] where applicable

16. Does Substance Abuse have an effect on your family?

Yes No Not sure

If your answer to Question 16 is YES, proceed to Question 17

If your answer to Question 16 is NO/ NOT SURE, proceed to 18.

17. Please indicate whether the following are some of the effects, substance abuse has on your family.

Statement	Yes	No
Increased stress	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Loss of trust between the substance abusing family member and the rest of the family	<input type="checkbox"/>	<input type="checkbox"/>
Getting into physical fights with the substance abusing family member	<input type="checkbox"/>	<input type="checkbox"/>
Verbal assault from the substance abusing family member	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>

Fear of being attacked by the substance abusing family member	<input type="checkbox"/>	<input type="checkbox"/>
Confusion on how to act/ behave around the substance abusing family member	<input type="checkbox"/>	<input type="checkbox"/>
Other family members getting introduced to substance abuse by the substance abusing family member	<input type="checkbox"/>	<input type="checkbox"/>
Arguments with family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Substance abusing family member stealing property from home or others	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV PREVENTATIVE MEASURES.

Please tick [√] where applicable

18. In your view, are preventative measures against substance abuse available?

Yes No Not sure

If your answer to Question 18 is YES, proceed to Question 19.

If your answer to Question 18 is NO/ NOT SURE, you should leave question 19 blank.

19. In your own words, what would you suggest as a preventative measure against substance abuse?

[.....
.....
.....
.....]

THE END.

“Thank you for participating in the study.”

Appendix iv: Turnitin Report.

Turnitin

13.11.21, 10:49

Document Viewer

Turnitin Originality Report

Processed on: 13-Nov-2021 10:44 EAT
 ID: 1701539077
 Word Count: 15687
 Submitted: 1

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THE PSYCHOSOCIAL EFFECTS OF SUBSTANCE ABUSE O... By Cheryl Omina

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Appendix v : Introduction Letter.



UNIVERSITY OF NAIROBI
FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
Telephone: 318262 ext.28439/28194
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P.O. BOX 30197
NAIROBI
KENYA
EAST AFRICA

June 25, 2021

The Chief Executive Officer
National Commission for Science Technology and Innovation
P. O. Box 30623-00100
Nairobi

Dear Sir/Madam:

RE: INTRODUCTION- OMINA CHERLYL NANNATE (C50/23906/2019)

The above mentioned is a student in the Department of Psychology pursuing a Master of Psychology degree. She has completed the coursework and defended her research proposal.

This letter therefore is to introduce her to you to enable her to collect data on
**“THE PSYCHOSOCIAL EFFECT OF SUBSTANCE ABUSE ON NUCLEAR FAMILIES.
A CASE OF DAGORETTI SOUTH SUB-COUNTY; RIRUTA, SATELLITE.”**

Your support is highly appreciated.

Yours sincerely,

A handwritten signature in blue ink that reads "Michael M. Ndurumo".

Prof. Michael M Ndurumo, Ph.D., HSC, SIOP
Acting Chairman
Department of Psychology

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

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