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Prevalence of Alcohol/ Substance Use among Christian Youth in Selected Churches in Kajiado County, Kenya

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ABSTRACT: The last decade has witnessed a sky rocketing increase in alcohol and drug use, where it is estimated that 39.5 million people have substance use disorders (UNODC, 2023). It is opined that religion in the lives of youth can mitigate against alcohol and substance use, but research indicates that in spite of the religious beliefs, there is still a significant proportion of youth in churches who are involved in alcohol and substance use (National Study of Youth & Religion, 2024). Christian youth grappling with alcohol and drug use are caught in between following that which is biblically acceptable versus the societal norms and culture (Swindell, 2010). Thus, investigating the prevalence of alcohol and substance use among Christian youth, is crucial to pinpointing the causative factors and developing targeted programs.

The purpose of this study was to evaluate the prevalence of alcohol/ substance use among Christian youth in four selected churches in Kajiado County, Kenya. It employed a descriptive research design with a sample size of 145 youth (14-35 years;73 male,72 female), who were actively attending Sunday services in the four churches. Data collection utilized the Alcohol, Smoking and Substance Involvement Screening Test- ASSIST- LITE and a socio demographics questionnaire. The data was analyzed quantitatively in SPSS using frequencies and percentages.

Findings from the socio demographic questionnaire inquiring on whether respondents 'had ever used alcohol/substances' showed that 53(36.6%) of the respondents affirmed that they had ever used alcohol, 12(8.3%) both khat and alcohol, 3(2.1%) khat, hash and alcohol while 5(3.4%) had ever used other substances and alcohol. The ASSIT-Lite inquired on alcohol and drug use in the past three months, where the most frequently used was alcohol at n=42(28.9%), then cannabis at n=27(18.6%), sedatives at n=14(9.7%), stimulants at n=10(6.9%), psychoactive substances at n=6(4.1%) and then opioids at n=3(2.1%). Of the alcohol/substance users, 12(8.3%), 7(4.8%) and 5(3.4%) were at high risk levels for alcohol, cannabis and stimulant use respectively.

The study was informative in that, it revealed Christian youth were still grappling with alcohol/substance use, and hence, targeted psychological and behavioral interventions, alongside the church-based programs are necessary.

KEY WORDS: Alcohol, Drug use, youth.

BACKGROUND TO THE STUDY

Despite the overarching role of religion and spirituality in the lives of Christian youth, they can still be driven to risky behaviors such as alcohol/substance use, based on several factors including the specific environment they live in (Olaore, 2013). Some studies however show that belief in a greater supernatural force predicts a low prevalence in illegal drugs and substance use (Scott et al.,2018).

One study found that significant numbers ranging from 20% to 40% of religiously active youth were involved in alcohol/ substance use, leading to the conclusion that while religion may mitigate such negative outcomes, it does not eliminate them. The study found that among the 12th graders who attended religious services weekly or more, 39%, 31% and 20% had used illegal drugs, smoked marijuana and used hard drugs respectively in the previous year. Ambivalence was noted where among those who said that faith was "very important" in their lives, nearly 40%, 32% and 21% had used illegal drugs, smoked marijuana and used hard drugs respectively in the previous year. Another 11% of the 12th graders who attended religious services weekly or more, and roughly 13% of those who said religious faith was "very important" in their lives had tried marijuana or hashish by the ninth grade (Jochman & Schwade, 2024).

Globally, it is estimated that 400 million people, or 7% of the world's population aged 15 years and older, have lived with alcohol use disorders, where 209 million of them (3.7% of the adult world population) have alcohol dependence (WHO, 2024). A recent study in the year 2021 showed that a large number of people (13.2 million) were injecting drugs, which is 18 per cent higher than previously estimated (UNODC,2023).

Studies show varying prevalence rates regionally, where a global meta-analysis research study by Peacock et al. (2018) showed disparities in alcohol consumption, across regions. The study done in 2015 by World Health Organization (WHO) and United Nations Organization for Drug Control- (UNODC), among 15–65-year-olds showed that North Africa and Middle East, had the lowest prevalence per capita in alcohol consumption at (0.90 liters per alcohol). Alarmingly, the Central Sub-Saharan Africa was the highest at 78.9% and Europe on the other hand, had high prevalence in tobacco daily usage.

Other studies in the US show high consumption rates of alcohol among youth. A longitudinal study in the United States (n=8,809) involving cohorts of 12-16 years and 15-30 years by Rankei et al. (2022) showed that 40% had taken alcohol previously and only 4.0% of the respondents, admitted not drinking at 30 years of age.

Fernandez et al. (2017) study in Uruguay found that a high percentage (71%) of young youth (12-15 years, n=331) consumed alcohol. Another study among 474 youth in rural Thai, found that over half of them (55.5%), indicated having ever drunk alcohol (Kantawong et al., 2023).

Some studies however report lower rates of alcohol/substance use among youth. Andrea et al. (2016) study in a French University- Reims Champagne-Ardenne, among 19–20-year-olds, found that 18% of the sample were prone to addiction of alcohol, whereas 19.6% were found to be smokers and 4.8% had risk of cannabis drug. A longitudinal study among Iranian male youth (n=51,001, mean age 17 years) showed lower rates, where alcohol accounted for the highest usage overall (8%-11%), as compared to methamphetamine, tobacco and other substances (Hosseini et al.,2022).

The prevalence of alcohol and substance use in Africa is also alarming where a study in Johannesburg, South Africa by Magidson (2016) showed that 53% and 68.9% of the total participants, had consumed alcohol and marijuana respectively during a period of six months and below. Manyike et al. (2016) study in Enugu, Nigeria (n=896) showed varying prevalence rates in psychoactive substances being 0.4 to 34.9%, and cannabis was the least used drug at 4(0.4%). Olurishe (2019) study among three Anglophone countries in West Africa(n=554) showed Ghana had the highest marijuana and cannabis use at 20%.

The age at which youth start using drugs may vary based on environmental factors. Studies in the US find that use of substances is higher among transitional age youth (16–24 years) (Saunders et al.,2023). Hawke et al. (2020) in a rehabilitation center based in Toronto, Canada for (n=634) constituting 14–24-year-olds, revealed that almost 3 out of 10 of them (29.5%) had started using cannabis at very young age, below fourteen years. Karau et al. (2018) study among Christian youth (17-30 years) in a Christian university in Kenya reported that the average age of the respondents when they first used drugs ranged between 16 and 17 years. The majority of respondents were using alcohol at 55% followed by cannabis at 22.51% and tobacco at 20.78%.

Research shows that alcohol/substance use among youth is one of the negative coping mechanisms employed to navigate through challenges in their lives (Inguglia et al., 2022; Liu et al., 2020). To escape from reality, they get involved in activities that numb their feelings such as substance use, coupled with risky sexual behavior and withdrawal (Dariotis & Chen., 2020; Eppelmann et al., 2016).

Furthermore, youth being an age characterized by monumental growth cognitively, they usually question and test out evolving beliefs and practices, as well as challenging established familial and communal religious or spiritual attitudes and values (Sink & Simpson, 2013). Therefore, even youth who have grown up in a Christian environment since childhood, may want to enjoy their own peer pressure freedom. Thus, they may have poor cognitive control and tend to drift towards impulsive behavior, which in turn influences their ability to make reasonable choices in daily-life situations (Leshem, 2016).

The perspective of school, family and neighborhood forms a basis for substance use among youth, more so because of collective engagements and relationships within those contexts (Wen, 2017). Parental involvement and other parenting factors have a bearing on substance use among youth as well, and can contribute heavily to the development of healthy behaviors. On the same line, negative perceptions, beliefs, and behaviors can also stem from home through parental upbringing.

Given the rising prevalence of alcohol/substance use among youth globally, it is crucial to investigate prevalence rates in settings such as churches where youth congregate, in order to devise suitable intervention programs. According to research, faith is a positive factor in addiction prevention or recovery and the efficacy of faith-oriented approaches to substance abuse prevention and recovery is indisputable (Grim & Grim, 2019).

METHODOLOGY

This was a descriptive research study that collected quantitative data on alcohol/substance use among youth using two self-report questionnaires, the ASSIST-Lite and a socio-demographic questionnaire. The participants were purposively selected based on their age group (14-35 years) and willingness to participate in the study. Additionally, all those who signed the informed consent forms and for those below 18 years, their parents had to sign the informed consent forms to give them permission to take part in the study.

In total,145 respondents were recruited (n=73 male, n=72 female) from four churches in Kajiado County, Kenya. The four churches had been purposively selected based on the fact that they were all branches of Deliverance church, situated in the peri-urban areas of Kajiado County. This helped to ensure that the sample were homogeneous in terms of their beliefs and the socio demographic characteristics. Data was analyzed quantitatively using the SPSS version 29 and findings presented in tables using frequencies and percentages.

RESULTS

The prevalence of alcohol and substance use was based on the response to the inquiry of 'having ever used'(Table 1) and 'having used in the previous three months'(Table 2). Furthermore, for those who were using alcohol and substances, the study determined the risk levels for each of the substances and alcohol (Table 3). The prevalence of substances respondents 'had ever used' is as shown in Table 1.

Table 1. Substances and Alcohol Use that Respondents Have Ever Used

Drug Types	N	%
Alcohol	53	36.6
Khat	1	0.69
Hash	1	0.69
Others	1	0.69
Khat & alcohol	12	8.3
Cocaine & alcohol	1	0.69
Hash & alcohol	1	0.69
Sedatives & alcohol	1	0.69
Other substances & alcohol	5	3.4
Khat, hash & alcohol	3	2.1
Sedatives, alcohol & others	2	1.4
Khat, alcohol, hash & sedatives	1	0.69
Cocaine, hash, sedatives & alcohol	1	0.69
No drugs or alcohol	62	42.8
Total	145	100%

Table 1 shows that 53(36.6%) of the respondents affirmed that they had ever used alcohol, 12(8.3%) both khat and alcohol, 3(2.1%) khat, hash and alcohol while 5(3.4%) had ever used other substances and alcohol. Only 62(42.8%) said they had never used any of the drugs or alcohol. Hence, over half of the respondents had ever used either alcohol or substances or both. Regarding the alcohol/ substance use in the past three months, it is as shown in table 2.

Table 2. The Substances and Alcohol Use in the Past Three Months (N=145)

Substances used	Response	N	%
Cigarette	No	136	93.8%
	Yes	9	6.1%
Alcohol	No	84	57.9%
	Yes	42	28.9%
Cannabis	No	118	81.4%
	Yes	27	18.6%
Stimulant	No	135	93.1%
	Yes	10	6.9%
Sedative	No	131	90.3%
	Yes	14	9.7%
Opioids	No	142	97.9%
	Yes	3	2.1%
Psychoactive	No	139	95.9%
	Yes	6	4.1%

Table 2 shows the current drugs and alcohol use among the respondents. The most used was alcohol at n=42(28.9%), then cannabis at n=27(18.6%), sedatives at n=14(9.7%), stimulants at n=10(6.9%), psychoactive substances at n=6(4.1%) and then

opioids at n=3(2.1%). The assessment of the number of risk levels was also done and findings are shown in Table 3.

Table 3. The Risk Levels for Alcohol and Substance Use.

Alcohol/substances	Risk Level	N	%
Alcohol	Low (0-1)	126	86.9%
	Moderate (2)	7	4.8%
	High (3-4)	12	8.3%
Cigarettes	Low (0)	141	97.2%
	Moderate (1-2)	2	1.4%
	High (3)	2	1.4%
Cannabis	Low (0)	128	88.3%
	Moderate (1-2)	10	6.9%
	High (3)	7	4.8%
Stimulants	Low (0)	138	95.2%
	Moderate (1-2)	2	1.4%
	High (3)	5	3.4%
Sedatives	Low (0)	140	96.6%
	Moderate (1-2)	2	1.4%
	High (3)	3	2.1%
Opioids	Low (0)	142	97.9%
	Moderate (1-2)	1	0.7%
	High (3)	2	1.4%

Based on the table 3, 86.9% of the participants fell into the low-risk category for alcohol use, 4.8% were at moderate risk and 8.3% fell into the high-risk category. As for cigarettes, 97.2% of participants were categorized as low risk for cigarette use, 1.4% were at moderate risk and 1.4% fell into the high-risk category. Regarding cannabis, 88.3% of participants were at low risk for cannabis use, 6.9% were at moderate risk and 4.8% fell into the high-risk category.

For the stimulants, 95.2% of participants fell into the low-risk category for stimulant use, 1.4% were at moderate risk and 3.4% fell into the high-risk category. Concerning the sedatives, 96.6% of participants fell into the low-risk category, 1.4% were at moderate risk and 2.1% fell into the high-risk category. There were 97.9% of participants in the low-risk category for opioid use, 0.7% were at moderate risk and 1.4% fell into the high-risk category for opioid use. The vast majority of participants fell into the low-risk category for all substances, with alcohol showing the highest proportion of high-risk users (8.3%).

Cigarette, opioid, and sedative use had relatively low high-risk percentages, while stimulants and cannabis showed slightly higher high-risk users at 3.4% and 4.8%, respectively.

DISCUSSION

In this study, 53(36.6%) of the respondents affirmed that they had ever used alcohol, 12(8.3%) both khat and alcohol, 3(2.1%) khat, hash and alcohol while 5(3.4%) had ever used other substances and alcohol. In the 'past three months', the most used was alcohol at n=42(28.9%), then cannabis at n=27(18.6%), sedatives at n=14(9.7%), stimulants at n=10(6.9%), psychoactive substances at n=6(4.1%) and then opioids at n=3(2.1%). Those in the high-risk categories for the substances were 8.3%(alcohol) ,1.4% (cigarettes), 4.8% (cannabis), 3.4% (stimulants), 2.1% (sedatives) and 1.4% participants fell into the high-risk category for opioid use.

These prevalence rates are in line with Jochman and Schwade (2024) study among 12th graders in the US which found that 20% to 40% of religiously active youth were involved in alcohol/ substance use, leading to the conclusion that while religion may mitigate such negative outcomes, it does not eliminate them. It is important to note that the youth in this group were in the age group 14-35 years, an age cohort that is in high school, college or university, meaning that peer pressure could have a bearing on their choices. Peer relationships or social networking are very important among the youth population, and can lead to engaging in risky behaviours, especially if parents are not supportive (Haruna et al., 2018; Nwagwu, 2015). Other studies affirm that the transitional age youth (16–24) use higher levels of substances than any other age group (Saunders et al., 2023).

On the same line, social media plays a huge role in peer pressure, where a meta-analytic longitudinal study done in the United States and Australia among youth, informed that social media exposure and postings on substance use, led to more consumption with the result of $\beta = 0.57$, 95% CI = 0.25, 0.88, i2 = 97.8% (Cheng et al., 2023). Relatedly, Curtis et al. (2018) in a meta-analysis study of youth covering nineteen articles with n=7,429 in the United States found that social media experience and usage profiling substance usage, brought about drinking behavior and related problems showing correlation of $r = 0.40$. Thus, targeted interventions for this age group are critical to psycho educate on the harmful effects of drugs and the importance of forming

healthy social connections that promote good values.

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