

A Study to Determine the Prevalence and Demographics of Drug Abuse in Mewa Rehabilitation Centre Location in Mewa Town in Mombasa Kenya

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ABSTRACT

A drug is, broadly speaking, is any substance that, when absorbed into the body of a living organism, alters normal bodily function. In pharmacology, a drug is "A chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being.

Materials and Method

Design: This was a descriptive cross sectional study.

Site: This study was at Mewa rehabilitation centre location in Mewa town in Mombasa district population.

Population: Mewa rehabilitation centre location in Mewa town in Mombasa district population and housing census preliminary results indicated that, has an estimated population of one million people {by 2014}. This was reached at a house-to-house census, released by the district census officer.

Sampling Technique: A cluster sampling method was used to select participants into the study.

The researcher then compiles a list of all respondents' on a small paper. These small papers were then be put in a plastic bag and shaken well until it's properly mixed up. The respondents then pick randomly a paper at a time from the bag until the required sample size achieved. After compiling the list, the researcher made an appointment with each of the respondent selected for the purpose of administering questionnaires.

Data Collection, analysis and presentation: Two assistants were trained to help in data collection. Data was collected for one week in July 2011. Questionnaires, pens, pencils, rulers were used in data collection which were later analyzed manually using Microsoft excel and calculators.

Keywords: Drug abuse; Rehabilitation; Mewa Town

INTRODUCTION

A drug is, broadly speaking, is any substance that, when absorbed into the body of a living organism, alters normal bodily function. In pharmacology, a drug is "A chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being. Drugs may be prescribed for a limited duration, or on a regular basis for chronic disorders. Recreational drugs are chemical substances that affect the central nervous system, such as opioids or hallucinogens. They may be used for perceived beneficial effects on perception, consciousness, personality, and behavior. Some drugs can cause addiction and/or habituation. Journal of American Medical Association (2006).

Drug addiction, also called substance dependence or chemical dependency, is a disease that is characterized by a destructive pattern of drug abuse that leads to significant problems involving tolerance to or withdrawal from the substance, as well as other problems that use of the substance can cause for the sufferer, either socially or in terms of their work or school performance. More than 2.6% of people suffer from drug addiction at some time in their life. The term dual diagnosis refers to the presence of both a drug-abuse or dependence issue in addition to a serious mental-health problem in an individual. Substance abuse or dependence unfortunately occurs quite commonly in people who also have severe mental illness. This is important given that people with a serious mental illness are far more at risk of engaging in violence, being incarcerated or contracting infection with the human immunodeficiency virus (HIV). Individuals with dual diagnosis are also at higher risk of being noncompliant with treatment. (www.mitha.com) Journal of American Medical Association (2006).

MATERIALS AND METHOD

Design

This was a descriptive cross sectional study.

Site

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Population

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Sample Size Determination

To obtain sample size fihrrers' et al 1990 formula was used.

$$N = \frac{Z^2 PQ}{D^2}$$

Where N= Desired sample size

Z= Standard normal deviation taken as 2.0 at a confidence level of 95%

P= Proportion of target population estimated to have similar characteristics.

If there is no measurable estimate, we use 50% (constant) or 0.5. therefore $P=0.5$

Therefore $Q=$ is standardized 1.0- $P= 0.5$

$D=$ Degree of accuracy desired 0.05 or 5%

In this case 95% confidence level has 5% errors. Therefore 0.05 is a level of significance

$$N = \frac{2^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$N = 200$$

Given a limited period and funds, a sample size of 100 participates was considered

Sampling Technique

A cluster sampling method was used to select participants into the study.

The researcher then compiles a list of all respondents' on a small paper. These small papers were then be put in a plastic bag and shaken well until it's properly mixed up. The respondents then pick randomly a paper at a time from the bag until the required sample size achieved. After compiling the list, the researcher made an appointment with each of the respondent selected for the purpose of administering questionnaires.

Data Collection, analysis and presentation

Two assistants were trained to help in data collection. Data was collected for one week in July 2011. Questionnaires, pens, pencils, rulers were used in data collection which were later analyzed manually using Microsoft excel and calculators.

Ethical Considerations

- -The researcher got an introductory letter from the office of the principal tutor K.I.U-DC School of clinical officers which letter introduced the researcher to the district and other authorities.
- There was no penalty for participates who wished to withdrawal from the study.
- To ensure confidentiality the respondents name did not appear anywhere
- -I got a verbal consent from the respondents first
- -There was an explanation to the respondents on the purpose of study

Data Analysis Presentation and management

The data collection tools was pre-tested on five individuals in the study area. Necessary correction was made to make it friendly, the data collected was analyzed manually using Microsoft excel and presented in form of charts, bar graphs and tables..

Study Limitation

The following limitations was experienced

- Inadequate finances available for the research.
- Limited time.
- Hesitation by some respondents to give the required information.
- Lack of transport to reach the study area.

RESULTS

This chapter consists of results of data collection, which were analyzed in terms of tables, pie charts and bar graphs. It involved editing coding and tabulation of data.

A. Demographic data of Respondents

AGE OF RESPONDENTS

Table 1: Age distribution of the respondents

AGE IN YEARS	NUMBER OF RESPONDENTS	PERCENTAGE%
15-24	12	12
25-34	40	40
35-44	24	24
45-54	24	24
TOTAL	100	100

According to the table above, most of the respondents were aged between 25-34(40%), followed by the age range of 35-44(24%), age of between 45-54, (24%) of the total respondents, while the young mothers within 15-24, (12%).

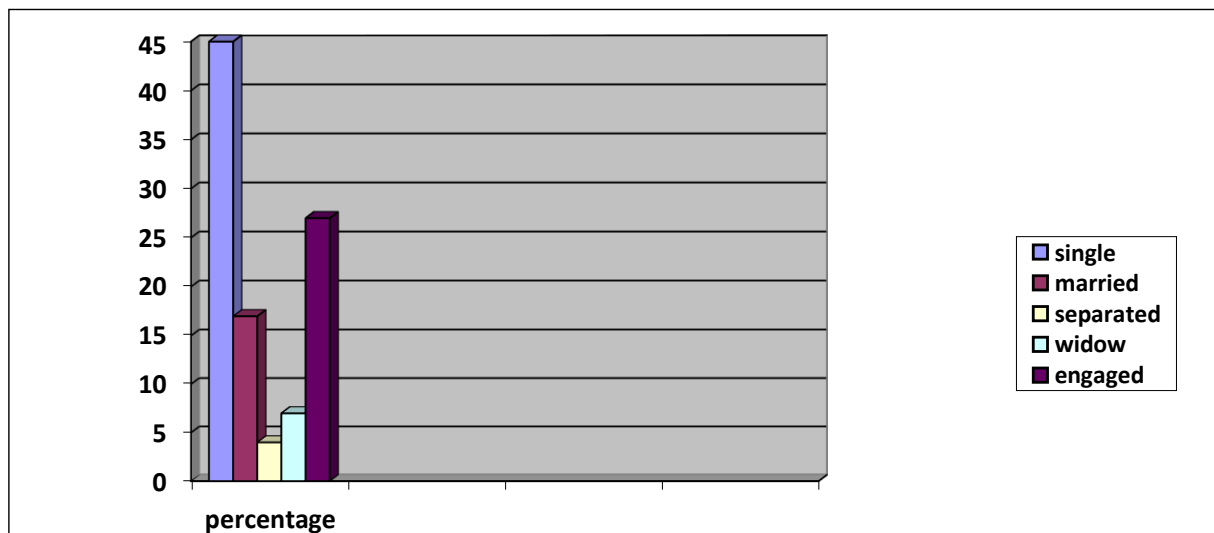
LEVEL OF EDUCATION

EDUCATION LEVEL	FREQUENCY	PERCENTAGE (%)
No formal education	16	16
Primary	20	20
Secondary	24	24
Tertiary	40	40
TOTAL	100	100

The table above shows that the majority of the respondents 40(40%) had tertiary status of education, 24(24%) who had the secondary school education, 20(20%) had at least a primary level of education and finally 16(16%), Who never had any formal education.

MARITAL STATUS

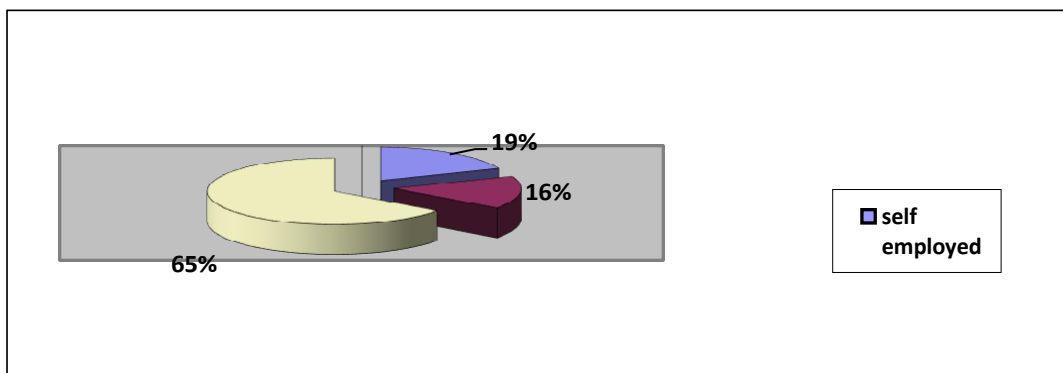
Figure 2: Marital status of the respondents



From the findings, most of the respondents were young adults who were single 24(24%) followed by the engaged respondents who were 20(20%), the third category were the married who were 20(20%), the other category was the widowed female who were 18(18%) and finally we had those who separated from their partners and they represented 18(18%).

OCCUPATION OF THE RESPONDENT

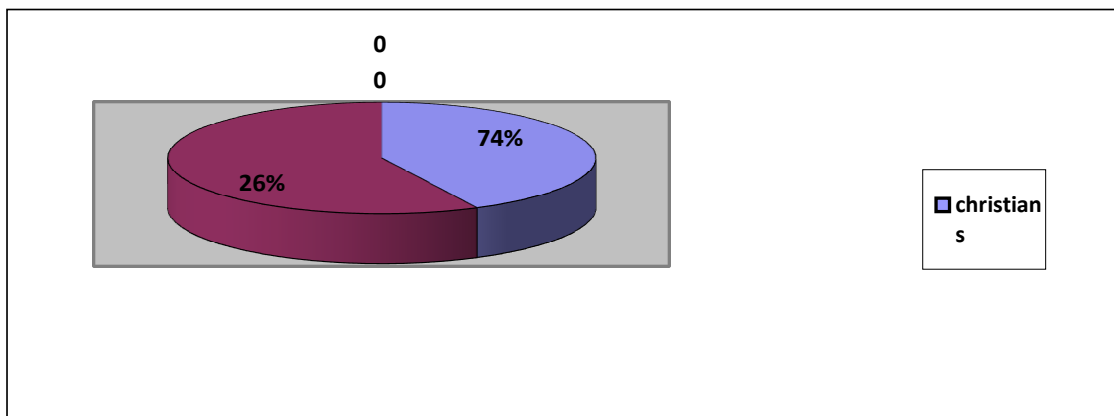
Figure 3: Respondent's occupation



Most of respondents 66(66%) were students followed by the 20(20%), self employed and finally 14(14%) we had civil servants who were interviewed.

RELIGION OF RESPONDENTS

Figure 4: Respondent’s religion



The majority of respondent by religion 74(74%) were Christians while the minority 26(26%) were Muslims.

B: ACCESSIBILITY TO DRUGS

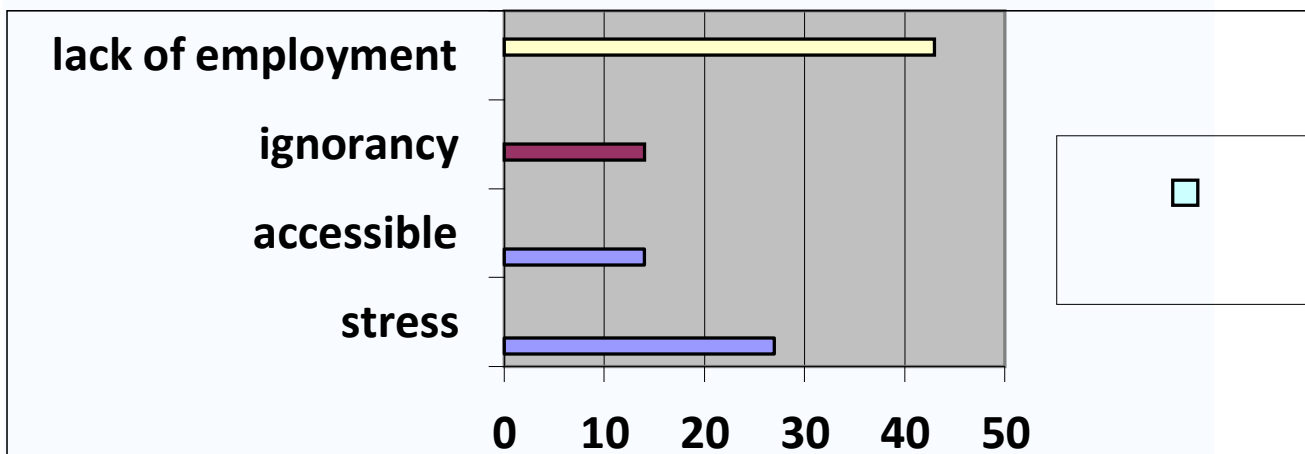
Table 3: Respondent by accessibility and affordability to Drugs

Accessibility and exposure to drug abuse	FREQUENCY	PERCENTAGE (%)
Parents	28	28
children	2	2
elders	8	8
students	62	62
TOTAL	100	100

The table above shows the distribution of accessibility and exposure to drug abuse parents 28(28%), children 2(2%), elderly 8(8%) and students 62(62%).

The cause of Drug abuse

Figure 5: Distribution by of respondent by cause of drug abuse



The figure above shows that lack of employment 60(60 percent), stress 20(20 percent), ignorance 12(12 percent) and accessibility 8(8 percent) are some of the predisposing factors that leads or influence people to drug abuse.

Table 4: Showing the condition /effect of drug abuse.

Conditions/effects of drug abuse	frequency	percentage
Lack of money, ignorance, stress and accessibility to drugs.	90	90
Don't know the cause	10	10
Total	100	100

Most of the respondents 90 (90%) are aware of reasons that can cause people to drug abuse while others 10(10%) are not aware. most people had negative attitude towards drug abuse but they are addicted to drugs because of the reasons given above.

DISCUSSION, CONCLUSION AND RECOMMENDATION

This chapter discusses the study finding. According to the study findings in chapter four respondents by age indicates that majority of respondents 41(41 percent) were between the ages of twenty five to 34 years of age because this is the age which is exposed or carrying out drug abuse mostly, then 35 to 44 years were 24(24 percent) and lastly age of between fifteen and 24 who most of them know the effect and outcome of drug abuse. Respondents by education level shows that most of respondents fifty nine(59 percent) had tertiary education which shows that at least they have ever heard of the dangers of drug abuse and its effects but still they abuse drugs. followed by 24(24 percent) who had secondary education, which shows that they had some knowledge on use of drugs as recommended and effects of drug abuse and its complications, primary level of education were 11(11 percent and finally without formal education were 6(6percent) which means that they have no knowledge on drug abuse. Respondents by occupation shows that majority of respondents 64(64 percent) were students followed by self employed 19(19 percent) and 16(16 percent) were civil servants who have knowledge risk of drug abuse and their effect.

Respondents by religion shows that most of respondents 80(80 percent) were Christians, followed by 20(20 percent) of the respondent were Muslims, this shows that most of the residents are Christians who are either pre – exposed to drug abuse and its complication, or are victims of drug abuse complications. Most of the responded indicated that people don't use drug for proper prescription because of different reasons. They said most the cause of drug abuse includes;

- Lack of employment,
- Stress either at home, work places or in the family
- Accessibility they are much exposed to drug trafficking hence they are exposed to this drugs
- Ignorance, most respondents are ignorant about the effect of drug abuse and they are much influenced by situation or friends to drug abuse.

CONCLUSION

Majority of respondents more than 70 percent have knowledge on drug abuse and there risks and complications as a result of drug abuse, therefore prevention of this complications and control of this complications is very important.

They mentioned some of the causes as;

- Lack of employment,
- Stress either at home, work places or in the family
- Accessibility they are much exposed to drug trafficking hence they are exposed to this drugs
- Ignorance, most respondents are ignorant about the effect of drug abuse and they are much influenced by situation or friends to drug abuse.

RECOMMANDATION

- Government should encourage health education on causes, prevention and control of drug abuse and its complications.
- The government should provide the employment to its citizens
- People should use correctly prescribed drugs by qualified medical personals
- Eradicate poverty by the government for the people.

REFERENCES

1. African magazine August 16th 2006, Kenya the leading drug abusers.
2. New vision may 18, Obote might have died of alcoholism by Oscar Bamuhigine 2006
3. Thomas D. Faney and inse. Fine and well 4th edition, labracing of congress 2000
4. Katherine Ketcham. under the influence of drugs(Narcotics) 2004.
6. World health organization report 2006
7. Poul M. Insel and Walton T Roth. care concept in health 9th edition.2000
8. Allan Stoudemine. clinical psychiatry for medical students JB Lippt noth. 1990