INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY

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DECLARATION AND APPROVAL

Declaration

This thesis is my original work and has never been presented for any academic award in any institution.

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DEDICATION

This thesis is dedicates to my wife Joyce and children; Karol, Caleb and Blesyn.

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ABSTRACT

The research aimed at investigating the influence psychosocial factors such as, socioeconomic status (SES), literacy and culture on awareness of substance abuse prevention and treatment among youths. With the persistent high prevalence of substance abuse among the youths, concerns have emerged regarding the level of awareness of the youths on how substance abuse can be prevented and treated. The study leveraged on social learning and cultural competency theories to tailor guide the exploration of the different dimensions. A quantitative method was in the study and data was collected utilizing an online survey. The target population was the registered Catholic youths from Njoro Deanery and aged above 18 years. Purposive sampling was used to select 292 youths out of the population size of 1216 registered youths. Data collected was analyzed for descriptive statistics, correlations and regression between the psychosocial factors and awareness of substance abuse prevention and treatment. In the study, 175 participants were male while 117 were females. The results of the study showed that SES (M=2.49, SD=0.93) and Literacy Levels (M=3.31, SD=0.73) hand strong, statistically significant and positive influence on awareness of substance abuse prevention and treatment (M=3.05, SD=0.86). Culture (M=3.4, SD=0.33) however, showed a statistically significant but weak positive correlation with awareness while Gender did not yield any significant relationship with awareness or the other psychosocial factors. The regression models fitted to test for mediation effect of gender revealed that gender does not have any mediation effect in the relationship between the three psychosocial factors and awareness of substance abuse. The study thus concluded that SES and literacy are the most crucial influencers and predictors of awareness among the Njoro Sub-country catholic youths accounting for about 70% of the variations in their awareness while culture played a smaller role in the relationship. The study attributes this finding to modern influences like social media and peer groups which may override traditional cultural messages. Besides, the study focused on a religious population which was potentially a preservative in regards to cultural practices that contradicts their faith.

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LIST OF ABBREVIATIONS AND ACRONYMS

NACADA	:	National Authority for the Campaign against Alcohol and Drug Abuse
WHO	:	World Health Organisation
UNODC	:	United Nations Office on Drugs and Crime
UN	:	United Nations
SES	:	Socio-Socioeconomic status
SPSS	:	Statistical Package for Social Sciences

CHAPTER ONE

INTRODUCTION

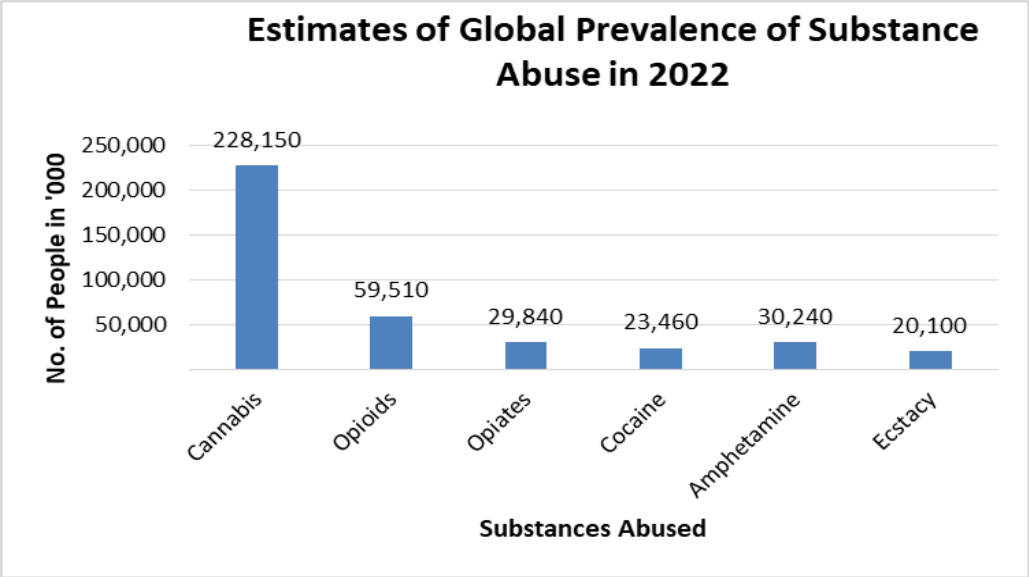
This chapter introduces the study by providing a complete overview of the direction the study took as well as its justification. The study is divided into subsections each highlighting key issues of the study. They include; background of the study, statement of the problem, purpose of the study, objectives, research hypotheses, justification, scope, limitation, delimitation and assumptions of the study. It also provides the operational definitions of the terms used in this study.

1.1 Background of the Study

Substance abuse continues to be a pervasive global issue, posing significant challenges to individuals, families, and communities. Approximately 391 million individuals abuse three categories of psychoactive substances: depressants, stimulants, and hallucinogens (UNODC, 2022). A United Nations report reveals that around 36 million of these individuals suffer from substance abuse-related disorders (UN, 2021). Despite advancements in the global healthcare system, the prevalence of substance abuse has surpassed 390 million people aged between 15 and 65 years, covering six major substance categories: cannabis, opioids, opiates, cocaine, amphetamines, and ecstasy as shown in Figure 1 (UNODC, 2022). However, only 80 million of these individuals can access medical care or counseling services, while the majority remain untreated due to poverty, illiteracy, or adherence to cultural values. The statistics highlight not only a healthcare crisis but also the complexity of prevention and treatment efforts, which are often influenced by sociocultural and economic factors. Even with improvement in countries like Sweden and Denmark, global trends show rising rates of early substance use among younger generations (Sue et al., 2022).

Figure 1:

Global Estimate of Substance Abuse Prevalence in 2022



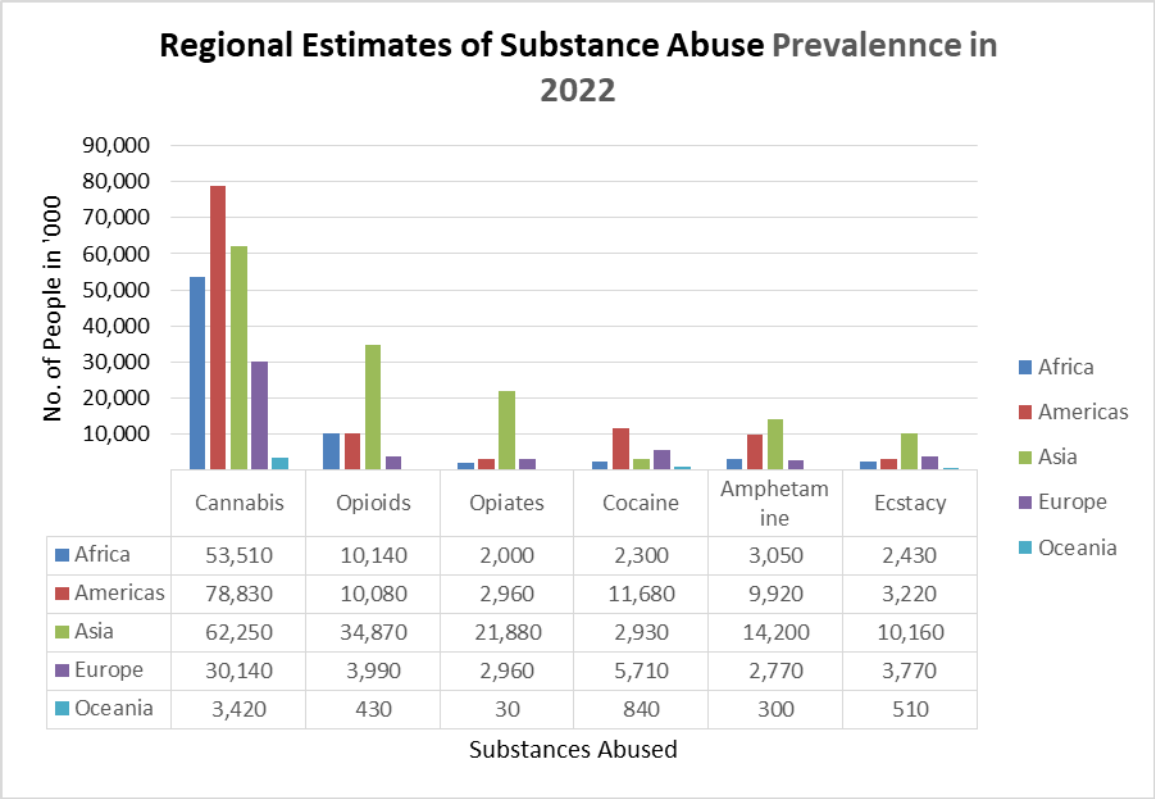
Source: (UNODC, 2022)

From a regional perspective, the Americas—including countries like the USA, Brazil, and Argentina and parts of Asia (Thailand, the Philippines, and Malaysia) account for about 67.2% of global substance abuse prevalence. Compared to Africa's leading countries (Nigeria, South Africa and Angola, Americas region substance abuse prevalence is about 59% higher (UNODC, 2022). Scholars attribute this to differences in economic development and higher socioeconomic status (SES) in these regions (Beard et al., 2019). Nevertheless, substance abuse remains a growing concern in African countries including Nigeria, South Africa, Seychelles and Ghana, which currently ranks third globally with approximately 73.4 million people abusing the six primary categories of substances as shown in Figure 2. The situation is expected to worsen as long as governments fail to actively promote awareness and implement effective prevention and treatment strategies (UNODC, 2019). Furthermore, culture and literacy rates across the continent complicate intervention efforts. Literacy, in particular, plays a crucial role in the success of prevention and

treatment programs, and low literacy rates have been identified as a significant barrier (Galal, 2023). While Asia and the Americas have larger literate populations, the relative rates of substance abuse suggest that Africa would rank second globally if prevalence were measured per capita.

Figure 2:

Regional Estimates of Substance Abuse Prevalence in 2022.



	Cannabis	Opioids	Opiates	Cocaine	Amphetamine	Ecstacy
Africa	53,510	10,140	2,000	2,300	3,050	2,430
Americas	78,830	10,080	2,960	11,680	9,920	3,220
Asia	62,250	34,870	21,880	2,930	14,200	10,160
Europe	30,140	3,990	2,960	5,710	2,770	3,770
Oceania	3,420	430	30	840	300	510

Source: (UNDOC, 2022)

Narrowing the focus to Kenya, estimates indicate that over 4.7 million individuals aged 15–65 have engaged in substance abuse at least once in their lifetimes (Mutavi, 2018). This widespread use points to serious systemic issues in the country's prevention and treatment mechanisms. Recent data shows that misuse of all three categories of psychoactive drugs—depressants, stimulants, and hallucinogens—has increased since 2018 (Ministry of Health, 2018). According to NACADA's 2022 report, alcohol has the highest prevalence, while prescription drugs (opioids) have the lowest at 0.2% as shown in Table 1. The challenge appears tied not just to accessibility but also to moral

decline, limited public understanding of substance abuse effects, and low awareness of available treatment and prevention programs (Okoyo et al., 2022). Cultural attitudes have also been identified as obstacles to prevention and treatment (Mohamad et al., 2018), and research suggests that literacy around substance abuse is shaped by cultural norms (Hall et al., 2021).

Table 1:

Summary of Current Use of Drugs and Substances Abuse among the Population Aged 15 – 65 Years in Kenya

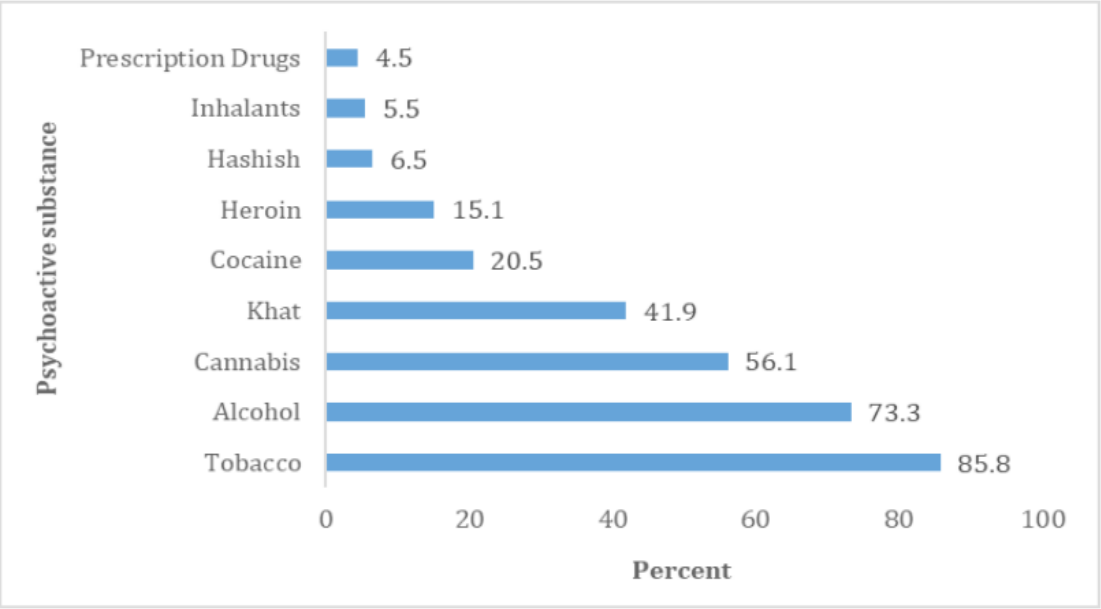
Substance	Prevalence	Population affected
Alcohol	11.8	3,199,119
Tobacco	8.5	2,305,929
Khat	3.6	964,737
Cannabis	1.9	518,807
Prescription drugs	0.2	60,407
Polydrugs (multiple drugs)	6.5	1,766,583
At least one substance	17.5	4,733,152

Source: (NACADA, 2022).

Complicating the issue further is a general lack of public awareness regarding substance abuse prevention and treatment. Studies have shown that this low level of awareness could significantly worsen the crisis (Okoyo et al., 2022). Kenya also faces widespread mental health challenges, which further contribute to substance abuse (Mutiso et al., 2022). As shown in Figure 3, NACADA reports that fewer than 50% of Kenyans aged 15–65 are aware of most psychoactive substances, except for tobacco and alcohol (NACADA, 2022). This highlights a critical gap in spontaneous awareness, particularly concerning more than five psychoactive substances.

Figure 3:

Summary of Spontaneous Awareness of Psychoactive Substances for the Population Aged 15 – 65 Years



Source: (NACADA, 2022)

Although substance abuse is recognized as a growing public health issue, little is known about the underlying factors hindering awareness of its prevention and treatment. Research points to illiteracy, cultural norms, SES, and existing legal frameworks as potential contributors to stagnant public education efforts (Jaguga & Kwobah, 2020). In Kenya specifically, culture, SES, and illiteracy have been linked to the failure of prevention programs (Mutiso et al., 2022). However, the direct impact of these psychosocial factors on awareness remains unclear. This study aims to address this gap by exploring how culture, literacy, and SES influence awareness of substance abuse prevention and treatment in Kenya.

1.2 Statement of the Problem

The global prevalence of substance abuse continues to rise despite ongoing efforts to implement prevention and treatment programs (UNODC, 2022). In many regions, including Kenya, the increasing rates of substance use suggest that existing strategies may be insufficient. One of the persistent challenges is the limited public awareness of substance abuse prevention and treatment services (NACADA, 2022). While several studies acknowledge that psychosocial factors such as literacy, socioeconomic status (SES), and cultural beliefs play a role in shaping health behaviors, there is a lack of empirical research examining the strength of the relationships between these factors and awareness specifically related to substance abuse prevention and treatment. Most existing literature addresses the prevalence and consequences of substance abuse but offers limited insight into the barriers that prevent awareness and access to help (Jaguga & Kwobah, 2020). This study addresses that gap by investigating how literacy, SES, and cultural factors affect awareness of substance abuse prevention and treatment among youth in Njoro Sub-County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to ascertain how awareness of substance abuse prevention and treatment is correlated with psychosocial factors including SES, culture, and literacy levels among Catholic youths in Njoro Sub-County Deanery. Ideally, the study evaluates whether the psychosocial factors positively or negatively influences awareness of substance abuse prevention and treatment and to what extent.

1.4 Objectives of the Study

The study was guided by the following objectives

i). To assess the level of awareness of substance abuse prevention and treatment among Catholic Youths in Njoro Sub County.

ii). To find out whether socioeconomic status positively or negatively influence substance abuse prevention and treatment awareness among Catholic Youths in Njoro Sub County

iii). To determine whether literacy levels positively or negatively influence substance abuse prevention and treatment awareness among Catholic Youths in Njoro Sub County

iv). To ascertain whether culture positively or negatively influence substance abuse prevention and treatment awareness among Catholic Youths in Njoro Sub County

1.5 Hypotheses

The following research hypotheses were tested in this study.

H_1: Socio-economic status has a significant influence (positive or negative) on awareness of substance abuse prevention and treatment among Catholic youths in Njoro Sub-County.

H_2: Literacy levels have a significant influence (positive or negative) on awareness of substance abuse prevention and treatment among Catholic youths in Njoro Sub-County.

H_3: Culture does not have a significant influence (positive or negative) on awareness of substance abuse prevention and treatment among Catholic youths in Njoro Sub-County.

H_4: Socio-economic status, literacy levels and culture significantly predict awareness of substance abuse prevention and treatment among the youths.

1.6 Significance/Rationale/Justification of the Study

In order to address the complex issues related to substance abuse in the nation and the globe, it is crucial to examine the relationship between awareness of substance abuse prevention and treatment and SES, literacy levels, and culture. Research has shown that Kenya is affected negatively by substance abuse on social, economic, and health levels (Okoyo *et al.*, 2022). However, there is limited research on whether the three psychosocial factors positively of negatively impact the awareness. These factors are presumed to be influencing substance abuse prevalence across the globe and locally. This study assessed the influence of these psychosocial factors on awareness of substance abuse prevention and treatment. The study involved Catholic youths from Njoro Sub-County Deanery. This population is structured, age-specific and is part of an age group (18-35 years) that is directly impacted by substance abuse, according to NACADA (2022) report. This properties made the population suitable for this study. Thus, understanding the relationship between substance abuse awareness the psychosocial factors is aimed at providing more information for future policy and strategy formulation. Specifically, the relationship established, whether positive or negative can be used to inform strategies developed to address substance abuse awareness among different socioeconomic cadres, cultures and societies with varied cultural values.

1.7 Scope of the Study

This study examines the influence of literacy, socioeconomic status, and cultural beliefs on awareness of substance abuse prevention and treatment. It focuses specifically on registered Catholic youths aged 18 to 25 years in Njoro Sub-County, Kenya. The research was conducted within the first quarter of 2025 and employed a quantitative approach using structured

questionnaires to collect data. The study is limited to three psychosocial factors and does not assess the actual prevalence or clinical outcomes of substance abuse. Its findings are therefore contextualized to the selected population, timeframe, and thematic focus.

1.8 Study Limitations

This study has several methodological limitations that may affect the generalizability of its findings. It focuses solely on registered Catholic youths in Njoro Sub-County, limiting the applicability of results to other populations. The use of self-reported data may introduce social desirability bias, though this was mitigated by ensuring anonymity and neutral questionnaire design. Additionally, the cross-sectional nature of the study restricts causal inferences, and the exclusive focus on three psychosocial factors (literacy, socioeconomic status, and culture) excludes other potentially relevant influences such as media exposure and peer influence. Despite these limitations, the study incorporates strategies such as careful instrument design, targeted sampling, and ethical safeguards to ensure that the findings remain robust, reliable, and informative within the defined context.

1.9 Delimitations

Delimitation is defined as any variable under the researcher's control that might compromise the external validity of the study. In this research, delimitation entailed the boundaries set for the study to ensure external validity is not impacted significantly. First, the study primarily focused on Njoro Sub-County Catholic Youths and the findings may not be directly applicable to other regions or countries with different socio-cultural contexts. In this regard, it might not be entirely correct to generalize the study findings to reflect the status of the problem in Kenya. Furthermore, the study did not address every cultural aspect in depth, but instead provide a general understanding of how

culture impacts substance abuse prevention and treatment awareness. This constrained the study to assess the impact of culture as a whole rather than the influence of specific cultures. With that in mind and considering the aims of the study, only registered youths from the Catholic Church in Njoro-Sub County were considered in the study.

1.10 Assumptions of the Study

In this study, the following assumptions were made.

i). The level of awareness on substance abuse prevention and treatment among the youths is low.

ii). Socioeconomic status positively influences awareness of substance abuse prevention and treatment among the youths.

iii). There is a positive relationship between literacy levels and awareness of substance abuse prevention and treatment among the youths

iv). There is a negative relationship between culture and awareness of substance abuse prevention and treatment among the youths

1.11 Operational Definitions of Key Terms

In the context of this thesis, several terms have been used in a special way than in their conventional definitions.

Table 2*:*

Definition of Key Terms

Term	Definition
Awareness of substance abuse prevention & treatment	The learned knowledge of what substance abuse is, how it can be avoided, and how it can be treated when an individual becomes addicted.
Culture	Refers to the shared set of beliefs, values, customs, behaviors, and practices that characterize a particular group of people or a society. It encompasses the way individuals within a community think, communicate, and interact with each other.
Deanery	A group of local parishes that are overseen collectively by a **dean**, who is a priest or minister appointed to provide leadership and coordination among the catholic churches within that administrative division.
Drug Addiction	The irresistible use of drugs even with the knowledge of its implications to the health and mental wellbeing of an individual.
Gender	The biological characteristics of being male or female
Literacy Levels	Refers to an individual's ability to read, write, and comprehend written and spoken information.
Substance Abuse	The act of using drugs or substances (illicit and licit) for purposes that are not meant for or without a physician's prescription.
Substance Abuse Prevention	Refers to strategies, programs, and efforts aimed at reducing or eliminating the initiation and use of abused substances.

Substance Abuse Treatment	Refers to the medical, psychological, and behavioral interventions aimed at helping individuals who struggle with substance abuse effects such as addition and disorders.
Socioeconomic status	Refers to a person's or a family's social and economic standing in society, which is a measure of that person's access to opportunities, resources, and general well-being.
Youth	A young person in the transitional phase between childhood and adulthood, usually between 15 and 25 years according to UN.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter synthesizes past studies related to the study tittle. It provides a comprehensive empirical, theoretical and conceptual review, identifying the gaps in the study. It comprises of four main subsections. Section 2.1 (empirical literature) covers the influence of SES, literacy levels and culture on substance abuse prevention and treatment awareness. Section 2.2 (theoretical framework) addresses two theories used in the study; Social Learning Theory and Cultural Competency Theory. Section 2.3 addresses the conceptual framework of the study while section 2.4 recaps the literature review.

2.2 Empirical Literature

An important part of tackling the worldwide burden of substance abuse addiction is raising knowledge about substance misuse prevention and treatment. To reduce the negative effects of drug addiction, research has repeatedly stressed the need to spread knowledge and put in place effective preventative techniques (Compton & Volkow, 2019; Volkow *et al.*, 2020). Early intervention and education-focused prevention programs have demonstrated the potential to lower drug use initiation and encourage healthier behaviors among at-risk persons (Reus *et al.*, 2018). Evidence-based treatment strategies have also been found to enhance recovery outcomes and lower relapse rates in people with drug abuse disorders (Kelly *et al.*, 2018).

In their systematic literature review, Mekonen *et al.* (2021) discovered that in the treatment of alcohol use disorder in family-based and school-based interventions together with comprehensive programs were effective in lowering alcohol use disorders. It also aided in raising awareness of

the dangers of substance abuse across all economic groups. In a similar perspective, Compton and Volkow's (2019) study highlighted the significance of evidence-based preventive methods, such as the deployment of school-based preventative curricula, community-based interventions, and policy reforms, in lowering substance abuse among juvenile populations.

Additionally, Fleary *et al.* (2018) looked at how engaging in promoting health literacy affected the healthy behaviors of adolescents. According to their research, focused advertising might considerably raise treatment rates and enhance long-term recovery results when combined with the availability of treatment services and attempts to reduce stigma. Besides, a study by Kelly *et al.* (2018) showed that evidence-based therapies, such as cognitive-behavioral therapy and medication-assisted treatment, can help people with drug use disorders recover faster. However, awareness of substance abuse prevention and treatment is impacted by different factors. This section synthesized these three selected factors to establish how they impact substance abuse prevalence, prevention, and treatment knowledge among individuals from different societies in the world.

2.2.1 Socioeconomic status and Awareness of Substance Abuse Prevention and Treatment

Substance abuse poses significant challenges in its prevention efforts across the world. Since many factors are at play in the prevention process, the achievement of the efforts has been limited. The socioeconomic status of the households is one of the factors that influences the milestones that can be achieved in both treatment and prevention of substance abuse. From a study conducted in rural India, a sample of 244 respondents established that although 77% of the sample population were aware of substance abuse prevention and its effect when no treatment is rendered, the majority of those who were unaware came from low socioeconomic cadres (Kumar *et al.*, 2020). The study

utilized semi–structure interviews and questionnaires to collect the information from different households. The methodological approach created both a quantitative and qualitative rigor in the study's findings while ensuring reliability of the data. The observations in this study align with a study that showed socioeconomic status is a crucial factor in the access to information and programs in the society as established by a study in Iran (Mohebbi *et al.*, 2018). As a result of insufficient access to information and treatment programs due to low socioeconomic status, the awareness of the affected populations is, therefore, limited.

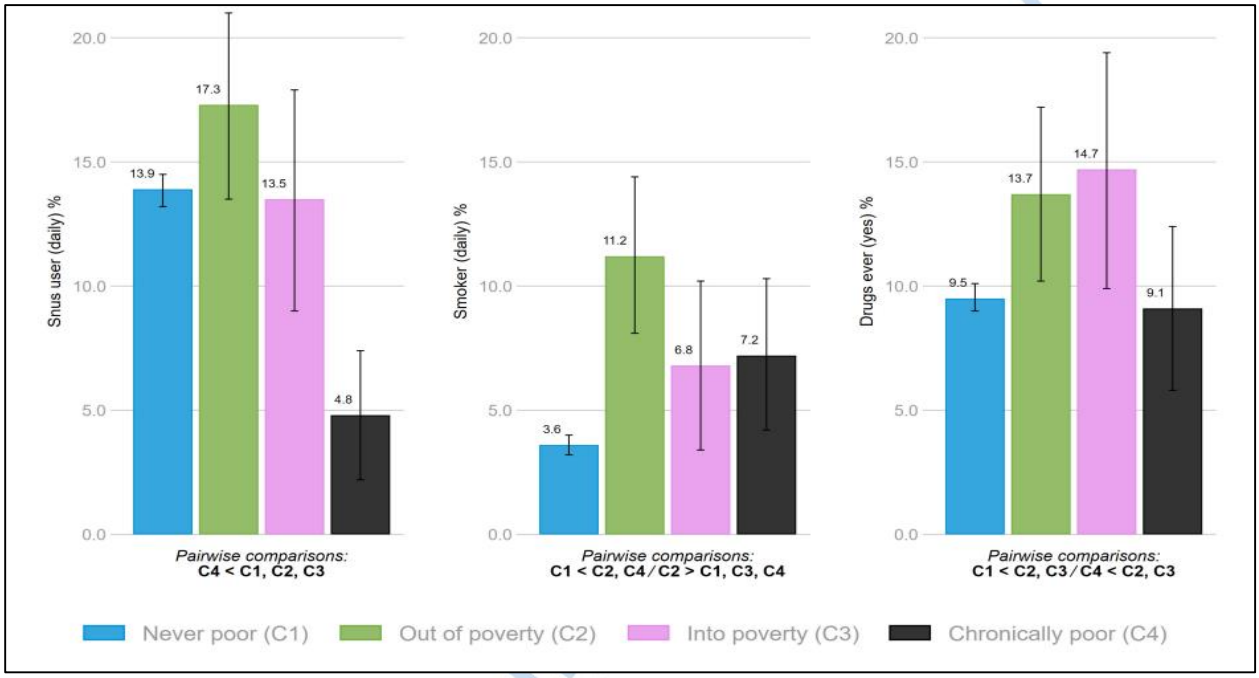
Consequently, low socioeconomic status exposes an individual to substance abuse. Notably, the difficulty of individuals in this social class to access proper treatment for substance abuse disorders is higher (Firth *et al.*, 2019). Based on a multi-cohort study from the UK, a sample of 1,110,831 participants revealed that indeed low SES significantly affects the access to treatment among substance abuse patients (Kivimäki *et al.*, 2020). The study further established that due to low SES, individuals had a 32.1% higher risk of engaging in substance abuse due to a lack of proper education on handling prevention and treatment of the disorders associated with them. This study's strengths lie in the extensive sample size and use of hospital-linked data for objective outcome measurement. Thus, based on the socioeconomic status of an individual, substance abuse rates differ significantly (Macintyre *et al.*, 2018).

As shown in Figure 4, substance abuse is considerably high for those that are into poverty or chronically poor. However, as shown in Figure 4, the choice of substances abuse between those that have never been poor and those that are chronically poor differs. Notably, in snus use, those who have never been poor used almost three times more than those chronically poor. On the contrary, the chronically poor smoked more than those who have never been poor (Skogen *et al.*, 2019). Essentially, individuals from low SES backgrounds tend to lean on substance abuse more

as a coping mechanism for their financial struggles as a study in England showed (Beard *et al.*, 2019). As a result, awareness on prevention and treatment efforts are greatly hampered by such socioeconomic status.

Figure 4:

Association between family economic circumstances and snus use, smoking and drug use history.



Source: (Skogen *et al.*, 2019)

From a regional perspective, the trend of SES and substance abuse prevention and treatment seems to align with the global perspective. In a study conducted in rural Ethiopia involving 1500 adults, it was established that a treatment gap of 87% in substance abuse disorders exists due to differences in income levels (Zewdu *et al.*, 2019). Among the barriers that create the gap is the lack of awareness and access to treatment. The study's strong sampling approach and rigorous statistical analysis, including Poisson regression to adjust for confounders, yielded valuable insights into prevalence, help-seeking, treatment gaps, and stigma. An almost similar result is shown in a study in Nigeria indicating that rural communities have a challenge in accessing preventive and treatment care for substance abuse (Nwagu *et al.*, 2020). However, the two studies do not link SES with

awareness levels in the communities. Potentially, the challenges of accessing substance abuse prevention and treatment programs are pegged on low incomes as established by UNDOC (2019).

Besides, community awareness of outreach efforts to reduce substance abuse is still low in most parts of the developing world (Ehlers *et al.*, 2020). This is potential as a result of combined socio-economic factors that are key in shaping literacy, access to information, and medical care. According to the Rural Health Information Hub (RHI Hub), an organization in the US, substance abuse in rural areas is fueled by poverty, social isolation, and hopelessness, all socioeconomic factors (RHI Hub, 2018). In South Africa, for instance, a study involving 54 respondents from Pretoria indicates that the socioeconomic status of individuals including the male gender element, unemployed, and youthfulness places an individual in a disadvantaged position regarding substance abuse (Muchiri & dos Santos, 2018). Such individuals lack the needed support system to access information that help can them prevent or treat substance abuse addiction. The study's robust analytical approach and use of appropriate statistical modeling enhanced internal validity and provided nuanced insights into the influence of socioeconomic status on consumption of substances abused as well as its awareness.

While maintaining the global and regional trends, substance abuse prevention and treatment in Kenya seems to maintain the same relationship with the socioeconomic status of individuals. A study from Muranga involving 449 household heads indicated that 81.3% of them have abused substances in the past. Out of this portion of substance abusers, the majority were from a low SES cadre (Were *et al.*, 2022). This observation is consistent with that of most countries globally, which indicates that the prevalence of substance abuse among poverty-stricken families is higher than in all cadres of SES (UNODC 2022). The relationship between socioeconomic status and substance abuse prevention and treatment in this portion of the population is, therefore, apparent. However,

the idea of whether their decision to abuse substances is intentional or due to a lack of knowledge of the prevention mechanisms is no well-established (Were *et al.*, 2022).

Through a cohort study involving 9,742 university students from four counties (Nairobi, Machakos, Kitui, and Makueni), it was established that a family's socioeconomic status is a key factor in substance abuse among students (Mutiso *et al.*, 2022). Notably, a steady stream of money from family in support of a child's university education exposes them to more substance abuse but little is known about the effect on awareness. Although the SES effect on substance abuse shows that low SES is associated with increased substance abuse, among university youths, the issue seems to negate the findings and follows the perception that higher incomes make abused substances more accessible to individuals (Kamenderi *et al.* 2019; Kanga, 2022). Regardless of the findings, it is not clear whether awareness of prevention is what creates such a trend among youths of different economic backgrounds. The study's expansive sample and robust analysis enhance its generalizability within student populations and support strong internal validity. However, the cross-sectional design precludes causal interpretations, and self-reported measures may be influenced by social desirability bias. Additionally, the focus on only four counties, chosen for program convenience, may limit broader national representativeness, and the absence of qualitative data reduces depth in understanding underlying student attitudes and contexts (Mutiso *et al.*, 2022).

Based on the review of the relationships between SES and substance abuse, it is apparent that there is a relationship. However, there is a knowledge gap in how the SES affects the awareness of the preventive and treatment measures of substance abuse among people both locally and internationally. In recent years, the focus of most studies has been centered on the influence that SES has on substance abuse among different sets of the population, especially the youths (Niessen

et al., 2018; Ehlers *et al.*, 2020). Although it is already known that low SES is associated with more substance abuse, it remains a mystery of whether the persons in that economic cadre are aware of the prevention and treatment options available for persons with substance abuse addiction.

2.2.2 Literacy levels and Awareness of Substance Abuse Prevention and Treatment

Literacy levels have a great impact on the dissemination and comprehension of information among people in society. Concerning awareness of substance abuse prevention and treatment, the real influence of literacy levels is yet to be clearly illustrated. However, research has shown that it does affect the prevalence of substance abuse in society (Jormand *et al.*, 2021). In a study in the United States involving 142 Latinos, it was established that low literacy levels among the participants were a precursor to unhealthy behaviors like substance abuse while at the same time lacking the proper information on treatment whenever they are affected by the substances (Housten *et al.*, 2019). Considering this research, the careful measurement of both language-specific health literacy and multiple dimensions of acculturation enhances construct validity and allows for nuanced analysis of their interrelations. However, the modest sample size limits statistical power and broader generalizability. Although the study attributes part of this low literacy to acculturation issues, the effect of knowledge on decision-making among individuals is critical regardless of the cultural misunderstandings (Kheswa *et al.*, 2020).

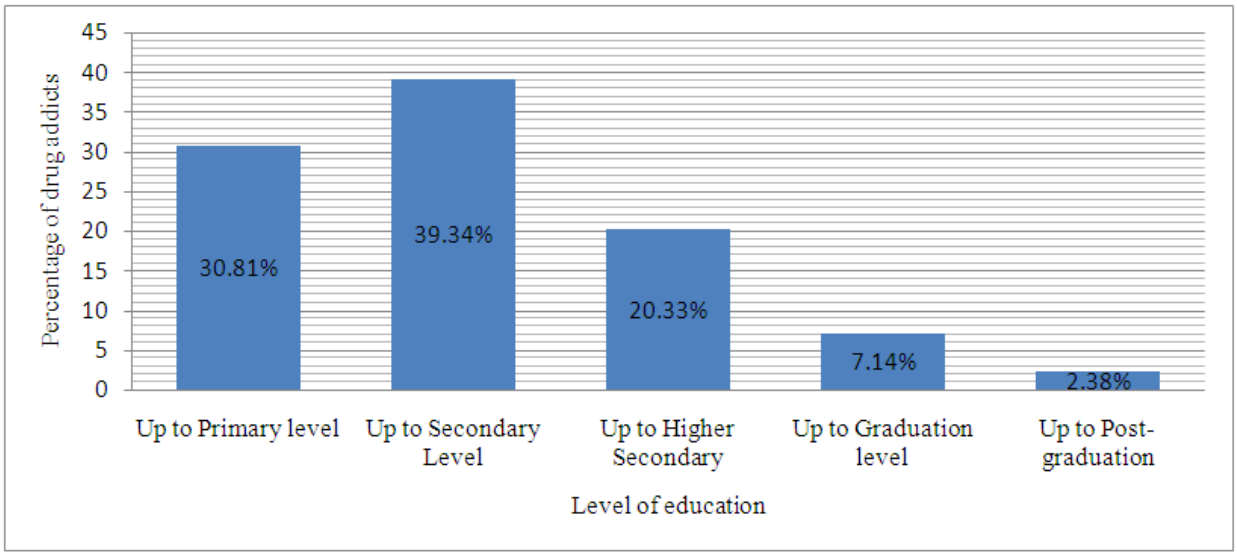
Furthermore, well-informed individuals are more likely to understand that substance abuse is a complex issue with biological, psychological, and social dimensions. As established in a study by Jormand *et al.*, (2021) in Hamadan City in Iran, literacy was proven to be a key pillar of prevention and treatment of substance abuse. From the study, it can be deduced that literacy can be a driving

tool that works toward or against substance abuse prevention and treatment (Jormand *et al.*, 2021). Notwithstanding, its implications on awareness are apparent but yet to be determined through an empirical study. Although a study on 98 students from Kerala, India, tried to address the connections between awareness and digital literacy, it was established that it is only through training about substance abuse that individuals can have a perfect grasp of the prevention and treatment mechanisms available (Pillai *et al.*, 2018).

Based on Figure 5, it is apparent that education level of individuals is a crucial factor in substance abuse. Potentially, educated individuals are less involved in drug abuse while the least educated are significantly impacted. As shown in the figure, individuals with up to primary level of education are 10 times more addicted to drugs that those who have up to post graduate education level (Ahad *et al.*, 2018).This observation implies that the literacy levels have a negative relationship with substance abuse. Potentially, it affects awareness of substance abuse prevention and treatment as well.

Figure 5:

Education level v. substance abuse in Bangladesh



Source: (Ahad *et al.*, 2018)

In Africa, the literacy level is still at 67.4% of the population above 15 years old as of 2022 (Galal, 2023). The impact of literacy on substance abuse prevention and treatment awareness in this region can be seen from the current prevalence at 13.5% of the adult population (WHO, 2023). In a study conducted in South Africa involving 30 substance abuse patients, it was established that literacy is a critical factor in the treatment and prevention programs, especially, behavioral activation therapy (Magidson *et al.*, 2020). However, due to low literacy levels in the region, achievement of such prevention programs becomes a problem. Besides, as Vahedi *et al.* (2018) reveal, literacy is important in behavioral change and without it, attitudes towards specific aspects of life become blurred. As a result, the awareness of substance abuse prevention and treatment may be impacted by the literacy levels among the African population in general.

A cross-sectional study of 110 substance abuse patients in Nigeria revealed that even after being informed of the prevention and treatment methods to tackle substance abuse, their laboratory results still showed that 60.9% still had traces of at least one substance in their urine (Ibrahim *et al.*, 2022). This observation creates a gap in the explanation of how exactly literacy impacts awareness of the prevention and treatment of substance abuse. Although health and media literacy seem to partially mitigate substance abuse among addicts, the results have not been satisfactory (Vahedi *et al.*, 2018). In a different study conducted still in Nigeria involving 40 participants, it was established that 50% of the individuals engaged in substance abuse out of curiosity despite knowing its effects and all the aspects of prevention and treatment (Onoyase, 2019). The observation further implies that literacy may positively or negatively impact the prevention of substance use. The inclusion of 20 items with a quantifiable Likert-scale response and the use of ANOVA for statistical analysis enhanced measurement robustness and analytical clarity.

However, the study's reliance on self-reported data may introduce response biases, while its regional focus on Benue State limits generalizability to other contexts.

Nwagu *et al*. (2020) explored how ready two rural communities in Nigeria's Enugu State are to prevent drug misuse using the Community Readiness Model. Through twelve in-depth interviews with key informants, the researchers found both communities had only achieved a "vague awareness" level—they recognized drug abuse as an issue but lacked formal prevention plans. A SWOT analysis highlighted that churches and schools present key opportunities for intervention, while poor media access, limited funding, and opposition from those benefiting from drug trade posed significant challenges. The study concludes that tailored, community-based strategies—leveraging existing structures like churches and schools—are essential for advancing preventive efforts in these underserved areas.

Locally, the literacy factor is among the most disadvantaging aspects of the fight against substance abuse. In a study conducted in Kibera slums, Kenya, 87 individuals, it was established that 77 of them had a significant amount of information about substance abuse, its effects, prevention, and treatment. However, even with this considered a higher level of awareness some of them still abused substances They indicated that the majority, over 50% of those abusing drugs had achieved secondary education but did not attend the next levels of education (Zipporrah *et al.*, 2018). Accordingly, basic education is not enough to prevent substance abuse in the population. Based on this study, a major strength of the study lied in its focus on a vulnerable slum population and mixed-methods approach, combining quantitative prevalence data with qualitative insights, enhancing contextual understanding. However, the relatively small sample size and single-site scope limit statistical power and external validity. A similar trend was also established through research in Faza Ward, Lamu County, which, established that indeed educational literacy levels

have insignificant impacts on substance abuse among the youths (Kassim, 2019). Notwithstanding, literacy is important in understanding the prevention and treatment methods for substance abuse addicts in any society (Nwagu *et al.*, 2020).

Further studies on the Kenyan population reveal that among young adults, peer pressure from substance abusers pushed individuals to start using them despite having sufficient knowledge of their effects on them (Makau, Muema & Mutuku, 2019). These findings explain why educational literacy seems to be less impactful in the prevention of substance abuse in the country. Despite such revelations, an in-depth focus-group research on 144 individuals in Nairobi and Kiambu, Kenya reveals that substance abuse literacy is what needs to be emphasized to tackle the growing menace of substance abuse in the community since the consumption among the youths is mostly based on myths of harmlessness of the different flavored substances (Musyoka *et al.*, 2024). With such myths, the logic behind academic literacy fostering substance abuse prevention becomes inconceivable.

The study by Musyoka et al. (2024), involved 144 adolescents aged 13–19 from informal settlements in Nairobi and Kiambu, who participated in 12 focus group discussions. The study revealed that youth held complex and often contradictory beliefs—ranging from normalization to moral condemnation—regarding substance use. It also uncovered persistent myths (e.g., that alcohol improves social courage) and identified barriers to accessing accurate information, such as stigma and lack of youth-friendly communication. The findings emphasize the need for culturally responsive, age-appropriate, and community-based prevention strategies tailored to young people's lived experiences. The rich contextual data and clear identification of myths and knowledge gaps, offering actionable insights.

From the assessments of the studies, it is obvious that literacy levels have an impact on substance abuse, both in prevention and treatment. However, the studies reveal an unexplored knowledge gap that specifically indicates how literacy can impact awareness of the prevention and treatment of substance abuse. Although some studies have pointed out that some substance abusers are academically learned (Makau *et al.*, 2019; Zipporah *et al.*, 2018; Musyoka *et al.*, 2024), they do not capture the aspect of what literacy in substance abuse prevention and treatment can impact substance abuse prevalence. Thus, more empirical evidence is needed to illustrate how literacy levels can impact the awareness of the population in substance abuse prevention and treatment. This study will empirically assess the influence of literacy levels on awareness of substance abuse prevention and treatment to bridge this gap.

2.2.3 Culture and Awareness of Substance Abuse Prevention and Treatment

Cultural practices are influential on the perception of communities and individuals towards substance abuse. From a global perspective, culture has been identified as one of the stumbling blocks in the fight against substance abuse (Pinedo *et al.*, 2018). For instance, in a study of the Latino population in Miami, United States, in a sample of 267 families, Latinos were found to be very conservative in their culture thus preventing them from seeking any substance abuse treatment or even trying to prevent the prevalence as compared to the Blacks and the Whites (De La Rosa *et al.*, 2018). The influence of culture in this aspect is apparent. The findings of this study are further cemented by the research conducted between 2017 and 2018 that indicated that Latinos rarely seek specialty treatment about illnesses concerning substance abuse (Pinedo *et al.*, 2018). Based on this observation it can be speculated that the awareness of substance abuse specialty treatment among the Latinos might be lower than in the White and Black communities in the United States.

Further studies have also shown that culture, whether ethnic or political affects substance abuse programs. Based on research by James and Jordan (2018), the political culture in the United States has made it difficult for some portions of the community to access proper prevention and treatment programs for substance abuse. Notably, the Black and Hispanic communities have largely been blamed for the increase in substance abuse in the country. As a result, their access to prevention programs has not been prioritized compared to the areas dominated by White communities (James & Jordan, 2018). The study's reliance on secondary data and its descriptive, non-empirical nature limit its ability to capture lived experiences or draw causal conclusions. Besides, its U.S.-centric focus restricts generalizability to broader international or cross-cultural contexts, making it more impactful as a policy critique than as an empirical research study. Other than this political dimension, the traditional dimension has also been studied. According to Mohamad *et al.* (2018), while some cultures prohibit any form of substance abuse, like in the case of Arabs and some Asian Monks, others fully accept substance use which is traditionally prepared. In most cases, the addiction developed from such cultural factors precipitates large-scale substance abuse in adulthood (Fry & Bradfield, 2021).

In South Africa, it was established that patriarchal attitudes, especially among male students was the greatest driver of substance abuse (Kheswa *et al.*, 2020). Normally, culture shapes the patriarchal attitudes and the male students claimed that proving masculinity in some of their communities includes involving in binge drinking. With such cultural practices, it becomes significantly difficult to prevent substance abuse in such communities (Fry & Bradfield, 2021). However, the question of whether the awareness is there is yet to be established. Furthermore, cultural practices that individuals undergo during their adolescent stages greatly shape their understanding and attitude toward substance abuse (Forster *et al.*, 2018). Although culture varies

in Africa, most of the traditions and entrenched in the lives of the individuals in the respective communities, and their beliefs are firmly pegged on the cultures. Thus, regardless of the availability of substance abuse prevention or treatment programs, the uptake of the programs remains low (WHO, 2023). However, the UNODC (2022) has suggested substance abuse educational campaigns to counter the cultural effect, although the results are yet to be seen.

In the West Africa region, the issue of culture in relation to substance abuse is also emotive. According to a study by Kabore *et al.* (2019), in Ghana, the elderly who are culturally accorded respect, do not engage in substance abuse prevention since the majority use illicit substances for traditional purposes. Such a trend is also revealed by a study conducted by Appiah *et al.* (2018) which established that substance abuse relapse-prevention strategies are not working due to toxic cultural practices, such as traditional ceremonies, that encourage substance abuse. Although the majority of the substances abused in the area are illegal, the community leaders have cultivated a culture of earning a living from their sales and distribution thus undermining any prevention and treatment efforts (Appiah *et al.*, 2018). Besides, the social acceptance of substances including alcohol is further exacerbating the impact of culture on substance abuse. In Kamuli, Uganda, a study from 16 focus groups proved that social acceptance of alcohol in the Ugandan communities has created a chance for other illicit substances to penetrate the society and hamper the mitigation measures being put in place (Ssebunnya *et al.*, 2020). However, it has not been established how this culture can influence awareness of substance abuse prevention and treatment in the said communities.

Similar to most African countries, the influence of culture on awareness of substance abuse in Kenya is more or less the same. In a study carried out in Kilifi County through 11 focus group discussions, it was established that the Mijikenda patrilineal culture supports tobacco, alcohol, and

other drug use among male youths (Ssewanyana *et al.*, 2018). Such a culture propels the substance abuse issue and disregards any prevention and treatment efforts being fronted in the community. Furthermore, this trend has seen the country experience significant alcoholic fathers whose guidance is otherwise needed by the younger generation, thus leaving them to explore the world on their own and the majority end up engaging in substance abuse due to peer pressure (Patel *et al.*, 2020).

Additionally, research from Eldoret, Kenya involving Roman Catholic youths indicated that regardless of the spiritual background, cultural values continue to cultivate substance abuse in the area (Matelong *et al.*, 2022). As a result, culture continues to exacerbate the prevalence of substance abuse despite its role in fostering an upright community. In a different study in Migori County, a study indicated that parenting and family cultural values affect the behavior of students in both positive and negative ways (Gisemba *et al.*, 2018). Notably, the study established that the culture of parents visiting entertainment joints alongside their children exposes them to substance abuse behavior that may be emulated easily. However, it is not clear whether it is the culture that prevents understanding of substance abuse prevention mechanisms or the awareness in its entirety is impacted by the cultural practices.

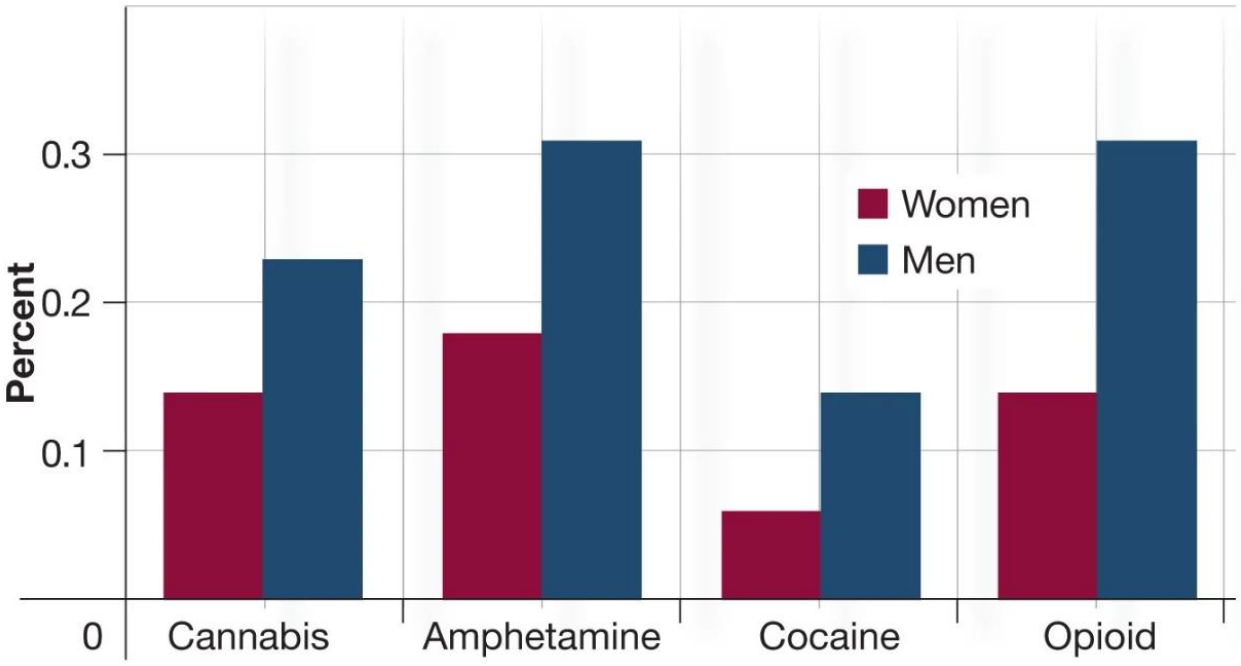
Based upon the review of the studies, it is clear that culture indeed exacerbates substance abuse prevalence, especially among youths (Gisemba *et al.*, 2018; James & Jordan, 2018). It is, however, apparent that the association between culture and substance abuse prevention and treatment awareness has not been explored. This knowledge gap requires to be bridged to create a comprehensive understanding of how culture affects awareness of the prevention and treatment of substance abuse. Besides, past studies have mostly focused on the effect of culture on the prevalence without taking into account the impact on awareness,

2.2.4 Gender and Substance Abuse Prevention and Treatment Awareness

From a global view, more males abuse drugs than females in any given population (Valdez *et al.*, 2018). As of the end of 2021, men accounted for 75% of drug users worldwide while women accounted for only 25% (Vankar, 2023). Thus, the general trend shows that indeed men abuse substances more than women globally. For instance, a worldwide view indicates that males abuse all drug categories more than women as shown in Figure 6. Therefore, gender is a critical issue of concern in both substance abuse prevalence and awareness.

Figure 6:

Worldwide prevalence of substance use by gender.



Source: Thibaut, 2018

In Kenya, a study from a sample of 4 counties covering 3600 respondents indicated that men abused substances more than women. For instance, 5.9% of the men sampled used bhang against 3.5% of the women (Okoyo *et al.*, 2022). As a result, the trend of gender influence in substance abuse is obvious in most regions of the world. Presumably, it is the traditional chores of child

rearing that the female gender is assigned to that potentially dissuades some of them from engaging in substance abuse compared to males. Thus, it cannot be argued that females are more aware of substance abuse prevention and treatment than men, and hence the reason for the low proportion of them abusing substances.

Besides, other studies have also indicated that indeed gender is a significant predictor of substance abuse. In Sweden, research shows that about 15% of young adult males use substances compared to 10% of females (Anderberg & Dahlberg, 2018). The trend further indicates gender's significance in access to substances. For instance, a systematic literature review showed that Latino men are more likely to access substances than their women due to the patriarchal nature of their community (Valdez *et al.*, 2018). Although cultural values in most communities discourage women's use of substances, there are no clear demarcations of which specific substances are prohibited. According to a study in Kenya, it is men who have a higher likelihood of accessing different types of substances due to the nature of their interactions with other men in social gatherings (Kamenderi *et al.*, 2021). Thus, it is correct to presume shapes how substance abuse prevalence is distributed among males and females. The study therefore postulates that it can mitigate the association between the independent factors (SES, literacy, and culture) and the dependent variable (awareness).

According to this review, the impact of SES, culture, and literacy on awareness of substance misuse prevention and treatment can be mitigated by gender. In this instance, gender has the ability to influence the direction and intensity of the link between the dependent variable (substance abuse prevention and treatment awareness) and the independent factors (SES, culture, and literacy levels).

2.3 Theoretical Framework

While there are preventative and treatment programs in place to deal with the problem of substance abuse, the knowledge of these programs can vary depending on several variables, such as socioeconomic status, literacy levels, and cultural practices of communities. This section elaborates the theories that guide the researcher's thinking, development, and conceptualization of the study.

2.3.1 Social Learning Theory

People learn new behaviors through imitation, reinforcement, and observation, according to the social learning theory (Akers & Jennings, 2015). This theory suggests that at some point human knowledge will depend on the prevailing living conditions as well as the socialization that exists between them (Zajda, 2023). Accordingly, it suffices to say that factors such as literacy, socioeconomic status, and cultural practices may influence people's knowledge and capacity to learn about substance abuse prevention and treatment strategies. Essentially, those with higher literacy levels may have a better understanding of resources and information, allowing them to make more informed decisions concerning substance abuse prevention and treatment. Furthermore, a person's financial condition affect access to healthcare and treatment options thus impacting their abilities to mitigate substance abuse problem (Mulia *et al.*, 2020). Lastly, cultural factors such as attitudes, norms, and values, according to Marsiglia *et al.* (2019), influence how individuals perception of substance. As a result, this impacts and shapes the awareness of an individual concerning substance abuse. Since all these three factors are tied to societal issues, the theory of social learning explains how they become influential on the level of awareness in substance abuse prevention and treatment among people.

Additionally, a person's access to healthy role models who seek treatment for substance abuse might be influenced by their socioeconomic standing. Since we live in a highly segregates society, social interactions are limited to economic classes, and therefore, behavioral reinforcements through social learning is varied between the different social cadres in society (Liu *et al.*, 2024). This theory relates to this study to the extent that, individuals within a particular culture or group may observe and mimic substance abuse behaviors that are common in their surroundings, and this can have an impact on awareness through social learning (Marsiglia *et al.*, 2019). Furthermore, the model holds that indeed behaviors are learned and, in this case, substance abuse knowledge can be learned and reinforced. Similarly, interventions that encourage positive behavior can also be learned and reinforced based on Bandura's social learning theory, and raise knowledge of substance prevention and treatment.

2.3.2 Cultural Competency Theory

Cultural understanding is required while investigating substance abuse prevention and treatment awareness. This theory emphasizes the importance of understanding and integrating the affected person's cultural beliefs, values, and practices into care and treatment plans for a better understanding of the problem being handled. Language barriers, cultural norms, and attitudes toward drug use are just a few examples of cultural aspects that influence how individuals think about and act when it comes to substance abuse and its addiction (Grim & Grim, 2019). Effective treatment should take into consideration different people's cultural backgrounds and alter their techniques accordingly. By acknowledging the various cultural beliefs, attitudes, and practices around substance abuse and treatment, their effects on awareness of substance abuse prevention and treatment can be established (Crocq, 2019).

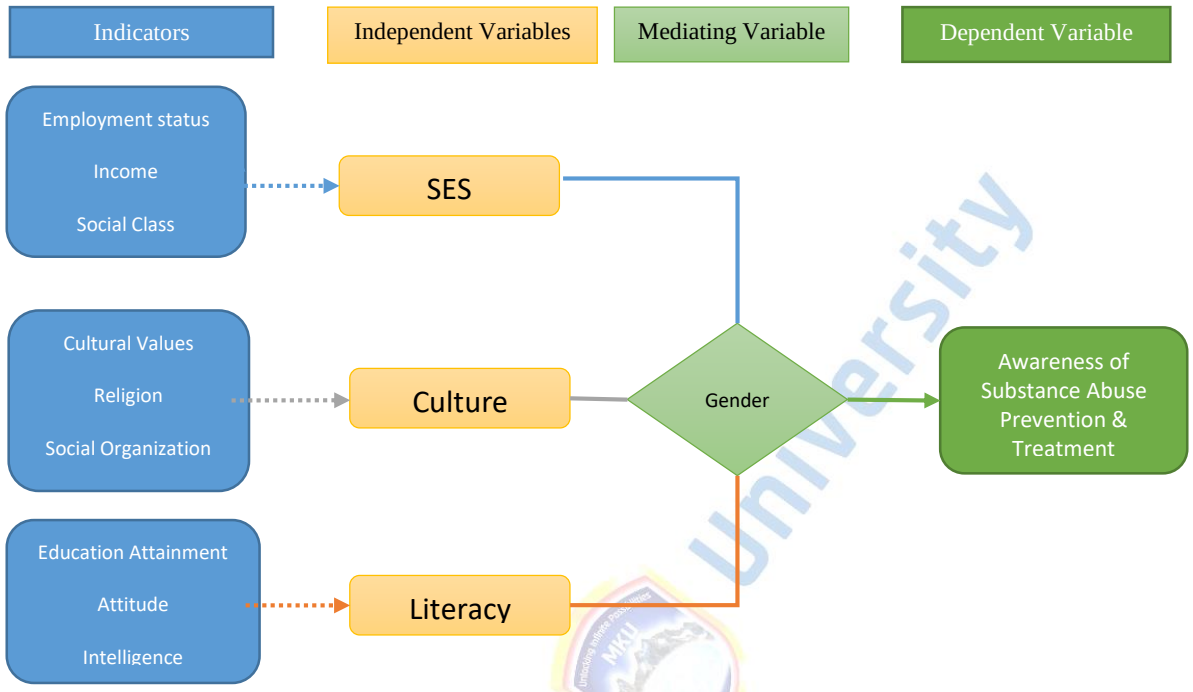
In this regard, the theory collates with the study under the premise that cultural competence promotes a collaborative approach to substance abuse prevention and treatment awareness by instilling trust, respect, and understanding among healthcare providers, researchers, and people seeking help (De Kock, 2019). It is, therefore, feasible to implement treatments that are culturally competent hence increasing awareness, accessibility, and efficacy in promoting substance abuse prevention and treatment across a variety of cultural backgrounds by including cultural competency in interventions. This theory informs the study's approach of addressing substance abuse issue with regards to culture. Furthermore, it will be a basis for guiding how the survey questions are designed to avoid culturally sensitive issues that can be a source of ethical concern in the study.

2.4 Conceptual Framework

From the empirical literature and the theoretical framework, three independent variables and one dependent variable are identified for this study. The independent variables are Culture, Socioeconomic status, and Literacy Level while the independent variable is Awareness. However, there are other extraneous variables that might be shaping the independent variables without directly impacting the awareness of substance abuse prevention and treatment among the participants. In the context of this study, there are several extraneous variables that influences the independent variables. Socioeconomic status is impacted by employment status, income and social class. Culture on the other hand is influenced by cultural values, religion and social organization. For literacy levels, the influential factors that defines it includes educational attainment, attitudes and intelligence. Based on these variables, the following was the conceptual framework of this study.

Figure 7:

Conceptual Framework



2.5 Recap of Literature Review

Empirical literature review has revealed that socioeconomic status, literacy and culture affect substance abuse, its prevention, and treatment. In particular, the link between socioeconomic status and substance abuse prevention and treatment is complex. First, the review established that lower socioeconomic status is associated with increased vulnerability to substance abuse due to factors such as limited access to education, employment opportunities, and higher stress levels. However, the perceived effect of SES on awareness of substance abuse prevention and treatment is still unexplored. Second, lack of better/advanced education among individuals with addiction hinders their understanding of the consequences of substance abuse. Low literacy also influences access to information concerning substance abuse treatment programs and prevention mechanisms.

Similar to SES, most of the studies reviewed overlooked the connection that literacy has to awareness of substance abuse prevention and treatment.

Lastly, cultural elements, traditional practices, patriarchal attitudes, and family values, can act as protective factors against substance abuse prevention and treatment awareness. Notably, cultural norms, religion and social organization can influence substance use behaviors. Certain cultural beliefs may discourage seeking treatment due to self-stigma and fear of condemnation. In this regard, the theory of cultural competency is crucial in understanding how culture shapes perception, attitude, and knowledge of substance abuse prevention and treatment. Overall, the empirical literature highlights the knowledge gap that exists between the three factors and awareness of substance abuse prevention and treatment.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methods which were used in this study. It comprises of eleven subsections. They include research methodology, design, location of study, target population, sampling technique, sampling population, construction of research instrument, testing validity and reliability of the instrument, data collection method, data analysis procedure and ethical considerations in the study. These sections discusses what population is targeted, what sample size will be used, where the study was conducted, how it was conducted, how data was analyzed and what ethical issues were taken to account.

3.2 Research Methodology

This study utilized a quantitative research methodology to test the research hypotheses and objectives. Participants had access to a data-collecting tool that had been created and was available online for easy and convenient distribution. The factors in the study, such as awareness, SES, literacy, and culture, were measured using a 5-point Likert scale. These collected data was examined and used to answer the study questions. The decision to use quantitative research design in this study was pegged on three critical benefits it offers. First, according to Creswell (2014), quantitative research minimizes the influence of researcher bias, personal interpretations, and subjectivity. The focus on numerical data and statistical analysis reduced the chances of introducing personal bias.

Second, the emphasis on replication and reproducibility in quantitative research increases the validity of the results. Quantitative research enables other researchers to reproduce the study to

confirm the findings and add to the body of knowledge by giving specific procedures, standardized measuring instruments, and statistical analysis (Johnson *et al.*, 2020). Lastly, through quantitative research methods, it is more possible to enhance the capacity to provide precise and quantifiable results (Creswell, 2014). With the use of statistical analysis, which yields precise measurements and allows researchers to reach unbiased findings, quantitative research is dependent on numerical data.

3.3 Research Design

This study focused on a correlational design. This design involves investigating the relationship between variables without the researcher manipulating any of them (Adams & Lawrence, 2019). In this research, the interest was to establish what kind of relationship, whether positive or negative, the independent variables have with the dependent variable. In this case, there were three independent variables one mediating variable, and one dependent variable. Literacy was an independent variable indicates an individual's degree of literacy or educational achievement. It includes their capacity to read, comprehend, and access information pertaining to the prevention and treatment of substance abuse. Socioeconomic status is also a psychosocial factor that represents a person's financial situation and social standing. It covers elements that may affect knowledge of and participation in drug abuse prevention and treatment, such as income, work position, and access to healthcare services. Additionally, culture is also an independent variable in the study and represents the values, norms, and practices concerning substance abuse prevention and treatment are included in this category. These beliefs, values, norms, and practices vary between communities or demographic groups. It considers how cultural variables affect the perception, attitudes, and behavior of individuals towards substance abuse prevention and treatment.

Besides the independent variables, there is also gender, a variable that is assumed to moderate the relationship between the independent variables and the dependent variable. Notably, Gender intervenes in the causal relationship between the awareness and the psychosocial factors by explaining any possible variations in the relationships when only one gender is considered. Lastly, the study also includes awareness of substance abuse prevention and treatment, the dependent variable, which assesses the degree to which people are aware of strategies for preventing substance abuse, including knowledge of risk factors, mitigating variables, and preventative actions. It also measures how well people are informed about the range of available alternatives for treatment of substance abuse, including understanding treatment methods, rehabilitation programs, and support services.

3.4 Location of the Study

The investigation was limited to Njoro Sub-County alone which according to the Catholic Church administrative division structure is known as Njoro Deanery and focus on registered Catholic Youths in the area. The selection of this location was because the population of the study was defined and easily accessible. Responses from participants in all the Catholic Parishes in Njoro Deanery were considered relevant to the study. Since the survey was completed online, the participant were prompted, before the survey began, to consent and select a Parish in which they are registered. Only those who indicate parishes within Njoro Sub-County/Deanery continued to the rest of the questionnaire; everyone else was thanked for their interest in participating in the study.

3.5 Target Population

The target population was registered Catholic Youths in Njoro Sub-County Deanery. According to Njoro Deanery records as of January 2024, there were 1,216 registered Catholic Youths who according to the Catholic's structure are aged between 18 years and 25 years. This was the target population. The table below summarizes the target population and estimated sample to be selected from each Parish.

Table 3

Target Population

Parish	**Population**	**Estimated Sample to be Selected**
Njoro	323	78
Egerton University Chaplaincy	168	40
Larmundiac	212	51
Lare	246	59
Mau-Narok	267	64
TOTAL	**1,216**	**292**

3.6 Sampling Procedure and Techniques

Sampling procedure offers a detailed structure for how research participants are chosen, located, and enlisted. Depending on the population's makeup, accessibility, and size, it may take a probabilistic or non-probabilistic method (Adams & Lawrence, 2019). A probabilistic method is one that every member of the target population has an equal chance (non-zero) of being selected. On the other hand, a non-probabilistic approach involves selection of individual based on a

subjective criteria to select participants and not everyone has a chance of being included (Creswell, 2014). In this study, a non-probabilistic sampling method was used. In particular, a purposive sampling strategy was used to select the sample required. This method entailed selecting participants from the Deanery register based on the following criteria.

(a). The youth must be above 18 years based on the register details.

(b). The youth must be registered in one of the Catholic parishes in Njoro Deanery

(c). The youth is voluntarily consenting to participate in the study.

Once a youth was found to meet the three inclusion criteria, they were considered eligible participants. A consent form was shared with all those who pass the criteria. However, only those who read the research brief in the consent form and voluntarily consented were able to proceed with the only survey automatically. Those that choose not to consent were thanked for their time and they were automatically exited from the study. The decision to select this sampling procedure/approach was based on two fundamental reasons. First, the technique was selected to avoid inclusion of minors in the study and ensure that only those within the location of the study and of legal age participate in the study. Second, the approach allowed the researcher to select a sample that is more representative of the target population (Adams & Lawrence, 2019). As shown in Table 3, representative sample of the youths in each Parish has been selected and the researcher used those number to guide the sample selection process.

3.7 Sampling Population

In this study, since the population size is known, the expected sample size was based on Murray and Larry's formula which is stated as follows;

$$n = \frac{Z^2 \delta^2 N}{e^2(N-1) + Z^2 \delta^2}$$

Where:

n = is the size of the population sample to obtain.

N = is the size of the total population.

σ = represents the standard deviation of the population. If this data is not known, it is common to use a constant value that is equivalent to 0.5

Z = is the confidence level, 95% (1.96), which is the minimum value accepted to consider the investigation as trustworthy.

e = represents the acceptable limit of sampling error which is 5% (0.05) being that the study is based on a 95% confidence level.

$$n = \frac{1.96^2 * 0.5^2 * 1216}{0.05^2(1216-1) + 1.96^2 * 0.5^2} = 292.11 \cong 292\ Participants$$

However, since the sampling approach used may generate an exact number of participants, the working sample size was determined after data collection. After data cleaning and eliminating the non-responses or incomplete responses, the actual amount of responses was determined.

3.8 Construction of Research Instrument

This study used a questionnaire to collect data from selected participants within the targeted population. The questionnaire had a total of 20 items/questions that measure the responses of the participants in a 5-point Likert scale. However, it has a demographic section that collected the details of the participants including their parish. Through these details, the researcher figured whether the sample obtained was skewed to one region or not. The constructed instrument underwent a rigorous validity test by conducting a pilot survey(s) to ensure it can reliably measure

the needed variables with high accuracy. As discussed in section 3.9, Cronbach Alpha was used to tell whether the scale is reliable or warrants adjustments. The constructed questionnaire was deployed online to collect data once it passed the reliability test.

3.9 Testing for Validity and Reliability

After the data-gathering tool was developed, a pilot study was conducted in Njoro Sub-County to assess its validity and reliability. The piloting involved 20 random youth participants who were not part of the main study sample but shared similar characteristics with the target population. The responses collected during the pilot were analyzed using SPSS, and the Cronbach's Alpha (1951) coefficient was computed to assess the internal consistency of the scale used to measure the variables A Cronbach Alpha value of 0.89 was found from the reliability analysis of the data collection instrument. The Cronbach alpha value provided a statistical indication of the reliability and consistency of the instrument. It allowed the researcher to examine how well the items on each scale were measuring the intended constructs. In this study, each construct's Cronbach alpha coefficient was evaluated, and the value being above the acceptable threshold (generally 0.70 and above) was considered to indicate good internal consistency.

Additionally, the pilot study helped identify any ambiguous or unclear items within the questionnaire, which were revised or removed to enhance clarity and accuracy. The participants were also asked to comment on the ease of understanding the items, which informed minor adjustments to wording and formatting. The piloting process not only improved the reliability of the instrument but also contributed to its content and face validity by ensuring that the questions aligned with the study objectives and were well understood by the intended population.

Conducting the pilot in the same geographic and demographic context as the main study increased confidence in the instrument's applicability and consistency. The researcher ensured that the piloting adhered to ethical standards, including informed consent and voluntary participation. Overall, the findings from the pilot reinforced the instrument's readiness for full-scale data collection, confirming that it met the necessary criteria for reliability and validity based on statistical and practical considerations.

3.10 Data Collection Methods and Procedures

A questionnaire was used in this study to gather data from the selected participants. Section A of the instrument contained demographic information of the participants, including gender, level of education, household income, age, and occupation, were gathered through the questionnaire. The remaining questions on the survey sought to ascertain the participant's SES (Section B), Literacy level (Section C), Culture (Section D) and Awareness (Section E). These factors were measured using a 5-point Likert scale, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree." The questionnaire had five items for each variable being studied.

To collect information for the participants, the researcher shared an online survey link with the selected youths who read the consent form and agreed to it before beginning the survey. The survey had three parts with the preliminary part asking to confirm whether the participant is still a registered as Catholic Youth in Njoro Sub-County/Deanery. Access to the questionnaire was for those who open the survey link, consent to participate and confirm their Parish. Upon completion of the survey questions, the participant were thanked for taking part in the survey.

3.11 Data Analysis Techniques and Procedures

Varied analysis were carried out after the data has been gathered, cleaned, and coded. Descriptive statistics of the demographic data were used to characterize the study's sample. The means of the replies and the standard deviations for each of the four variables were compiled into a descriptive statistics table to give a summary of the data. The mean of the awareness replies were calculated in order to address the first goal. Two major inferential statistics were used in this study to test the hypotheses. First, the Pearson Correlation analysis was used to demonstrate the relationships between the dependent and independent variables in order to accomplish the remaining three goals. This inference was also used to determine whether it is possible to fit a regression model by assessing if there is multicollinearity. Second. ANOVA was used to develop a multiple linear regression model to demonstrate the how Literacy level, SES & Culture, can predict awareness of substance abuse prevention and treatment with and without the intervention of gender. In all this cases, p-value was used as a point of inference to determine the statistical significance of the relationships and prediction of the dependent variable. All these analyses were completed using IBM's Software Program for Social Sciences (SPSS) version 28.

3.11 Ethical Considerations

When working with human subjects for a study, APA standards demand that ethical concerns be followed (Adams & Lawrence, 2019). Ethical concerns are essential in order to protect the rights and welfare of study participants. Human subjects in research should come first, and any risks or possible damage should be minimized (American Psychological Association, 2017). According to the Council for International Organizations of Medical Sciences (2018), ethical concerns also

emphasize the importance of protecting the privacy and confidentiality of participants' personal information and data.

In this study, several ethical considerations were observed. First, informed consent was obtained from all participants. They were provided with detailed information regarding the nature, purpose, and objectives of the study, and they were required to give their consent before proceeding with the survey. Second, confidentiality and anonymity were maintained throughout the research process. Participants were not asked to provide any personal identifiers, thereby preserving their anonymity, and their participation was kept strictly confidential. Third, participation in the study was entirely voluntary. No form of coercion or influence was used during participant selection, and individuals were free to withdraw from the study at any time without facing any consequences or penalties.

Additionally, the proposal for this thesis was submitted to the Ethics Review Committee (ERC) for review and approval before the study commenced, ensuring compliance with institutional and regulatory standards. Lastly, the researcher upheld honesty and integrity throughout the study. All procedures, data, and results were reported accurately, and proper credit was given to all contributors and resources used in the course of the research.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the research findings and discussions of the study. It covers the descriptive statistics characterizing the sampled population, reliability analysis to report the reliability of the scale used to measure the independent and dependent variables, correlations to establish the existing relationships between variables and regression analysis to test for mediating effect of gender in the relationship between dependent and independent variables. The chapter concludes by discussing the results in light of the research objectives and the literature review insights.

4.2 Research Presentation and Interpretation

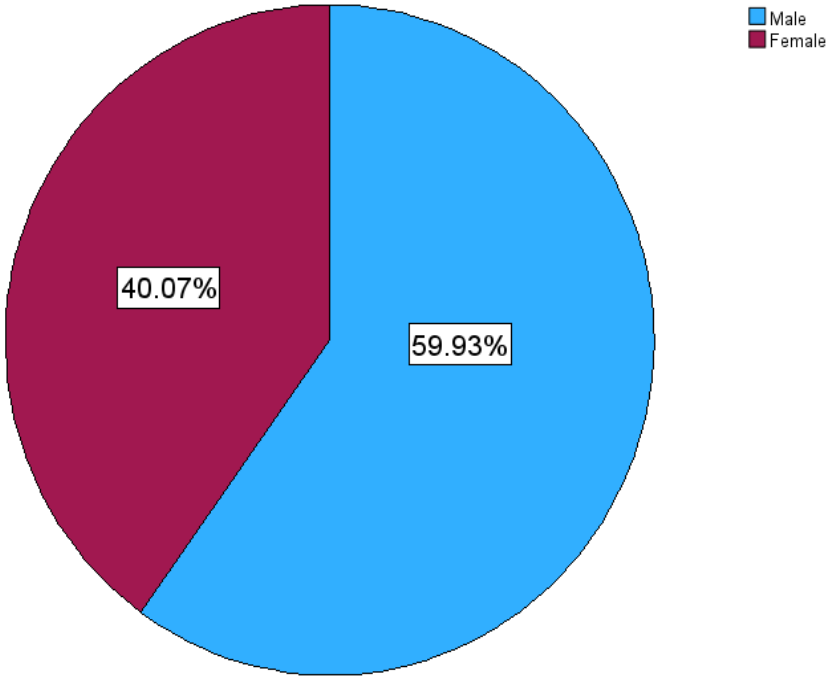
This section presents the descriptive statistics of the participants and the variables being studied. It also presents the inferential statistics to answer the research hypotheses and address the study objectives.

4.2.1 Descriptive Statistics

The study was conducted in within Njoro Sub-County Catholic Deanery. It involved 292 youths sampled purposively. Results from the study showed that 175 participants were males while 117 were females as shown in Figure 8.

Figure 8*:*

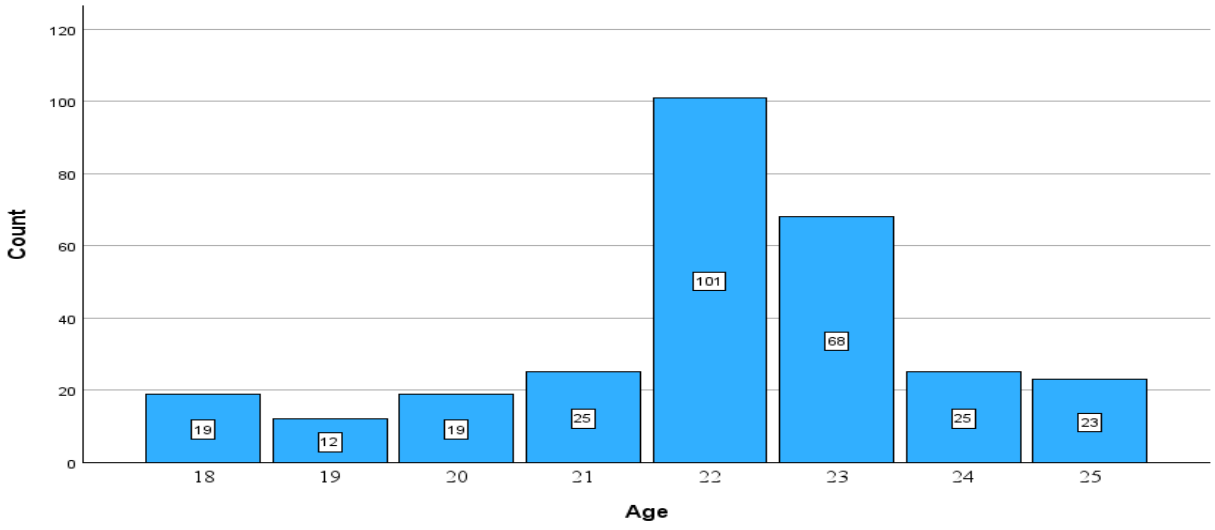
Gender Distribution of the Participants



The minimum age of the participants was 18 while the maximum age was 25. The age (*M*=22.04, *SD*=1.75) was evenly distributed with 101 participant stating their age as 22. The least number of participants, (12), listed their age as 19 years.

Figure 9*:*

Age Distribution of the Participants



As shown in Figure 9, every age group was represented in the study from 18 to 25 years. Because of the age, the education level of the participants ranged between primary education and Master's degree only.

Table 4:

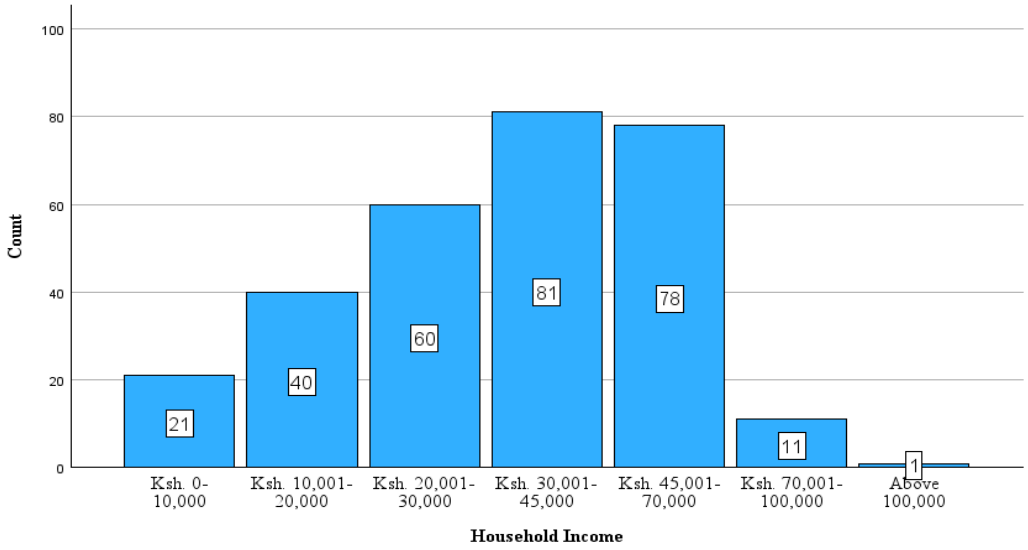
Education Levels of Participants

Education Level	**N**	**%**
Primary School	28	9.6%
Secondary School	74	25.3%
College Diploma	96	32.9%
Undergraduate Degree	91	31.2%
Master's Degree	3	1.0%

From Table 4, more than half of the youths involved in the study had attained higher education; College Diploma (96) and Undergraduate Degree (91). Cumulatively, these two groups of participants accounted for 64.1% of the participants. Only 1% attained Master's degree owing to the age limit for the youths. About 9.6% of the 292 participants had only the basic primary education while 25.3% had achieved up to secondary school education. However, the researcher is concludes that these numbers could potentially change as the youths transition to young adults and add more educations cadres in their portfolios.

Figure 10*:*

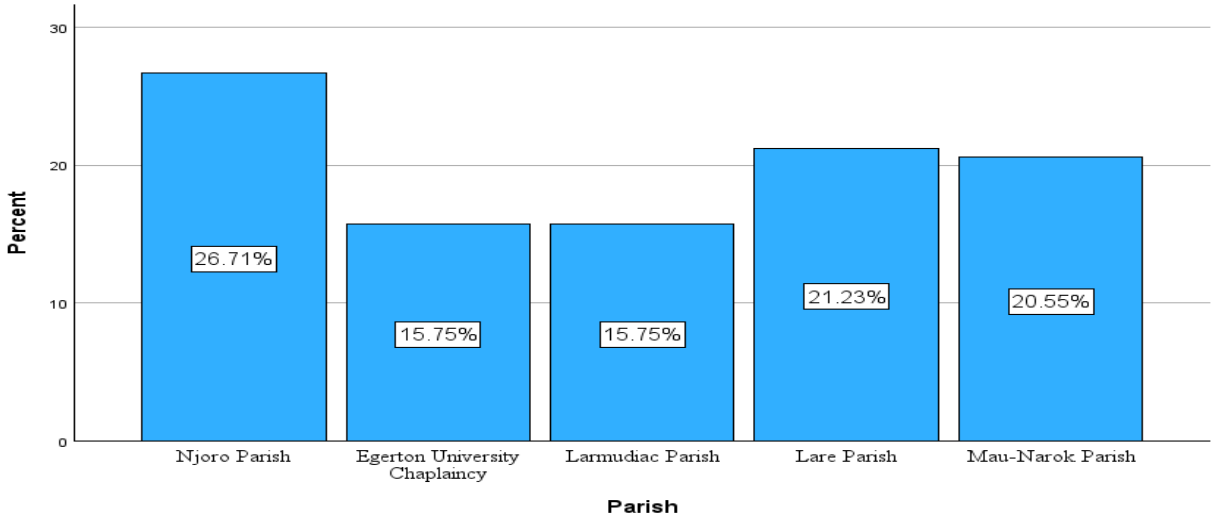
Household Income Distribution of the Participants' Families



The participants were asked to state indicate their family's monthly household incomes. Majority of the participant indicated that their household income ranges from Ksh. 30,000 to Ksh. 45,000. Only one participant indicated that the family's monthly household income was above Ksh. 100,000 as shown in Figure 10. The income distribution is skewed to the left with most of the participants (69.1%) reporting that their respective family monthly incomes below Ksh. 45,001.

Figure 11:

Location of Participants by Parish



Njoro Sub-County Deanery has five parishes the study covered each parish. Njoro Parish accounted for the highest number of the participants (26.71%) while Egerton University Chaplaincy and Larmudiac Parish accounted for the least numbers each accounting for 15.75% of the participants as shown in Figure 11. The sample population was fairly distributed according to the sizes of the Parishes.

4.2.2: Scale Reliability Analysis

The reliability of the scale showed high level of internal consistency (α=0.92) for the 20 items the 5-point Likert scale was used to measure as shown in Table 5. The high reliability indicates that the scale used to measure the individual variable items was consistent and reliably reflected the opinions of the participants.

Table 5:

Scale Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
.920	.908	20

4.2.3 Inferential Statistics

The study included four variables in it study. The psychosocial factors, Socio-economic status, Culture and Literacy Levels were studied to establish how they influence Awareness of the youths on substance abuse prevention and treatment. Each of these variables was measured using a 5-point Likert Scale whose internal consistency was found to be high as shown in Table 5. The mean response for each variable was computed and it revealed the following.

Table 6:

Mean Response of the Study Variables

Variable	Mean	Std. Deviation	N
Awareness of Substance Abuse Prevention and Treatment	3.0486	.86328	292
Socioeconomic status	2.4870	.92923	292
Culture	3.4021	.33346	292
Literacy Levels	3.3130	.73534	292

According to the results, Awareness (*M*=3.05, *SD*=0.86) indicated that on average, the participant, based on a 5-point Likert Scale, neither agreed or disagreed with the statements posted to them by the questionnaire as indicated in Appendix 1. Similarly, Culture (*M*=3.40, *SD*=0.33) and Literacy Levels (*M*=3.31, *SD*=0.74) showed that on average the participants were neutral about the questions posed to them. However, Socioeconomic status (*M*=2.49, *SD*=0.93) showed the participants on average disagreed with the statements posed. For instance, a statement that "My parent/guardian's income is enough to allow me access to better healthcare services" showed that, 23 participant strongly disagreed, 167 disagreed, 10 were neutral, 86 agreed and only 6 strongly agreed. The summary mean for each question asked is shown in Table 7. The equivalent of the mean in the 5-Point Likert scale is based on mean's round off to the nearest whole number.

Table 7:

Summary Mean Response for each Survey Question

Items (N=292)	Mean	Std. Deviation	Equivalent in the 5-point Likert Scale
Socioeconomic status-Q1	2.60	1.055	Neutral
Socioeconomic status-Q2	2.61	1.055	Neutral

Socioeconomic status-Q3	2.48	1.007	Disagree
Socioeconomic status-Q4	2.36	.943	Disagree
Socioeconomic status-Q5	2.39	.994	Disagree
Culture -Q1	4.08	.498	Agree
Culture –Q2	4.07	.360	Agree
Culture –Q3	3.81	.651	Agree
Culture –Q4	2.03	.665	Disagree
Culture –Q5	3.02	1.156	Neutral
Literacy Level-Q1	3.68	.877	Agree
Literacy Level-Q2	3.60	.939	Agree
Literacy Level-Q3	3.74	.755	Agree
Literacy Level-Q4	2.72	1.056	Neutral
Literacy Level-Q5	2.83	1.112	Neutral
Awareness -Q1	3.69	.797	Agree
Awareness –Q2	2.94	1.052	Neutral
Awareness –Q3	3.01	1.081	Neutral
Awareness –Q4	2.83	1.082	Neutral
Awareness –Q5	2.77	1.050	Neutral

4.2.4 Correlations

Correlation analysis was conducted on the data collected to ascertain the relationship between the dependent and independent variables in the study. Spearman correlation was used.

Table 8:

Spearman Correlation Analysis between Study Variables

		Socioeconomic status	Culture	Literacy Levels	Gender
Socioeconomic status	Pearson Correlation	--			
Culture	Pearson Correlation	.131*	--		
	Sig. (2-tailed)	.025			
Literacy Levels	Pearson Correlation	.645**	.127*	--	
	Sig. (2-tailed)	<.001	.029		
Gender	Pearson Correlation	-.087	-.039	-.080	--
	Sig. (2-tailed)	.137	.511	.172	
Awareness	Pearson Correlation	**.689****	**.156****	**.819****	**-.111**
	Sig. (2-tailed)	**<.001**	**.007**	**<.001**	**.058**

A Spearman correlation run to determine the relationship between 292 participants' responses to socioeconomic status and awareness of substance abuse prevention and treatment. The results showed that there was a strong, positive correlation between socioeconomic status and the awareness which was statistically significant at 95% confidence level (r_s=0.689, p<0.001). As a result, we conclude that with 95% confidence, SES positively impacts awareness of substance abuse prevention and treatment among Njoro Catholic Youths. Thus, we do not reject the first study hypothesis, H_1.

The same tests run to assess the relationship between culture and the awareness indicated a weak positive correlation that was as well statistically significant at 95% confidence level (r_s=0.156, p=0.007). Culture showed to be positively correlated with awareness of substance abuse prevention and treatment among Njoro Catholic Youths with a 95% confidence. Therefore, we reject the third hypothesis of the study, H_3 and conclude that although culture has a weak positive relationship with awareness, it is statistically significant since its p-value is less than 0.05.

Literacy levels of the participants also showed a similar trend. The findings showed a strong, positive and statistically significant correlation between the literacy levels and awareness of substance abuse prevention and treatment among the youths (r_s=0.689, p=0.001). Thus, we do not reject the second study hypothesis, H_2. Besides, it defeats the study assumption that culture negatively impacts awareness of substance abuse prevention and treatment among the youths in Njoro Catholic Deanery. However, the mediating variable Gender, showed weak, negative correlation with awareness of substance abuse prevention and treatment and which was not statistically significant at α=0.05 since the p-value is greater that the α-value (r_s=-0.111, p=0.058).

However, the correlation between the independent variables; socioeconomic status, culture and literacy skills, indicated presence of multicollinearity which may impact a regression model when fitted to predict awareness using the three independent variables. Particularly, socioeconomic status showed a statistically significant weak, positive correlation with culture (r_s=0.131, p=0.025) and a strong, statistically significant, positive correlation with literacy level (r_s=0.645, p<0.001). Culture on the other hand also showed statistically significant weak, positive correlation with literacy levels (r_s=0.127, p=0.029). Gender showed negative correlations with all the three variables and they were not statistically significant at 95% confidence level as shown in Table 8.

4.2.5 Regression Analysis

Since there was presence of multicollinearity within the independent variables, a regression equation cannot be fixed to predict awareness using the three independent variables and the mediating variable gender. However, to test the fourth hypothesis (H_4) as well as the mediating effect of gender in the relationship between the variables, two regression models were fixed. Model 1 included the independent variables as predictors and Awareness as the dependent variable.

Table 9:

Regression Model 1 Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.846[a]	.717	.714	.46201

a. Predictors: (Constant), Culture, Literacy Levels, Socioeconomic status

b. Dependent Variable: Awareness

From the results in Table 9, R=0.846 indicates a simple correlation between the predictors and the dependent variable which indicates a strong relationship exists between the predictor and the outcome variable, Awareness. R^2=0.717 indicates that at least 71.7% of the variation in the awareness is explained by the independent variables Culture, Literacy Levels and Socioeconomic status.

Table 10:

ANOVA Table for Model 1

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	155.396	3	51.799	242.675	<.001[b]
	Residual	61.473	288	.213		
	Total	216.869	291			

a. Dependent Variable: Awareness
b. Predictors: (Constant), Literacy Levels, Culture, Socioeconomic status

Based on this Table 10, the regression model predicts the dependent variable, awareness significantly at 95% confidence level ($F_{(3\ 288)}$=242.675, p<0.001). This model indicates that it is a good fit for the data when the mediating variable has not been included. Therefore, we conclude that the three psychosocial factors, can statistically predict awareness of substance abuse prevention and treatment. Thus, we do not reject the fourth study hypothesis (H4) and conclude that awareness of substance abuse can be predicted by SES, literacy levels and culture among youths in Njoro Catholic Deanery.

Table 11:

Model 1 Regression Coefficients

Coefficients[a]						
		Unstandardized Coefficients		**Standardized Coefficients**		
Model		B	Std. Error	Beta	**t**	**Sig.**
1	(Constant)	-.409	.292		-1.401	.162
	Socioeconomic status	.253	.038	.273	6.625	<.001
	Culture	.102	.082	.039	1.241	.216
	Literacy Levels	.749	.048	.638	15.513	<.001

a. Dependent Variable: Awareness

These regression coefficients show that only Socioeconomic status (t=6.63, p<-.001) and Literacy Levels (15.51, p<0.001) predict awareness significantly. However, Culture (t=1.241, p=0.216) was not found to be statistically significant in the model as is p-value was greater than 0.05 (the alpha value). Thus, from this model, the regression model would be;

$$Awareness = -0.41 + 0.25(Socioeconomic\ Status) + 0.10(Culture) + 0.749(Literacy\ Level)$$

A second regression model including the mediating variable was run to check its influence on the model parameters.

Table 12:

Model 2 Summary

Model Summary[b]				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
2	.847[a]	.718	.714	.46182
a. Predictors: (Constant), Gender, Culture, Literacy Levels, Socioeconomic status				
b. Dependent Variable: Awareness				

Note: Model includes the mediating variable Gender.

The results showed not significant change from model 1 discussed above. The model summary indicated that 71.8% of the variation in the dependent variable, awareness, is explained by the independent variables (R^2=0.718) as shown in Table 12.

Table 13:

ANOVA Table for Model 2

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
2	Regression	155.658	4	38.914	182.455	<.001[b]
	Residual	61.212	287	.213		
	Total	216.869	291			
a. Dependent Variable: Awareness						
b. Predictors: (Constant), Gender, Culture, Literacy Levels, Socioeconomic status						

Based on the ANOVA table, the regression model is still fit to predict the dependent variable awareness even with the inclusion of the mediating variable ($F_{(4\ 287)}$ =182.45, p<0.001). The inclusion of the mediating variable, Gender, in the model does not alter its significance in predicting the awareness.

Table 14:

Model 2 Regression Coefficients

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	Std. Error	Beta		
2	(Constant)	-.305	.307		-.995	.321
	Socioeconomic status	.251	.038	.271	6.571	<.001
	Culture	.099	.082	.038	1.213	.226
	Literacy Levels	.747	.048	.637	15.479	<.001
	Gender	-.061	.055	-.035	-1.107	.269
a. Dependent Variable: Awareness						

The coefficients' significance in the model has not been affected by the mediating variable, Gender. Socioeconomic status (t=6.57, p<0.001) and Literacy Levels (t=15.48, p<0.001) remained significant in the model while Culture (t=1.21, p=0.226) remained statistically insignificant in the model. The mediating variable, Gender is also not statistically significant in the model (t=-1.11, p=0.269).

Considering Model 1 and Model 2, there is no significant change that has been witnessed after the introduction of the mediating variable Gender. The significant coefficients in model 1 and model 2 are maintained and a negligible change is seen on the coefficient values. Therefore, Gender has no mediating effect in the relationship between the three psychosocial factors and awareness of substance abuse prevention and treatment. If both male and female participants have similar access to education, cultural exposure, and socioeconomic resources, gender may not differentiate their levels of awareness. Additionally, the direct effects of SES, culture, and literacy on awareness might be strong enough to overshadow any indirect role gender could play. Furthermore, limitations such as binary gender coding, small sample size, or lack of gender-specific variability in the data may reduce the ability to detect a significant mediating effect.

4.3 Discussion of Findings

The findings of the study has shown that there is a moderate level of awareness of substance abuse prevention and treatment among the youths. This is indicated by an average score of 3.05 out of 5. The awareness is however explained by different psychosocial factors including socioeconomic status, culture and literacy levels. These three factors collectively impacts the general awareness of the Catholic Church youths within the Njoro Sub-County Deanery. Irrespective of gender differences, the results indicate that although socioeconomic status and literacy levels have strong

positive relationship, they significantly define the level of awareness of substance abuse prevention and treatment among the youths at their individual levels.

4.3.1 Awareness Level of Substance Abuse Prevention and Treatment

Results indicated that awareness of substance abuse prevention and treatment among the youths is moderate. This findings may be attributed to the limited time of exposure to substance abuse information given the age of the study population was between 18 and 25 years. Presumably, majority of the participants are still under the care of the parents and guardians and there is control over the extent of substance abuse access they can access given the care and nurturing parents provide. Besides, research indicates that the effectiveness and reach of school-based prevention programs remain uneven. Although schools are the proper setting for raising awareness, most programs are dull, boring, or delivered without developmental or cultural relevance. Faggiano et al. (2014), in their comprehensive review of school-based prevention programs, found that although these programs have the potential to be effective, their effectiveness is often compromised by poor implementation and a failure to address the social realities of young people today.

In addition to education deficits, the accessibility and visibility of treatment services pose significant challenges, especially in our developing economies. The Substance Abuse and Mental Health Services Administration (2022) indicates that most youths are unaware of where they can access treatment, or they perceive existing services as being not confidential, not affordable, and not youth-friendly. This perspective discourages early help-seeking and leads to late treatment-seeking behavior even with the acknowledgment of a need for treatment. The awareness level is thus significantly impacted by education and considering the youths studied have not attained their

peak education qualifications, there is a possibility of awareness level growing as they scale up the education ladder and get more exposure on substance abuse prevention and treatment materials.

Furthermore, the awareness level among the youth is further limited by their scarce involvement in campaigning for substance abuse prevention and treatment. According to their response on whether they have been involved in creating awareness on substance abuse prevention and treatment, more than half of the participants (166 participants) reported they have not been involved with 123 of them agreeing they have been involved while 10 were uncertain about their involvement. This non-involvement might be as a result of cultural influence and or familial influence. This assumption is corroborated by a research by the Johns Hopkins Bloomberg School of Public Health (2019) which underscored how societal norms and peer influences play a critical role in shaping youth attitudes and behaviors related to substance abuse. In some communities, substance abuse is normalized or not openly discussed, limiting young people's exposure to accurate information about prevention and treatment.

Ideally, the moderate level of awareness among youths in Njoro Sub-county Deanery regarding treatment and prevention of substance abuse is attributed to a complex set of interrelated factors that involve culture, incoherent education, non-involvement in awareness campaigns, and other societal contexts. To address these issues effectively, interventions are required that are youth-centered, digitally informed, culturally responsive, and integrated into broader education systems.

4.3.2 Influence of Socioeconomic status on Awareness of Substance Abuse

The findings have shown that socioeconomic status significantly influence the awareness of substance abuse prevention and treatment among the youths. Research has consistently shown that indeed those in lower socioeconomic cadres have limited access to information and opportunities

that could increase their awareness levels (Kumar et al., 2020; Mohebbi et al., 2018). The strong positive relationship between SES and awareness implies that with better SES, awareness is increased significantly. The vice-verse is also true. Although the youthful participants were not rated on their own SES but rather that of their respective families, it has shown a linear relationship that points to the actual connection that exists based on the studies that have been previously conducted.

Essentially, low SES is associated with many other limitations that can influence directly or indirectly access to information and care on substance abuse. Particularly, poverty can limit healthcare service availability, like for mental health or drug abuse therapy. Persons low on SES tend to have limitations of insurance, poor transportation, or too costly therapy. These limitations reduce people's opportunities for getting or accessing treatment, even if they do experience a realization about needing one. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) reports that among those who needed treatment for substance abuse disorders, a significant proportion did not receive it due to cost and practical considerations, particularly among low-income populations. This further cements the reason why there is a linear relationship between SES and awareness of substance abuse prevention and treatment.

Additionally, individuals in economically disadvantaged communities often experience higher rates of unemployment, violence, and housing instability, all of which are associated with increased stress and substance use as a coping mechanism (Ebrahim et al., 2024). When substance abuse is normalized in a community due to these stressors, awareness efforts may be undermined or dismissed as irrelevant. The perspective is even more evident in our communities in Kenya. In areas where poverty is extensive, there is little to no information on substance abuse prevention and treatment. Instead, abusing substances is seen as a coping mechanism by most of the

individuals due to constant financial and social stress (Beard *et al.*, 2019). As a result, low SES becomes associated with low substance abuse awareness level and so is prevention and treatment mechanisms available.

Based on the mean response of SES from the participants in Table 6 and in connection with the reported monthly household incomes in Figure 10, it was established that the majority of the youths belong to families with low to moderate monthly incomes. As a result, the SES of the study participants also ranged from low to moderate. This partly explains why there was moderate awareness of substance abuse prevention and treatment among them since SES significantly associates with awareness as shown in Table 8. As established in the studies by Kamenderi et al. (2019) and Kanga (2022), while high SES is associated with improved awareness on substance abuse prevention and treatment, it also exacerbates substance abuse among the individuals in high SES despite having access to information about the prevention and treatment of substance abuse.

Based on the study, it can be deduced that specific socioeconomic factors such as employment status, parental education, and household income significantly influence awareness of substance abuse prevention and treatment. Employed individuals are more likely to access health information through workplace programs and social networks, while unemployment often limits exposure to such resources. Similarly, parents with higher levels of education are better equipped to understand and communicate accurate information about substance abuse, fostering greater awareness within families. In contrast, lower educational attainment can perpetuate misinformation or silence around the issue. Household income also plays a critical role, as higher-income families typically have greater access to media, healthcare, and awareness programs, whereas low-income households may face barriers such as limited outreach, inadequate schooling, or prioritization of immediate

survival needs over preventive education. Collectively, these socioeconomic variables shape how individuals and communities perceive, access, and respond to substance abuse information.

4.3.3 Influence of Literacy Levels on Substance Abuse Awareness

Data from study indicated that literacy levels among the youths was high. First based on their education attainment, at least 64% of the respondents had achieved higher education levels; diploma and undergraduate degree. Second, based on the mean response on literacy levels, the study showed that there was an above average literacy among them with a score of 3.31 out of the 5-point Likert scale. Literacy in this case involves being able to read, write, discuss or comprehend information related to substance abuse. The participants indicated that at least 80% of the respondents agreed that they can read and comprehend material related to substance abuse. Besides, when asked if they understand the risk factors of substance abuse discussed in forums, 222 participants agreed that thy understand while only 60 disagreed while 10 were undecided. These findings illustrates the high literacy levels among the participants.

In relation to awareness of substance abuse prevention and treatment, the study findings revealed that literacy levels was statically significant and showed a strong positive association with the awareness of substance abuse prevention and treatment. The findings supports the study by Jormand et al., (2021) who found that literacy is the main pillar of substance abuse prevention and treatment. Although there are other sub-factors that determines literacy levels like economic status and cultural influences as established in the correlation analysis (Table 8), Vahedi et al. (2018) established that literacy is important in shaping behavior and without it attitude towards substance abuse prevention and treatment may be affected. Consequently, it can be inferred that literacy

impacts comprehension of awareness message as well as the ability to navigate health information related to substance abuse.

Some studies have found that persons with low-literacy generally find it hard to understand health messages, for example, the text in public health messages or educational publications concerning alcohol or drug abuse. Such information is typically produced at a level higher than the literacy of the majority of the population. Accordingly, low literacy becomes associated with low awareness of substance abuse prevention and treatment due to the inability to fully comprehend the message or even behave in a manner that reduced or avoids exposure to substance abuse (Magidson et al., 2020). However, higher literacy levels does not equate to higher awareness levels. Naturally, humans are inclined to block information that contradicts their behavioral patterns according to social learning theory (Akers & Jennings, 2015). For this reason, individuals may be highly educated but adamant to explore information on substance abuse prevention and treatment since they are abusing substances.

Besides, low literacy puts individuals at risk for myths, misinformation, and stigmatizing opinions about addiction. Without skills in questioning sources or understanding scientific evidence, individuals go to word of mouth or social media, which are where treatment myths and drug misinformation predominate (Sentell et al., 2020). Such can contribute to negative stereotypes and discourage people from seeking care and prevention grounded on scientific evidence. To this extent and in regards to the findings of the study, it is apparent that in a population like that of Njoro Sub-County Deanery, when literacy increases, awareness on substance abuse also increases and vice-versa. This observation is critical in making decisions about substance abuse awareness campaigns and may inform formulation of policies that promote efficient awareness programs that suits the less literate in the society.

4.3.4 Influence of Culture on Awareness of Substance Abuse

Culture is at the heart of shaping how individuals consider, engage with, and react to information on prevention and treatment of substance abuse. Across societies, cultural behaviors and beliefs determine the definition of "substance abuse," what is sanctioned or penalized, and affect confidence in sources of health information. These cultural dimensions permeate at multiple levels ranging from broad societal norms to tight peer groups leading to highly varying degrees of awareness and engagement with prevention and treatment options.

Study findings that culture has a significant weak positive relationship with awareness implies that its impacts are minimal to awareness. This is confirmed when a regression model is fitted and the coefficient of culture is not statistically significant and thus does not have sufficient influence in predicting awareness levels of substance abuse prevention and treatment. Although previous studies have shown that culture is a significantly influences awareness (De La Rosa et al., 2018; Pinedo *et al.*, 2018), this study has indicated that the relationship, although positive and significant, it does not carry much weight in influencing awareness of substance abuse prevention and treatment.

Undeniably, some cultures have sanctioned certain substances such as marijuana, alcohol and other illicit brews. This endorsement of substance abuse significantly limits absorption of valuable information concerning substance abuse prevention and treatment thus significantly reducing awareness levels. Contrary to the positive relationship that the findings show in correlation analysis (Table 8), the actual influence of culture counters penetration of awareness among the population. However, due to the nature and characteristics of the population being studied including their age, modern lifestyles and penetration of internet, culture's impact in them is

minimal. This substantiates the weak relationship culture has with awareness of substance abuse prevention and treatment.

Ideally, ages 18 to 25 (which defines the study population) are the years when individuals are actively building their identities, typically experimenting and internalizing cultural values and beliefs. This phase is characterized by Arnett (2000) as one of self-exploration in love, work, and worldview, including substance abuse behavior. During this developmental phase, cultural beliefs about drug and alcohol consumption (e.g., whether it is considered rebellious, mature, shameful, or acceptable) have a strong influence on personal decisions and consciousness. For example, if drug taking is normalized within a specific ethnic or cultural group, youths may think that it is less risky or does not require treatment (Salas-Wright et al., 2014). As a result, they overlook the information available on awareness of substance abuse prevention and treatment and uphold the culture.

Based on cultural competency theory, effective interventions on substance abuse should take into consideration the diversity of cultural backgrounds of individuals. The need to incorporate culture into prevention and treatment programs is crucial. However, in the contemporary world, culture has not been factored in and instead, the substance abuse preventive measures are guided by laws that do not accommodate differences in culture. As a result, culture is bound to continue impacting awareness, albeit in a small proportion as the study has revealed.

In general, the weak positive correlation between culture and awareness of substance abuse prevention and treatment likely reflects the complex and sometimes contradictory influence of cultural norms. While certain cultural values may support awareness—such as religious teachings or community-based health practices—others may reinforce stigma, denial, or misinformation,

limiting open discussion about substance use. Additionally, traditional beliefs may conflict with scientific understanding, reducing the impact of culturally rooted awareness efforts. In many communities, especially among youth, modern influences like social media and peer groups may override traditional cultural messages. Furthermore, if prevention programs are not culturally tailored, their effectiveness is diminished. These factors collectively contribute to the modest relationship observed between culture and awareness.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introduction

This chapter offers a summary of the results obtained from the study and make informed conclusions based on the research. It further provides recommendation, based on the findings, to authorities for implements, service users/beneficiaries and other stakeholders. Finally, it provides a recommendation for further research in this area of study.

5.2 Summary of the Research Findings

The research conducted among 292 youth in the Njoro Sub-County Catholic Deanery aimed to establish their awareness of prevention and treatment of substance abuse, and how socioeconomic status, literacy, and culture influence it, with gender as a possible mediating variable. The respondents were aged between 18 and 25 years, were mostly male, and had attained various levels of education, with the majority holding college diplomas or undergraduate degrees. Household earnings were mostly low, with the majority of the families having earnings below Ksh. 45,001 per month. The internal reliability of the data collection instrument was high, with a Cronbach's Alpha of 0.92, which meant that the measurement of the variables was reliable.

On addressing objective 1, the study results indicated a moderate awareness level among the youths, with the participants being mostly neutral on statements concerning awareness of substance abuse prevention and treatment. Low awareness levels among youths regarding substance abuse prevention and treatment can be attributed to several interrelated factors. First, limited access to targeted education and prevention programs means that many youths may not receive accurate or age-appropriate information about the risks of substance use and available

support services. Second, cultural stigma and taboo surrounding substance abuse often discourage open conversations, leading to misinformation or silence around the topic. Third, low literacy levels, particularly in underserved or rural areas, can hinder the comprehension of health messages delivered through print or digital media. Additionally, socioeconomic challenges—such as poverty, unemployment, and unstable home environments can deprioritize preventive education in favor of immediate survival concerns. Finally, the influence of peer pressure, social media, and normalization of drug use in entertainment or community settings may undermine formal awareness efforts and promote risky behaviors instead. Together, these factors contribute to the low levels of awareness observed among youths.

Inferential analysis by Spearman's correlation revealed strong and positive associations between awareness and socioeconomic status and literacy levels, but a weak and positive association with culture. This observations addressed the last three objectives of the study. Gender was, however, found to have a weak and statistically non-significant negative association with awareness and all the three psychosocial factors. Regression analysis confirmed socioeconomic status and literacy as statistically significant predictors of awareness but that culture and gender were not. The inclusion of gender in the second model fitted did not significantly alter the predictive ability, meaning it did not mediate the psychosocial factors and awareness relationship.

Although culture did indicate some influence, it was not shown to be a strong predictor of awareness in this study. The low correlation effect could simply reflect the changed cultural dynamics that younger generations are becoming more culturally different because of internet access and urbanized ways of living in contrast to conservative values. Overall, the studies highlight that awareness programs should specifically target literacy and economic empowerment

in addition to culturally adapted, youth-led interventions towards addressing substance abuse prevention and treatment among the youths in Njoro Sub-county and across the nation.

5.3 Conclusions

The findings of the research demonstrate clearly that economic status and literacy rates rising among youth will greatly affect awareness of substance abuse prevention and treatment. Together, socioeconomic status and literacy level, explain more than 70% of the variation in the substance abuse awareness in prevention and treatment, showing that economic security brings access to services and information, while literacy enables youth to read and act on prevention and treatment messages. In practice, where families can afford health education and young people have good understanding skills, awareness is greatly increased.

On the other hand, neither gender nor cultural differences showed any significant impact on awareness of substance abuse prevention and treatment after adjustment for socioeconomic status and literacy. Culture's impact, though statistically significant, is too small to be the force behind practical change, and gender has no predictive or mediating role. This implies that efforts to shift cultural norms or to create gender-specific campaigns may yield insufficient or modest outcomes on awareness. Efforts should rather go into programs that eliminate budget constraints like improving socioeconomic status of individuals and efforts to create simple, powerful literacy-focused materials that can be used and understood by all youths and other populations.

5.4 Recommendations for Practice

Based on the study's finding that socioeconomic status and literacy levels are the primary drivers of substance-abuse awareness, the following recommendations are tailored for practice both locally and at the national level.

5.4.1 Recommendation to Authorities

i). The Ministry of Health should incorporate age-specific substance-abuse prevention and treatment programs in communities to enhance awareness among the youths.

ii). The County Governments and Devolved Health Committees should engage existing Chief's Barazas and women/youth enterprise groups to establish substance-abuse awareness forums.

5.4.2 Recommendations to Service Users/Beneficiaries

(i). The youths should form and strengthen peer-education clubs in parishes, campuses, and youth centers where trained "youth champions" lead short educational discussions around substance abuse prevention and treatment.

(ii). Families should promote parent-guardian workshops, facilitated by community health volunteers, on substance abuse risks, preventions and to support access to local treatment services.

5.4.3 Recommendations to Other Stakeholders

(i). NGOs and Churches should sponsor community reading corners ("Safe Spaces") stocked with easy-read pamphlets about substance abuse to improve awareness among the community members.

(ii). The private sector should underwrite radio/tv drama series and podcasts on social media platforms that dramatize stories of substance abuse prevention and treatment in clear, concise language for easy comprehension.

5.5 Recommendation for Further Study

This research was cross-sectional and relied on one-time data that may potentially change with time. For this reason, future studies in this field should explore a longitudinal study approach. The future study should involve tracking the same participants over time to understand how awareness of substance abuse prevention and treatment evolves with changes in socioeconomic status, literacy levels, and cultural dynamics. This could reveal patterns and provide insights into the long-term effectiveness of substance abuse prevention initiatives.

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APPENDICES

Appendix 1. Research Tools

Research Questionnaire

SECTION A: Demographics.

Please provide the following information

1. What is your gender?

   Male☐ Female☐

2. How old are you? _____years

3. What is your highest education level?

   None☐ Primary School☐ High School ☐ College Diploma☐ Undergraduate Degree☐ Master's Degree☐ Ph.D.☐

4. What is your household's monthly income?

   KES 0-20,000 ☐
   KES 20,001-40,000 ☐
   KES 40,001-60,000 ☐
   KES 60,001-80,000 ☐
   KES 80,001-100,000 ☐
   KES 100,001-120,000 ☐
   Above KES 120,000 ☐

5. In which Parish in Njoro Sub-County/Deanery are you registered?

   Njoro Parish ☐
   Egerton University Chaplaincy ☐
   Lamurdiac Parish ☐
   Lare Parish ☐
   Mau Narok Parish ☐

SECTION B: Socioeconomic status

6. *In this section, please provide the appropriate response to what degree you agree or disagree with the following statements by marking the desired response with a (☒).*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My parents/guardians can cover all my expenses including medical care and substance abuse treatment	☐	☐	☐	☐	☐
My parent/guardian's income is enough to allow me access to better healthcare services	☐	☐	☐	☐	☐
My parents/guardian uses part of the income to enroll us in substance abuse training programs	☐	☐	☐	☐	☐
My parent/guardian income is able to support siblings and friends financially to seek substance abuse treatment	☐	☐	☐	☐	☐
My family's financial standing has allowed me to access materials and know more about substance abuse risk factor, prevention and treatment.	☐	☐	☐	☐	☐

SECTION C: Literacy Levels

7. *In this section, please provide the appropriate response on what degree you agree or disagree with the following statements by marking the desired response with a (☒).*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can read and understand materials related to substance abuse	☐	☐	☐	☐	☐
I can understand the risk factors of substance abuse discussed in forums	☐	☐	☐	☐	☐
My decisions on substance use are not affected by my education level	☐	☐	☐	☐	☐

I know how to get help for myself or others when substance abuse treatment is needed	☐	☐	☐	☐	☐
My level of education allows me to understand more about substance abuse prevention and treatment.	☐	☐	☐	☐	☐

SECTION D: Culture

8. *In this section, please provide the appropriate response to what degree you agree or disagree with the following statements by marking the desired response with a (☒).*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is a norm in my culture to smoke, drink alcohol, or consume other substances	☐	☐	☐	☐	☐
I believe it is not wrong to use substances as long as they are not abused	☐	☐	☐	☐	☐
In my community, there are no restrictions on using certain substances such as cigarettes, alcohol or marijuana as long as you are above the legal age	☐	☐	☐	☐	☐
My community is focused on eliminating substance abuse among its population.	☐	☐	☐	☐	☐
My culture does not support rehabilitation of persons with substance abuse issues.	☐	☐	☐	☐	☐

SECTION E: Awareness

9. *In this section, please provide the appropriate response on what degree you agree or disagree with the following statements by marking the desired response with a (☒).*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am aware of risks associated with substance abuse and how they can be prevented	☐	☐	☐	☐	☐
I know where to go or take an individual when substance abuse has become an issue in life	☐	☐	☐	☐	☐
I am aware of substance abuse treatments such as rehabilitation, counselling and group therapy	☐	☐	☐	☐	☐
I have been involved in creating awareness on substance abuse prevention and treatment,	☐	☐	☐	☐	☐
I know different alternatives of support services the drug addicts can use to end the addiction.	☐	☐	☐	☐	☐

Thank You for Participating

Consent Form

RESEARCH TOPIC

INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY

Dear Participant,

I invite you to participate in a research study entitled: ***INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY***

I am currently enrolled in the ***MASTER OF ARTS IN COUNSELING PSYCHOLOGY PROGRAM*** at Mount Kenya University and am in the process of writing my Master's project. The purpose of the research is to determine: ***THE INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY***

The enclosed questionnaire has been designed to collect information on: ***THE INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY***

Your participation in this research project is completely voluntary. You may decline altogether, or leave blank any questions you don't wish to answer. There are no known risks to participation beyond those encountered in everyday life. Your responses will remain confidential and anonymous. Data from this research will be kept under lock and key and reported only as a collective combined total. No one other than the researchers will know your individual answers to this questionnaire. There are no direct benefits to you for participating in this research. However, you may find it interesting to talk about the issues addressed in the research and it may be beneficial to the field and to future clients or individuals who have experienced similar concerns

If you agree to participate in this project, please answer the questions on the questionnaire as best you can. It should take approximately ***10 MINUTES*** to complete. Please submit the questionnaire as soon as you complete it to enable me complete the project report.

If you have any questions about this project, feel free to contact me: ***NDUNGU BENSON MUIGAI EMAIL: muigaibn@gmail.com SUPERVISED BY: DR. PETER MUCHEMI EMAIL: mcheminp@yahoo.com.*** If you have questions about your rights as a research participant, please be in touch with the Chairman, Mount Kenya University, Ethical Review Committee, P.O Box 342-01000, Thika.

Thank you for your assistance in this important endeavor.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix 2: ERC Certificate

Mount Kenya University

REF: **MKU/ISERC/4857** Date: 20 March 2025
TO: **NDUNGU BENSON MUIGAI**
REG: **MCP/2021/71315**

Dear Sir/Madam,

RE: INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3579.** The approval period is **20/03/2025 - 19/03/2026.**

This approval is subject to compliance with the following requirements;

i. Only approved documents including informed consents, study instruments, MTA will be used
ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC

MOUNT KENYA UNIVERSITY P.O. Box 342-01000 THIKA 21 MAR 2025 DIRECTOR Graduate Studies RECEIVED

MOUNT KENYA UNIVERSITY ETHICS REVIEW COMMITTEE P.O. Box 342-01000, THIKA

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000
Email: info@mku.ac.ke, Web: www.mku.ac.ke

Appendix 3: Introduction Letter from MKU

Mount Kenya University

DIRECTORATE OF GRADUATE STUDIES

MCP/2021/71315

21st March, 2025

National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA

Dear Sir/Madam,

RE: NDUNGU BENSON MUIGAI – REGISTRATION NO. MCP/2021/71315

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Counselling Psychology** in the Department of **Psychology, Humanities and Languages** in the School **of Social Sciences.**

The title of the research is **"Influence of Psychosocial Factors on Awareness of Substance Abuse Prevention and Treatment Among Catholic Youths in Njoro Sub-County."** It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **April, 2025 and June, 2025.**

Any assistance accorded to the student will be highly appreciated.

Thank you.

Mount Kenya University
P.O. Box 342-01000,THIKA
Office of the Director,
Graduate Studies

Dr. Samuel M. Karenga, Ph.D
Director, Graduate Studies
Enc.

Appendix 4: NACOSTI Research License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **670803**

Date of Issue: **01/April/2025**

RESEARCH LICENSE

This is to Certify that Mr.. Ndungu Benson of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nakuru on the topic: INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY for the period ending : 01/April/2026.

License No: **NACOSTI/P/25/417612**

670803

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix 5: Field Entry/ Research Authorization

MKU/PG/F011

Mount Kenya University

SCHOOL OF POSTGRADUATE STUDIES

MKU/PG/F011: RESEARCH PROPOSAL CERTIFICATE OF CORRECTIONS
(NB: This Research Proposal Certificate of corrections should be submitted to the Dean, School of Postgraduate Studies for clearance before the Student proceeds to collect data)

PART I: CANDIDATE PARTICULARS

Name of candidate Dr./Mr./Ms : **Mr. Ndungu Benson Muigai**
Registration No: **MCP/2021/71315**
Department of study: **Psychology**
Cell phone No: **0722943352**
School: **School of Social Sciences**
Degree Title (MA, MED, PhD): **MA**
Area of specialization: **Counseling Psychology**
Title of Thesis: **INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG CATHOLIC YOUTHS IN NJORO SUB-COUNTY**

Date of Presentation:**04/02/2025**

Signature of candidate: . Date: ….**04/02/2025**…..

PART II: DECLARATION OF SUPERVISOR(S) OVERSEEING CORRECTION / REVISION

I/We, the undersigned supervisor(s) overseeing corrections of the research proposal as advised by the candidate's evaluation panel do hereby declare that all the corrections have been effected satisfactorily as required.

Any other remarks ……
……
……
……

Names of Supervisors	**Signature**	**Date**
1. **Dr. Peter Muchemi (PHD)**		04/02/2025
2.	....	....
3.	....	....

PART III: CONFIRMATION BY THE CAMPUS/ SCHOOL POSTGRADUATE COORDINATOR

I hereby do confirm that the supervisor(s) appointed to oversee the candidate effect the corrections on the research proposal have done so as per the instructions of the candidate's evaluation panel.

Any other remarks

....................TO PROCEED TO THE FIELD..

....

....

Name of Coordinator: DR RUTH NYAMBURA

Signature Date 24/2/2025

Stamp

PART IV: CONFIRMATION BY THE DEAN OF THE RELEVANT SCHOOL

I hereby do confirm that the supervisor(s) appointed to oversee the candidate effect the corrections on the research proposal have done so as per the instructions of the candidate's evaluation panel.

Any other remarks

....................................TO PROCEED..

....

Name of Dean: DR RUTH NYAMBURA

Signature  . Date : 24/2/2025

School Stamp

PART V: CLEARANCE BY THE UNIVERSITY ETHICAL REVIEW COMMITTEE

The candidate will be issued with a Certificate of Ethical Clearance by the Directorate of Research and Development.

PART VI: COMMENTS BY THE DEAN SCHOOL OF POSTGRADUATE STUDIES

The candidate is granted/not granted permission to proceed to the field to collect data (delete where applicable)

NB: One (1) copy of the corrected/revised research proposal should accompany this certificate of corrections

Name of Dean ..... Dr. Samuel M. Kaaria .....

(School of Postgraduate Studies)

Signature ..... Date 21/3/2025

School Stamp .....

Mount Kenya University
P. O. Box 342 - 01000, THIKA
Office of the Director,
Graduate Studies

Appendix 6: Turnitin Report

NDUNGU BENSON MUIGAI

INFLUENCE OF PSYCHOSOCIAL FACTORS ON AWARENESS OF SUBSTANCE ABUSE PREVENTION AND TREATMENT AMONG C...

Thesis and Projects
Postgraduate
Mount Kenya University

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Appendix 7: Map of the Study Area

NJORO SUB-COUNTY DIVISIONS MAP