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Strategies for Mitigating Drug Abuse Among Kenyan Youth in Matasia, Ngong Sub-County

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Abstract: Drug abuse among Kenyan youth has reached crisis levels, with lifetime prevalence exceeding 80% in many peri-urban areas. This cross-sectional study (n=125, 94.7% response rate) conducted in July 2025 in Matasia Catholic Parish, Ngong Sub-County, examined the role of parenting styles and socio-environmental factors in substance use among church-affiliated youth and parents. Findings revealed an alarming 81.6% lifetime prevalence of drug use — six times higher than the national youth average — with alcohol (52%), khat (41.6%), cigarettes (39.2%), cocaine (9.6%), and heroin (8.8%) reported. Authoritarian parenting (55.2%), poor parent–youth communication (76%), inconsistent monitoring (56.8%), parental modelling of substance use (35.2%), and easy drug access (93.6%) were significantly associated with higher substance use ($p<0.05$–$p<0.001$). Peer pressure (68%) and curiosity (57.6%) emerged as dominant triggers. Grounded in Social Influence Theory, Attachment Theory, and Baumrind's Parenting Styles framework, the study proposes a culturally congruent, multi-level intervention model: (i) large-scale training to shift families toward authoritative parenting; (ii) quarterly church-led youth drug-awareness and mentorship programmes; and (iii) stricter enforcement of age-restriction laws and community policing. Implemented through existing Catholic parish structures and NACADA frameworks, these strategies offer a replicable, low-cost model with potential to reduce prevalence by 20–30% within 24 months.

Keywords: *Parenting Styles, Drug Abuse, Youth, Peer Pressure, Authoritative Parenting, Faith-Based Interventions, Peri-Urban Kenya, Substance Abuse Prevention.*

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I. INTRODUCTION

A. Background of the Study

The surge in substance abuse among Kenyan youth constitutes one of the most pressing public health and social challenges of the 21st century. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2024) reports that 1 in 7 youth aged 15–24 has used an illicit substance, with alcohol, tobacco, and khat dominating consumption patterns. However, these national averages mask extreme geographical variation. Peri-urban corridors such as Ngong, Ongata Rongai, Kitengela, and Ruai have emerged as high-risk zones due to rapid urbanisation, youth unemployment, erosion of traditional social controls, and proximity to Nairobi's drug distribution networks (Muturi, 2023; Osoro & Mutua, 2023).

Matasia Catholic Parish in Ngong Sub-County, Kajiado County, exemplifies this peri-urban vulnerability. Despite serving over 20,579 faithful across three outstations and maintaining active youth ministries, parish priests and catechists report rising school dropouts, juvenile delinquency, and open substance use even among altar servers and choir members. This paradox — high religious affiliation coexisting with extreme drug prevalence — provided the impetus for the current study.

B. Statement of the Problem

Despite Kenya's strong religious culture and the widespread presence of churches in virtually every community, substance abuse among youth has reached epidemic proportions, particularly in peri-urban corridors such as Ngong Sub-County. National surveys (NACADA, 2024) report an average lifetime prevalence of 13.2% among youth aged 15–24, yet emerging local evidence from schools, health facilities, and law-enforcement records in Kajiado County suggests figures that are 5–7 times higher in peri-urban hotspots. Matasia Catholic Parish, with its 20,579 registered members and active youth ministries, is paradoxically witnessing escalating cases of school dropout, juvenile crime, mental health crises, and open drug peddling within a few hundred metres of church compounds — an indictment that current faith-based and family systems are failing to protect adolescents during their most vulnerable developmental window.

A major underlying driver appears to be the persistence of authoritarian and neglectful parenting practices rooted in

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traditional African child-rearing ideologies that prioritise unquestioning obedience and harsh discipline over emotional warmth, open dialogue, and collaborative problem-solving. In peri-urban settings, these traditional approaches are increasingly combined with modern stressors: long parental working hours in Nairobi, economic hardship, single-parent households, and exposure to urban drug markets. The result is a toxic developmental environment in which youth experience high behavioural control but little emotional support, leading to rebellion, low self-esteem, and heavy reliance on peer groups for identity and belonging — peer groups that are themselves deeply immersed in substance-using cultures.

Furthermore, the near-total absence of structured, evidence-based drug education and prevention programmes within parish structures represents a critical missed opportunity. Although churches remain the most trusted institutions in Kenya and have unparalleled weekly access to families, fewer than one in eight parishes nationwide currently run systematic youth drug-prevention initiatives (Khasakhala & Ndambuki, 2023). Consequently, religious teachings against substance use remain largely moralistic and sermon-based rather than practical, skill-building, and community-reinforced.

Without urgent, empirically grounded interventions that simultaneously transform parenting practices, harness the social capital of faith communities, and disrupt easy drug access, the current trajectory threatens to produce a lost generation in peri-urban Kenya — one characterised by widespread addiction, fractured families, and irreversible socio-economic damage. This study was therefore designed to generate parish-level evidence and propose an integrated, culturally congruent prevention model that can be immediately deployed and scaled across Kenya's thousands of urban and peri-urban congregations.

C. Research Objectives

➢ *General Objective*

To examine the relationship between parenting styles and drug abuse among youth in a peri-urban Kenyan parish and develop evidence-based prevention strategies.

➢ *Specific Objectives:*

- To determine the prevalence and patterns of substance use.
- To identify dominant parenting styles and associated risk factors.
- To analyse triggers and facilitators of drug initiation.
- To propose multi-level, culturally appropriate interventions.

D. Significance of the Study

The significance of this study extends far beyond the boundaries of Matasia Parish and Ngong Sub-County. First, it provides the first rigorous, parish-level empirical evidence of substance-abuse prevalence and its linkage to parenting practices in a peri-urban Kenyan Catholic community — data that are currently absent from both national surveys and academic literature. This fills a critical evidence gap for policymakers, diocesan planners, and public-health authorities who require localised, actionable intelligence rather than broad national averages.

Second, the study delivers an immediately implementable, multi-level prevention model that integrates family-based authoritative-parenting training, church-led youth programming, and policy advocacy — a blueprint that can be adopted by Kenya's more than 6,000 Catholic parishes and thousands of Protestant and Pentecostal congregations at virtually zero additional capital cost, leveraging existing weekly gatherings, catechists, and small-group structures.

Third, by demonstrating how faith communities — already the most trusted institutions in Kenya — can be transformed from passive observers into frontline prevention agents, the research offers a scalable, culturally resonant alternative to secular programmes that often face community suspicion or low uptake. Successful pilot implementation in Matasia could trigger rapid national replication through the Kenya Conference of Catholic Bishops and the National Council of Churches of Kenya.

Fourth, the findings and proposed strategies directly inform ongoing national efforts under Vision 2030, the NACADA Strategic Plan 2023–2027, and the Ministry of Education's Competency-Based Curriculum life-skills component, providing concrete tools for counties such as Kajiado, Machakos, Kiambu, and Nakuru that are experiencing explosive peri-urban growth.

Finally, the study contributes original African-generated knowledge to the global literature on parenting, religion, and adolescent substance abuse, challenging Western-centric models and showcasing how indigenous social capital can be mobilised for public-health impact. In an era when youth drug abuse threatens to undermine Kenya's demographic dividend, this research offers hope and a practical pathway forward.

II. LITERATURE REVIEW

➢ *Global Evidence on Parenting Styles and Adolescent Substance*

The relationship between parenting styles and adolescent substance use is one of the most consistently replicated findings in developmental psychology. Diana Baumrind's seminal work (1991) and subsequent meta-analyses involving more than 1,500 independent samples and over 300,000 parent–child dyads (Pinquart, 2017; Pinquart & Kauser, 2018; Garcia et al., 2023) demonstrate that authoritative parenting — characterised by high demandingness combined with high warmth, clear communication, and respect for the child's autonomy — is the strongest and most universal protective factor against alcohol, tobacco, cannabis, and harder-drug initiation. Effect sizes typically range from d = 0.45 to 0.72, remaining robust across ethnicities, socio-economic strata, and continents.

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Conversely, authoritarian parenting (high demandingness, low responsiveness) and neglectful parenting (low on both dimensions) are powerful risk factors, increasing the odds of substance use by 2.5–4.1 times. Permissive parenting shows moderate risk elevation. These associations hold for both initiation and escalation, with the protective effect of authoritative parenting mediated through enhanced self-regulation, stronger resistance to peer pressure, and lower impulsivity (Steinberg et al., 2022; Hoskins, 2023).

➢ *Longitudinal Evidence*

Longitudinal cohort studies provide even stronger causal inference. The Pittsburgh Youth Study (n=1,517, followed 1987–2010) showed that parenting style at age 12 independently predicted substance dependence at age 25 after controlling for early conduct problems and neighbourhood disadvantage (Steinberg et al., 2022). In Europe, the Tracking Adolescents' Individual Lives Survey (TRAILS, n=2,230) found that adolescents with authoritative parents at age 11 had 68% lower odds of heavy drinking and 74% lower odds of cannabis use by age 19 (Fuentes et al., 2021). Australian (Newton et al., 2022) and Hong Kong (Luk et al., 2023) cohorts replicate these findings in non-Western contexts, confirming that parenting style is a trans-cultural lever for substance-abuse prevention. Critically, changes in parenting style during adolescence (e.g., moving from authoritarian to authoritative) produce corresponding reductions in substance-use trajectories, proving that parenting is modifiable and that interventions can yield measurable impact even after early childhood.

➢ *Sub-Saharan African Context*

Across sub-Saharan Africa, authoritarian parenting remains the cultural default, often justified by proverbs such as "the child's back belongs to the parent" (Mbwayo et al., 2023). Studies in South Africa (Roman et al., 2022), Nigeria (Akinsola & Adekeye, 2023), and Ghana (Asante & Kugbey, 2022) consistently report that harsh physical discipline, low emotional warmth, and unilateral decision-making correlate with significantly higher rates of alcohol, cannabis, and methamphetamine use among adolescents. In East Africa, a seven-country study (n=19,000) found that adolescents who experienced high parental control without warmth were 3.8 times more likely to report lifetime substance use (Kabiru et al., 2023). The few African studies that have measured authoritative parenting (e.g., in urban Ethiopia and Rwanda) show dramatically lower substance-use rates, suggesting that the protective mechanism operates universally but is currently rare in practice.

➢ *Kenyan Empirical Evidence*

Kenyan research over the past five years paints a consistently troubling picture. Wangari, Ngesa, and Nthiwa (2024) surveyed 1,200 adolescents in Nairobi's informal settlements and reported lifetime prevalence rates of 58–68%, with authoritarian parenting and corporal punishment emerging as the strongest predictors. In Kisumu County, Onyango, Omondi, and Atieno (2023) documented 54% lifetime use among secondary-school students, again highlighting poor parent–child communication and harsh discipline as dominant risk factors. Along the coast, Mwendwa (2024) found 52% prevalence in Mombasa and Kwale, noting that parental alcohol modelling and easy access to heroin constituted major pathways to initiation. In Central Kenya, Chebukati and Oteyo (2024) recorded 61% lifetime use in peri-urban Thika and Juja, emphasising peer pressure amplified by inconsistent parental monitoring. A national school-based study by Ndetei et al. (2022) confirmed that adolescents who perceived their parents as "never listening" were 4.2 times more likely to have used an illicit substance. Across these diverse regions, one finding remains constant: traditional authoritarian parenting — characterised by high control, low warmth, and minimal dialogue — functions as a powerful risk factor, while authoritative practices are vanishingly rare. No published Kenyan study, however, has systematically examined these dynamics within an active faith-community setting, nor has any provided concrete, parish-level prevention strategies — gaps that the present investigation directly addresses.

➢ *Peri-Urban Specificity*

Peri-urban zones occupy a dangerous middle ground between rural tradition and urban pathology. They experience rapid population influx, mushrooming informal settlements, high youth unemployment, and the simultaneous erosion of extended-family oversight and influx of urban drug-supply networks. In Ngong, Kitengela, Ongata Rongai, and Ruai, alcohol, khat, and tobacco are sold openly within 200 metres of schools and churches, often by unlicensed vendors who face minimal enforcement (Osoro & Mutua, 2023; Muturi, 2023). At the same time, many parents commute daily to Nairobi, returning home exhausted and with limited time for supervision or meaningful interaction with their children. This creates a vacuum that peer groups readily fill. Moreover, peri-urban youth straddle two worlds: they retain rural expectations of obedience while being bombarded by urban media glorifying substance use and material success. The resulting identity conflict, combined with easy physical access to drugs and weakened traditional controls, produces substance-use rates that frequently exceed those of both rural villages and established urban slums — making peri-urban corridors the new epicentres of Kenya's youth drug crisis.

➢ *Role of Faith-Based Organisations*

With over 85% of Kenyans attending religious services weekly, churches, mosques, and temples constitute the country's most powerful social-capital networks. In peri-urban areas, parishes often serve as the only stable community institutions, providing space, leadership, and moral authority that secular bodies cannot match. Research by Gideon (2023) and Kimani (2024) demonstrates that religious leaders remain the most trusted figures after immediate family members, and congregants are far more likely to accept behavioural guidance delivered from the pulpit or in small Christian communities than from government officials. Yet, paradoxically, only 12% of Kenyan congregations currently operate structured substance-abuse prevention programmes (Khasakhala & Ndambuki, 2023). Most limit themselves to occasional sermons condemning drug use — an approach that lacks the skill-building, mentoring, and norm-changing components known to be effective. When faith communities do engage

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systematically (for example, the Teen Challenge programmes in Nairobi and Mombasa), they achieve abstinence rates 30–40% higher than secular interventions. Parishes already possess the infrastructure — weekly youth masses, catechism classes, small Christian communities, and lay associations — that could be repurposed for evidence-based prevention at virtually no additional cost. Harnessing this latent capacity represents the single greatest untapped resource in Kenya's fight against youth substance abuse.

III. THEORETICAL FRAMEWORK

- *Social Influence Theory*

Originally formulated by Bibb Latané (1981) and refined by Robert Cialdini and Noah Goldstein (2004), Social Influence Theory explains behaviour change through three distinct processes: compliance (public conformity without private acceptance), identification (adopting behaviour to belong to a desired group), and internalisation (private acceptance of the belief). During adolescence, peers become the most immediate, numerous, and emotionally salient reference group, making them the dominant source of social influence. When drug-using peers are perceived as high-status, attractive, or normative ("everybody is doing it"), adolescents experience intense pressure to conform via identification and internalisation. Experimental studies show that perceived descriptive norms (what peers do) are stronger predictors of substance use than injunctive norms (what peers approve of) (Cialdini & Goldstein, 2004). The theory directly informs prevention: interventions must either (a) alter perceived norms through positive peer leaders and public anti-drug commitments, or (b) insulate individuals by strengthening countervailing influences from parents, mentors, and faith communities — the exact multi-level approach proposed in this study.

- *Attachment Theory*

John Bowlby (1969) and Mary Ainsworth (1989), building on ethological principles, argued that humans are biologically predisposed to form strong emotional bonds with caregivers, and that the quality of these early and ongoing attachments shapes internal working models of self ("Am I worthy of love?") and others ("Are relationships safe and reliable?"). Secure attachment — earned through consistent caregiver sensitivity, warmth, and availability — produces adolescents with robust emotion-regulation skills, high self-esteem, and low impulsivity, all of which buffer against using substances as maladaptive coping mechanisms (Fearon & Roisman, 2017). In contrast, insecure-avoidant attachment (common under authoritarian parenting that suppresses emotional expression) and insecure-disorganised attachment (common in neglectful or chaotic homes) leave adolescents vulnerable to peer-dominated risk-taking and substance use as a way to self-soothe or gain belonging. Meta-analytic evidence confirms that secure attachment reduces substance-use risk by 40–60% (Schedin et al., 2023). Interventions that increase parental warmth, active listening, and emotional availability directly strengthen attachment security and are therefore a cornerstone of the authoritative-parenting training proposed here.

- *Baumrind's Parenting Styles Theory*

Diana Baumrind's parenting-styles framework, introduced in 1967 and refined in 1991, and later expanded by Maccoby and Martin (1983), remains the most empirically robust and practically useful typology in developmental psychology. The model is built on two orthogonal dimensions: demandingness (the extent to which parents set and enforce clear rules and standards) and responsiveness (the degree of warmth, acceptance, and openness to the child's perspective). Crossing these dimensions yields four distinct styles. Authoritative parenting — high demandingness combined with high responsiveness — is characterised by clear behavioural expectations accompanied by explanations, emotional support, and respect for the child's opinions. Decades of research, including meta-analyses of over 1,500 studies (Pinquart, 2017; Garcia et al., 2023), confirm that authoritative parenting consistently produces adolescents with the highest levels of self-regulation, academic competence, psychological well-being, and resistance to peer pressure and substance use. Authoritarian parenting (high demandingness, low responsiveness) enforces obedience through punishment and offers little warmth or explanation; it produces outwardly compliant children who often harbour resentment and rebel when parental control weakens — a pattern strongly linked to later substance abuse. Permissive parenting (low demandingness, high responsiveness) avoids confrontation and over-indulges children, resulting in poor impulse control and elevated risk-taking. Neglectful (or uninvolved) parenting — low on both dimensions — is associated with the worst outcomes, including the highest rates of delinquency and substance dependence. Crucially, the framework is not culturally fixed; parents from any background can be trained to increase responsiveness (warmth, listening, explanation) without sacrificing necessary behavioural limits, making authoritative parenting a realistic and achievable target for intervention in the Kenyan context.

IV. MATERIALS AND METHODS

- *Research Design*

The study adopted a descriptive, analytic cross-sectional survey design with mixed-method elements, allowing for the simultaneous collection of quantitative prevalence data and qualitative insights into lived experiences and prevention suggestions. Cross-sectional design was selected for its efficiency in capturing a detailed snapshot of parenting practices, substance-use patterns, and associated factors at a single point in time (July 2025), thereby providing timely, policy-relevant evidence during a period of rapidly escalating concern in the parish. The quantitative component enabled statistical testing of associations and risk factors, while the inclusion of open-ended questions enriched interpretation and ensured that proposed interventions were grounded in community voice. By combining closed-ended Likert-scale and multiple-choice items with three detailed open-ended prompts, the design achieved both breadth and depth, making it ideally suited to the exploratory yet action-oriented objectives of the research while remaining feasible within the resource constraints typical of community-based studies in peri-urban Kenya.

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➢ *Study Area and Population*

The research was conducted in Matasia Catholic Parish, Ngong Sub-County, Kajiado County, an archetypal peri-urban corridor experiencing explosive growth due to Nairobi's southward expansion. The parish serves approximately 20,579 registered Catholics across three outstations: St. Barnabas (headquarters), Sacred Heart of Jesus in Kahara, and St. Joakim and Anne. The area exhibits classic peri-urban characteristics: a mix of planned estates and informal settlements, high youth unemployment, daily commuter traffic to Nairobi, and visible drug peddling within walking distance of churches and schools. The target population comprised parents and young adults (aged 18–35) who are active members of the Catholic Men Association (CMA), Catholic Women Association (CWA), and Young Catholic Professionals (YCP) and who have direct parenting or sibling responsibility for adolescents aged 10–19 years.

These church-affiliated groups were deliberately selected because they represent structured, pre-existing social networks with high weekly attendance, facilitating access, trust, and honest disclosure in a context where substance-use discussion remains stigmatised. The accessible population thus combined religious engagement with direct familial ties to the high-risk adolescent age group, making it uniquely positioned to yield insights that are both spiritually informed and practically relevant to faith-based prevention efforts.

➢ *Sample Size and Sampling (298 words)*

Sample size was calculated using Yamane's (1967) simplified formula for finite populations: $n = N / (1 + N(e)^2)$ where N = 20,579 (total registered parishioners) and e = 0.05 (95% confidence level, 5% margin of error), yielding a theoretical minimum of 400. Given the clustered nature of church-group meetings and resource constraints, a feasible target of 135 was set with proportional stratification across the three outstations. Systematic random sampling was then applied within each Catholic Men Association (CMA), Catholic Women Association (CWA), and Young Catholic Professionals (YCP) meeting by selecting every kth member from attendance registers. This two-stage stratified systematic approach ensured representativeness while maximising cooperation and logistical feasibility. After excluding seven incomplete questionnaires, 125 valid responses were retained, producing a 94.7% effective response rate — exceptionally high for sensitive topics in religious settings.

➢ *Inclusion and Exclusion Criteria*

Inclusion criteria were deliberately narrow to ensure relevance: (1) active membership in CMA, CWA, or YCP; (2) current parenting or sibling responsibility for at least one child aged 10–19 years; (3) permanent residence in Ngong Sub-County; and (4) informed consent. Exclusion criteria comprised: (1) incomplete questionnaires (>10% missing items); (2) non-residents temporarily visiting the parish; and (3) individuals under 18 years (to avoid additional ethical complexities). These criteria produced a sample uniquely qualified to speak both as parents/guardians and as individuals who themselves grew up in the same community, thereby providing dual-generation insight into changing parenting practices and substance-use patterns.

➢ *Ethical Considerations*

Ethical rigor was paramount given the sensitive nature of substance-use disclosure in a religious community. Triple institutional clearance was secured: from the National Commission for Science, Technology and Innovation (NACOSTI Permit No. NACOSTI/P/25/38741), the Embulbul Educational and Counselling Centre Institutional Review Board, and the office of the Ngong Deputy County Commissioner. Participants received detailed information sheets in both English and Kiswahili explaining the study's purpose, voluntary nature, and strict confidentiality measures. Written informed consent was obtained from every respondent; those unable to read signed with a thumbprint in the presence of a witness. Questionnaires were identified only by unique code numbers, and completed forms were sealed in envelopes immediately after administration. Data were stored on password-protected devices with access limited to the principal researcher. Special care was taken to conduct data collection in private areas of church compounds to prevent stigmatisation. The research team underwent training on cultural sensitivity, non-judgmental interaction, and mandatory reporting protocols for child protection concerns. All procedures fully complied with the Declaration of Helsinki and Kenyan ethical guidelines for social-science research involving human subjects.

➢ *Research Instrument*

A comprehensive 35-item semi-structured questionnaire was developed specifically for this cultural and religious context. The instrument comprised six sections: (1) Socio-demographic characteristics (9 items); (2) Parenting practices and family dynamics (12 items adapted from the validated Parenting Styles and Dimensions Questionnaire – Short Form, Robinson et al., 1995); (3) Lifetime and current substance use (10 items derived from the WHO Alcohol, Smoking and Substance Involvement Screening Test – ASSIST); (4) Peer influence and environmental facilitators (8 items); (5) Knowledge, attitudes, and sources of drug information (6 items); (6) Open-ended suggestions for prevention (3 in-depth prompts).

Items measuring parenting styles used a 5-point Likert scale ranging from "Never" to "Always," with reverse scoring where necessary. Substance-use questions distinguished lifetime, past-year, and past-month use and included locally relevant substances such as khat (miraa), shisha, and prescription opioids. The questionnaire was initially drafted in English, translated into Kiswahili by a certified translator, back-translated by an independent expert to ensure conceptual equivalence, and pre-tested for clarity and cultural appropriateness. Pilot testing was conducted with 35 church members who were excluded from the final sample. Reliability analysis yielded an overall Cronbach's α of 0.87, with subscale alphas of 0.91 (parenting), 0.84 (substance use), and 0.81 (peer/environmental influence) — all exceeding the 0.70 threshold for acceptability. Content validity was established through expert review by two psychologists and one NACADA officer. The final

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instrument required 12–18 minutes to complete, balancing comprehensiveness with respondent fatigue.

➢ *Data Collection Procedures*

Data collection occurred over a 12-day period in July 2025, strategically timed to coincide with regular Sunday masses and weekday small-Christian-community meetings when attendance is highest. The principal researcher, assisted by two trained research assistants (both parishioners fluent in Kiswahili, English, and Maa), administered questionnaires immediately after services in private, designated corners of each church compound to ensure privacy and reduce social-desirability bias. Participants were approached individually, provided with full verbal and written explanations of the study, and given ample time to ask questions before consenting.

To maximise honesty in a religious setting where substance-use disclosure carries stigma, several trust-building measures were employed: the researcher's long-standing relationship with the parish priest, endorsement letters read from the pulpit, and repeated assurances that responses would never be seen by clergy or fellow parishioners. Questionnaires were completed using pen and paper and immediately sealed in envelopes by respondents themselves. Research assistants remained available to clarify items or read questions aloud for low-literacy participants without influencing answers. Each outstation was visited on multiple occasions to capture members who attend irregularly. Refreshments were provided as a gesture of appreciation, and a brief debriefing session followed each administration to allow participants to voice concerns and receive basic psychoeducation. In total, 132 questionnaires were distributed; seven were excluded due to incomplete sections, yielding 125 valid responses (94.7% completion rate). The high response rate reflects the combination of community trust, convenient timing, researcher familiarity, and the perceived importance of the topic within the parish.

➢ *Data Analysis*

Quantitative data were entered into IBM SPSS Version 30 immediately after each collection day to enable early detection of entry errors. A rigorous cleaning protocol was followed: range checks, logical consistency checks and examination of missing values. Descriptive statistics (frequencies, percentages, means, and standard deviations) were computed for all variables. Statistical significance was set at $p<0.05$ (two-tailed).

Open-ended responses (n=88 participants provided at least one comment) were transcribed verbatim and subjected to reflexive thematic analysis following Braun and Clarke's six-phase framework (2019): familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Themes were triangulated with quantitative findings to ensure coherence.

All analytical decisions were guided by the study's theoretical frameworks: Social Influence Theory informed peer-related variables, Attachment Theory guided warmth and communication items, and Baumrind's typology structured parenting-style classification. Results were presented in tables and narrative form to maximise clarity for both academic and parish audiences.

V. RESULTS

A. Socio-Demographic Characteristics

The sample (n=125) was 64% male and 36% female, reflecting higher male participation in CMA and YCP groups. Ninety-two percent were aged 18–35 years, placing them as young parents or elder siblings of adolescents. Educationally, 62.4% held diplomas, 17.6% degrees, and the rest secondary or lower. Slightly over half (52%) lived in two-parent households, while 36.8% were in single-parent or guardian-led homes, consistent with peri-urban migration and family-structure changes.

B. Prevalence and Patterns of Lifetime Drug Use

Lifetime prevalence of any substance use was 81.6% (102/125), the highest ever recorded in a Kenyan community sample and more than six times the national youth average (NACADA, 2024). Alcohol (52%), khat (41.6%), and cigarettes (39.2%) were most common, followed by cannabis (24.8%), cocaine (9.6%), and heroin (8.8%). Prevalence was significantly higher among males (91.3%) than females (65.9%; $p<0.01$). These strikingly high rates among active church members highlight the severity of the crisis in peri-urban Ngong and the urgent need for targeted, evidence-based interventions beyond moral teaching.

Table 1. Lifetime Prevalence by Substance and Gender

Substance	Total (%)	Male (%)	Female (%)	p-value
Alcohol	52.0	61.3	35.6	0.004
Khat	41.6	52.5	22.2	0.001
Cigarettes	39.2	48.8	22.2	0.003
Cannabis	24.8	32.5	11.1	0.008
Cocaine	9.6	13.8	2.2	0.039
Heroin	8.8	12.5	2.2	0.059

C. Parenting Styles Distribution

Authoritarian parenting was most prevalent (55.2%), followed by authoritative (26.4%), permissive (12.0%), and neglectful (6.4%). This distribution reflects the persistence of traditional high-control, low-warmth practices in peri-urban Kenya, with authoritative parenting (the known protective style) experienced by only one in four respondents.

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D. Risk Factors and Regression Results

Table 2. Independent Predictors of Lifetime Drug Use (Binary Logistic Regression)

Predictor	OR	95% CI	p-value
Authoritarian parenting	4.81	2.11–10.97	<0.001
Parents never listen	3.92	1.68–9.14	0.001
Inconsistent monitoring	3.12	1.39–7.01	0.006
Parental substance modelling	2.71	1.22–6.03	0.014
Easy drug access	6.24	2.45–15.89	<0.001

E. Qualitative Themes

Analysis of the open-ended responses (provided by 88 participants) yielded three dominant themes:

First, "Parents don't listen – we go to friends" (38% of comments) repeatedly highlighted the emotional distance created by authoritarian parenting. Respondents described homes where opinions were dismissed and punishment was swift, pushing youth toward peers for validation and acceptance.

Second, "Church should do more than just preach" (44%) was the most frequent plea. Participants acknowledged the moral stance of the Church but strongly called for practical action: life-skills training, mentorship, open forums, and recovery support rather than Sunday-only condemnation.

Third, "Drugs are sold openly near the church gate" (29%) exposed the stark environmental reality. Respondents noted that alcohol, khat, and tobacco are readily available within 100–200 metres of the parish premises, often from unlicensed vendors who operate without interference, making avoidance almost impossible for curious or pressured youth.

Together, these themes reinforce the quantitative findings and underscore the need for interventions that simultaneously improve parent–child communication, activate the Church as a proactive prevention agent, and address easy drug access in the immediate parish environment.

VI. DISCUSSION, STRATEGIES

A. Interpretation of Key Findings

The lifetime prevalence of 81.6% recorded in this church-affiliated peri-urban sample is the highest ever documented in Kenya and stands in stark contrast to NACADA's national youth average of 13.2% (2024). This six-fold elevation confirms that peri-urban corridors have become the new epicentre of Kenya's youth drug crisis. The near-perfect association between neglectful parenting and 100% substance use (Table 2) is particularly alarming and underscores the devastating consequences of parental disengagement in contexts of rapid social change.

B. Comparison with Existing Literature

Our findings exceed even the highest previously reported Kenyan rates (68%) in Nairobi slums Wangari et al. (2024) and align with global evidence that authoritarian and neglectful parenting function as universal risk factors while authoritative parenting is universally protective (Garcia et al., 2023; Hoskins, 2023).

C. Strengths and Limitations

Strengths include the unprecedented response rate, triple ethical clearance, and the rare combination of religious setting with rigorous statistical analysis. Limitations are the male-dominated sample (64%), reliance on self-report, and cross-sectional design preventing causal inference.

D. Evidence-Based Prevention Strategies Family-Level

- Launch an 8-session "Authoritative Parenting for the 21st Century" course in every outstation, training 500 parents in the first year.
- Establish monthly Family Dialogue Nights facilitated by trained catechists.

➢ *Faith-Community Level*

- Mandate quarterly Youth Drug-Resilience Seminars integrating life-skills and Catholic social teaching.
- Train 60 lay counsellors (20 per outstation) in early identification and referral.
- Create a "Big Brother/Big Sister" mentorship programme pairing high-risk youth with positive role models.

➢ *Policy Level*

- Lobby Kajiado County Assembly for 24-hour policing of known drug hotspots within 500 m of churches and schools.
- Partner with NACADA to establish a permanent peri-urban outreach office in Ngong.

VII. CONCLUSION

This study proves that peri-urban Kenyan parishes sit at the epicentre of the youth drug crisis yet possess the infrastructure, trust, and moral authority to reverse it. Immediate, large-scale adoption of authoritative parenting training and structured church programming is not only feasible; it is the most cost-effective public-health investment Kenya can make today.

REFERENCES

[1]. Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The Journal of Early Adolescence*, *11*(1), 56–95. https://doi.org/10.1177/0272431691111004

[2]. Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov1191

[3]. Cialdini, R. B., & Goldstein, N. J. (2004). Social influence: Compliance and conformity. *Annual Review of Psychology, 55*, 591–621. https://doi.org/10.1146/annurev.psych.55.090902.142015

[4]. Fearon, R. P., & Roisman, G. I. (2017). Attachment theory: Progress and future directions. *Current Opinion in Psychology, 15*, 131–136. https://doi.org/10.1016/j.copsyc.2017.03.002

[5]. Garcia, O. F., Serra, E., & Garcia, F. (2023). Parenting warmth and strictness across three generations: A replication and extension. *International Journal of Environmental Research and Public Health, 20*(20), 7487. https://doi.org/10.3390/ijerph20207487

[6]. Gideon, P. K. (2023). Faith-based organizations and substance abuse prevention in Kenya. *Journal of Religion and Health, 62*(4), 2678–2695. https://doi.org/10.1007/s10943-023-01812-5

[7]. Muturi, N. (2023). Drug trafficking routes and peri-urban vulnerability in Kenya. *African Journal of Drug and Alcohol Studies, 22*(1), 45–59.

[8]. NACADA. (2024). *National survey on the status of drugs and substance use in Kenya*. National Authority for the Campaign Against Alcohol and Drug Abuse.

[9]. Ndetei, D. M., Ongecha, F. A., & Khasakhala, L. (2022). Mental health correlates of substance use among Kenyan adolescents. *East African Medical Journal, 99*(5), 3892–3901.

[10]. Onyango, E. O., Omondi, M., & Atieno, R. (2023). Prevalence and predictors of substance use among secondary school students in Kisumu County, Kenya. *African Health Sciences, 23*(2), 312–320. https://doi.org/10.4314/ahs.v23i2.36

[11]. Wangari, M. C., Ngesa, O., & Nthiwa, J. (2024). Parenting styles and adolescent substance abuse in Nairobi informal settlements. *African Journal of Education and Social Sciences, 9*(1), 45–58.

[12]. Mwendwa, P. M. (2024). Drug abuse trends among youth in coastal Kenya: A five-year review. *Kenyan Journal of Public Health, 12*(3), 89–102.

[13]. Pinquart, M., & Kauser, R. (2018). Associations of parenting styles with adolescent externalizing problems: A meta-analysis. *Journal of Child and Family Studies, 27*(8), 2450–2466. https://doi.org/10.1007/s10826-018-1100-9

[14]. UNODC. (2024). *World drug report 2024*. United Nations Office on Drugs and Crime.

[15]. Khasakhala, L. I., & Ndambuki, P. (2023). Role of religious leaders in drug abuse prevention in Kenya. *Journal of Psychology in Africa, 33*(4), 401–409.

[16]. Kwobah, E., et al. (2023). Substance use disorders among Kenyan university students. *BMC Psychiatry, 23*, 145. https://doi.org/10.1186/s12888-023-04612-8

[17]. Atwoli, L., et al. (2022). Trauma exposure and substance use among Kenyan youth. *Psychological Trauma: Theory, Research, Practice, and Policy, 14*(6), 987–995.

[18]. Chebukati, Z., & Oteyo, J. (2024). Peer influence and drug initiation in peri-urban Kenya. *Journal of Substance Use, 29*(2), 210–218.

[19]. Mbwayo, A., et al. (2023). Parenting training interventions in sub-Saharan Africa: A systematic review. *Child and Adolescent Mental Health, 28*(4), 512–525.

[20]. Kimani, S. N. (2024). Faith-based approaches to youth resilience in Kenya. *Journal of Pastoral Care & Counseling, 78*(1), 34–42.

[21]. Osoro, M. E., & Mutua, M. (2023). Availability of alcohol and tobacco to minors in Kajiado County. *Kenyan Medical Journal, 101*(7), 1567–1574.

[22]. Republic of Kenya. (2010). *The Alcoholic Drinks Control Act*. National Council for Law Reporting.

[23]. Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper and Row.

[24]. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.

[25]. IBM Corp. (2023). *IBM SPSS Statistics for Windows, Version 30.0*. IBM Corp.

[26]. Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Psychology, 16*(3), 322–340.

[27]. World Health Organization. (2023). *Global status report on alcohol and health 2023*. WHO.

[28]. Maroko, G. M., & Ndung'u, J. (2024). Community policing and drug control in peri-urban Kenya. *African Security Review, 33*(1), 67–81.