

The link between poor parenting and prevalence of drug abuse among children at Kibera Slum in Nairobi, Kenya

Isaac Okoth, Simon Wainaina Mburu

ABSTRACT

Aims: The aim of the research was to determine if there is a link between poor parenting and prevalence of drug abuse among children in Kibera informal settlements. Its specific goals are: identifying the prevalence of poor parenting in the slum, extent of drug abuse among the children in the area, and the link between the two. **Methods:** The study was conducted in all nine major villages that make up Kibera slum in Nairobi, Kenya. The study was conducted through a qualitative method that entailed the use of in depth interviews and focus group discussions. The collected data was analyzed through transcription and coded. **Results:** The study found that there is high prevalence rate of drug abuse among the children in Kibera slum. Furthermore, it found that poor parenting is at an alarming rate in the slum. The study also found that there is a link between poor parenting and drug abuse among children in Kibera slum. **Conclusion:** Poor parenting in Kibera slum has caused the prevalence of the drug abuse among children in Kibera slum. One of the solutions to drug abuse among children in Kibera slum is, therefore, an improvement on parenting.

Isaac Okoth¹, Simon Wainaina Mburu²

Affiliations: ¹Student, Environmental Studies & Community Development, Nairobi, Kenya; ²Kenyatta University, Lecturer, Environmental Studies and Community Development, School of Environmental Studies, Nairobi, Kenya.

Corresponding Author: Simon W. Mburu, Lecturer, Department of Environmental Studies and Community Development, School of Environmental Studies, Nairobi, Kenya; E-mail: mburu.simon@ku.ac.ke

Received: 23 June 2016

Accepted: 28 June 2016

Published: 20 July 2016

Keywords: Community parenting, Drug abuse and youth, Kibera slum, Poor parenting

How to cite this article

Okoth I, Mburu SW. The link between poor parenting and prevalence of drug abuse among children at Kibera Slum in Nairobi, Kenya. *Edorium J Public Health* 2016;3:7–12.

Article ID: 100007P16IO2016

doi:10.5348/P16-2016-7-OA-2

INTRODUCTION

Kibera is the largest urban slum in Africa. It is located in Nairobi approximately five kilometers from the city center. According to the 2009 population census, it is approximated that Kibera slum has an approximate population of 170,070 people [1]. Most of the slum residents are poor, earning less than one dollar a day [2]. Studies show that the slum has high rates of unemployment, drug abuse and HIV/AIDS. Furthermore, studies show that rape and assault cases are common in Kibera that has led to sexually transmitted diseases including HIV/AIDS [3].

One of the social problems that affect Kibera slum today is drug abuse among children. The most common drugs used in the slum include inhalants like glue, miraa which is also known as Khat, marijuana, tobacco, and alcohol [4]. Other drugs abused in the slum are cigarettes, petrol, and glue. All these drugs are legal in Kenya, apart from marijuana which is also known as bhang. Even though the studies show the drug abuse to be more common among the out of school children compared to students, it is one of the reasons for school dropout

in Kibera slum. In the slum, the teenagers view drug abuse to be the norm and feel as an outcast if they do not engage in such like practices. The practices are, therefore, encouraged due to peer pressure. One of the factors that cause drug abuse among children is parental negligence. Other factors that affect the children in Kibera slum are domestic violence, crime, and lack of basic things like sanitation, water, and food. Furthermore, the majority of the households in the slum are single-headed with women being often the only parent. Some of the families also struggle with HIV/AIDS in the area with poor health facilities hence increase in the number of orphans [4]. In addition, poor housing, crime, violence, and large families have made the children slum dwellers to consider drug abuse as a means of relief.

Poor parenting is a situation in which the parents or other caregivers fail to interact effectively with their children or those under their care. It can be caused due to lack of knowledge. Even though it can be learned, poor parenting can also be passed from one generation to another. It entails either poor parenting practices or the absence of caregivers [5]. In explanation, they do not have additional caregivers in addition to their adoptive or biological parents. The caregivers can be their older siblings, uncles, aunts, grandparents, family friends, or any neighbor. Poor parenting can be defined through an analysis of its different features. One of the means to rectify poor parenting is through community parenting. Community parenting is a situation in which the children have additional caregivers in addition to their adoptive or biological parents. Kibera slum has characteristics that can support community parenting. One of its most outstanding features that can enhance community parenting is its division into village-like groups. The slum is divided into approximately nine villages-like groups. These include Kianda, Gatwekera, Soweto East, Lindi, Kisumu ndogo, Siranga, Laini Saba, Mashimoni, and Makina [1]. However, application of the community parenting structure to address the problems of slums has not been yet utilized.

The aim of the study was to determine the link between community parenting and drug abuse among children at Kibera slum. The topic objectives were, therefore;

1. To determine the prevalence of poor parenting in Kibera slum;
2. To assess the extent of drug abuse among children in Kibera slum; and
3. To evaluate how poor parenting has contributed to drug abuse among children in Kibera slum

OVERVIEW OF LITERATURE

Prevalence of poor parenting in slums

Bele et al. argue that behavioral problems like drug abuse among the slum children are associated with social

factors like parenting [6]. In addition, most parents in slum areas have adverse treatment-seeking behavior and poor knowledge of the life that their children live hence need immediate attention. Therefore, it is important for the community to be involved in the development of comprehensive services that include early identification, intervention, and prevention of the behavioral and emotional disorders. In agreement, Beguy et al. [7] indicate that urban slums are experiencing a high prevalence rate of poor parenting practices. In a study conducted in Nairobi urban slums, they argue that poor parenting has been the leading cause of poor reproductive and sexual health. Poverty plays a crucial level in determining in parenting as it is hard to take good care of a child while you are not sure what he or she will feed. Fakir et al. [8], therefore, argue that per capita income determines the behavior of the child. Poor parenting can not only lead to drug abuse but also its related life-threatening diseases like tuberculosis [9].

Extent of drug abuse in slums

According to Naik et al. [10], the rate of drug abuse among the children in Kibera slum is higher compared to other areas. The prevalence rate has been due to lack of essential services and negligence on the part of the parents. The children engage in behavioral problems such as drug abuse due to lack of warm affection from the family. In contrary, a study conducted by Kejerfors [11] in Rio de Janeiro found that the most slum parents raised their children in a loving atmosphere and with care. However, the few children and youths that felt neglected engaged in behavioral and emotional problems like drug abuse.

A study by Agarwal et al. [12] shows that there are high prevalence rates of drug abuse in both developing and developed countries. Children are most prone to the drug abuse menace in these countries. However, the developing world same as the developed has engaged in measured to curb the scenario. But the slum areas present a different and special case altogether. In agreement, Kasirye [13] the youths in Kampala slums have engaged in drug abuse at a high rate. However, the study considers the causes of drug abuse to be unemployment and poverty that has led the youths to engage in prostitution. In the rural and slum area of Chandigarh (India), alcohol is the drug most abused by the residents [14]. However, the starting age was approximated to be 20.89 ± 5.31 years and 19.75 ± 5.4 years among the rural and urban slum dwellers respectively. As a result, the drug abusers have experienced health and family problems.

Ghulam et al. [15] agree with Chavan et al. [14] that the rate of drug abuse is higher in slums compared to the high income urban or rural areas. The reason for the difference is majorly the economic and social problems. A study conducted at Prakash Chandra Sethi Nagar slum in India showed that the prevalence rate of drug abuse is

approximately 560/1000 in which 28.2% were females, and 78.2% were males [15]. The drugs abused in order of the most abused to the least abused in the slum were tobacco, nontobacco pan masala, alcohol, cannabis, opiates, hypnotic and sedative, solvents, and cocaine. Qadri et al. [16] confirm the study of Ghulam et al. [15] by indicating that the prevalence rate of drug abuse was higher among the males compared to the females.

Link between parenting and drug abuse

According to Jogdand and Naik, parenting plays a great role in determining the behavior of people when they are young and also when they grow old [17]. They argue that the nature and quality of nurture that a child gets determines their future. Behavior problems are, therefore, associated with poor parenting. The absence of both or a single parent or caretaker and alcoholism are some of the factors that define poor parenting. Behavior problems among youths and children can, therefore, be prevented through good parenting. Bele et al. in a study conducted Karimnagar urban slum in India agrees that there is a link between behavioral disorders like drug abuse and parenting [6]. They argue that parents are not aware of the behavioral disorders that their children experience. Furthermore, a study conducted by Naik and Jogdand show that there is a link between behavioral problems and parenting issues [10]. For instance, more behavioral problems were found among children in a slum that come from large families. The behavioral problems were also directly proportional to the literacy levels of the parents with children having illiterate mothers being more prone. Besides, children with caring parents were less affected by behavioral problems compared to those that had non-caring parents. The parents' attitude plays a great role in reducing the prevalence rate of drug abuse in slums.

MATERIALS AND METHODS

Research design

A descriptive research design was employed to conduct the study. Data was collected through in depth interviews and focus group discussions. The study managed conduct twelve in-depth interviews. The in-depth interviews were collected from an assistant chief, a chief, four community elders, three church leaders, and three school heads. The participants were selected through simple random sampling. In addition, there were nine focus group discussions conducted at each of the villages through purposive sampling criteria [18]. The data was collected using recoding gadgets.

Data analysis

The recoded data collected was transcribed then coded according to the relevant thematic areas [19]. The coding

was done in a metric format to ensure ease in analysis and comparison of the data. The qualitative analysis involved putting collected data into meaningful themes that could answer the research questions.

RESULTS AND DISCUSSION

Prevalence of poor parenting in Kibera slum

Parents who attended one of the focus group discussions claimed that they cannot be poor parents to their children intentionally. They argued that they never got the better parenting and, therefore, they do not know how to treat their children better. Most of the parents claimed to be born in the slum while the rest either moved in from the rural areas or were total orphans in their young age. The parents insisted that they pay school fees and, therefore, expect their children to be taught proper manners in schools. They argued that they have too much responsibility ranging from provision of food and shelter to payment of school fees for their children. However, they argued that they are not supposed to be blamed for their children's immorality since they always do their best. The element of poor parenting among the group members confirms the finding of Bele et al. claims that poor parenting in slums is a contributor to drug abuse [6].

On an in-depth interview with one of the slum's chiefs, he argued that single parenting is the primary cause of poor care giving in the slum. He argued that most of the parents are the sole providers of parental services in their households hence could not ensure its proficiency. In explanation, he said that most of these single parents are women who spend most of their time looking for money to provide for their children. The children, therefore, are left alone to make their decisions. In return, they get prone to peer pressure as they try to imitate their friends that in might be older and immoral. The result is in tandem with the study of Beguy et al. that argues that poor parenting plays a crucial role in the high prevalence rate of drug abuse among the slum children [7].

The children also claimed that their parents give them little attention. They prefer seeing them reading or watching television as opposed to talking to them. They do not ask them the difficulties they faced during the day and did not care of what they engaged in during those moments. The parents never pay attention to issues raised with their children neither do they consider their input important in decision making in the house. This is in agreement, Bele et al. argue that disconnect between the children and parents can lead to high rate of drug abuse [6].

All the children showed disconnect with at least one of their parents. They consider their parents to either be harsh if not unavailable. The children said that they feared their parents since they scream, hit, and humiliate

them. They argued that their parents' cruelty or harshness is the reason they cannot not approach them. Some also claimed that their parents abused them hence engaging in drugs. One of the church leaders, in an in-depth interview, argued that it is easy for the parents to replicate the harsh treatment they experienced as children to their young ones and the cycle continues. He also argued that the community has failed to learn from experience of several decades ago when a child upbringing in his rural area was a responsibility of the whole community. According to the leader, the community members ought to take care of their neighboring children and show them the right path. Failure of which, the "dysfunction will continue, and drugs will not be the only problem to address." The result agrees with the study conducted by Agarwal et al. [12] that indicates that the need and challenges of the slum are special and different from those that are experienced in other areas of the developing and developed world. Naik and Jogdand go ahead naming the unique challenges experienced in slums to include inadequate essential services [10]. Furthermore, Kasirye links drug abuse to unemployment and poverty; issues that are prone in the slums [13].

Extent of drug abuse among children in Kibera slum

Approximately 72% of the children engaged in the research study indicated that they had at least tasted drugs. This is in tandem with Naik and Jogdand who say that there is high rate of drug abuse in Kibera slum [10]. The majority of the children considered the usage of drugs to be an ordinary thing with only a few linking it to the slum conditions. However, all the respondents agreed that the drug usage in Kibera slum is extremely high including children incidents. The children gave a list of several drugs that they had used to include chang'aa, bhang, cigar, miraa (Khat), glue and petrol. However, the most common drug used by children was chang'aa (illicit gin) due to its availability. Most of the children who claimed to be born in the slum pointed out that they were introduced to the drugs by friends. Some also said that they take the drugs since they see their parents taking them when they are stressed. Asking one of the school drop-out child, why they engage in drugs, the child replied that they were taught that it numbs their nervous system thus releasing stress. Other considered drug abuse to be a way of marking once presence in the society.

Most of the children tasted drugs for the first time from a left-over from their parents, relatives, visitors, or family friends. All of the cases were majorly due to curiosity. However, the most of the drugs in this incident were majorly cigarette and chang'aa (local gin). Chang'aa is a form of very strong alcoholic drink which has high methanol contents. Accessing it has been easy among the Kibera children due to its cost. It costs approximately Kshs 10 per glass in the slum, yet strong enough to make

one drunk. Furthermore, chang'aa is brewed in some of the households in Kibera slum. Due to its cheapness and availability, children find it easy to access and use it. The findings agree with the work of Ghulam et al. that argues that accessibility has a role to play in determining the prevalence of drug abuse and type of drug used in a particular area [15].

Link between poor parenting and drug abuse among children in Kibera slum

The children in focus group discussions indicated that poor parenting plays a role in their engagement in drugs. They argued that their parents are not always there for them, and when present they are too busy to approach them. In addition, the children claimed that their parents are insensitive and do not care of what they do. They are also unapproachable making it impossible to interact with them. Since they do not have anyone to talk to, they usually decide to handle their problems in their way. One of these ways is engaging in drugs. The finding agreed with the study of Jogdand and Naik that considered parenting as a determinant of the behavior of a person at the child, teenage, and adult stage of development [17].

One of the elders in the slum argued that poor parenting means that children do not have people to tell them what to do or not to. She argued that Kibera children engage in drugs because their parents have neglected them. The elderly in a group discussion argued that no one today cares of what happens to the children. One can see a child taking drugs but just ignore on the mere fact that he or she is not his or her child. Poor parenting has also made the slum children to be more prone to peers pressure. They consider their friends as their source of refuge and, therefore, do what they are doing so as not to lose them.

CONCLUSION

Poor parenting in Kibera slum has caused the prevalence of the drug abuse among children in Kibera slum. The children, therefore, have no option but to look for advice from an available source that in most cases are the older youths. Since they want to fit in the groups, they engage in the drugs with these older groups. The reason to poor parenting in the slum is the absence of the parents. The children in the slum often are under the care of a single parent who are engaged in the daily hustle to meet the household demand. In the process, children become more vulnerable and engage in drugs among them marijuana, alcohol, glue, cigarettes, petrol among others. One of the solutions to drug abuse among children in Kibera slum is, therefore, an improvement on parenting.

Acknowledgements

All the key informants in Kibera slum

Author Contributions

Isaac Okoth – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Simon Wainaina Mburu – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

Copyright

© 2016 Isaac Okoth et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

REFERENCES

1. Population and Housing Census Report - 2009. National Bureau of Statistics. Government of Kenya, Nairobi, Kenya. 2010.
2. Harkness S, Gregg P, MacMillan L. Poverty: The Role of Institutions, Behaviours and Culture. London: Joseph Rowntree Foundation; 2012.
3. Kabiru CW, Beguy D, Crichton J, Zulu EM. HIV/AIDS among youth in urban informal (slum) settlements in Kenya: what are the correlates of and motivations for HIV testing? *BMC Public Health* 2011 Sep 3;11:685.
4. Onyango P, Tostensen A. The Situation of Youth and Children in Kibera. CMI Report 2015;(3).
5. Ndukwu CI, Egbuonu I, Ulasi TO, Ebenebe JC. Determinants of undernutrition among primary school children residing in slum areas of a Nigerian city. *Niger J Clin Pract* 2013 Apr-Jun;16(2):178–83.
6. Bele SD, Bodhare TN, Valsangkar S, Saraf A. An epidemiological study of emotional and behavioral disorders among children in an urban slum. *Psychol Health Med* 2013;18(2):223–32.
7. Beguy D, Mumah J, Gottschalk L. Unintended pregnancies among young women living in urban slums: evidence from a prospective study in Nairobi city, Kenya. *PLoS One* 2014 Jul 31;9(7):e101034.
8. Fakir AM, Khan MW. Determinants of malnutrition among urban slum children in Bangladesh. *Health Econ Rev* 2015 Dec;5(1):59.
9. Banu S, Rahman MT, Uddin MK, et al. Epidemiology of tuberculosis in an urban slum of Dhaka City, Bangladesh. *PLoS One* 2013 Oct 21;8(10):e77721.
10. Naik JD, Jogdand SS. Socio-Demographic Correlates of Behavior Problems Amongst the Urban Slum Dwellers Aged Between 6 to 18 Years. *National Journal of Medical Research* 2013;3(3):222–5.
11. Kejerfors J. Parenting in urban slum areas: Families with children in a Shanty town of Rio de Janeiro. 2007. [Available at: <http://www.diva-portal.org/smash/get/diva2:197529/FULLTEXT01.pdf>]
12. Agarwal M, Nischal A, Agarwal A, Verma J, Dhanasekaran S. Substance Abuse in Children and Adolescents in India. *J Indian Assoc Child Adolesc Ment Health* 20139(3):62–79.
13. Kasirye R. Interface of Substance Abuse and Child Prostitution: Intervening in the Lives of Slum and Street Children in Kampala-Uganda. 2005.
14. Chavan BS, Arun P, Bhargava R, Singh GP. Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey. *Indian J Psychiatry* 2007 Jan;49(1):44–8.
15. Ghulam R, Verma K, Sharma P, Razdan M, Razdan RA. Drug abuse in slum population. *Indian J Psychiatry* 2016 Jan-Mar;58(1):83–6.
16. Qadri SS, Goel RKD, Singh J, Ahluwalia SK, Pathak R, Bashir H. Prevalence and Pattern of Substance Abuse Among School Children in Northern India: A Rapid Assessment Study. *International Journal of Medical Science and Public Health* 2013;2(2):273–82.
17. Jogdand SS, Naik J. Study of family factors in association with behavior problems amongst children of 6-18 years age group. *Int J Appl Basic Med Res* 2014 Jul;4(2):86–9.
18. Kara H. Creative Research Methods in the Social Sciences: A Practical Guide. Bristol: Policy Press. 2015.
19. Matthews B, Ross L. Research methods: A practical guide for the social sciences. Harlow: Longman; 2010.

Access full text article on
other devices



Access PDF of article on
other devices

