



Relationship between Psychosocial Health and Drug Use among Street Children in Starehe Sub-County, Nairobi County Kenya

¹O'gallo Brian Ochieng'

¹Africa Nazarene University

¹brian.ogallo@yahoo.com

ABSTRACT

Life in the streets is not easy. It has immense negative effects on the psychosocial health of street children which could result in substance use. This study set out to examine the relationship between psycho-social health and drug use among street children in Starehe Sub-County, Nairobi County Kenya. This study was based on the Problem Behaviour Theory (PBT). This study adopts the correlational research design. Data were collected from 100 street children. These were sampled using cluster and simple random sampling techniques from a target population of 30,000 in the Starehe Sub-County of Nairobi County. In addition, data was collected from purposively sampled four officials from the Starehe Children's Office, eight officials of NGO/FBO operating in the sub-county, 1 sub-county administrator, and 4 ward administrators from the Sub-County. The qualitative data collected using questionnaires were analyzed using descriptive statistics like mean, percentage, and frequencies, as well as inferential statistics such as Pearson correlation and regression analysis. The findings obtained were presented using charts and tables. The qualitative data collected using interviews were analyzed thematically. The findings were then presented in prose. The findings show that psychosocial health affected drug use among street children. Pearson correlation showed that there was a significant relationship between drug use and psychosocial health, $r=0.503$. The findings show that the measures put in place to enhance the mental health of street children made had significant influences on their drug use. There is also a need to provide street children with homes to reduce exposure to stressful conditions that could lead to mental health problems. Regular free mental healthcare clinics should also be availed for all street children. Raising awareness and sensitizing the street children on the negative implications of drugs is also important. There is a need to strengthen behaviour counseling, support groups, and sober social networks for street children. The government and non-governmental organizations should come up with programs for supporting access to counseling services. Some of the street children should also be trained to prop up their abilities to offer peer counseling services to their colleagues.

Keywords: *Psycho-Social Health; Drug Use; Street Children; Social Support System; Counselling Services*

I. INTRODUCTION

1.1 Background of the Study

Statistically, there are millions of street children globally. The UNICEF (2018) Situation of the World children report goes ahead to state that in recent times the problem is increasing due to conflicts, family breakups, natural disasters, economic problems, political changes, and the epidemic of the spread of diseases. Ghodousi, et al (2017) indicates that these children suffer from problems such as cognitive skills, sexual abuse, substance abuse, family problems such as domestic violence, parental separation, and poverty which all result in depression. This was enforced by research by Magai, Malik, and Koot (2018) who asserted that the emotional problems caused by these adverse events in street children begin during childhood or adolescence and result in depression.

In Africa, it has been estimated that there are 20 million street children who are as a result of economic growth, war, loss of traditional values, physical and mental abuse hence every child proposes to be in the streets thinking it is safer and they can fend for themselves (United Nations Children's Fund, 2015). John, Yusha'u, Philip, and Taru (2019) did a cross-sectional descriptive study in Abuja Nigeria on the mental health effects of children being in the streets and found out that street life is a common sight among the predominant population which was of male children and they are at a higher risk for developing mental illness due to the difficult childhood experiences they go through while in the streets in the form of abuses and parental deprivation. African Street children undergo daily and constant physical and psychological abuse and this adversely affects their mental well-being leading to depression and thereby surviving in the streets by choosing to cope through adopting behaviors such as drug abuse (Reza & Henly, 2018).

The importance of the psychosocial health of any population cannot be gainsaid. Simply put, psychosocial health "describes an individual's sense of peace, purpose, connection to others, and beliefs about the meaning of life" (Worku, Urgessa, & Abeshu, 2019). Each year, governments spend myriads of dollars to enhance the psychosocial

health of their citizens (UNICEF, 2019). Regrettably, disadvantaged populations such as street children are often excluded from accessing these services. As a result, some may take to drugs as a coping mechanism. This current study conceptualizes that psychosocial health, access, or lack thereof to counselling services as well as the quality of social support system may make street children susceptible to drug use.

Studies, the world over, show that psychosocial health could contribute to drug use among street children. In the United States of America, Tyler and Schmitz in a study focused on 150 homeless youth in the Midwestern United States show that primary stress causes correlated with secondary stress causes (Tyler & Schmitz, 2018). The study shows that the only factor associated with drug and substance abuse was physical street victimization. This current study sets out to find out the level to which these findings could be extrapolated to street children in Kenya.

In India, Sharma and Joshi (2020) investigated the strategies that can be applied for the prevention of substance abuse in the street children population in India. Based on a systematic review of existing literature, the study shows there is a high prevalence of street children with 10% of them being found in India. Peer pressure in the streets pushed these children to result in drug and substance use. This current study sets out to find out the level to which life in the streets contributes to an increased tendency to use substances among students.

In Egypt, a study by Aly, Omran, Gaulier, and Allorge (2020) posits that substance abuse among children remains a major challenge for policymakers and law enforcement and leads to serious implications for the growth and development of these children and vulnerability to disease. Street children live in an environment replete with the availability of new psychoactive substances. They are often recruited to work as drug peddlers. As a result, they are initiated into drug use early in their life. This is indicative of the fact that the environment in which teenagers grow up plays an important role in drug use initiation. This current study sets out to find out the level to which life in the street affects drug use among street children in Kenya.

A study in Ghana by Cudjoe and Alhassan explored the perceptions of Ghana's female head porters on their social support and how this helps them navigate through street life. Data shows that institutional, financial, emotional, and casual support could mediate against substance use (Cudjoe & Alhassan, 2016). Though not focused on street children these findings show the importance of social support in the control of substance use.

In Kenya, the situation is not different, the Situational Report for children and women reports that urban areas such as Nairobi, Mombasa, Kisumu, Eldoret, and Nanyuki have the highest number of street children (United Nations Children's Fund, 2017). The same reports indicate that this number keeps on increasing due to children in informal settlements being drawn to the streets of Nairobi and that devolution has added complexity to the issue as the county governments lack constitutional obligation to allocate funds for the rehabilitation of the children in the street situations (United Nations Children's Fund, 2017). The Consortium of Street Children (CSC, 2016) an international charity that Kenya is a signatory, 2016 estimated that between 250,000 to 300,000 children live in the streets of Kenya while 60,000 of them live in the streets of Nairobi

A study by Chepngetich sought to put forward the measures that can be put into practice to curb challenges facing rehabilitation among street children in Nakuru Town (Chepngetich, 2018). The study established that lack of social support systems pushed street children to live in bases. These bases offered an organized survival group system. The group had formal leadership and gave the children a sense of belonging, identity, and security. A child was supposed to adhere to stipulated rules in the group. Since drug use was prevalent in these groups, members were easily recruited into drug use. It was thus necessary to offer alternative social support systems that could enhance their psychosocial health and act as bulwarks against substance use. This current study sets to find out the level to which these findings could be applied to street children in the Starehe Sub-County of Kenya.

Starehe Sub-County has high numbers of street children. Most of these engage in substance use. The vast majority sniff glue and any other substances they can lay their hands on to mitigate the pangs of hunger, pain, and violence that they have to contend with in the streets (Sitienei & Pillay, 2019). Faced with high levels of poor psychosocial health due to the harsh life they face in the streets, substance use often remains the last bastion for most of these children. This study sets out to examine the relationship between psycho-social health and drug use among street children in Starehe Sub-County, Nairobi County Kenya.

1.2 Statement of the Problem

Life in the streets is not easy (Sitienei & Pillay, 2019). It has immense negative effects on the psychosocial health of street children. Although governments spend a lot of financial resources to enhance the psychosocial health of their people (Cudjoe & Alhassan, 2016), street children are often excluded. Consequently, most of them lack tangible sources of support. Most of them may not afford counseling services and have no close family relations to provide them with any meaningful social support (Friberg & Martinsson, 2017). Coupled with the harsh realities of street life, some of them result in substance use (Chege & Ucembe, 2020).

Regrettably, it remains a tall order to understand the nexus between psycho-social health and drug use among street children in the Starehe Sub-County of Nairobi County Kenya. Most documented studies do not attempt to draw a link between the factors under investigation in this study such as period spent on the streets, access to counseling services, and social support on substance use among street children. This makes it untenable to proffer empirically informed on ways of enhancing the psychosocial health of these children.

The preceding situation ought not to be so in Starehe County which houses Nairobi City, the capital city of Kenya. Drugs and crime often go together (Sitienei & Pillay, 2019). In this regard, a lack of studies focused on the relationship between psychosocial health and drug use among street children such as this current one could make it untenable to reign in on a crime in the city. Furthermore, making recommendations on ways of enhancing the psychosocial health of street children could remain an elusive goal. This underlines the importance of studies such as this current one.

1.3 Objectives of the Study

To explore the relationship between psychosocial health and drug use among street children in Starehe Sub-County, Nairobi County Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Framework

This study was founded on the Problem Behavior Theory (PBT) which was formulated by Jessor (1977). The main focus of the PBT is to explain the reasons why young people adopt unconventional behavior and are used to shed light on why street children throughout the world start abusing drugs and substance abuse (Ma & Shive, 2000).

The PBT theory is guided by the fundamental assumption that the interaction of three systems guides behaviors. These are; societal legal norms, an individual's value system, and the environmental-influenced relations that one sustains. In line with this study, social support and counselling can create an environment that can enhance the psychosocial health of street children. As such when street children have access to counselling services as well as social support, which forms the right environment, they can be protected from drug use.

Interventions of religious institutions and civil society organizations can significantly enhance the psychosocial health of street children at the street level. The government can aid in drug use alleviation among street children through policy legislation aimed at enhancing access to social support services. The PBT theory forms a basis for the current study as it enables the researcher to explain the possible causes of poor psychosocial health among street children. It also shows the level to which interventions within the context of these children could alleviate substance use.

2.2 Empirical Review of Literature

Tyler and Schmitz (2018) conducted a study titled 'Childhood Disadvantage, Social and Psychological Stress, and Substance Use among Homeless Youth: A Life Stress Framework.' Data was collected from a sample of 150 homeless youth in the Midwestern United States. Based on a life stress framework, the findings show that primary stress causers had a correlation with secondary stress causers and that the only factor associated with drug and substance abuse was physical street victimization. These findings paint a holistic picture of the primary (distal) and secondary (proximal) life stressors experienced by the young and homeless and give insights on the issues that service providers must put into consideration when working with this group, lessons that can be applied on all areas experiencing street children such as Starehe Sub-county. However, the study was not focused on Kenya and may not expressly relate to this current study.

The issue of stressors on the street and substance use was also studied by Kim, Bender, Ferguson, Begun, and DiNitto in 'Trauma and Posttraumatic Stress Disorder among Homeless Young Adults: The Importance of Victimization Experiences in Childhood and Once Homeless.' The study focused on examining the correlation of trauma and PTSD in young and homeless adults who have experienced abuse as children and victimization due to homelessness to develop methods of intervention and prevention (Kim, Bender, Ferguson, Begun, & DiNitto, 2017). A sample of 600 homeless young adults was used in this study to test whether the factors of child abuse, homelessness features, victimization during homelessness, and personal resilience had an association with PTSD and trauma and subsequent drug abuse using multinomial logistic regression. The findings show that trauma and PTSD are caused by factors such as childhood stressors which include sexual or physical abuse and physical victimization during homelessness, lack of social connectedness, and having low self-efficacy. In this study, it is established that the development of trauma and PTSD intervention and prevention approaches should emphasize these correlations.



Availability of drugs in the street was also an important determinant of substance use among street children. A study by Aly, Omran, Gaulier, and Allorge et al. (2020) on 'Substance abuse among children focuses on various important issues related to substance abuse among children. This study is based on the assumption that substance abuse among children remains a major challenge for policymakers and law enforcement and leads to serious implications for the growth and development of these children and vulnerability to disease (Aly, Omran, Gaulier, & Allorge, 2020). The factors highlighted in this study are the availability of new psychoactive substances that are continually being developed and are being spread around the world, prevalence, and onset of substance abuse, recruitment of street children to supply of drugs, the consequences of substance abuse when children have initiated early in their life and the prevention measures that can be applied to curb this menace. This study suggests that for an effective prevention program to be developed, it needs continuous re-evaluation and proper attention to this menace. This former study was based on a desk review of extant literature. As such, the findings may not expressly cast light on the state affairs in Starehe Sub-County.

Peer pressure and poverty also push street children to abuse drugs. A study by Sharma and Joshi (2020) titled 'preventing substance abuse among street children in India: a literature review aims at investigating the strategies that can be applied for the prevention of substance abuse in the street children population in India. Data collection was through reviewing literature from 15 academic journal articles and grey literature from government publications and private organizations which underwent screening, analysis, and reviewing to come up with findings and discussions about the study subject (Sharma & Joshi, 2020). The findings arrived at data analysis show that there is a high prevalence of street children around the world which stands at 10% in India and two-thirds of these were boys. Drug abuse is also prevalent and the most abused was nicotine and alcohol, which cause damage to vital organs and social effects such as violence, crime, and sexually transmitted infections including HIV/AIDS. The reasons which drive children to prefer street life are peer pressure and poverty. The study area being India, this study observes that the government has approved the Convention on the Rights of the Child, the Integrated Programme on Street Children and the Modified Social Stress Model has been implemented in cities across the country. These have helped a great deal to prevent an increase in street children and abuse of psychoactive substances. The study by Sharma and Joshi was undertaken in India. Although it relates to this study, the direct relevance of these findings may be hard to establish due to contextual differences.

Resilience to drug use also militates against the level of substance use among street children. Worku, Urgessa, and Abeshu (2019) conducted a study titled 'Psychosocial Conditions and Resilience Status of Street Children in Jimma Town' which aimed at exploring the psychosocial conditions and resilience status of the children living in the streets of Jimma town. This study applied the explanatory sequential research design and data collected using interview guides, focused group discussions, and questionnaires in a sample of 137 teenage street children drawn from 246 children using simple random sampling (Worku, Urgessa, & Abeshu, 2019). The analysis of qualitative data was through discourse analysis while quantitative data was analyzed using multiple regression analysis, mean and standard deviation, and Man Whitney U T-test. The findings after multiple regression analysis show that anxiety is a predictor of resilience and that boys were more resilient compared to girls. This builds a need for the Jimma Town Women and Children Affairs Office and other stakeholders to build the resilience status of its street children through education and empowerment forums.

The living conditions of street children could explain their substance use tendencies. Embleton, Shah, Gayapersad, Kiptui, Ayuku, and Braitstein (2020) conducted a study titled "Characterizing street-connected children and youths' social and health inequities in Kenya: a qualitative study" The study was conducted on May 2017-September 2018 using multiple qualitative methods such as in-depth interviews, focus group discussions, analyzing government policy documents, and reviewing of archived newspaper articles. A sample of 100 participants, selected using purposive sampling from 5 counties, was inducted in this study, and thematic analysis was done using the conceptual framework on SDH and CRC. The findings after data analysis structural and social determinants are the main causes of Street Connected Children and Youths (SCY) social and health disparities (Embleton, Shah, Gayapersad, Kiptui, Ayuku, & Braitstein, 2020). This is a result of the socioeconomic and political environment in the country which leads to systemic discrimination, human rights breaches, and unequal socioeconomic position in society. The social determinants further have repercussions such as lack of basic needs, being homeless or lack of adequate housing, use and misuse of psychoactive substances, and psychosocial stress. The study observes that these inequities are man-made and can therefore be avoided through action on social determinants of health (SDH) for SCY.

The level of knowledge on the dangers of drug use could explain the level of use of proscribed substances. A study by Bah (2018) on 'drug abuse among street children sought to determine the risks and prevalence of drug abuse on street children with an emphasis on those in the car parks in the Gambia. The focus of the study was on the areas of drug abuse such as its knowledge, its perception, causative knowledge, negative impact knowledge, prevention knowledge, and support services needed knowledge (Bah, 2018). Data collection was done using structured

questionnaires in a sample of 35 participants and analysis was done using tables and percentages. The findings after the analysis show that the street children were knowledgeable about drug abuse, ways of fighting abuse, support services they need, and its negative implications such as mental illnesses and problems with the law. Factors that led to drug abuse included peer pressure, relieving stress, and being recognized by peers. There were also a small number of children who sought intention due to factors such as fear of societal stigmatization, discrimination, exclusion, and professional maltreatment. The study by Bah was undertaken in the Gambia, another African country. This makes the study interesting since it focuses on another sub-Saharan African country. However, the study does not assess all the variables under investigation in this current study. This creates empirical gaps that can only be bridged by focused study.

III. METHODOLOGY

3.1 Research Design

This study adopts the correlational research design. This research design measures the relationship between two variables (Best & Kahn, 2010). The researcher does not control either of the variables. In this design, the researcher collected data through interviewing or administering questionnaires to a sample of individuals. In understanding the relationship between psychosocial health and drug use among street children in Starehe Sub-County, Nairobi County Kenya, this was deemed a suitable design (Best & Kahn, 2010).

3.3 Research Site

This study was carried out in the Starehe Sub-County of Nairobi County. There are 6 wards in the sub-county namely: Landimawe, Nairobi Central, Pangani, Ngara, Ziwani/ Kariokor, and Nairobi South. The area was selected since an estimated analyzing 50% of the 60,000 street children in Nairobi are found in the sub-county (Aptekar & Ciano-Federof, 2017; Githinji, 2017). This is a significant proportion of the 300,000 street children in Kenya. With the Central Business District (CBD) being located in the Sub-county, many children often end up in the area to begin living in the busy streets.

3.4 Target Population

Target population refers to all members of a real or hypothetical set of people, events, or objects to which a researcher wishes to generalize the results of research (Karimi, 2005). The study targets all the estimated 30,000 street children in the Sub-County (Githinji, 2017), 4 officials in Starehe children's office, 8 officials of NGO/FBO operating in the sub-county, and 1 sub-county and 5 ward administrators from the Sub-County. These numbers are based on the County Integrated Development Plan 2018-2022 (Nairobi County, 2018). These were targeted for purposes of narrowing the study in scope. Also, these street children could avail themselves first-hand information on the subject under investigation.

Table 1

Target Population

Category	NO. OF PRINCIPALS
Street Children	30000
Starehe Children Officers	4
NGO/FBO Officials	8
Ward Administrators	4
Sub-County Administrator	1
TOTAL	30017

Source: Githinji (2017)

3.5 Determination of Study Sample

3.5.1 Sampling Procedure

The study employed three sampling techniques. Through the cluster sampling technique, the street children were sampled from their bases in the six wards. The CBD and the wards immediately bordering it including Nairobi Central, Landimawe, Ngara and, Ziwani/ Kariokor were purposively allocated an extra street child after all the wards are equally allocated samples. The simple random sampling techniques were used to select the study participants per ward from street children. Lastly, all the children officers in the Starehe sub-county, officials of NGO/FBO as well as sub-county and ward administrators were selected using the purposive sampling technique.

3.5.2 Study Sample Size

The sampling formula employed to obtain the street children's sample size in the study was the simplified formula put forward by Yamane (1967) for obtaining sample sizes. The formula is:

$$n = N / (1 + N(e)^2)$$

Where:

n = sample size,

N = Target Population

e = level of precision estimated at 10% i.e. 0.01.

When the formula is fitted to the population of street children, a sample of 100 was obtained. On their part, all the 4 children's officers, 8 officials of NGO/FBO, and 5 sub-county and ward administrators. This made a sample size of 100 street children, 4 children officials of NGO/FBO, 4 ward administrators, and 1 sub-county administrator. The sample size is shown in Table 3.2.

Table 2

Sample Size

Street Children	N	n
Nairobi Central	5,000	17
Landimawe	5,000	17
Ngara	5,000	17
Ziwani/ Kariokor	5,000	17
Pangani	5,000	16
Nairobi South	5000	16
Sub-Total	3,0000	100
Starehe Children Officers	4	4
Officials of NGO/FBO	8	8
Ward Administrators	4	4
Sub-County administrator	1	1
Total	30017	117

3.6 Data Collection Tools

The researcher employed two types of research instruments: questionnaires for street children as well as interview guides for children officers, government officials, and sub-county/ward administrators.

3.6.2 Pilot Testing of Research Instruments

Pre-testing was conducted to assist in determining the accuracy, clarity, and suitability of the research instrument. This included a pilot study targeting 10 street children and 2 children officers drawn from the neighboring Kamukunji Sub-County in Nairobi City County. The sample of 12 is informed by the work of Kothari (2014) which mentions that 10% to 30% of the study sample is adequate for pilot studies. Kamukunji Sub-County was chosen since it shares almost similar characteristics with Starehe Sub-County.

3.6.3 Instrument Reliability and Validity

The data obtained from the pilot study was used to ascertain the appropriateness and relevancy of the research tools to the study. The consistency of the information collected was assessed and any questions that did not yield consistent results were adjusted accordingly.

To ensure the validity of the instrument, internal and external validity tests were carried out. Face validity was assessed by finding out the ease with which the respondents answer the research questions. In this case, any ambiguous questions were adjusted to make them easy to understand and answer. Cooper and Schindler (2011) point out that content validity offers an adequate investigation of the study questions. The research tool was also presented to the supervisors for review and their input on the constructs of the research was used to improve the questionnaire.

Cooper and Schidler (2003) point out that construct validity is the extent to which a set of measured items reflect the theoretical latent construct that the items are designed to measure. Construct validity was ensured through the operationalization by setting the questions in the research tools based on the reviewed literature and the

operationalized definition of the study variables. Content validity was used to find out if the instrument would answer all the research questions.

3.7 Data Processing and Analysis

The quantitative data collected using questionnaires was analyzed using descriptive (mean, percentage and frequencies) as well inferential statistics (Pearson correlation and regression analysis). The findings obtained were presented using charts and tables. Qualitative data collected using interviews were analyzed thematically. In this regard, all the responses obtained were organized into themes and emergent categories. These were reviewed and the emergent meanings were drawn and applied to answer initial research questions and issues as posited by Miles and Huberman (1994). This enabled an in-depth analysis of the perceptions of the respondents on the subject under investigation. The findings were then presented in prose and the befitting deductions were made.

IV. FINDINGS AND DISCUSSIONS

4.1 Response Rate

From the 100 sampled in the study, 94 street children responded; making a response rate of 94%. All the 4 children officers, 8 officials of NGO/FBO, 1 sub-county administrator, and 4 ward administrators sampled took part in the study which made a response rate of 100%. It was not possible to reach all street children due to limitations related to the change of bases within the study time. The response rate per category was however considered enough for analysis since a response rate of 60% is deemed enough for paper-based questionnaires (Cooper & Schindler, 2013).

Table 3
Response Rate

Category	Sample	Responded	Percentage
Street children	100	94	94%
Starehe Children Officers	4	4	100%
Officials of NGO/FBO	8	8	100%
Ward Administrators	4	4	100%
Sub-County Administrators	1	1	100%
Total	117	111	95%

4.2.1 Social Demographic Characteristics of Respondents

The study sought to find out the gender, age, duration in streets, time spent in school, and last class attended by the street children.

4.2.1.1 Gender of Respondents

The study sought to find the gender of the respondents. Figure 1 presents the findings obtained.

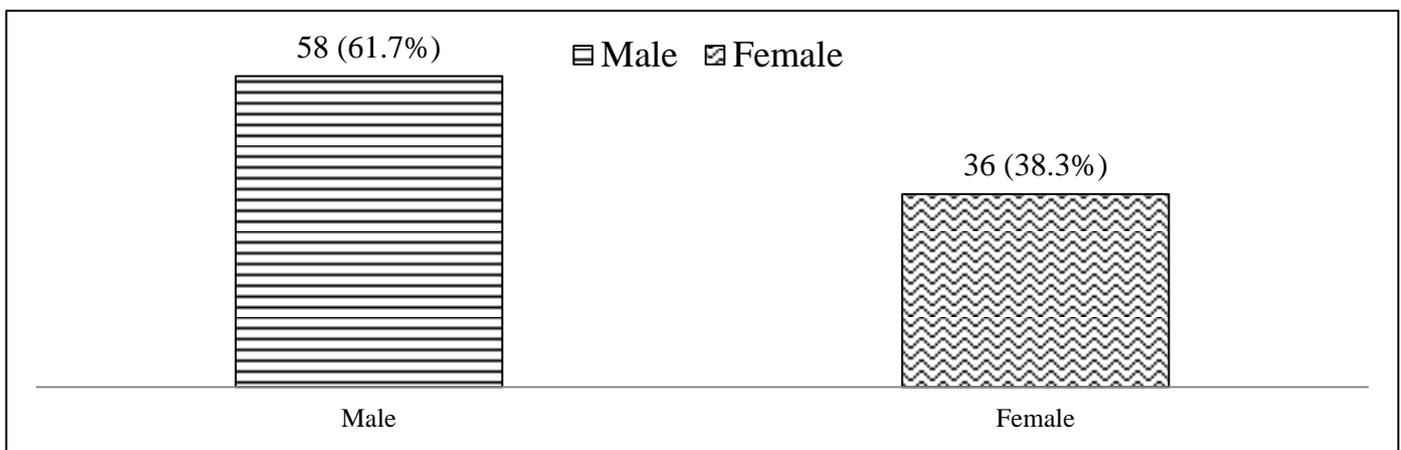


Figure 1
Genders of Respondents

Most of the respondents 58 (61.7%) were male while 36 (38.3%) were female. These findings show that both genders were well represented in the study.

4.2.1.2 Age of Street Children

As shown in Figure 2, the study sought to establish the ages of the respondents.

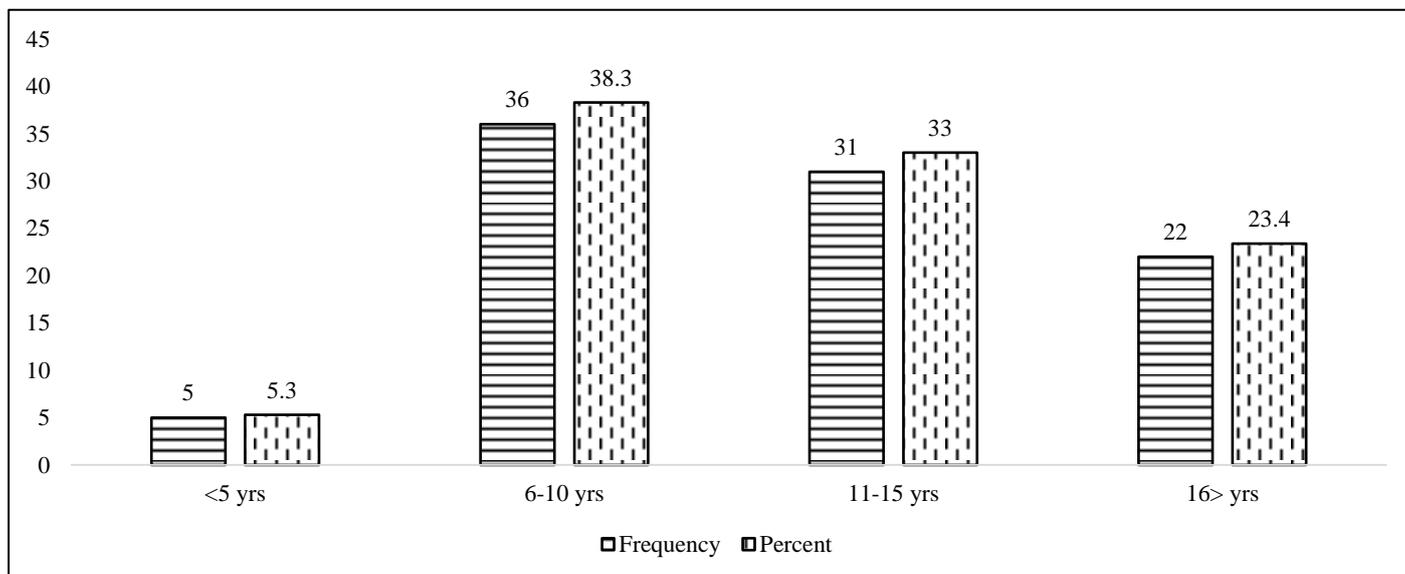


Figure 2
Age of Respondents

The majority of the respondents 36 (38.3%) were aged between 6 and 10 years. These were followed by those aged between 11 and 15 years at 31 (33%) and those aged more than 16 years at 22 (23.4%). The least was less than 5 years at 5 (5.3%). These findings show that the street children came from various age groups.

The street children were asked to indicate the time they had spent in the street. The findings are presented in Figure 3.

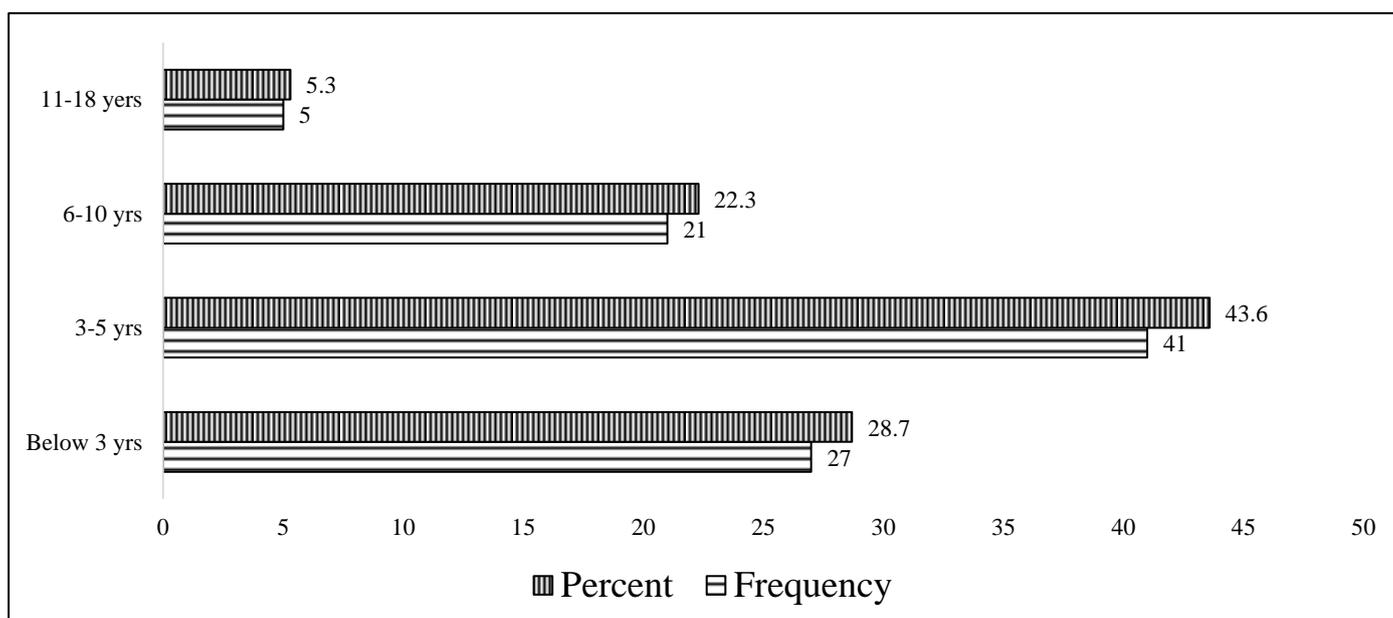


Figure 3
Duration in Streets

Most of the street children, 41 (43.6%) pointed out that they had spent between 3 and 5 years. These were followed by those who had spent less than 3 years in the streets at 27 (28.7%). Those who had spent 6 to 10 years comprised 21 (22.3%). The least were those who spent 11 to 18 years at 5 (5.3%). These findings show that most of the street children had spent less than 5 years in the streets. However, they had stayed in the streets long enough to have various psychosocial health challenges. It was thus possible to understand how the days spent in the streets influenced the psychosocial health of street children and the effect it had on drug use patterns.

The street children were asked to indicate their religion. The findings are presented in Figure 4.

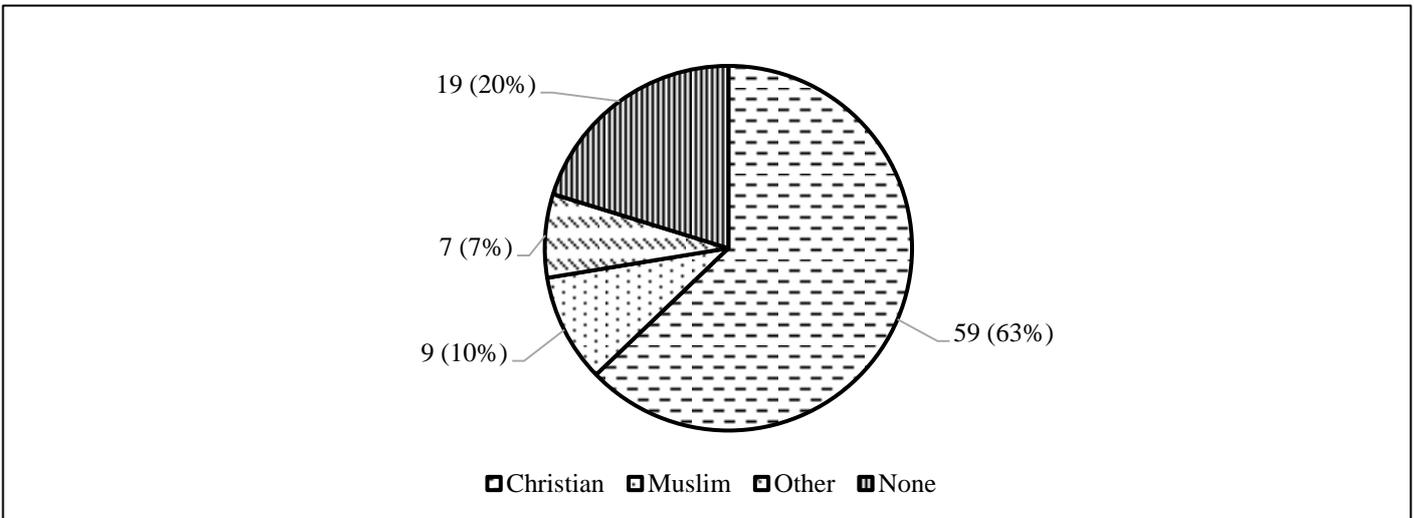


Figure 4
The religion of Street of Children

Most of the street children (59(63%) pointed out that they were Christians. These were followed by a fifth, 19(20%) who pointed out that they did not belong to any religion. Muslims made up 9(10%) of the street children while those who were from other religions were the least at 7(7%). These findings show that the street children were from various religions. Most of them had some form of religious affiliation, which could influence their psychosocial health. This is in line with a report by VicHealth that shows that religion was an environment that may impact the individual positively or negatively (VicHealth, 2015).

The amount of time spent in schools by street children was also investigated. The findings are shown in Figure 5.

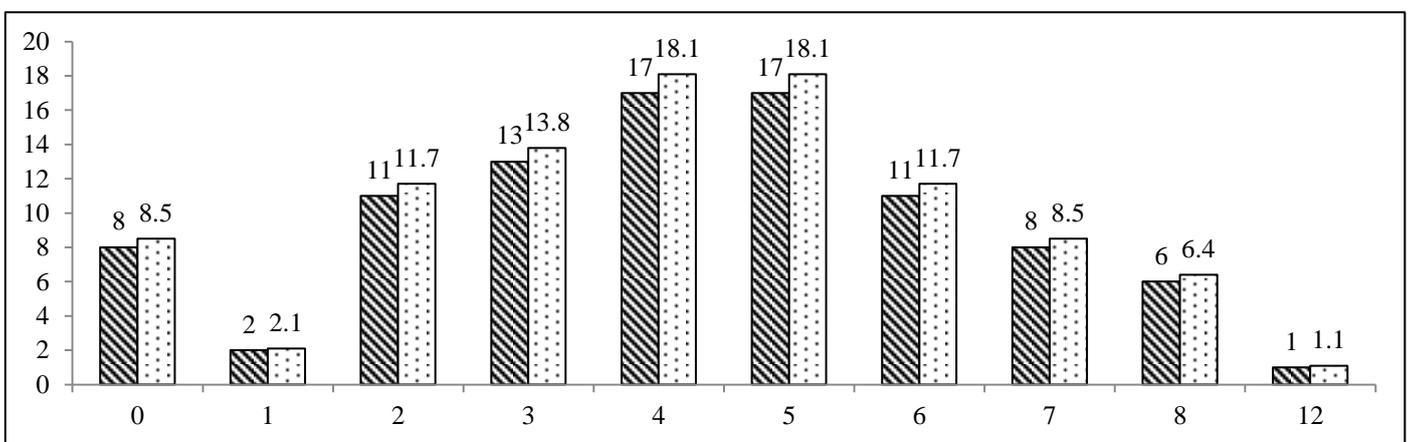


Figure 5
Number of Years Spent in School

The findings show that close to a fifth of the children had been in school for either 4 or 5 years each at 17 (18.1%). These were followed by those who had spent 3 years at 13 (13.8%). These findings show that most of the

street children did not go beyond mid primary school. The research thus used simple language to reach them effectively.

Lastly, the researcher sought to find out the last class attended by the respondents. The findings obtained are shown in Figure 6.

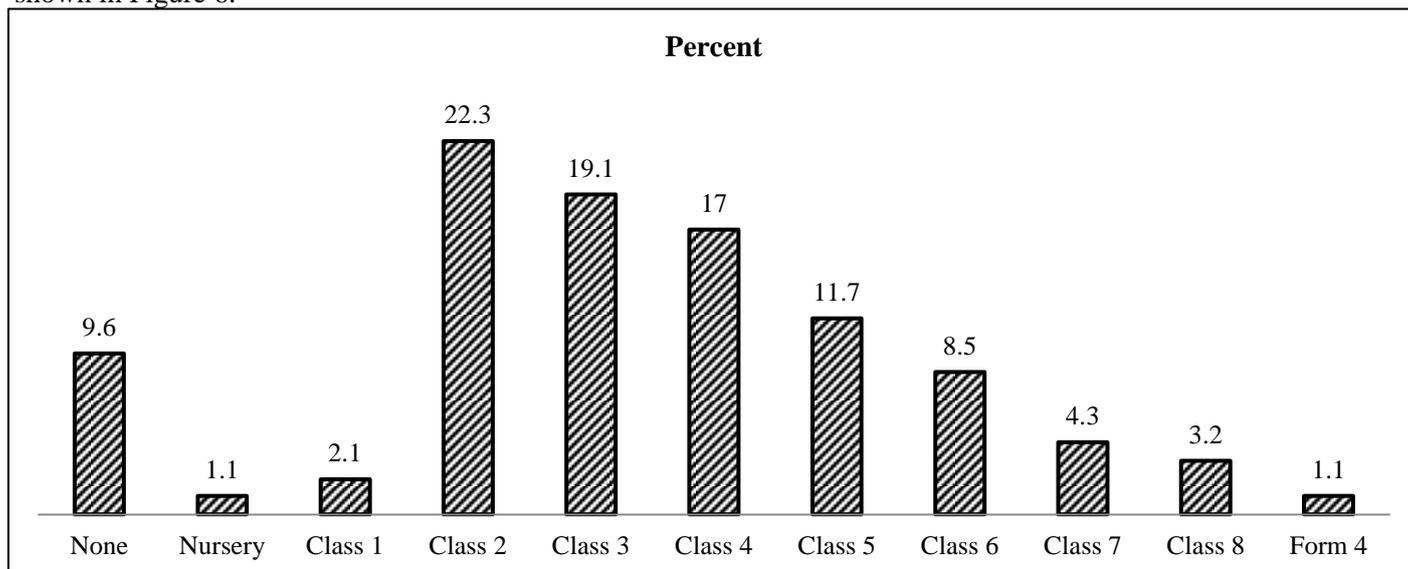


Figure 6
Last Class Attended

The findings show that the highest number of street children (22.3%) had studied up to class 2. These were followed by those who had gone up to class 3 and class 4 at 19.1% and 17% respectively. This shows that most of the street children never went beyond lower primary school (Class 4).

4.3 Presentation of Research Analysis and Findings

This section presents the findings of the study in line with the study objectives.

4.3.1 Psychosocial Health and Drug Use among Street Children

The first objective of the study was to explore the relationship between psychosocial health and drug use among street children. This section explores the levels of substance use as well as the influence of psychosocial health on drug use among street children. It presents data from all the various categories of respondents.

4.3.1.1. Drug use

The study sought to find out the extent of the use of drugs among street children. According to the conceptual framework, some of the information indicated earlier was to be used to respond to this objective.

Use of Substances

The street children were asked whether they used any substances. The findings as presented in Figure 7 show that most of them, 93 (99%) were using substances. This shows high levels of substance use among street children.

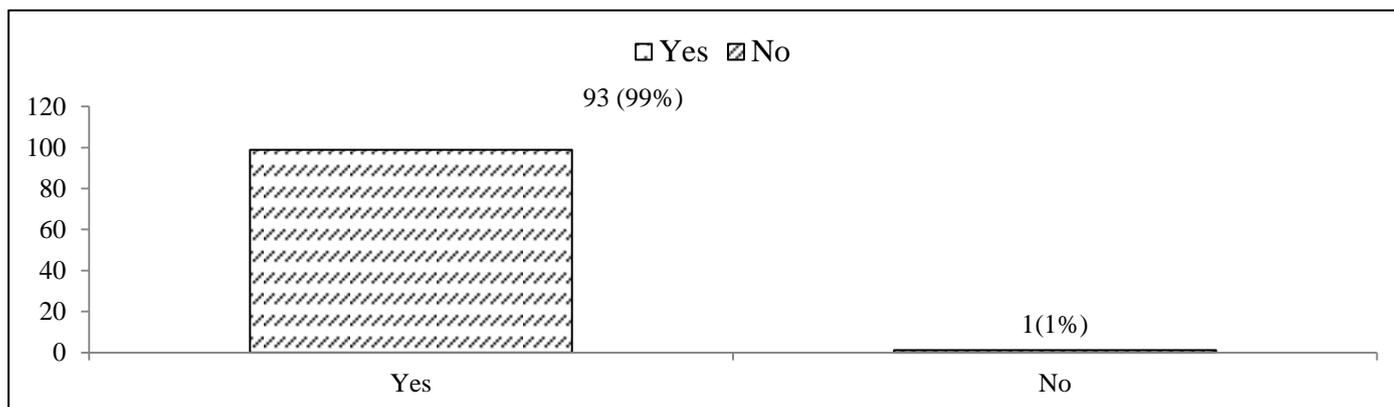


Figure 7
Use of Substances

Level of Use of Selected Substances

The respondents were also asked to rate their level of use of selected substances. The findings show that glue was the most used substance (daily, WM=4) by the street children. This agrees with a study also in Starehe Sub-County that identified glue as the most used substance in the sub-county (Sitienei & Pillay, 2019). The other mostly used substances were Tobacco products (cigarettes, chewing tobacco) and alcohol (wine, spirits, beer). These were used weekly (WM=4). Cannabis (weed, pot, grass), Khat (Miraa), sleeping pills, and pain medications were used monthly (WM=3). Other substances were used rarely (once or twice), WM=2). When asked to point out other substances used, the respondents said that they used white crest (a lower grade of heroin), Heroine (unga), Piperazine, Kuber, Cocaine, Opium, Diazepam, Hashish, Synthetic drugs – hallucinogens, Mandrax, Opioids, Fentanyl, Hydrocarbons, Antibiotics, Mephedrone, Clonazepam, Khat, Petrol, Ecstasy, and Methamphetamine. This shows that there was a high-level use of drug use among street children as identified by numerous studies (UNICEF, 2019; Sharma & Joshi, 2020).

Table 4
Level of Use of Selected Substances

Substances	1	2	3	4	5	Total	WM
	Never	Once or Twice	Monthly	Weekly	Daily		
a) Glue	2	2	2	8	80	94	5
b) Tobacco products (cigarettes, chewing tobacco)	7	10	18	36	23	94	4
c) Alcohol (wine, spirits, beer)	4	10	24	37	19	94	4
d) Cannabis (weed, pot, grass)	4	18	27	20	25	94	3
e) Khat (Miraa)	10	25	23	19	17	94	3
f) Sleeping pills	21	21	20	18	14	94	3
g) Pain medications	25	23	19	17	10	94	3
h) Other	57	14	8	10	5	94	2

n=94

4.3.1.2 Relationship between Psychosocial Health and Drug Use

The first objective of the study was to explore the relationship between psychosocial health and drug use among street children. The street children were asked to rate their level of agreement with the selected statements on the relationship between psychosocial health and drug use on a scale of 1-5 where 1-to a very low extent; 2-to a low extent; 3- to a moderate extent; 4-to a high extent and; 5-to a very high extent. The findings are presented in Table 5.

Table 5 Relationship between Psychosocial Health and Drug Use

Statements	1	2	3	4	5	Total	WM
a) A life of stress in the street leads to substance abuse	7	3	25	30	29	94	4
b) Sexual abuse during homelessness contributes to substance use among street children	3	5	11	46	29	94	4
c) Physical abuse during homelessness pushes some street children to substance use.	2	5	15	47	25	94	4
d) Lack of social connectedness in the streets contributes to substance use among street	5	7	26	29	27	94	4
e) Children Street children are initiated into drugs, which affects their dependence on substances and this increases their substance use behaviours	1	6	22	39	26	94	4
f) Lack of medical support among children contributes to increases in street children	3	10	16	32	33	94	4
g) Lack of access to activities such as sports contributes to substance use	6	8	7	24	49	94	4

n=94

The street children agreed to a high extent (WM=4) with all the statements presented to them. In this regard, they agreed to a high extent that a life of stress in the street led to substance abuse and that sexual abuse during homelessness contributed to substance use among street children (WM=4). This is in line with the study by Tyler and Schmitz that showed that stress was correlated with substance use (Tyler & Schmitz, 2018). They also agreed to a high extent that physical abuse during homelessness pushed some street children to substance use and that lack of social connectedness in the streets contributed to substance use among street. This corroborates the study by Ghodousi and others who were of similar opinion (Ghodousi, Sajedi, Mirrazi, & Rezasoltani, 2017). Street children are initiated into drugs; which affects their dependence on substances and this increases their substance use behaviours (WM=4) as posited by Aly and others (Aly, Omran, Gaulier, & Allorge, 2020). Lastly, they agreed to a high extent that lack of medical support among children contributed to increases in street children and that lack of access to activities such as sports contributes to substance use (WM=4).

The street children were also asked to point out other ways in which mental, social, spiritual, and emotional well-being affected drug use among street children. The findings show that emotional distress, physical and sexual abuse made these street children prone to drug use to cope with adverse conditions and survive in the streets (Tyler & Schmitz, 2018). Furthermore, failure to meet basic needs as well as the frustrations associated with street life resulted in to increase in drug abuse among street children (Embleton, et al., 2020). Mental disorders and emotional distress also increased the chances of street children engaging in drug abuse as reported by John and others (John, Yusha'u, Philip, & Taru, 2019). Furthermore, the findings show that the absence of mental, social, spiritual, and emotional wellbeing pushed the street children to seek solace in using drugs. These findings are in line with a report by UNICEF that shows that disadvantaged populations such as street children may take to drugs as a coping mechanism to the harsh lives they are exposed to (UNICEF, 2019).

The interviewees were asked if there were any relationship between psychosocial health and drug use among street children in Starehe Sub-County, Nairobi County Kenya. The findings show that there was a clear link between psychosocial health and drug use (Rezaa & Henly, 2018). Most street children also had mental issues that contribute to drug use. There was also an inverse relationship between drug use and the psychosocial health of street children. In this light, it was found out that drug use often led to mental illness, aggressive behavior, frequent problems with other people in the society, and in extreme cases led to death (Bah, 2018).

4.4 Relationships between Dependent and Independent Variables

The study sought to examine if there were significant relationships between the independent and dependent variables. This was to find out if changes in the independent variables had significant influences on the dependent variables.

4.4.1 Pearson Correlation

Pearson correction analysis was used to test the significance of the relationships between the independent and dependent study variables. Table 6 shows that there was a significant relationship between drug use and psychosocial health, $r=0.503$, $p<0.05$). In this regard, all the null hypothesis was rejected since there were positive relationships between drug use and all four independent study variables.



Table 6
Pearson Correlation

		Correlations	
		Drug Use	Psychosocial health
Drug Use	Pearson Correlation	1	
	Sig. (2-tailed)		
	N	94	
Psychosocial health	Pearson Correlation	.503**	1
	Sig. (2-tailed)	.000	
	N	94	94

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.4.1 Regression Analysis

Regression analysis was undertaken to find out the level to which the independent variables predicted substance use among street children. The model summary as presented in Table 8 shows that the independent variables (quality of social support system, access to counselling services, psychosocial health) explained 39.8% of the change in safe practices among the youth (r squared = 0.398).

Table 8
Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.631 ^a	.398	.378	.87517

a. Predictors: (Constant) Psychosocial health

Source: Field Data, 2021

Table 9, shows that all the independent variables (quality of social support system, access to counselling services, psychosocial health) statistically significantly predict drug use among street children as shown by a significant F test (F= 19.817, p <0.05).

Table 9
Analysis of Variance

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.474	1	.474	1.112	.000
	Residual	39.171	92	.426		
	Total	39.644	93			

a. Dependent Variable: Drug Use

b. Predictors: (Constant), Quality of social support system, Access to counselling services, Psychosocial health

Lastly, the findings show that only psychosocial health and access to counselling services statistically significantly predicted drug use (p <0.05). The quality of the social support system (P >0.05) did not statistically significantly predict drug use. It was thus not fitted into the regression model As such; the fitted regression model is as shown below:

$$Psychosocial\ health = 0.805 + 0.448.$$

Table 10 Regression Coefficients

Model	Coefficients			T	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
1 (Constant)	.805	.448		1.795	.006
Psychosocial health	.305	.082	.339	3.731	.000

a. Dependent Variable: Drug Use

V. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The independent variables (psychosocial health, quality of social support system, and counselling services) affected drug use among street children. Pearson correlation showed that there was a significant relationship between drug use and the independent variables as follows: psychosocial health, $r=0.503$, $p<0.05$; quality of social support system, $r=0.538$, $p<0.05$ and; access to counselling services, $r=0.208$, $p<0.05$. In this regard, measures aimed at enhancing the mental health of street children made them resilient to negative influences that contributed to drug use. Propping up the existing social support systems meant that street children could get the support needed to steer them away from drug use. Their lives were also made more bearable in the streets. In some instances, some were rescued and taken to rehabilitation homes which helped them shun drugs. Offering guidance and counselling services militated against drug use among these children. However, there were outliers with some of the children getting psychosocial support but still abusing drugs due to the immense adverse conditions in the streets.

5.5 Recommendations

It is important to promote the social support systems in the Starehe sub-county. There is also a need to provide street children with homes and to enhance family reintegration to reduce exposure to stressful conditions that could lead to mental health problems. Regular free mental healthcare clinics should also be availed for all street children. Counselling services should also be included during such clinics.

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