



Assessing Association between Youth Enterprise Development Fund (YEDF) Initiative and Alcohol Abuse among Youth in Murang'a County, Kenya

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Abstract

INTRODUCTION

Alcohol abuse and its associated disorders have been a public health challenge, especially among youth resulting in serious psycho-social-economic problems worldwide. The objective of this study was to assess the association between the Youth Enterprise Development Fund initiative and alcohol abuse among youth in Murang'a County, Kenya.

METHOD AND MATERIALS

This was a comparative cross-sectional study design with the application of both quantitative and qualitative data collection methods carried out in 2019. A sample size of 141 YEDF beneficiaries and 141 non-beneficiaries was determined. The systematic sampling method was applied in selecting YEDF beneficiaries with a random start. YEDF beneficiary participants identified non-beneficiaries using non-relative matching peers. The Alcohol Use Disorders Identification Test (AUDIT) was administered through a questionnaire while Focus Group Discussions (FGDs) and In-Depth Interviews were applied in qualitative data collection. Quantitative data analysis was carried out using IBM SPSS version 22 and a p-value of < 0.05 was considered significant while Manual thematic analysis was applied to the analysis of qualitative data.

RESULTS

The prevalence of alcohol use was 21.3% while the prevalence of alcohol abuse among study participants was 7.4% with a significantly higher percentage in YEDF beneficiaries (10.6%) compared to non-YEDF beneficiaries (4.2%), ($p=0.041$). Among those who were consuming alcohol, 34.9% of YEDF beneficiaries and 35.3% of YEDF non-beneficiaries were alcohol abusers ($p=0.976$) with no statistically significant difference. Qualitatively, the study indicated that alcohol abuse among youth has significantly decreased since the YEDF initiative was introduced among the youth.

CONCLUSION

The study concludes that alcohol abuse among youth has significantly dropped since the YEDF initiative. According to the participants, the small-scale enterprises put up by the funds beneficiaries have contributed to this decrease. For a better outcome, there is an urgent need to step up awareness and sensitization of the YEDF initiative since most youths within the lower age bracket were not aware of the loan funds as well as more input in training the youth in matters regarding business planning and management.

Keywords: Alcohol Use Disorder Identification Test (AUDIT), Youth Enterprise Development Fund (YEDF), Focus Group Discussions (FGDs), In-depth Interviews (IDIs), National Authority for the Campaign against Alcohol and Drug Abuse (NACADA).

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Introduction

Alcohol abuse also referred to as alcoholism is a consistent pattern of alcohol consumption that is associated with cognitive deficits and behavioural and physiological impairments that lead to significant medical and socio-economic consequences [11]. More so, the impact of excessive alcohol consumption on the societal burden of health is well-documented in terms of increased psychosocial problems, psychiatric comorbidities as well as other related disabilities [7], [24], [20], [21]. Alcohol abuse is ranked fifth in risk factors for global disease and its accounts for 3.2% of all global mortality, [25]. It is against this background that World Health Assembly endorsed the Global Strategy to Reduce the Harmful Use of Alcohol in 2010 that target the monitoring and surveillance of harmful alcohol consumption and alcohol-attributable harm as one of 10 areas for action. According to World Health Organization [25], [24], 9% of annual deaths among youth was as a result of alcohol-related causes globally. In the United States of America, about 16 million people have Alcohol Use Disorder, (which is ranked among the top 3 psychiatry disorders) due to alcohol abuse with approximately 6.2 per cent or 15.1 million being young people, [17]. In the past few years, the public health importance of alcohol abuse among youth has been highlighted in different countries in Africa including South Africa, Nigeria, [12], Tanzania, [6], and Malaysia [1] among many other countries. Several factors are associated with alcohol consumption and abuse such as gender, family history/genetics, environmental factors and parenting styles among other factors. In regards to gender, men are at a higher risk of developing alcohol use disorders than females. According to NACADA, Kenya, there is a higher magnitude of alcohol consumption and abuse in central Kenya compared to other geographical regions, the reason being the ease of availability, accessibility and affordability.

Kenya's Government recognizes alcohol abuse as a major threat to the life of its citizen and national development with empirical statistics, indicating that alcohol abuse is highest among young adults aged 15 and 29 years, [16]. The magnitude of this vice has increased with time and it threatens to undermine the social, economic and political gains made towards the improvement of Kenyans 'lives. Through a rapid situational analysis of alcohol abuse among Kenyan youth, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) placed the prevalence of alcohol abuse at 15.1%, [9]. Similar findings on the same indicated a prevalence of alcohol abuse of 22% [14], meaning there was a significant increase in alcohol abuse among the said population.

The unemployment rate among the youth worldwide has constantly been skyrocketing with the majority of this population feeling frustrated and demoralized resulting in alcohol use and abuse among other social vices [12], [18], [13].

In related research studies among Kenyan youths, it has been indicated that financing programs for young entrepreneurs (e.g. Youth Enterprise Development Funds) should be reviewed and restructured to respond to structural and perception challenges that interfere with the uptake [13],[10], [19]. Young aspiring entrepreneurs should also be engaged in platforms for peer learning and business mentorship within and outside formal learning structures. There is an urgent need to identify means of directing the youth preference for self-employment towards labour-intensive sectors such as agriculture. To succeed in curbing excessive consumption of alcohol among youth, there is a need for a concerted effort by the government, private/Non-government organizations, religious organizations as well as the community at large.

The Youth Enterprise Development Fund (YEDF) initiative is perhaps the major short-term measure taken by the Kenya government to create jobs for the youth and



thus mitigate the unemployment challenge among the young people. With unemployment associated with idleness among the youth leading to anti-social behaviours, the program was seen as a solution to harmful alcohol use challenges since it would engage the youth in personal development and engage them in nation-building activities. By the year 2010, the GOK realized the menace alcohol abuse had caused especially the 3rd generation of illicit brews and came up with the Mututho law (Alcoholic Drinks Control Act, 2010), which came into operation on 22 November 2010. Among the main objectives in initiating, this Alcoholic Drinks Control Act was to protect the health of individuals, eliminate illicit trade in alcohol, like smuggling, and promote and provide treatment and rehabilitation programs for alcoholics. This helped in the reduction of illicit brew consumption. However, according to situation analysis about youth alcohol abuse by NACADA, (2012), alcohol abuse is still a challenge in Murang'a County among the said population. NACADA, 2017, reported that consumption of alcohol is still high in Murang'a County with indications of the fluctuating prevalence of 39% in 2007, 25.5% in 2010 and of 21% in 2013.

To validate the anecdotal observations, a comparative cross-sectional study was carried out in Kandara Sub County in Murang'a County that provided evidence-based information that form the basis for further studies and effective sustainable control measures regarding alcohol abuse among youth and the larger community.

Methodology

The study aimed to assess the association between Youth Enterprise Development Fund (YEDF) initiative and alcohol abuse among youth in Murang'a County. The researchers also sought to determine the prevalence of alcohol abuse among the said study population and explored the local community's perceptions of the same.

Study site

The study was conducted in Kandara Sub County in central Kenya. It is one of the eight constituencies in Murang'a County and it is approximately 85 kilometres northeast of Nairobi. Murang'a County has a population of 1,056,640 people [8], which is less than 10% of the total Kenyan population. The youth population has increased to 27.3%, compared to 24.9% of the total population in 2012 and is projected to increase to 33.5% by 2022. About 3% of the total population in the county have no formal education and are engaged in farming and other casual jobs for pay. Sixty-one per cent of the population attained primary education with 24.9% attaining secondary school and above level of education. Those who work for pay with a secondary or above level of education migrate to other counties, e.g. Nairobi city. Other youths out-migrate in search of jobs, and educational institutions or join their spouses in the capital city due to the incapacity of the farmland to accommodate the excess labour force. Murang'a County has seven constituencies with a rural setup covering an area of 2524.2 km² and a population of 1,056,640 people with a population density of 419 people per km. ²Eighty per cent of the county population relies on agriculture for sustenance and it is the predominant economic activity with tea and coffee leading the pack followed by dairy farming and other small-scale farming activities. Kandara Sub County has six administrative wards. Like many other parts of the larger Murang'a, Kandara Sub County relies on farming and dairy farming with coffee being the main cash crop followed by dairy farming. However, the diminishing size of individual land due to multiple subdivisions by family members and poor economic returns from coffee farming activities have left the young people with fewer alternatives for sources of income resulting in frustrations and desperation.



Study population

Information was collected from the general population who comprised local youth (aged 18 – 35 years), older men and older women, opinion and religious leaders and administrative leaders.

Study design

This was a comparative cross-sectional study carried out in 2019. The study adopted both quantitative and qualitative data collection approaches. Previous empirical studies have indicated that youth aged 15 to 35 years are the most affected by excessive alcohol consumption, [5], [4], [22].

Sample size

The study sample size was determined using Casagrande *et al.*, (1978) formula [5] which is used for comparing proportions from independent populations. It was assumed that alcohol use among youth was not known (therefore 50% assumed) and that YEDF beneficiaries would have reduced alcohol use by 20% compared to non-YEDF beneficiaries. A minimum sample size of 124 per study group (YEDF beneficiaries and non-YEDF beneficiaries) was determined and after allowing for 10% non-response, this resulted in a minimum of 137 youths per study group. In this study, a sample size of 141 youths per study group was considered.

Sampling

A list of all youths from youth groups or individuals who benefited from the YEDF program within the study area was obtained from the county youth program coordinator's office and the required 141 YEDF participants were selected using the systematic sampling method with a random start. The sampled YEDF beneficiaries were requested to each identify a YEDF non-beneficiary who was an anon-relative matching peer (in terms of sex, age group, residence, etc.). This was to facilitate randomness in the non-beneficiary arm and control for some potential confounders. For the qualitative arm of the study, focus group discussions and in-depth,

interviews were carried out among purposively selected YEDF & non-YEDF beneficiaries, leaders, local opinion leaders and independent local adult males and females.

Data collection

Consultative meetings were held with County administrative officials, the Ministry of Youth, gender officials, and the community's gatekeepers to sensitize excessive alcohol consumption, prevention and control to enhance ownership of the process before the study commenced. A pretested semi-structured questionnaire was conducted among 282 participants and administered in English, or the local language to the participants. The Alcohol Use Disorders Identification Test (AUDIT), was used for quantitative data capture. Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) guides were used to collect qualitative data.

Data management and analysis

Quantitative data from the field questionnaires were entered into a computer database designed using the MS-Access application and then exported to Statistical Package for Social Sciences (IBM SPSS version 22) for data analysis. Exploratory data techniques were employed at the initial stage of analysis to uncover data structure and identify outliers or unusual entered values. Descriptive statistics such as proportions and frequency distributions were used to summarize categorical variables while measures of central tendency & dispersion were used to summarize continuous variables. The chi-square test and Fisher's exact test were applied and used to compare independent categorical variables between the two study groups. For continuous variables, the Student T test was used for normally distributed data and the Mann-Whitney U test for skewed data. A p-value of <0.05 was considered significant.

Qualitative data collected through in-depth interviews and focus group discussions were transcribed and translated where it was not in English for analysis. Qualitative data



analysis was carried out using manual thematic analysis.

Validity and Reliability of Instruments

Validity of the instrument was ensured by pretesting the questionnaires among the study participants for proper recording of responses, completeness and if the results are the same and reflect the variables under study. The researcher also ensured that researchers' biases, interests or perspectives did not influence the results.

Ethical considerations

This study was approved by the KEMRI Scientific Ethical and Review Unit (SERU) protocol No. (KEMRI/SERU/CPHR/006/3610). The study used questionnaires uniquely coded with the results of each questionnaire being kept in strict confidence. Participating in the study was voluntary and one could withdraw at any point.

The purpose of the study and its objectives were explained to the youths, youth ministry officials, local authorities, religious leaders and opinion leaders. Informed consent and assent were obtained from the participating respondents in writing. Subjects were assured about the confidentiality of information obtained from them and personal identifiers were removed from the data set before analysis.

Results

Demographic characteristics

A total of 282 youth (141 YEDF beneficiaries and 141 non-YEDF beneficiaries) aged 18 – 35 years (mean 28.34; standard deviation (sd) 5.02 years) participated in the study. There was a significant difference in age distribution between the two groups (YEDF beneficiaries: mean 29.65 sd 4.65 versus Non-YEDF beneficiaries: mean 27.04sd5.05; $p < 0.001$).

Table 1:
Socio-Demographic Characteristics of Youth Study Participants in Murang'a County

Socio-Demographic characteristics	Total participants		YEDF - beneficiaries		YEDF-Non Beneficiaries		P-value	
	n	%	n	%	n	%		
Gender	Male	198	70.2	106	75.2	92	65.2	0.068
	Female	84	29.8	35	24.8	49	34.8	
Age group (Yrs)	18 - 20	21	7.4	5	3.5	16	11.3	<0.001
	21 - 29	129	45.7	54	38.3	75	53.2	
	30 - 35	132	46.8	82	58.2	50	35.5	
Education	Primary	59	20.9	30	21.3	29	20.6	0.002
	Secondary	119	42.2	73	51.8	46	32.6	
	Mid-level colleges	75	26.6	25	17.7	50	35.5	
	University	29	10.3	13	9.2	16	11.3	
Occupation	Nothing	30	10.6	5	3.5	25	17.7	<0.001
	Business	186	66.0	94	66.7	92	65.2	
	Farming	43	15.2	26	18.4	17	12.1	
	Others [#]	23	8.2	16	11.3	7	5.0	
Marital status	Single	121	42.9	46	32.6	75	53.2	0.001
	Married	146	51.8	83	58.9	63	44.7	
	Sep./Div./Wid.*	15	5.3	12	8.5	3	2.1	
Religion	Christian	280	99.3	140	99.3	140	99.3	
	Muslim	1	0.4	0	0	1	0.7	
	None	1	0.4	1	0.7	0	0	

[#]Occupation: others include employed, driver, conductor and casual labourer. *12 separated, 2 divorced, 1 widowed



Overall, there were more males (70.2%) compared to females (29.8%) and similar distribution was noted in both YEDF and non-YEDF groups (**Table 1**).

The majority of the YEDF beneficiaries fell within the age bracket of between 30 – 35 years with those youths between ages 21 – 29 years consisting of the highest number of the YEDF non - beneficiaries. Those study participants with post-secondary education were the majority constituting 42.2% followed by those participants who had mid-level college certificates at 26.6 %. Regarding marital status versus YEDF program participation, 51.8% of the study participants were married and 58.9%

of these categories were beneficiaries of the youth fund. The single study participants constituted 42.9% and were the majority in the YEDF non - beneficiaries' group category at 53.2%. 66% of the participants were mostly engaged in small-scale businesses and 99.3% of the participants were Christians. 41.8% (**Table 2**) of study participants expressed their desire in engaging in small-scale enterprises namely farming, and transport but only 28.4% of this group category had benefited from the youth fund while 55.3% had not benefited from the youth fund. 99.3% of the participants felt that the funds/loans had a great positive influence on those who had received the funds.

Table 2:
Socio-Economic Activities Engagement by Youth in Murang'a County

	Total		YEDF		Non-YEDF	
	n	%	n	%	n	%
<i>If you have received/ likely to receive a YEDF loan, how have you utilized it or intend to utilize it?</i>						
Business	118	41.8	40	28.4	78	55.3
Farming	100	35.5	68	48.2	32	22.7
Boda boda	22	7.8	16	11.3	6	4.3
Business & farming	19	6.7	7	5.0	12	8.5
Business & boda boda	5	1.8	3	2.1	2	1.4
Farming & Boda boda	8	2.8	6	4.3	2	1.4
School fees	4	1.4	0	0	4	2.8
Buy land and/or build a house	2	0.7	1	0.7	1	0.7
Not received/no plan	4	1.4	0	0	4	2.8
<i>Do you think having a YEDF loan changes your life in any way?</i>						
Yes	280	99.3	139	98.6	141	100.0
No	2	0.7	2	1.4	0	0

Table 3:
Distribution of Alcohol Screen Score

Alcohol screen score	Description	Total		YEDF beneficiaries		Non-YEDF beneficiaries	
		n	%	n	%	n	%
0		222	78.7	98	69.5	124	87.9
1-7		39	13.9	28	19.9	11	7.8
0 – 7	Low risk	261	92.6	126	89.4	135	95.7
8 – 15	Medium risk	11	3.9	8	5.7	3	2.1
16 - 19	High risk	2	0.7	2	1.4	0	
20 - 40	Addiction likely	8	2.8	5	3.5	3	2.1



Alcohol abuse and association with YEDF

The Alcohol Use Disorder Identification Test (AUDIT) assessment tool was used to assess alcohol use among the youth where a total of 21.3% of participants indicated they used alcohol and there was a significant difference in alcohol use between the two groups (YEDF 30.5% versus non-YEDF beneficiaries 12.1%; $p < 0.001$). The scores ranged from 0 to 27 and their distribution is shown in **Table 3**. 36.7% of the study participants had poor family relationships that had resulted in family breakups, fights and abusive relationships of which 32.6% were youth fund beneficiaries and 47.1% were non-beneficiaries. A total score of 8 or more (AUDIT) is recommended as an indicator of hazardous and harmful alcohol use as well as possible alcohol dependence, [26] which in this study was considered as alcohol abuse. Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others and it is important to note that these drinking patterns are of public health significance despite the absence of any current disorder in an individual user. The prevalence of alcohol abuse (score of 8 or more) for both YEDF and non-YEDF participants was at 7.4% (95% Confidence Interval 4.3% – 10.5%). A significantly higher percentage of participants in the YEDF beneficiaries group (10.6%) compared to the Non-YEDF beneficiaries group (4.2 %) were in the category of alcohol abuse ($p = 0.041$). Among those who were consuming alcohol, 34.9% of YEDF beneficiaries versus 35.3% of Non-YEDF beneficiaries were alcohol abusers ($p = 0.976$) with no statistically significant difference.

Qualitative data narratives

The prevalence of alcohol abuse was assessed among the local community regarding the rate of alcohol abuse among youth after the introduction of the Youth Enterprise Development Fund (YEDF) Initiative.

Perceptions of youth on alcohol abuse

The overall perception of alcohol abuse among youth in Murang'a County was that the phenomenon has gradually decreased since the introduction of the Youth Enterprise Development Fund initiative. The downward trend has been attributed to the crucial transformation of the lives of most youths through the youth fund initiative where the funds beneficiaries have focused on their small business enterprises while others have expanded their old businesses that have continued to flourish thus reducing time for excessive alcohol consumption in the process. Some of these loan beneficiaries have engaged some of the non-beneficiaries in their enterprises such as in the motorcycle (boda boda) transport business. This was affirmed by a beneficiary of the fund participant number 6 who stated:

“for those who applied for these loans and succeeded, majority have really gained in terms of businesses. Most apply for the loans in groups with a common project in mind. All the group members focus on this project. I know some few youths who used to drink alcohol a lot but today they are in boda boda business. They no longer behave the same”.

Another non-beneficiary participant number 3 stated:

“It has reduced because if you have money and you are running a business and you used to drink excessively, you don't want your business to fail and suffer ridicule or shame from your peers and again these funds are loans to be repaid, so if you used to take 10 drinks there before, now you take 2 or 3.

On the flip side, there were those youths both beneficiaries of the funds who felt that some of the YEDF beneficiaries spend some of the proceeds they make from their small enterprises on bribing the law enforcers when they are caught drunk at night when they engage in alcohol consumption excessively.



Senior local community's perceptions on alcohol abuse

These consisted of the local opinion leaders, religious leaders, administrative officers as well as “nyumba kumi” heads. According to this group category, the youth fund initiative has had a positive influence on personal development among those youths who managed to apply and got the funds. Participant number 4 stated:

“There are a number of youths doing well especially in motorcycle (boda boda) transport business. You know, they do it as groups and watch each other's social behavior, if you drink alcohol during working hours, you are warned to stop! Or else you are chased from the group. So to me it (alcohol abuse) has gone down a bit...the number of the alcohol abusers has at least decreased.”
“The youth are still drinking alcohol though the number has decreased because some are busy with their small projects.”

According to some of the respondents, some youths were still abusing alcohol:

“Most of those youths who are abusing alcohol are the youth fund non-beneficiaries. I also feel there exist some challenges in the sense that most of the youths do not know how to apply for these youth funds. They find it complex, get frustrated, and thus choose to indulge in alcohol drinking and this is what we now need to focus on! The government needs to train the youth how to apply for these loans.... they need guidance.”

Discussion

The findings of this study indicate slightly over one-fifth (21.3%) of youth aged 18-35 years in the study area use alcohol and less than one-tenth (7.4%) abuse alcohol. A previous study on the same indicated a prevalence of alcohol use among first-year students at the University of Nairobi, Kenya at 22% [14]. Qualitatively, participants across all study groups cited mixed feelings regarding abuse among youth since the introduction of the

YEDF initiative. For the general local community and opinion leaders, alcohol abuse among youth had significantly dropped among the YEDF beneficiaries than among the non-beneficiaries but for religious leaders, alcohol abuse among youth was still a problem within the study area. However, a general agreement among all participants was that alcohol abuse among youth has decreased compared to there before the introduction of the YEDF initiative. All respondents agreed that the YEDF initiative has transformed the lives of those youths who have benefited from the funds, [17]. The majority of the fund beneficiaries had applied for the loans in groups with common business ventures such as farming, dairy farming, and pig and chicken rearing. For some, the motorcycle transport business was doing very well with some having finished repaying their loans and having added one or two motorcycles from their business proceeds which they leased to other local youth who are non-beneficiaries of the youth funds. A similar study in Kenya reported similar trends concerning trends in enterprise ventures that the youths engaged in, [18]. This, according to some study respondents, has kept a significant number of the local youths engaged and thus no idling like there before which resulted in reckless alcohol consumption, especially during working hours. The fact that most of the YEDF beneficiaries mostly applied for the funds in groups has greatly contributed to the success of the initiative because most of those applicants who applied had group norms and regulations which maintained discipline among the members especially concerning alcohol use/abuse during working hours or absenteeism from group work. However, some of the non – beneficiaries study participants were of the feeling that the fund beneficiaries were still abusing alcohol because they had “money (loan funds) in their pockets” but this claim did not hold water with many of the other respondents especially among elders because any group member of the fund beneficiary found drinking alcohol during working hours or was being absent from the



group engagements severally was met with severe disciplinary action and could also be dismissed and thus, lose individual shares. Those non-beneficiaries of the funds and were engaged by the funds' beneficiaries were reported to be abusing alcohol from their daily proceeds since they had no loan repayment obligations. Qualitatively, the prevalence of alcohol abuse among the youth was reported by some respondents to be currently at between 30% – 50% while there before the YEDF initiative introduction was about 65% and above.

Quantitative findings indicate more of the YEDF beneficiaries were abusing alcohol than the YEDF non - beneficiaries. According to the study team, these scores did not reflect what was on the ground because some of those fund non-beneficiaries exhibited stale alcohol-related smell among other substances of abuse during the interviews, especially the male participants unlike those who had benefited from the loan funds. On further investigation by the research team, the YEDF non-beneficiaries felt they would not be considered for the youth funds if they confessed to having abused/used alcohol since they thought the interviews were an easy avenue to getting the youth funds.

Further challenges identified in the initiative was that the process of being considered for the youth fund was seen as tedious by all the participants. Further assessment of youth participants' alcohol abuse behaviours, more of the YEDF non-beneficiaries (47.1%) had poor family relationships leading to separations than the YEDF beneficiaries (32.6%) as a result of their alcohol drinking habits. This phenomenon, therefore, supports the fact that more YEDF non-beneficiaries were abusing alcohol thus experiencing poor family relationships. From the findings of this study, it was evident that excessive alcohol use among the youth is still a

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challenge, especially among the non-YEDF beneficiaries. There is therefore the need for the government to increase the youth funds so that more youths are engaged in income-generating activities and hence reduce alcohol abuse among them. The study participants also believed that there is a need to increase the upper age bracket limit since youth according to the Kenyan constitution is said to be a person between 18 – 35 years. Those persons above 35 years are usually not eligible for the youth funds and yet this is usually the critical phase in the life of the majority where they have a lot of responsibilities in bringing up their young families. From the socio-demographic characteristics (**table 1**), it was clear that most of the YEDF beneficiaries were between ages 30 – 35 years (58.2%) while those aged 18 – 20 years were the least (3.5%) from the YEDF beneficiary's category, hence indicating the need for more sensitization and education about this program. This, therefore, means that the older the youth was, the greater the chance one had for possible funding although for short period. This shows that the youths in this category had only five years to make use of the youth funds.

Conclusion

Study limitation

The study was cross-sectional and therefore, one can only infer an association and not a causal effect.

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References

Nurul Shahdan. Alcoholism among youth



- in Kuala Lumpur, Malaysia *International Journal of Culture and History*. 2015; Vol.1, No. 1, pp. 21.
2. "Alcohol Use in Central Province of Kenya. A Baseline Survey on Magnitude, causes and Effects Brief, 2011.
 3. **Babor Thomas, Higgins-Biddle, John C. Saunders, John, B and Monteiro Maristela.** WHO; Department of mental health and substance abuse.2001; 2ndEd.WHO/MSD/MSB/01.6a.
 4. **Boit Richard.**The Prevalence of Alcohol Abuse among Egerton University Students in Njoro, Kenya, *Journal of Education and Practice*, 2016. Vol.7. No.28, p. 60 – 61.
 5. Casagrande Biometrics. 1978; 34: 483-486.
 6. **Castens Vicky, Felix Luginga, Benjamin Shayo and Christine Tolias.** Alcohol abuse in urban Moshi, Tanzania, "Food Policy for Developing Countries Program: The role of government in the Global food systems,"2012.
 7. **Gerhard Gmel, Juren Rehm and Emmanuel Kuntschen.** Binge drinking in Europe: Definitions, Epidemiology and consequences. 2003; 49:105 - 116.
 8. **Kenya National Bureau of Statistics.**" Kenya Population and Housing Census, Volume IV", Nairobi, Kenya, 2019.
 - a. **Kieselbach Thomas.** Long-term unemployment among young people: the risk of social exclusion. *American Journal of Community Psychology*. 2003. 32(1-2): 69-76.
 9. **Langat Charles, Chepkwony Joel, Loise Maru and Kotut Cheruiyot.** Youth Enterprise Development Fund (YEDF) and Growth of Enterprise at Constituency Level in Kenya: *European Journal of Economics, Finance and Administrative Sciences*, 2012.Issue 54.
 10. **Le Barre A.P, Rosemary F and Edith V.S.** Executive functions, memory and social cognitive deficits and recovery in chronic alcoholism: *A critical review to inform future research. Clinical and experimental research*. 2017: Vol. 41, No.8, pp. 1433-1436.
 11. **Mopelola Omoegun and Kehinde Alli.** Alcoholism and mental wellness among youth in Oyo Metropolis, Nigeria: Implication for counselling: *International Journal of Education Research*. 2020; vol.8, no.1, pp. 69, 72 –76
 12. **Muiya Bernard.** The Nature, Challenges and Consequences of Urban Youth Unemployment: A Case of Nairobi County, Kenya: *Universal Journal of Educational Research*. 2014; 2(7): 496 -503.
 13. **Musyoka Cathrine, Ann Mwayo, Dennis Donovan and Muthoni Mathai.** Alcohol and substance use among first-year students at the University of Nairobi, Kenya: Prevalence and patterns, *Journal of Substance Use*. 2020:53-59.
 14. **NACADA.** Rapid Situational Assessment of Drugs and Substance Abuse in Kenya, 2017.
 15. **NACADA.** "Alcohol Use in Central Kenya. A Baseline Survey on Magnitude, Causes and Effects from the perspective of Community Members and Individual Users," 2010.
 16. **National Institute of health (NIH).** Institute on alcohol abuse and alcoholism: Alcohol facts and statistics; 2015.
 17. **Omolo, Jacob.** "Youth Employment in Kenya: Analysis of Labor Market and Policy Interventions." 2012.
 18. **Otiende, O. P, Mose George, Otieno Richard.** Impact of Youth Empowerment and Development Fund (YEDF) on livelihood Improvement of Youths in Nairobi County, Kenya: *International Journals of Academics and Research. IJARKE; Humanities and Social Science Journal*. 2020: Vol. 3, Issue 1, pp. 65.
 19. **Rehm Jurgen.** The risks associated with alcohol use and alcoholism. *Alcohol Research and Health*. 2011; 34:135 – 143.
 - a. **Rehm Jurgen, Gerhard Gmel, Christopher Sempos and Maurizio Trevisan.** Alcohol-related morbidity and mortality. *Alcohol Research and Health*. 2003a; 27:39–51.
 20. **Waithima, Charity and Lilian, Wahome.** Alcohol use dynamics and mitigation among adolescents in rural Kenya, *Asian Journal of Multidisciplinary*



Research.2019. Vol.2. Iss. 2. P.45, 46.

21. **WHO.** Global Status Report on Alcohol and Health: 2018.
22. **WHO.** Global Status Report on Alcohol and Health; 2014.
23. **WHO.** Global Status Report on Alcohol and Health; 2010.
24. **WHO.** The Alcohol Use Disorders Identification Test (AUDIT). 1989: Guidelines for Use in Primary Care.