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Relationship Between Alcohol Use Disorder and Unemployment Among the Youth in Dandora Uprising, Nairobi, Kenya

Josephine Mwende Mutua[1*], Preskilla Ochieng-Munda[1], Samuel Ojuade[1]
[1]Counseling Psychology, Africa International University
*Corresponding Author's Email: mwendejosephine61@gmail.com

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Abstract

Alcohol Use Disorder (AUD) and youth unemployment are major social and public health challenges affecting young people globally and in Kenya, where youth constitute the largest proportion of the population. Informal settlements such as Dandora Uprising are characterized by poverty, unstable livelihoods, and high unemployment levels, conditions that may predispose youth to alcohol abuse. This study sought to determine the prevalence of Alcohol Use Disorder among youth, assess the severity of youth unemployment, and investigate the relationship between unemployment and AUD among youth in Dandora Uprising, Nairobi County, Kenya. The study was guided by Social Stress Theory and Psychoanalytic Theory and adopted a descriptive cross-sectional survey research design. Through systematic random sampling, 172 youth aged 18–35 years were selected to participate in the study. Data were collected using an unemployment and job-search questionnaire alongside the Alcohol Use Disorders Identification Test (AUDIT). Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 23, employing descriptive and inferential statistics, including frequencies, percentages, means, correlations, and chi-square analyses. The findings revealed that 47% of the respondents were unemployed, indicating a high prevalence of youth unemployment in Dandora Uprising. The prevalence of AUD was 21.48%, with severe AUD accounting for 12.08% of respondents. The study further established that prolonged unemployment, anxiety, depression, and unstable employment experiences were associated with higher AUDIT scores. However, the chi-square test revealed no statistically significant association between employment status and AUD ($\chi^2 = 0.37$, $p > 0.05$). The study concludes that although employment status alone was not significantly associated with AUD, prolonged unemployment and its psychological effects increased vulnerability to problematic alcohol use among youth. The study recommends strengthening youth employment initiatives, psychosocial support services, and community-based alcohol prevention and intervention programs in informal settlements.

Keywords: *Alcohol Use Disorder (AUD), unemployment, Youth in Dandora Uprising*

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1. Introduction

Approximately 237 million men and 46 million women are affected by alcohol use globally. In accordance with the World Health Organization's international progress report on alcohol and health, alcohol abuse is responsible for approximately 3 million deaths annually worldwide (WHO, 2018). The report further posited that the past one-year prevalence of AUDs among the population aged 15 years and older varied by region, with the prevalence of AUDs being highest in the European Region (8.8%) followed by Regions of the Americas (8.2%), Western Pacific (4.7%), South-East Asia (3.9%), African (3.7%) and lastly East Mediterranean (0.8%) (WHO, 2018).

There is evidence that the general public worldwide has AUD estimates. Workplace-specific data is scarce, though. 9.3% of participants in a study that included employees from all 50 states and the District of Columbia met criteria for mild AUD, 1.9% for moderate AUD, and 1.2% for severe AUD (Parsely et al., 2022). It is clear that drinking alcohol while working raises the risk of both physical and mental harm, which can result in unfavorable workplace outcomes like injury, loss of personal income, and termination of employment (Bockerman et al., 2017). Other research has similarly linked employee alcohol usage to lower productivity, absenteeism, and antisocial workplace behaviors (French et al., 2011). Furthermore, a study on an investigation investigating the frequency of alcohol misuse among workers in Italy showed that there was a higher alcohol prevalence among workers (18.0%), compared to non-workers (14.2%) (Venturelli et al., 2017).

According to a study conducted in Denmark, the status of employment has a high relation to alcohol use disorder; those with jobs were more at risk of losing their jobs due to alcohol use disorder (Jorgensen et al., 2019). However, in the United States, young persons with alcohol use disorders were more likely to experience unemployment following graduation (Arria et al, 2013).

Regionally, there is evidence of AUDs and unemployment among youth. A recent national survey of young people in Nigeria found a higher number of people who experiment with alcohol, represented by 34% (Mehanovic et al, 2022). These results were a report higher than the previous survey, which had found a prevalence of 26% (Anyanwu et al., 2016), with B et al. (2014) reporting a prevalence of 30%. This is an indication that the prevalence of alcoholism among the youth has increased over the years. The Kenya Institute of Economic Affairs (2016) reported youth unemployment rates of 10.4% in Burundi, 6.6% in Uganda, 6.5% in Tanzania, and 0.7% in Rwanda. In 2017, the youth unemployment rate in Ethiopia was 8%, while in Tanzania it had decreased from the previous year to 5.5%, with Uganda also recording a reduction to 4.2% (World Bank, 2017).

Locally, data on AUDs and youth unemployment have been evident, as shown by various studies. According to a report by NACADA (2017), 10.6% of Kenyans between the ages of 15 and 65 have AUD nationwide. Additionally, the data indicated that 2.2% of the population had mild AUD, 2.0% had moderate AUD, and 6.2% had severe AUD. According to NACADA (2017), the study's findings revealed that the lifetime prevalence of alcohol use among Kenyan public sector workers was 44.5%, the annual (12- month) prevalence was 34.2%, and the current (30-day) prevalence was 23.8%. Another study performed in Bahati Sub-County revealed that among teenagers aged 21 to 35, the prevalence of binge drinking was 45.2%,

while the prevalence of illicit alcohol consumption was 51.6%. Alcohol was also widely available and sold (Waithera, 2017).

According to a 2016 survey by the Kenya Institute of Economic Affairs, 17.1% of youth aged 15 to 24 are unemployed. According to World Bank statistics from 2017, Kenya's youth unemployment rate was 21.8%. In Kenya, youth unemployment affects every region. According to Ashiku (2014), Nakuru County had more than 30000 employable youths who were jobless. This study was therefore necessary because, according to King'ori (2020), the Kenyan population is in dire need of awareness of AUDs, given the limited research.

1.1 Problem Statement

The increasing youth population in Kenya and the high rate of unemployment among them are raising eyebrows, with AUD prevalence still reported at high levels among youth. However, the available literature on AUDs and unemployment among youth has been limited, with some studies reporting contradictory results. Few studies have examined whether problem drinking, alcohol misuse, or alcohol dependence are caused by unemployment; instead, most have concentrated on the connection between alcoholism and labor market results. According to KNBS (2017), 75% of the Kenyan population is aged below 30 years, the age bracket considered youth in Kenya. This indicates that youth make up the majority of the country's population. According to NACADA (2023), the youth are falling into alcohol use disorders, which is a great menace in Kenya.

Amid the coronavirus pandemic in April 2020, unemployment rose to 14.8% according to the Congressional Research Service (Falk et al., 2021). Since June 2021, the unemployment rate has decreased, according to the U.S. Bureau of Labor Statistics; it fell from 3.7% in October to 3.5% on October 22. It is believed that unemployment is a contributor to mental illnesses (Anderson, 2022), as well as alcohol use disorders like depression and anxiety, hence an increase in alcohol users (Noora et al., 2018).

However, substance use acts as a trigger for underlying mental disease that had not been identified, as unemployment brings about tension and turns to alcohol use as a form of coping mechanism, and according to NACADA (2023), those unemployed are at risk of abusing alcohol. The majority of studies focus on general reasons and consequences of substance misuse across various populations, with just a few narrowing down to the relationship between AUD and other specific factors. Therefore, the problem that prompted this study is the rise of disorders related to alcohol usage, which has been attributed to unemployment among the youth in Dandora Uprising, Nairobi, Kenya. Dandora up-rising is listed as a slum in which many individuals are low-income earners, while most of them are jobless, and due to this effect, most of them have turned to alcohol use, thus affecting them physically, emotionally, and psychologically.

1.2 Research Objectives

1. To find out how common alcohol use disorder is in young people in Dandora Uprising
2. To outline the severity of youth unemployment in Dandora Uprising
3. To investigate the connection between youth unemployment and AUD in Dandora Uprising

1.3 Hypotheses

H1 There is a connection between unemployment and AUD.

H2: There is no relationship between AUD and unemployment.

2. Literature Review

2.1 Theoretical Review

2.1.1 Social Stress Theory

In psychology, social stress theory examines the complex relationship between our social environment and our psychological well-being. The theory posits that individuals are influenced by their social interactions and the broader intrapersonal factors. It emphasizes the significance of social structures, norms, and imbalance in the examination of mental health outcomes.

Social stressors make a significant contribution to mental health (Mossakowski, 2014). The social stress theory provides a broad explanation for the correlation between patterns of alcohol intake and unemployment. It suggests that socioeconomically disadvantaged individuals are more likely to be exposed to stressors (Mossakowski, 2008). Furthermore, due to their inadequate coping resources, including social, cultural, and material capital, these people are more likely to experience stress (Mossakowski, 2014).

According to Pampel et al. (2010), unemployment is considered one of the major sources of stress. Moreover, Kalleberg (2018) states that unemployment depletes resources and one's ability to deal with it. According to Virtanen et al. (2016), job loss can disrupt the structure of one's everyday existence, which may also lead to increased stress levels. As a result, unemployment has been linked to numerous detrimental consequences on an individual's physical and mental well-being (Brydsten et al., 2018).

According to Boden et al. (2017), one of the health behavior changes associated with unemployment is that people with AUDs turn to alcohol as a stress-reduction strategy. Longer periods of unemployment may have more negative impacts on alcohol consumption patterns from a life-course perspective. Unemployment is regarded by Lee et al. (2017) as a stressful life occurrence. The longer a person is exposed to a stressful life event, the more harmful the effects are known to be.

Other studies have critiqued the social stress hypothesis since it implies that people in vulnerable socioeconomic situations and with lower incomes are more likely to experience psychological distress during economic or financial crises. This is because some studies show otherwise. However, the critique is insufficient to refute the findings of social stress theory, thereby providing a good basis for this study.

2.1.2 Psychoanalytic Theory

The founder of psychoanalytic theory was Sigmund Freud. According to Pick (2015), the theory is based on the notion that human behavior is driven by biologically determined unconscious forces, often rooted in early experiences aimed at meeting our basic needs. These early experiences form the foundation of adult psychological functioning, and psychoanalysis explores how these events shape adult defenses against undesirable unconscious drives (Frosh, 2016).

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This theory is relevant to the research because it explains how childhood experiences, defense mechanisms, unconscious desires, and each stage of development can contribute to a particular behavior if not properly navigated (McLeod, 2013). Given that the respondents were born and raised in less-than-favorable conditions, which contribute to the behaviors presented.

According to this study, this theory will highlight how childhood experiences brought on by unemployment have influenced personality and led to young people using alcohol as a sort of coping mechanism to deal with the stress that comes with not having a reliable source of income (Zhang, 2020).

Psychoanalytic theory has the strength of providing a comprehensive understanding of human behavior and introducing influential therapeutic techniques. However, the theory has weaknesses, as it lacks empirical evidence and places greater emphasis on early experiences. Despite its limitations, the theory remains important for understanding the relationship between AUD and unemployment, as it demonstrates how each variable influences the other.

2.2 Empirical Review

2.2.1 Alcohol Use Disorder Prevalence in Young People

A WHO study in 2018 found that Europe has the highest prevalence of AUD, at 8.8% (WHO, 2019). According to a study conducted in Asia, 10.9% of male patients seeking outpatient medical care in India had AUD based on an AUDIT score of greater than 8 (Sujiv et al., 2015). Furthermore, 9.2% of those who currently consume alcohol seeking outpatient healthcare services in Malaysia were found to manifest AUDs (Utap et al., 2020).

In Nigeria, a study conducted by Bayelsa State found that 33.2% of the participants had AUD (Brisibe & Ordinioha, 2011). In Southern Africa, research on the widespread presence of alcohol-related disorders for both genders from South Africa showed 26.5% prevalence rate in the country's Eastern Cape Province (Andersson et al., 2018). According to various studies conducted in Eastern Africa, the prevalence of AUD was 31.7% in Kenya and 2.7% in Ethiopia (Takahashi et al., 2017). A 2012 study by Ferreira-Borges et al. found that alcohol was the cause of 4.7% of impairment-altered lifespan and 6.4% of all deaths in the African region. AUD was 10.6% prevalent nationwide in Kenya among people aged 15 to 65 (NACADA, 2017). Additionally, data revealed that 2.2% of people had mild AUD, 2.0% had less severe AUD, and 6.2% had chronic AUD (NACADA, 2017).

A 2020 study in Nairobi County found that the prevalence of AUD was 18.4% (Kamenderi et al., 2020). An additional study conducted at Nairobi University revealed that 25.4% of the students had AUD (Musyoka et al., 2020). A comparable study conducted at Kenyatta University found that 25.1% of students had AUDs (Timuti et al., 2014). According to the studies, a significant portion of Nairobi's youth are drinking more alcohol, which contributes to the high prevalence of AUDs among them.

2.2.2 Prevalence of Unemployment among the youth

A recent study on youth unemployment rates in several countries worldwide in 2022 found that, from 2000 to 2019, the rate ranged between 13 and 15.5% annually until the Covid-19 pandemic caused it to surpass 18% in 2020 (Aaron O'Neill, 2024). There was much more variation, however, when broken down by global region. In 2016, the International Labor Organization reported that the global youth unemployment rate, which had been 12.9% in 2015 and 13.1% in 2016, was predicted to remain constant until 2017. The report further showed

that between 2015 and 2016, youth unemployment rose from 13.3% to 13.7% in emerging countries such as China and South Korea, and from 15.7% to 17.1% in Latin America. The unemployment rate of young people in Sub-Saharan Africa remained constant at 10.9% between 2015 and 2016 (ILO, 2016).

A study by Katanich (2024) found that the unemployment rate in Europe, encompassing all 27 Eurozone countries, was 6% as of March 2024. The survey also estimated that 13.258 million persons in the EU were unemployed, with 11.087 million of those unemployed in the euro region. Meanwhile, the study found that the unemployment rate among youth under 25 was 14.1% (Katanich, 2024). The lowest youth unemployment rate in the EU was in Germany at 5.8%, while Malta had 7.1% and Czechia reported 7.5%. However, Spain and Sweden recorded the highest youth unemployment rates at 26.5% and 24.2%, respectively (Katanich, 2024).

In the last 20 years, the Arab World has consistently had the highest youth unemployment rate, whereas East Asia and the Pacific have typically had the lowest, according to a study by Aaron O'Neill (2024). Furthermore, areas with the most developed economies experienced significant growth after 2008, despite being the hardest hit by the Great Recession (Aaron O'Neil, 2024).

According to a 2022 study by the Federation of Kenya Employees (FKE), there are about 200 million youths on the African continent between the ages of 15 and 24. This group comprises 60% of the active jobless labor force and 40% of the workforce. But, given that high youth unemployment poses an imminent threat to African stability, the number is projected to double by 2045, posing a significant challenge to African economies (FKE, 2022). According to the Federation of Kenyan Employees, Kenya's overall unemployment rate was 12.7% in 2022. Additionally, it was stated that the youth, who made up 35% of Kenya's total population, had the highest unemployment rate, at 67%. This was evident because over one million young people were reported to enter the labor market each year without any skills, having either finished school without attending college or dropped out (FKE, 2022).

2.2.3 Relationship between AUD and Unemployment among the Youth

According to Hamad et al. (2019), unemployment is one of the most consequential life events associated with different patterns in alcohol use. However, some studies report a reduced rate of consuming alcohol after losing a job (Lantis & Teahan, 2018), with others recording high alcohol consumption on the contrary (Boden et al., 2017). The consequences of unemployment for alcohol consumption may depend on the course of the life phases in which the unemployment occurs (Frech, 2014). Young adulthood is an important stage of life that exposes individuals to negative events, such as unemployment, which can be consequential (Frech, 2014). The study by Frech further explains that the rationale is that, at younger ages, unemployment may delay life transitions that traditionally have been associated with a reduction of alcohol use (Frech, 2014). However, postponing such transitional life events may lead to a lifetime AUD among the youth (Borschmann et al., 2019).

It was also found that AUD among the unemployed reduced their chances of getting or returning to work when associated with disciplinary action at work (Jorgensen et al., 2019). According to Backhans et al. (2012), the higher the rate of alcohol consumption, the higher the chances of losing one's job. A cross-sectional analysis of data from the Health Survey for England reported that problem drinking is associated with reduced employment prospects (MacDonald & Shields, 2004). The report showed that problem drinking was associated with a 7% to 31% lower likelihood of employment (MacDonald & Shields, 2004). Another study

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that considered the impact of alcohol on occupational attainment found that moderate alcohol consumption was linked to better wage payments (Macdonald & Shields, 2000).

Generalized studies from Europe and the USA show a relationship between AUD and unemployment (Bauld et al., 2010). Mikael Svesson and Curt Hagquist, while employing a cross-sectional study, used Swedish region data to report that the rate of unemployment is negatively related to alcohol use among youth (Svensson & Hagquist, 2010). A study in the US on drug use patterns among young adults found that the young adults suffering from AUD have a high chance of not getting employed (Arria et al., 2013). This is supported by a similar study that AUD increased the likelihood of unemployment (Airagnes et al., 2019). An additional study in the US by Mulia et al. (2014) revealed that losing jobs put individuals at risk of developing AUD.

A study by Butler et al. (2010), which used a tension reduction theoretical framework, gave the possibility that being exposed to work stressors may lead to higher levels of alcohol consumption. They also found a positive relationship between hours worked and the number of drinks consumed (Butler et al., 2010). Another study in England as reported by Beard et al. (2019), recruited 57,807 English drinkers as participants between 2014 and 2018. The authors recorded the daily consumption and drinking frequency of the study population as research data and found that individuals in formal employment had more drinking episodes than those who were unemployed (Beard et al, 2019). A study by Mangot-sala et al, from the Netherlands which had 45000 participants, found that being consistently unemployed over a long period of time had a great effect on developing AUD symptoms. However, the study also revealed that short-term unemployment led to the likelihood of abstaining from alcohol (Mangot-sala et al., 2021).

3. Methodology

The study used a cross-sectional descriptive design. The research was conducted in the Embakasi Constituency of Nairobi County. This study's target population consisted of 300 youths in the Dandora Uprising area of Nairobi, Kenya. Slovin's formula was used to determine the sample size for this investigation, resulting in 171 youths. The study sample was selected using stratified random sampling. The research employed a questionnaire for the unemployment rate and the Alcohol Use Disorders Identification Test (AUDIT). Descriptive statistics and chi-square were then used to analyze the collected data.

4. Results and Discussion

4.1 Prevalence of Unemployment among Respondents

Figure 1 shows the employment status of the respondents

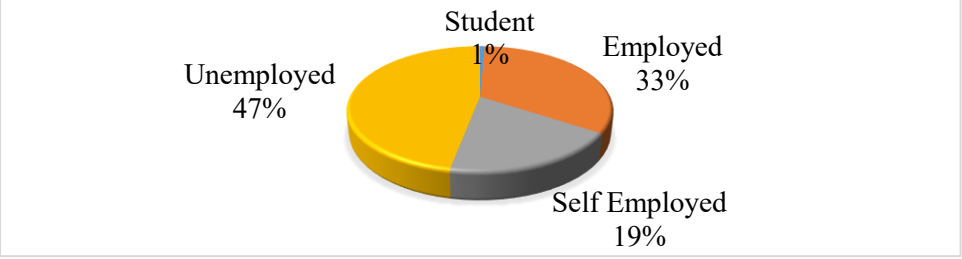

Figure 1: Employment Status of the Respondents

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From the figure above, the majority of the respondents (47%, n=70) were unemployed, with 33% (n=50) employed, 19% (n=28) self-employed, and 1% (n=1) student.

4.1.1 Current Mental and Emotional Well-being

Figure 2 shows the mental and emotional well-being of the respondents at the time of the study

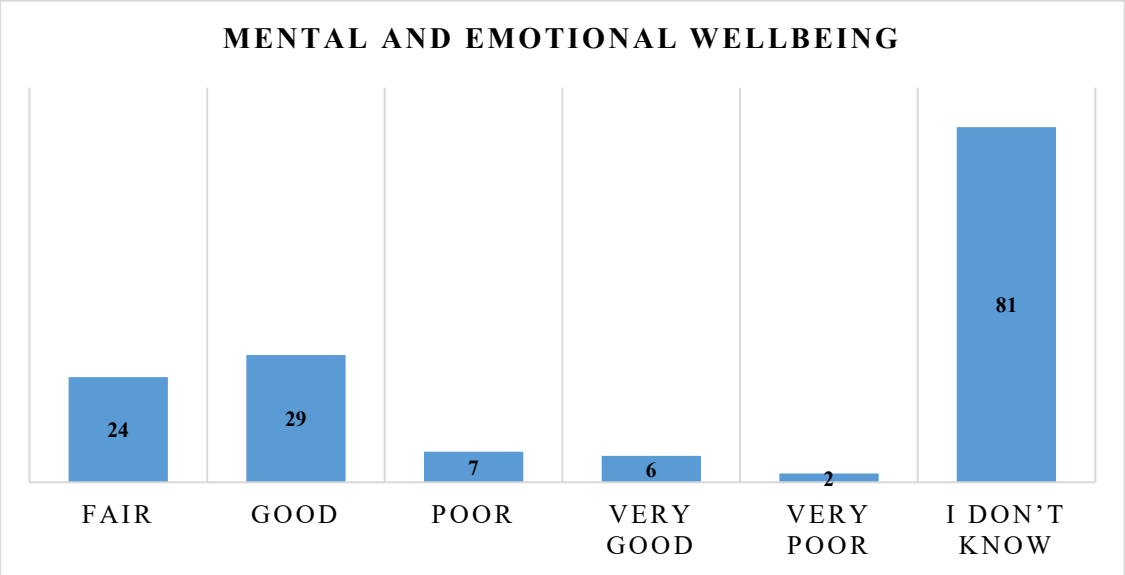

Figure 2: Current Mental and Emotional Well-being

From the figure above, it is clear that the majority of the respondents were not aware (n=81) of their mental and emotional well-being at the time of the study, with some of them reporting good (n=29), (n=24) fair, while the least of them reported that their mental and emotional well-being was very poor (n=2).

4.1.2 Effects of Unemployment on the respondents' mental and emotional well-being

Figure 3 shows the frequency of the unemployment effects as reported by respondents.

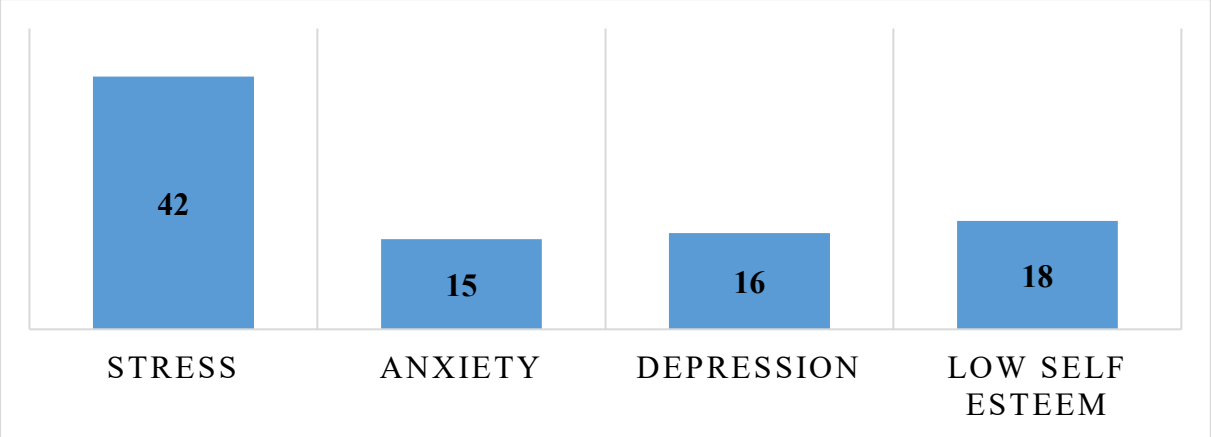

Figure 3: Effects of Unemployment on the respondents' mental and emotional well-being

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From the figure above, the majority of the respondents reported stress (n=42) as the most experienced effect of unemployment among the respondents, followed by low self-esteem (n=18), then depression (n=16), and the least reported being anxiety (n=15).

4.2 Prevalence of AUD among Respondents

Table 1 shows the respondents' AUDIT scores

Table 1: Respondents' AUDIT Scores

AUDIT Score	Alcohol Use Disorder	No Alcohol Use Disorder	N=149	Mean	Standard Deviation
Low Risk (0-7)	0	117 (78.52%)	117(78.52%)		
Risky (8-15)	10 (6.71%)	0	10 (6.71%)		
Harmful (16-19)	4 (2.69%)	0	4 (2.69%)		
Severe (20 and above)	18 (12.08%)	0	18 (12.08%)		
Total	**32 (21.48%)**	**117 (78.52%)**	**N= 149 (100%)**	**Mean= 6.83**	**SD=7.7**

The findings of Table 1 above indicate that 78.52% (n=117) of the respondents were at low risk of AUD, while 12.08% (n=18) had severe AUD, 6.71% (n=10) had risky AUD, and 2.69% (n=4) had harmful AUD. The AUD prevalence had a mean of 6.83, falling within the upper end of the "Low Risk" alcohol use category (0–7) and just below the threshold for "Risky" drinking (8–15), indicating that most study participants did not exhibit hazardous or harmful drinking behaviors. However, the relatively high standard deviation of 7.7 shows that there is a considerable variability in the alcohol use among the respondents, driven by the presence of respondents with severe alcohol use.

4.3 Relationship between AUD and Unemployment Dynamics

4.3.1 Relationship between the period of unemployment and AUD

Table 2 shows the association between AUD and the Period of unemployment among respondents.

Table 2: Relationship between the period of unemployment and AUD

Period of Unemployment	N	Mean AUDIT Score	SD
Less than 3 months	6	4.75	9.45
3–6 months	29	4.47	7.77
7–12 months	20	4.33	7.86
1–2 years	28	7.20	8.86
More than 2 years	22	7.07	8.34

Table 2 above shows that mean AUDIT scores increased with longer unemployment durations. Youth unemployed for less than three months had a mean AUDIT score of 4.75 (SD = 9.45), while those unemployed for 3–6 months and 7–12 months had comparable means of 4.47 (SD

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= 7.77) and 4.33 (SD = 7.86), respectively. Higher mean scores were observed among participants unemployed for 1–2 years (M = 7.20, SD = 8.86) and more than two years (M = 7.07, SD = 8.34), suggesting an increased risk of alcohol use disorder with prolonged unemployment.

4.3.2 Relationship between unemployment effects and AUD

Table 3 shows the relationship between unemployment effects and AUD.

Table 3: Relationship between unemployment effects and AUD

Effect of Unemployment	N	Mean AUDIT Score	Standard Deviation
Stress	41	9.13	7.16
Anxiety	15	14.53	8.56
Depression	16	12.81	8.38
Low Self-Esteem	17	10.24	8.66

According to Table 3 above, the youth experiencing anxiety due to unemployment had the highest mean score (M = 14.53, SD = 8.56), indicating more severe alcohol use patterns compared to other effects. Depression effects followed (M = 12.81, SD = 8.38), with stress and low self-esteem showing lower mean AUDIT scores, even though both of them demonstrated substantial variability, suggesting heterogeneous drinking behaviors within these groups.

4.3.3 Relationship between what transpired to leave a previous job and AUD

Table 4 shows the association between the respondent's reason for leaving the previous job and AUD.

Table 4: Relationship between what transpired to leave a previous job and AUD

Reason for Leaving Previous Job	N	Mean AUDIT	SD
Fired	19	6.95	10.22
Job Ended	13	5.00	8.60
Laid Off	24	3.52	6.53
Seasonal Job	23	4.24	6.04
Voluntarily Left	24	2.85	6.08
Not Applicable	26	9.85	7.37
No Response	20	0	0

According to the table above, the analysis of AUDIT scores by reason for leaving previous employment revealed notable differences in alcohol use patterns among the youth. Participants who reported "Not Applicable" as their reason for leaving (mean AUDIT = 9.85, SD = 7.37) and those who were "Fired" (mean = 6.95, SD = 10.22) had the highest average AUDIT scores,

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indicating a higher risk of alcohol use disorder compared to other groups. In contrast, youth who voluntarily left their jobs (mean = 2.85, SD = 6.08) or whose jobs ended naturally (mean = 5.00, SD = 8.60) exhibited lower AUDIT scores, suggesting a relatively lower risk of alcohol-related problems. Those reporting "Laid Off" (mean = 3.52, SD = 6.53) or "Seasonal Job" transitions (mean = 4.24, SD = 6.04) had intermediate AUDIT scores, while non-respondents uniformly reported no alcohol use (mean = 0, SD = 0).

4.4 Relationship between Employment Status and AUD

Table 5 shows the relationship between respondents' employment status and AUD.

Table 5: Relationship between Employment Status and AUD

Employment Status	No AUD (0–7)	AUD (≥8)	Total
Unemployed	19 (55.9%)	15 (44.1%)	34
Employed	16 (48.5%)	17 (51.5%)	33
Total	35 (52.2%)	32 (47.8%)	67
Chi Square	**0.37, P>0.05**		

Table 5 above shows a chi-square test of independence with respondents classified as either having AUD (AUDIT score ≥ 8) or not having AUD (AUDIT score 0–7). Of young people without jobs, 44.1% (n = 15) had AUD, and 55.9% (n = 19) did not. 51.5% (n = 17) of young people with jobs had AUD, while 48.5% (n = 16) did not. According to the chi-square analysis, there was no statistically significant association between employment status and AUD

(χ^2 (1, N = 67) = 0.37, p >.05).

4.5 Discussion of Findings

The findings revealed that the unemployment rate was high (47%), as supported by the national youth demographics, which found that the youth (15-34 years old) have an unemployment rate of 67% (Federation of Kenya Employers, 2025). The findings also revealed an AUD prevalence rate of 21.48%. This aligns with the results of previous studies, including a 2020 study conducted in Nairobi, which found that the prevalence of AUD in Nairobi County was 18.4% (Kamenderi et al., 2020). Another study at Nairobi University found that 25.4% of the students had AUD (Musyoka et al., 2020). However, the findings are contrary to the results of a NACADA survey in 2017, which revealed that the national prevalence of Alcohol Use Disorder (AUD) among individuals aged 15–65 years in Kenya was 10.6% (NACADA, 2017).

The majority of respondents (n=42) reported stress as the most commonly experienced effect of unemployment. This aligns with a study by Nolte-Troha et al. (2023), who revealed that there is an association between unemployment and mental health, which manifests through stress, anxiety, and depression. This contrasts with the findings of Schuring et al. (2021), who reported no significant deterioration in mental health immediately following job loss in the Netherlands, after accounting for pre-existing conditions.

The findings revealed a pattern showing that the severity of alcohol use increases with longer unemployment duration, particularly after the first year. This is supported by a study by Bockerman and Maczulskij (2018), which found that people who have recently experienced prolonged unemployment are more likely to engage in heavy drinking and binge drinking (BD), with prolonged employment being referred to as a "chronic stressor" in the study. Further, a study in the US found that a lack of employment for over 13 years may increase the odds and

frequency of AUD among individuals aged 27-35 years (Mossakowski, 2008). Conversely, Zins et al. (2023) found that financial stress or behavioral changes can gradually reduce intake, differing from models that focus solely on stress-coping mechanisms.

Elevated AUDIT scores were found to be most strongly correlated with anxiety and depression. This is consistent with a prior study that found that an AUDIT score of 20 or higher was 98.0% specific and 7.2% sensitive for depressive symptoms, with a likelihood ratio of 3.63 and a PPV of 50.4% for anxiety symptoms (Khan et al., 2020). Overall, the results imply that involuntary job separation or unclear employment status may be linked to an increased risk of alcohol consumption, possibly reflecting the stress and uncertainty associated with losing one's job. These trends are consistent with earlier research that found that unemployed individuals with AUD had reduced chances of getting or returning to work and faced disciplinary action at work (Jorgensen et al., 2019). In addition, unemployment and job instability are risk factors for young adults' increased alcohol consumption (Frone, 2016). In contrast, a 2024 study in South Africa found that long-term unemployment is associated with reduced alcohol consumption, likely because financial constraints outweigh stress-driven increases (Mncwango & Ndlovu, 2024).

Using the chi-square test of independence, the results indicate that the prevalence of AUD among young people in this sample was not associated with employment status ($\chi^2 = 0.37$). Although the prevalence of AUD was slightly higher among employed youth (51.5%) than unemployed youth (44.1%), this difference was not statistically significant, and the effect size was weak (Cramer's V = 0.08). This is supported by existing research, which indicates that the quality and stability of employment, rather than employment status alone, are critical determinants of substance use behaviors (Nolte-Troha et al., 2023). In contrast, a Norwegian cohort study (2019) involving AUD treatment patients aged 20–61 examined employment trajectories and found that individuals with AUD had lower labor force participation compared to the general population. This suggests a strong association, likely influenced by comorbid conditions such as mental health disorders (Ravndal & Amundsen, 2019).

In settings such as Dandora, where informal employment predominates and income is frequently unstable, youth are likely to remain exposed to stressors and social environments that facilitate alcohol consumption regardless of employment status. Furthermore, the widespread availability and social acceptance of alcohol in urban informal settlements may contribute to persistent rates of alcohol use disorder (AUD) among both employed and unemployed youth (World Health Organization, 2018). These findings show the need for interventions made to address not only unemployment but also workplace stress, job stability, and community-level alcohol access when designing youth-focused alcohol prevention programs.

5. Conclusion

The youth in the Dandora Uprising are affected by both AUD and high unemployment. This study shows an unemployment prevalence rate of 47% among the youth in Dandora Uprising. The prevalence of AUD among the youth was 21.48%. There was an increased risk of alcohol use disorder with prolonged unemployment, as demonstrated by the study, whereby there were higher mean scores observed among the youth who were unemployed for 1–2 years (M = 7.20) and more than two years (M = 7.07). Anxiety and depression among the unemployed youth, according to the study, increased the severity of alcohol use patterns. The study revealed that

losing a job through "firing" by the youth was highly associated with risky alcohol use disorder. Using the chi-square test, there was no statistically significant association between employment status and AUD ($\chi^2(1, N = 67) = 0.37$, $p > .05$), aligning with Hypothesis 2, which predicted no association between unemployment and AUD.

6. Recommendations

The Ministry of Health (MoH), through the Counselors and Psychologists Board (C&PB), working together with other relevant mental health agencies, should put into place psychosocial support services (offering peer support groups, counseling, and mental health services) to address stress, hopelessness, and low self-esteem associated with unemployment among the youth.

In informal settlements like Dandora, government organizations, especially the Ministry of Youth Affairs and Nairobi County Government, should increase access to youth employment programs, apprenticeships, and microenterprise funding. Creating opportunities for sustainable income could lessen the financial strains that lead to dangerous alcohol consumption.

The high prevalence of AUD among the youth in Dandora Uprising, as revealed by this study, suggests that community-based prevention, screening, and treatment programs should be strengthened. Regular alcohol screening tools such as the AUDIT should be incorporated into youth outreach programs by local health facilities, NGOs, and community-based organizations.

Relapse prevention, life skills training, and mental health and substance use education should all be included in skills training, vocational education, and entrepreneurship programs aimed at young people without jobs.

The enforcement of alcohol control laws should be strengthened by the appropriate authorities, especially in informal settlements where access to inexpensive and illegal alcohol is widespread. Youth excessive alcohol consumption can be decreased through community policing programs, licensing law enforcement, and alcohol outlet regulation.

Programs for youth development and empowerment should include structured instruction on decision-making techniques, healthy coping strategies, and the dangers of alcohol use disorder. Preventive education can be effectively implemented in schools, training facilities, and unofficial youth organizations.

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